



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 10-10-2022

Employer Identification Number:
88-4168009

Form: SS-4

Number of this notice: CP 575 A

CAM CONSTRUCTION INC
20110 ROTHBURY LN UNIT 4311
MONTGOMERY VILLAGE, MD 20886

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 88-4168009. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	01/31/2022
Form 940	01/31/2023
Form 1120	04/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

CORPORATE OFFICERS INFORMATION

CHRISTIAN E. CARDENAS ROCCA

POSITION: PRESIDENT

ADDRESS: 20701 BELL BLUFF RD. GAITHERSBURG, MD 20879

PHONE: (240) 380-4007

MARIA D. GRANADOS VENTURA

POSITION: VICE-PRESIDENT

ADDRESS: 20701 BELL BLUFF RD. GAITHERSBURG, MD 20879

PHONE: (301) 547-9795

E-file Authorization for Corporations

For calendar year 2022, or tax year beginning _____, 2022, ending _____, 20 _____

Use for efile authorizations for Form 1120, 1120-F or 1120S.

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879CORP for the latest information.**

Name of corporation

Employer identification number

CAM CONSTRUCTION INC**88-4168009****Part I Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	0
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ACCOUNTING CONSULTING RESOUR to enter my PIN 76762 as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature  Date 03-08-2024 Title PARTNER**Part III Certification and Authentication**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 274705 76762
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOSE A BURGOS EA  Date 03-08-2024

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

DO NOT MAIL



MARYLAND
FORM
EL101B

**E-FILE DECLARATION
FOR BUSINESSES &
FIDUCIARY
ELECTRONIC FILING**



22101B020

2022

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

Name of corporation, pass-through entity, estate or trust

Federal Employer Identification Number

CAM CONSTRUCTION INC

884168009

Name and Title of Fiduciary

25205 HIMNEY HOUSE CT

Street Address

DAMASCUS

City or town

MD

State

20872

ZIP Code

+ 4

PART I Tax Return Information (whole dollars only)

- | | | | | | |
|----|---|---------------|-------|-------|-------|
| 1. | Amount of overpayment to be applied to 2023 estimated tax | 1. | _____ | 0 2 2 | |
| 2. | Amount of overpayment to be refunded | REFUND | 2. | _____ | 0 2 2 |
| 3. | Total amount due | 3. | _____ | 0 2 2 | |

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner or managing member of the above corporation or pass-through entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts describe above agree with the amounts shown on the corresponding lines of my 2022 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize ACCOUNTING CONSULTING RESOU to enter or generate my PIN 76762 as my signature on my tax year 2022 electronically filed income tax return. Enter five digits. Do not enter all zeros.

☐ I will enter my PIN as my signature on the tax year 2022 electronically filed business income tax return. 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.

MARIA D GRANADOS VENTURA

Signature

03-08-2024

Date

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

27470576762

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2022 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers.

[Signature]

ERO's signature

03-08-2024

Date

DO NOT MAIL

Form 1120 Department of the Treasury Internal Revenue Service	U.S. Corporation Income Tax Return For calendar year 2022 or tax year beginning _____, 2022, ending _____, 20____ Go to www.irs.gov/Form1120 for instructions and the latest information.			OMB No. 1545-0123 2022
A Check if: 1a Consolidated return (attach Form 851) <input type="checkbox"/> b Life/nonlife consolidated return <input type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 attached <input type="checkbox"/>	NAME CAM CONSTRUCTION INC TYPE OR PRINT Number, street, and room or suite no. If a P.O. box, see instructions. 25205 HIMNEY HOUSE CT City or town, state or province, country and ZIP or foreign postal code Damascus MD 20872	B Employer identification number 88-4168009 C Date incorporated 10-10-2022 D Total assets (see instructions) \$		
E Check if: (1) <input checked="" type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change				
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Balance. Subtract line 1b from line 1a		1c	
	2 Cost of goods sold (attach Form 1125-A)		2	
	3 Gross profit. Subtract line 2 from line 1c		3	
	4 Dividends and inclusions (Schedule C, line 23)		4	
	5 Interest		5	
	6 Gross rents		6	
	7 Gross royalties		7	
	8 Capital gain net income (attach Schedule D (Form 1120))		8	
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)		9	
10 Other income (see instructions - attach statement)		10		
11 Total income. Add lines 3 through 10		11		
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions - attach Form 1125-E)		12	
	13 Salaries and wages (less employment credits)		13	
	14 Repairs and maintenance		14	
	15 Bad debts		15	
	16 Rents		16	
	17 Taxes and licenses		17	
	18 Interest (see instructions)		18	
	19 Charitable contributions		19	
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		20	
	21 Depletion		21	
	22 Advertising		22	
	23 Pension, profit-sharing, etc., plans		23	
	24 Employee benefit programs		24	
	25 Reserved for future use		25	
26 Other deductions (attach statement)	Statement #5	26	1,625	
27 Total deductions. Add lines 12 through 26		27	1,625	
28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11		28	(1,625)	
29a Net operating loss deduction (see instructions)	29a			
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b		29c		
Tax, Refundable Credits, & Payments	30 Taxable income. Subtract line 29c from line 28. See instructions		30	(1,625)
	31 Total tax (Schedule J, Part I, line 11)		31	0
	32 Reserved for future use		32	
	33 Total payments and credits (Schedule J, Part III, line 23)		33	
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>		34	
	35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed		35	
	36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid		36	
37 Enter amount from line 36 you want: Credited to 2023 estimated tax Refunded		37		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	MARIA D GRANADOS VENTURA Signature of officer	03-08-2024 Date	PARTNER Title	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name JOSE A BURGOS EA	Preparer's signature 	Date 03-08-2024	Check <input checked="" type="checkbox"/> if self-employed PTIN P00235591
	Firm's name ACCOUNTING CONSULTING RESOURCES	Firm's EIN 52-2128011		
	Firm's address 13976 BALTIMORE AVE STE 127	Phone no. (301) 408-0029		
	LAUREL MD 20707			
For Paperwork Reduction Act Notice, see separate instructions.				Form 1120 (2022)

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions	<input type="checkbox"/>		
2	Income tax. See instructions		2	0
3	Base erosion minimum tax amount (attach Form 8991)		3	
4	Add lines 2 and 3		4	0
5a	Foreign tax credit (attach Form 1118)	5a	0	
b	Credit from Form 8834 (see instructions)	5b		
c	General business credit (attach Form 3800)	5c		
d	Credit for prior year minimum tax (attach Form 8827)	5d		
e	Bond credits from Form 8912	5e		
6	Total credits. Add lines 5a through 5e		6	
7	Subtract line 6 from line 4		7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))		8	0
9a	Recapture of investment credit (attach Form 4255)	9a		
b	Recapture of low-income housing credit (attach Form 8611)	9b		
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c		
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d		
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e		
f	Interest/tax due under Section 453A(c) and/or Section 453(l)	9f		
g	Other (see instructions - attach statement)	9g		
10	Total. Add lines 9a through 9g		10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31		11	0

Part II - Reserved For Future Use

12	Reserved for future use	12	
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Part III - Payments and Refundable Credits

13	2021 overpayment credited to 2022	13	
14	2022 estimated tax payments	14	
15	2022 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
d	Other (attach statement - see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	Total payments and credits. Add lines 19 and 21. Enter here and on page 1, line 33	23	

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. <u>238300</u>		
b	Business activity <u>CONSTRUCTION</u>		
c	Product or service <u>SERVICES</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <u>0</u>		X
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) . . . <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) \$ _____		

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?	X	
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year . . \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		X
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deducton is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$27 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ <u>0</u>		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote		
By Value		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets				
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated				
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
6	Add lines 1 through 5		9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year		5	Distributions: a Cash	
2	Net income (loss) per books			b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3		8	Balance at end of year (line 4 less line 7)	

Federal Supporting Statements**2022 PG01**

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Form 1120 - Line 26 - Other Deductions

Statement #5

Description**Amount**

Legal and professional

1,625

Total**1,625**

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2022

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2022	Unused Loss	Unused Sec 170(d)(2)(B)
2002					
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021					
	Current year NOL		Applied to Prior Years	Remaining 2022 NOL carryover	
2022	1,625			1,625	
	Future years NOL		Applied to 2022		
Future Years					
TOTALS	1,625		0	1,625	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



225000020

2022

\$

OR FISCAL YEAR BEGINNING _____ 2022, ENDING _____

884168009

► Federal Employer Identification Number (9 digits)



FEIN Applied for Date (MMDDYY)

101022

► Date of Organization or Incorporation (MMDDYY)

238300

► Business Activity Code No. (6 digits)

CAM CONSTRUCTION INC

Name

25205 HIMNEY HOUSE CT

Current Mailing Address (PO Box, number, street and apt. no)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

DAMASCUS

City or Town

MD
State

20872
ZIP Code + 4

Do not write in this space.

► ME

► YE

Amended
Return ►

☐

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☒ First filing of the corporation ► ☐ Final Return
► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX

► ☐ Carryback ► ☐ Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C

line 25c.) See Instructions. Check applicable box:

☒ 1120 ☐ 1120-REIT ☐ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510 1a. -1625 .00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. _____

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) 1c. -1625 .00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions 2a. _____

2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) 2b. _____

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. _____

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions 3a. _____

3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) 3b. _____



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NAME CAM CONSTRUCTIO FEIN 884168009

- 3c. Dividends from related foreign corporations
(Federal form 1120/1120C Schedule C line 14, 16b and 16c) ▶ 3c. _____
- 3d. Decoupling Modification Subtraction adjustment
(Enter code letter(s) from instructions.) ▶ 3d. _____
- 3e. Total Maryland Subtraction Adjustments to Federal Taxable Income
(Add lines 3a through 3d.) ▶ 3e. _____
4. Maryland Adjusted Federal Taxable Income before NOL deduction is applied
(Add lines 1c and 2c, and subtract line 3e.) ▶ 4. -1625.00
5. Enter Adjusted Federal NOL Carry-forward available from previous tax years (including
FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.) ▶ 5. _____
6. Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero,
enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and
enter result. If result is less than zero, enter zero.) ▶ 6. -1625.00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

- 7a. State and local income tax ▶ 7a. _____
- 7b. Dividends and interest from another state, local or federal tax
exempt obligation ▶ 7b. _____
- 7c. Net operating loss modification recapture (Do not enter NOL carryover.
See instructions.) ▶ 7c. _____
- 7d. Domestic Production Activities Deduction ▶ 7d. _____
- 7e. Deduction for Dividends paid by captive REIT ▶ 7e. _____
- 7f. Other additions (Enter code letter(s) from
instructions and attach schedules) ▶ 7f. _____
- 7g. Total Addition Modifications (Add lines 7a through 7f) ▶ 7g. _____

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

- 8a. Income from US Obligations ▶ 8a. _____
- 8b. Other subtractions (Enter code letter(s) from
instructions and attach schedule) ▶ 8b. _____
- If you are claiming subtraction H, enter your state medical cannabis business license number: ▶ _____
- 8c. Total Subtraction Modifications (Add lines 8a and 8b) ▶ 8c. _____

NET MARYLAND MODIFICATIONS

9. Total Maryland Modifications (Subtract line 8c from 7g. If less than zero,
enter negative amount.) ▶ 9. _____
10. Maryland Modified Income (Add lines 6 and 9.) ▶ 10. -1625.00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11. Maryland apportionment factor (from page 4 of this form)
(If factor is zero, enter .000000.) ▶ 11. _____
12. Maryland apportionment income (Multiply line 10 by line 11.) ▶ 12. 0.00
13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) ▶ 13. 0.00
14. Tax (Multiply line 13 by 8.25%) ▶ 14. _____
- 15a. Estimated tax paid with Form 500D, Form MW506NRS and/or credited
from 2021 overpayment ▶ 15a. _____
- 15b. Tax paid with an extension request (Form 500E) ▶ 15b. _____
- 15c. Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)
- 15d. Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)
- 15e. The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR.
Check here ☐ if you are a non-profit corporation.

You must file this form electronically to
claim business tax credits from Form 500CR.



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- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attached Maryland Schedule 510/511 K-1.) ▶ 15f. _____
- 15g. If amending, total payments made with original plus additional tax paid
after original was filed ▶ 15g. _____
- 15h. Total payments and credits (add lines 15a through 15g) 15h. _____
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) ▶ 16. _____
17. Overpayment (If line 15h exceeds line 14, enter the difference.) ▶ 17. _____
- 17a. If amending prior overpayment (Total all refunds previously issued.) 17a. _____
18. Interest and/or penalty from Form 500UP _____ or late payment interest
_____ for original return ▶ 18. _____
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) 19. _____
20. Amount of overpayment from original return to be applied to estimated tax for 2023
(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20. _____
21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(If amending subtract lines 17a and 18 from line 17.) ▶ 21. _____

DIRECT DEPOSIT OF REFUND (See Instructions.) **Verify that all account information is correct and clearly legible.**

If you are requesting direct deposit of your refund, complete the following.

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.▶ ☐ Check here if this refund will go to an account outside of the United States.22a. Type of account: ▶ ☐ Checking ☐ Savings

22b. Routing Number (9-digits): ▶ _____

22c. Account number: ▶ _____

22d. Name as it appears on the bank account: _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) 23. -1625.00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) 24. _____

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 1. Amended to claim a Net Operating Loss Deduction |
| <input type="checkbox"/> | 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report) |
| <input type="checkbox"/> | 3. Amended to claim Business Tax Credit. |
| <input type="checkbox"/> | 4. Amended to claim nonresident PTE Tax Credit |
| <input type="checkbox"/> | 5. Amended to report income omitted on previous filing |
| <input type="checkbox"/> | 6. Amended to change apportionment factor |
| <input type="checkbox"/> | 7. Amended for another reason stated below: |

Explanation of Changes: _____



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NAME CAM CONSTRUCTI FEIN 884168009

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts			
a. Gross receipts or sales less returns and allowances ▶	.	.	
b. Dividends	
c. Interest	
d. Gross rents	
e. Gross royalties	
f. Capital gain net income	
g. Other income (Attach schedule.)	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) ▶	.	.	_____ ▶

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory . . . . .	.	.
b. Machinery and equipment . . . . .	.	.
c. Buildings . . . . .	.	.
d. Land . . . . .	.	.
e. Other tangible assets (Attach schedule.)	.	.	
f. Rent expense capitalized (multiply by eight) . . . . .	.	.
g. Total property (Add lines 2a through 2f, for Columns 1 and 2) ▶	.	.	_____ ▶
3. Payroll			
a. Compensation of officers . . . . .	.	.
b. Other salaries and wages . . . . .	.	.
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶	.	.	_____ ▶

4. Maryland apportionment factor Enter amount from line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) _____ ▶

▶ ☐ Check here if special apportionment or alternative apportionment formula is used.



225000420

NAME CAM CONSTRUCTI FEIN 884168009

SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: 2403804007
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: _____
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? . . . ☐ Yes ☒ No
 If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

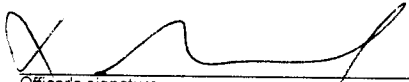
1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**
 List the name(s) of the qualified charitable entity on the lines below.



SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.


Check here ☐ if you authorize your preparer to discuss this return with us.


Officer's signature 03082024
Date

JOSE A BURGOS EA
Printed name of the Preparer / or Firm's name

PARTNER
Officer's Name and Title

13976 BALTIMORE AVE STE 127
Street address of preparer or Firm's address


Preparer's signature (Required by Law) _____
Date

LAUREL MD 20707
City, State, ZIP Code + 4

301-408-0029
Telephone number of preparer

► P00235591
Preparer's PTIN (Required by Law)

► _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make checks payable to and mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write Your FEIN On Check Using Blue Or Black Ink.)

Name of corporation

E-file Authorization for Corporations

For calendar year 2023, or tax year beginning _____, 2023, ending _____, 20 _____

Use for efile authorizations for Form 1120, 1120-F or 1120S.**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879CORP for the latest information.**

OMB No. 1545-0123

CAM CONSTRUCTION INC

Employer identification number

88-4168009**Part I Information** (Whole dollars only)

1	Total income (Form 1120, line 11)	1	458,039
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's 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 electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** 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 have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize ACCOUNTING CONSULTING RESOUR to enter my PIN 76762 as my signature
ERO firm name do not enter all zeros
on the corporation's electronically filed income tax return.

☐ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature _____ Date 03-08-2024 Title PARTNER**Part III Certification and Authentication**ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 274705 76762
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOSE A BURGOS EA  Date 03-08-2024

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

DO NOT MAIL TO MARYLAND

MARYLAND
FORM

EL101B

E-FILE DECLARATION
FOR BUSINESSES &
FIDUCIARY
ELECTRONIC FILING

23101B020

2023

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

Keep this for your records. Do not send this form to the Revenue Administration Division unless specifically requested to do so. See instructions.

CAM CONSTRUCTION INC

Name of corporation, pass-through entity, estate or trust

884168009

Federal Employer Identification Number

Name and Title of Fiduciary

25205 CHIMNEY HOUSE CT

Street Address

DAMASCUS

City or town

MD

State

20872

ZIP Code

+ 4

PART I Tax Return Information (whole dollars only)

1. Amount of overpayment to be applied to 2024 estimated tax 1. _____ 00
2. Amount of overpayment to be refunded **REFUND** 2. _____ 00
3. Total amount due 3. _____ 00

PART II Declaration and Signature Authorization

Under penalties of perjury, I declare that I am an officer, general partner, or managing member of the above corporation or pass-through entity, or a fiduciary of the entity filing this declaration. I have compared the information contained on my electronic return with the information that I provided to my electronic return originator or entered on-line and that the name(s), address and amounts described above agree with the amounts shown on the corresponding lines of my 2023 Maryland electronic income tax return. To the best of my knowledge and belief, the return is true, correct and complete. I consent that the return, including accompanying schedules and statements, be sent to the Revenue Administration Division by my electronic return originator or by the electronic return software provider.

PIN: Check one box only

☒ I authorize ACCOUNTING CONSULTING RESOU to enter or generate my PIN 7 6 7 6 2 as my signature on my tax year 2023 electronically filed income tax return.

Enter five digits.
Do not enter all zeros.

☐ I will enter my PIN as my signature on the tax year 2023 electronically filed business income tax return. 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.

Signature

03-08-2024
Date**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

2 7 4 7 0 5 7 6 7 6 2

Do not enter all zeros.

I certify this numeric entry is my PIN, which is my signature for tax year 2023 electronically filed income tax return for this business. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and the Maryland MeF Handbook for Authorized e-File Providers

ERO's signature

03-08-2024
Date

Form 1120
Department of the Treasury
Internal Revenue Service

U.S. Corporation Income Tax Return
For calendar year 2023 or tax year beginning _____, 2023, ending _____, 20____
Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123
2023

A Check if:

1a Consolidated return (attach Form 851)

b Life/nonlife consolidated return

2 Personal holding co. (attach Sch. PH)

3 Personal service corp. (see instructions)

4 Schedule M-3 attached

TYPE OR PRINT

Name
CAM CONSTRUCTION INC

Number, street, and room or suite no. If a P.O. box, see instructions.
25205 CHIMNEY HOUSE CT

City or town, state or province, country and ZIP or foreign postal code
DAMASCUS MD 20872

B Employer identification number
88-4168009

C Date incorporated
10-10-2022

D Total assets (see instructions)
\$ 29,925

E Check if:

(1) Initial return

(2) Final return

(3) Name change

(4) Address change

Income

1a Gross receipts or sales

1b Returns and allowances

1c Balance. Subtract line 1b from line 1a

2 Cost of goods sold (attach Form 1125-A)

3 Gross profit. Subtract line 2 from line 1c

4 Dividends and inclusions (Schedule C, line 23)

5 Interest

6 Gross rents

7 Gross royalties

8 Capital gain net income (attach Schedule D (Form 1120))

9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)

10 Other income (see instructions - attach statement)

11 Total income. Add lines 3 through 10

1a 1,093,286

1b

1c 1,093,286

2 635,247

3 458,039

4

5

6

7

8

9

10

11 458,039

Deductions (See instructions for limitations on deductions.)

12 Compensation of officers (see instructions - attach Form 1125-E)

13 Salaries and wages (less employment credits)

14 Repairs and maintenance

15 Bad debts

16 Rents

17 Taxes and licenses

18 Interest (see instructions)

19 Charitable contributions

20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)

21 Depletion

22 Advertising

23 Pension, profit-sharing, etc., plans

24 Employee benefit programs

25 Energy efficient commercial buildings deduction (attach Form 7205)

26 Other deductions (attach statement)

27 Total deductions. Add lines 12 through 26

28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11

29a Net operating loss deduction (see instructions)

29b Special deductions (Schedule C, line 24)

29c Add lines 29a and 29b

12 119,400

13 101,155

14

15

16 3,152

17 Wks Tax/Lic 17,434

18 6,063

19

20 132,034

21

22

23

24 1,357

25

26 Statement #5 80,658

27 461,253

28 (3,214)

29a

29b

29c

Tax, Refundable Credits, & Payments

30 Taxable income. Subtract line 29c from line 28. See instructions

31 Total tax (Schedule J, Part I, line 11)

32 Reserved for future use

33 Total payments and credits (Schedule J, Part III, line 23)

34 Estimated tax penalty. See instructions. Check if Form 2220 is attached

35 Amount owed. If line 33 is smaller than the total of lines 31 and 34, enter amount owed

36 Overpayment. If line 33 is larger than the total of lines 31 and 34, enter amount overpaid

37 Enter amount from line 36 you want: Credited to 2024 estimated tax Refunded

30 (3,214)

31 0

32

33

34

35

36

37

Sign Here

MARIA D GRANADOS VENTURA

03-08-2024

PARTNER

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below? See instructions.

Yes

No

Paid Preparer Use Only

Print/Type preparer's name
JOSE A BURGOS EA

Preparer's signature
JOSE A BURGOS EA

Date
03-08-2024

Check ☒ if self-employed

PTIN
P00235591

Firm's name
ACCOUNTING CONSULTING RESOURCES

Firm's address
13976 BALTIMORE AVE STE 127
LAUREL MD 20707

Firm's EIN
52-2128011

Phone no.
(301) 408-0029

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120 (2023)

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) x (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations		See instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		See instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Reserved for future use			
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 16a, 16b, or 17 (attach Form(s) 5471) (see instructions)			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992)			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I - Tax Computation**

1	Income tax. See instructions	1	0
2	Base erosion minimum tax amount (attach Form 8991)	2	
3	Corporate alternative minimum tax from Form 4626, Part II, line 13 (attach Form 4626)	3	
4	Add lines 1, 2, and 3	4	0
5a	Foreign tax credit (attach Form 1118)	5a	0
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (see instructions - attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	0
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method - income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Interest/tax due under section 453A(c)	9f	
g	Interest/tax due under section 453(l)	9g	
z	Other (see instructions - attach statement)	9z	
10	Total. Add lines 9a through 9z	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II - Payments and Refundable Credits

12	Reserved for future use	12	
13	Preceding year's overpayment credited to the current year	13	
14	Current year's estimated tax payments	14	
15	Current year's refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Reserved for future use	20c	
z	Other (attach statement - see instructions)	20z	
21	Total credits. Add lines 20a through 20z	21	
22	Elective payment election amount from Form 3800	22	
23	Total payments and credits. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	

Schedule K Other Information (see instructions)

1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	Yes	No
2 See the instructions and enter the:		
a Business activity code no. <u>238300</u>		
b Business activity <u>CONSTRUCTION</u>		
c Product or service <u>SERVICES</u>		
3 Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter name and EIN of the parent corporation _____		X
4 At the end of the tax year:		
a Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation's stock entitled to vote? If "Yes," complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5 At the end of the tax year, did the corporation:		
a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions If "Yes," complete (i) through (iv) below.		X
--	--	----------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? See sections 301 and 316 If "Yes," file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation's stock entitled to vote or at least 25% of the total value of all classes of the corporation's stock? For rules of attribution, see section 318. If "Yes," enter: (a) Percentage owned _____ and (b) Owner's country _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached <u>0</u>		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) . . . <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) \$ _____		

Schedule K Other Information (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year . . \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?		X
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did this corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During this corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deducton is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3).) If "Yes," complete and attach Form 8991.		X
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during this tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990, See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$29 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 15 \$ <u>0</u>		
26 Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties held directly or indirectly by the corporation, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the shareholders held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions		X
Percentage: By Vote By Value		
27 At any time during this tax year, did the corporation (a) receive a digital asset (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		X
28 Is the corporation a member of a controlled group?		X
If "Yes," attach Schedule O (Form 1120). See instructions.		
29 Corporate Alternative Minimum Tax:		
a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year?		
If "Yes," go to question 29b. If "No," skip to question 29c.		
b Is the corporation an applicable corporation under section 59(k)(1) in the current tax year because the corporation was an applicable corporation in the prior tax year?		
If "Yes," complete and attach Form 4626. If "No," continue to question 29c.		
c Does the corporation meet the requirements of the safe harbor method as provided under section 59(k)(3)(A) for the current tax year? See instructions		
If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.		
30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)?		X
b Under the applicable foreign corporation rules?		X
c Under the covered surrogate foreign corporation rules?		X
If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
31 Is this a consolidated return with gross receipts or sales of \$1 billion or more and a subchapter K basis adjustment, as described in the instructions, of \$10 million or more?		X
If "Yes," attach a statement. See instructions.		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash				4,776
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets			157,183	
b	Less accumulated depreciation	()		(132,034)	25,149
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets				29,925
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				144,317
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings-Appropriated (attach statement)				
25	Retained earnings-Unappropriated				(114,392)
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity				29,925

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	(6,319)	7	Income recorded on books this year not included on this return (itemize): Tax-exempt interest \$ _____	
2	Federal income tax per books				
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize): _____				
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____ c Travel and entertainment \$ 3,105		8	Deductions on this return not charged against book income this year (itemize): a Depreciation \$ _____ b Charitable contributions \$ _____	
		3,105			
6	Add lines 1 through 5	(3,214)	9	Add lines 7 and 8	
			10	Income (page 1, line 28)-line 6 less line 9	(3,214)

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Schedule L, Line 25)

1	Balance at beginning of year		5	Distributions: a Cash	108,073
2	Net income (loss) per books	(6,319)		b Stock	
3	Other increases (itemize): _____			c Property	
			6	Other decreases (itemize): _____	
			7	Add lines 5 and 6	108,073
4	Add lines 1, 2, and 3	(6,319)	8	Balance at end of year (line 4 less line 7)	(114,392)

Cost of Goods Sold▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**▶ **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

Name		Employer identification number
CAM CONSTRUCTION INC		88-4168009
1	Inventory at beginning of year	1
2	Purchases	110,332
3	Cost of labor	299,882
4	Additional section 263A costs (attach schedule)	4
5	Other costs (attach schedule) Statement #7	225,033
6	Total. Add lines 1 through 5	635,247
7	Inventory at end of year	7
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	835,247
9a Check all methods used for valuing closing inventory:		
(i) <input checked="" type="checkbox"/> Cost		
(ii) <input type="checkbox"/> Lower of cost or market		
(iii) <input type="checkbox"/> Other (Specify method used and attach explanation.) ▶		
b	Check if there was a writedown of subnormal goods ▶	<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶	<input type="checkbox"/>
d	If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Name(s) shown on return
CAM CONSTRUCTION INC

Business or activity to which this form relates
FORM 1120

Identifying number
88-4168009

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	
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	
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 2022 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 2024. 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 2023	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 2023 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			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 2023 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	132,034
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	132,034
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	125,746	
26 Property used more than 50% in a qualified business use:									
2020 ACURA TLX	01-02-2023	100.0%	39,050	7,810	5	200 DB-HY	1,562		
2017 FORD TRU	01-03-2023	100.0%	52,464	10,493	5	200 DB-HY	2,099		
2023 JEEP WRAN	06-02-2023	100.0%	65,669	13,134	5	200 DB-HY	2,627		
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	132,034	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Supporting Statements**2023 PG01**

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Schedule L - Line 17

STMT

<u>Description</u>	<u>Beg Of Year</u>	<u>End Of Year</u>
2020 ACURA TLX		29,579
2017 FORD TRU SD		37,608
2023 JEEP WRANGLER		77,130
Total		144,317

Form 1120 - Line 26 - Other Deductions**PG01**

Statement #5

<u>Description</u>	<u>Amount</u>
Automobile and truck expenses	38,210
Bank charges	1,866
Commissions	866
Dues and subscriptions	3,977
Insurance	5,666
Legal and professional	15,852
Meals 50% limit	3,105
Miscellaneous	975
Office expense	2,494
Postage/Shipping	185
Telephone	3,713
Tools	928
Travel	442
Uniforms	1,491
Waste removal	588
Bonus	300
Total	80,658

Federal Supporting Statements**2023 PG01**

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

88-4168009

Form 1125A - Line 5 - Other Cost

Statement #7

<u>Description</u>	<u>Amount</u>
Casual Labor	2,400
Rent of Equipment	7,339
Supplies	2,724
Workers Comp Insurance	3,458
Other Compensation to Officers	209,112
Total	225,033

Estimated Tax Worksheet for Corporations

For calendar year 2024, or tax year beginning _____, 2024, and ending _____, 20____

2024

(This page is not filed with the return. It is for your records only)

Estimated Tax Computation

CAM CONSTRUCTION INC

88-4168009

1	Taxable income expected for the tax year	1	(3,214)		
2	Multiply line 1 by the applicable percentage	2		(675)	
3	Tax credits. See instructions	3			
4	Subtract line 3 from line 2	4		(675)	
5	Other taxes. See instructions	5			
6	Total tax. Add lines 4 and 5	6		(675)	
7	Credit for federal tax paid on fuels and other refundable credits. See instructions	7			
8	Subtract line 7 from line 6. Note: If the result is less than \$500, the corporation is not required to make estimated tax payments	8		(675)	
9a	Enter the tax shown on the corporation's 2023 tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 8 on line 9b	9a			
b	Enter the smaller of line 8 or line 9a. If the corporation is required to skip line 9a, enter the amount from line 8	9b			
10	Installment due dates. See 1120 instructions	10			
11	Required installments. Enter 25% of line 9b in columns (a) through (d).	11			

Taxes and Licenses Attachment

Note: This information does not transmit to the IRS with e-filed returns.
Including with a paper filed return is optional.

2023

CORPORATION NAME

CAM CONSTRUCTION INC

EIN

88-4168009**Taxes and Licenses**

Form 1120, line 17

Form 1120-C, line 15

Form 1120-H, line 12

1	State income taxes	1	
2	State franchise taxes	2	
3	City income taxes	3	
4	City franchise taxes	4	
5	Real estate taxes	5	
6	Local property taxes	6	300
7	Intangible property taxes	7	
8	Payroll taxes	8	16,539
9	Less: credit from Form 8846	9	
10	Foreign taxes paid	10	
11	Occupancy taxes	11	
12	Other miscellaneous taxes	12	
13	Licenses	13	595
14	Total to Form 1120, Page 1, Line 17	14	17,434

Depreciation Detail Listing

FORM 1120

(This page is not filed with the return. It is for your records only.)

PAGE 1

Social security number/EIN

88-4168009

Land Amount		CY 179 and CY Bonus	125,746	ST ADJ:	100,597
Net Depreciable Cost	157,183	TOTAL CY Depr including 179/bonus	132,034		

STATE FORM 1120

PAGE 1

88-4168009

31,437

**Form 1120, Line 29a, NOL Deduction
Form 1120-C, Schedule G, Line 9a, Column (a),
Patronage NOL Deduction**

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Year	Loss Carryover/ Carryback	Increase of NOL Due to Sec 170(d)(2)(B) Contribution Reduction*	Loss Applied to 2023	Unused Loss	Unused Sec 170(d)(2)(B)
2003					
2004					
2005					
2006					
2007					
2008					
2009					
2010					
2011					
2012					
2013					
2014					
2015					
2016					
2017					
2018					
2019					
2020					
2021					
2022					
	Current year NOL		Applied to Prior Years	Remaining 2023 NOL carryover	
2023	3,214			3,214	
	Future years NOL		Applied to 2023		
Future Years					
TOTALS	3,214		0	3,214	0

* A corporation having a net operating loss (NOL) carryover from any taxable year must apply the special rule of §170(d)(2)(B). The rules are designed to prevent a double tax benefit through interaction of NOL and charitable contribution carryovers. The excess charitable deduction can reduce taxable income only once. Under these rules, a corporation's charitable contributions carryover (but not the NOL carryover) must be reduced, to the extent the charitable contribution deduction, in computing the taxable income of an intervening year, would increase the NOL to a succeeding year.

**MARYLAND
FORM
500**

**CORPORATION INCOME
TAX RETURN**



235000020

2023

\$

OR FISCAL YEAR BEGINNING _____ 2023, ENDING _____

884168009

► Federal Employer Identification Number (9 digits)

FEIN Applied for Date (MMDDYY)

101022

► Date of Organization or Incorporation (MMDDYY)

238300

► Business Activity Code No. (6 digits)

CAM CONSTRUCTION INC

Name

25205 CHIMNEY HOUSE CT

Current Mailing Address (PO Box, Number, Street and Apt. No)

Current Mailing Address Line 2 (Apt No., Suite No., Floor No.)

DAMASCUS

City or Town

MD

State

20872

ZIP Code + 4

Do not write in this space.

► ME

► YE

Amended
Return ►

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

CHECK HERE IF:

- ☐ Name or address has changed ► ☐ Inactive corporation ☐ First filing of the corporation ► ☐ Final Return
► ☐ This tax year's beginning and ending dates are different from last year's due to an acquisition or consolidation.

IF FILING TO CLAIM A NET OPERATING LOSS, CHECK THE APPROPRIATE BOX ► ☐ Carryback ► ☐ Carryforward

Attach copies of the federal form for the loss year and Form 1139.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1a. Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C

line 25c.) See Instructions. Check applicable box:

☒ 1120 ☐ 1120-REIT ☐ 990T

☐ Other: _____ IF 1120S, FILE ON FORM 510 1a. -3214 00

1b. Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) 1b. 00

1c. Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a) ► 1c. -3214 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME

(All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2a. Section 10-306.1 related party transactions ► 2a. 00

2b. Decoupling Modification Addition adjustment (Enter code letter(s) from instructions.) ► 2b. 00

2c. Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b) 2c. 00

SUBTRACTION ADJUSTMENTS

3a. Section 10-306.1 related party transactions ► 3a. 00

3b. Dividends for domestic corporation claiming foreign tax credits (Federal form 1120/1120C Schedule C line 18) ► 3b. 00



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NAME CAM CONSTRUCTIO FEIN 884168009

3c.	Dividends from related foreign corporations (Federal form 1120/1120C Schedule C line 14, 16b and 16c)	3c.	00
3d.	Decoupling Modification Subtraction adjustment (Enter code letter(s) from instructions.)	3d.	00
3e.	Total Maryland Subtraction Adjustments to Federal Taxable Income (Add lines 3a through 3d.)	3e.	00
4.	Maryland Adjusted Federal Taxable Income before NOL deduction is applied (Add lines 1c and 2c, and subtract line 3e.)	4.	- 3214 00
5.	Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry-forward) on a separate company basis (Enter NOL as a positive amount.)	5.	00
6.	Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal to zero, enter amount from line 4.) (If line 4 is greater than zero, subtract line 5 from line 4 and enter result. If result is less than zero, enter zero.)	6.	- 3214 00

MARYLAND ADDITION MODIFICATIONS

(All entries must be positive amounts.)

7a.	State and local income tax	7a.	00
7b.	Dividends and interest from another state, local or federal tax exempt obligation	7b.	00
7c.	Net operating loss modification recapture (Do not enter NOL carryover. See instructions.)	7c.	00
7d.	Domestic Production Activities Deduction	7d.	00
7e.	Deduction for Dividends paid by captive REIT	7e.	00
7f.	Other additions (Enter code letter(s) from instructions and attach schedules)	7f.	00
7g.	Total Addition Modifications (Add lines 7a through 7f)	7g.	00

MARYLAND SUBTRACTION MODIFICATIONS

(All entries must be positive amounts.)

8a.	Income from US Obligations	8a.	00
8b.	Other subtractions (Enter code letter(s) from instructions and attach schedule) If you are claiming subtraction H, enter your state cannabis business license number:	8b.	00
8c.	Total Subtraction Modifications (Add lines 8a and 8b)	8c.	00

NET MARYLAND MODIFICATIONS

9.	Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.)	9.	00
10.	Maryland Modified Income (Add lines 6 and 9.)	10.	- 3214 00

APPORTIONMENT OF INCOME

(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

11.	Maryland apportionment factor (from page 4 of this form) (If factor is zero, enter .000000.)	11.	00
12.	Maryland apportionment income (Multiply line 10 by line 11.)	12.	00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.)	13.	0 00
14.	Tax (Multiply line 13 by 8.25%.)	14.	00
15a.	Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2022 overpayment	15a.	00
15b.	Tax paid with an extension request (Form 500E)	15b.	00
15c.	Nonrefundable business income tax credits from Part AAA. (See instructions for Form 500CR.)		
15d.	Refundable business income tax credits from Part DDD. (See instructions for Form 500CR.)		
15e.	The Heritage Structure Rehabilitation Tax Credit is claimed on line 1 of Part DDD on Form 500CR. Check here <input type="checkbox"/> if you are a non-profit corporation.		

You must file this form electronically to
claim business tax credits from Form 500CR.



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- 15f. Nonresident tax paid on behalf of the corporation by pass-through entities
(Attach Maryland Schedule 510/511 K-1.) ▶ 15f. 00
- 15g. If amending, total payments made with original plus additional tax paid
after original was filed ▶ 15g. 00
- 15h. Total payments and credits (add lines 15a through 15g) 15h. 00
16. Balance of tax due (If line 14 exceeds line 15h enter the difference.) ▶ 16. 00
17. Overpayment (If line 15h exceeds line 14, enter the difference.) ▶ 17. 00
- 17a. If amending prior overpayment (Total all refunds previously issued.) 17a. 00
18. Interest and/or penalty from Form 500UP or late payment interest
for original return ▶ 18. 00
19. Total balance due (Add lines 14, 17a and 18. Subtract line 15h.) ▶ 19. 00
20. Amount of overpayment from original return to be applied to estimated tax for 2024
(not to exceed the net of lines 17 minus 17a and 18.) ▶ 20. 00
21. Amount of overpayment TO BE REFUNDED
(Add lines 18 and 20, and subtract the total from line 17.)
(If amending subtract lines 17a and 18 from line 17.) ▶ 21. 00

DIRECT DEPOSIT OF REFUND (See Instructions.) **Verify that all account information is correct and clearly legible.**

If you are requesting direct deposit of your refund, complete the following.

▶ ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.▶ ☐ Check here if this refund will go to an account outside of the United States.22a. Type of account: ▶ ☐ Checking ☐ Savings

22b. Routing Number (9-digits): ▶

22c. Account number: ▶

22d. Name as it appears on the bank account: _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

23. NOL generated in Current Year - Carryforward 20 years and carry back 2 years (farming loss **ONLY**).
(If line 6 is less than zero, enter on line 23.) 23. -3214 00
24. NAM generated in Current Year - Carried Forward/Back with Loss on Line 23 per
Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the
amount from line 9 on line 24.) 24. 00

FOR USE IF AMENDING THE RETURN

Explanation of Changes to Income, Modifications, Apportionment Factor and Credits. Show the computation in detail and attach schedules as necessary. Check the box or boxes that reflect the reason for filing this amended return and explain in the space provided below the checkboxes. If more space is needed, you may attach additional pages.

- ▶ ☐ 1. Amended to claim a Net Operating Loss Deduction
- ☐ 2. Amended to report a federal adjustment or an RAR (Revenue Agent Report)
- ☐ 3. Amended to claim Business Tax Credit.
- ☐ 4. Amended to claim nonresident PTE Tax Credit
- ☐ 5. Amended to report income omitted on previous filing
- ☐ 6. Amended to change apportionment factor
- ☐ 7. Amended for another reason

Explanation of Changes: _____



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Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate corporations. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts			
a. Gross receipts or sales less returns and allowances ▶	00	00	
b. Dividends	00	00	
c. Interest	00	00	
d. Gross rents	00	00	
e. Gross royalties	00	00	
f. Capital gain net income	00	00	
g. Other income (Attach schedule.)	00	00	
h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.) ▶	00	00	_____ ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property			
a. Inventory	00	00	
b. Machinery and equipment	00	00	
c. Buildings	00	00	
d. Land	00	00	
e. Other tangible assets (Attach schedule.)	00	00	
f. Rent expense capitalized (multiply by eight)	00	00	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2) ▶	00	00	_____ ◀
3. Payroll			
a. Compensation of officers	00	00	
b. Other salaries and wages	00	00	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶	00	00	_____ ◀

4. Maryland apportionment factor Enter amount from line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000000 on line 11, page 2.) ◀

▶ ☐ Check here if special apportionment or alternative apportionment formula is used.



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SCHEDULE B - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: 2403804007
2. Address of principal place of business in Maryland (if other than indicated on page 1): _____
3. Brief description of operations in Maryland: _____
4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? . . . ☐ Yes ☒ No
 If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.
5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? ☐ Yes ☒ No
6. Is this entity part of the federal consolidated filing? ☐ Yes ☒ No
If a multistate operation, provide the following:
7. Is this entity a multistate corporation that is a member of a unitary group? ☐ Yes ☒ No
8. Is this entity a multistate manufacturer with more than 25 employees? ☐ Yes ☒ No

SCHEDULE C - ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. **Subtraction for donations of certain disposable diapers, certain hygiene products, and certain monetary gifts.**
 List the name(s) of the qualified charitable entity on the lines below.



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SIGNATURE AND VERIFICATION

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Check here ☐ if you authorize your preparer to discuss this return with us.

Officer's signature Date 03082024

JOSE A BURGOS EA
Printed name of the Preparer / or Firm's name

Officer's Name and Title

13976 BALTIMORE AVE STE 127
Street address of preparer or Firm's address


Preparer's signature (Required by Law) Date

LAUREL MD 20707
City, State, ZIP Code + 4

301-408-0029
Telephone number of preparer

▶ P00235591
Preparer's PTIN (Required by Law)

▶ _____
CODE NUMBERS (3 digits per line)

INCLUDE ALL REQUIRED PAGES OF FORM 500

Make check or money order payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller Of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

Depreciation and Amortization
(Including Information on Listed Property)**2023**
AttachmentState **MD**

▶ See separate instructions. ▶ Keep for your records.

Name(s) shown on return

CAM CONSTRUCTION INC

Business or activity to which this form relates

FORM 1120

Identifying number

88-4168009

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	25,000
2	Total cost of section 179 property placed in service (see instructions)	2	157,183
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	25,000
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 2022 Form 990	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 2024. 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 2023	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 <input type="checkbox"/>		

Section B - Assets Placed in Service During 2023 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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2023 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	31,437
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	31,437
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25		
26 Property used more than 50% in a qualified business use:									
2020 ACURA TLX	01022023	100.0%	39,050	39,050	5	200DBHY	7,810		
2017 FORD TRU	01032023	100.0%	52,464	52,464	5	200DBHY	10,493		
2023 JEEP WRAN	06022023	100.0%	65,669	65,669	5	200DBHY	13,134		
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	31,437	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles) . . .												
31 Total commuting miles driven during the year . . .												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

MARYLAND
FORM
EL102B

**INCOME TAX PAYMENT
VOUCHER FOR
BUSINESS & FIDUCIARY
ELECTRONIC FILERS**



24102B020

2024

Comptroller of Maryland
Revenue Administration Division
PO Box 2601
Annapolis, MD 21404-2601

Account Type:

☐ C Corp

☒ S Corp

☐ Fiduciary

☐ Other entity

CAM CONSTRUCTION INC

Name of corporation, pass-through entity, estate or trust

884168009

Federal Employer Identification Number

Name and Title of Fiduciary

25205 CHIMNEY HOUSE CT

Street Address

DAMASCUS

City or town

MD

State

20872

ZIP code

+4

STOP

If payment is made by electronic funds withdrawal (direct debit) do not submit this form.

Amount paid with this voucher \$ 3572.00

Revised 11/07/2024

Cut along this line and file with your payment

MARYLAND
FORM
EL102B

**INCOME TAX PAYMENT VOUCHER FOR
BUSINESS & FIDUCIARY ELECTRONIC
FILERS**

2024

Payment by Electronic Funds Withdrawal (direct debit)

The balance due on an electronically filed Form 500, Form 510, Form 511, or 504 may be paid by electronic funds withdrawal (direct debit). **To have the funds automatically withdrawn, provide the direct debit payment option information when electronically filing the tax return.** Complete the authorization area on Form EL101B. **If electing the direct debit option, do not submit Form EL102B.**

Payment by Electronic Funds Transfer (EFT)

The balance due on an electronically filed Form 500 may be paid by Electronic Funds Transfer (EFT) using either the ACH Credit or ACH Debit method. To register for the EFT Program, complete Form EFT, Authorization Agreement for Electronic Funds Transfer available at marylandtaxes.gov. If you have any questions, please contact our Taxpayer Services Division by calling 1-800-638-2937 or from Central Maryland 410-260-7980. **If electing the EFT option, do not submit Form EL102B.**

Payment by Online Bill Pay

If your paper or electronic tax return has a balance due, you may pay electronically at marylandtaxes.gov by selecting Bill Pay. The amount that you designate will be debited from your bank or financial institution on the date that you choose. Note: Payments must include notice number.

Payment by Check or Money Order

If the entity elected not to pay electronically, make the check or money order payable to the Comptroller of Maryland. Write the entity's federal employer identification number, type of tax, and tax year being paid in blue or black ink on the check. Do not use red ink.

If the entity received a notice showing the balance due, mail the payment with the voucher in the return envelope. Otherwise, use Form EL102B to pay any balance due on the electronically filed tax return.

Enter the name, federal employer identification number and address in the space provided. Check the box to indicate the account type. Write the payment amount on the line titled "Amount paid with this voucher."

DO NOT SEND CASH.

Do not mail this form with any other document. It must be mailed separately to ensure credit for timely payment.

Mail your completed Form EL102B and payment to:

**Comptroller of Maryland
Revenue Administration Division
PO Box 2601
Annapolis, MD 21404-2601**

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2024

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

****-***8009**

Entity address

25205 CHIMNEY HOUSE CT

DAMASCUS, MD 20872

Thank you for participating in IRS e-file.

1. ☒ 2024 **1120S** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **ACCOUNTING CONSULTING RESOURCES**.
2. ☒ **1120S** income tax return was accepted on **01-28-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **27470520250282ez33ko**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Form	1120-S	U.S. Income Tax Return for an S Corporation		OMB No. 1545-0123				
Department of the Treasury Internal Revenue Service		Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to www.irs.gov/Form1120S for instructions and the latest information.						
For calendar year 2024 or tax year beginning		, 2024, ending		, 20				
A S election effective date	TYPE OR PRINT	Name CAM CONSTRUCTION INC	D Employer identification number 88-4168009					
01-01-2024		Number, street, and room or suite no. If a P.O. box, see instructions. 25205 CHIMNEY HOUSE CT	E Date incorporated 10-10-2022					
B Business activity code number (see instructions) 238300		City or town, state or province, country, and ZIP or foreign postal code DAMASCUS MD 20872	F Total assets (see instructions) \$ 43,365					
C Check if Sch. M-3 attached		G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. Yes No						
H Check if: (1) Final return (2) Name change (3) Address change (4) Amended return (5) S election termination								
I Enter the number of shareholders who were shareholders during any part of the tax year 3								
J Check if corporation: (1) Aggregated activities for section 465 at-risk purposes (2) Grouped activities for section 469 passive activity purposes								
Caution: Include only trade or business income and expenses on lines 1a through 22. See the instructions for more information.								
Income	1 a	Gross receipts or sales	1,872,033	b Less returns and allowances		c Balance	1c	1,872,033
	2	Cost of goods sold (attach Form 1125-A)					2	786,991
	3	Gross profit. Subtract line 2 from line 1c					3	1,085,042
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)					4	
	5	Other income (loss) (see instructions - attach statement)					5	
	6	Total income (loss). Add lines 3 through 5					6	1,085,042
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions - attach Form 1125-E)					7	243,400
	8	Salaries and wages (less employment credits)					8	103,338
	9	Repairs and maintenance					9	
	10	Bad debts					10	
	11	Rents					11	6,989
	12	Taxes and licenses			Wks Tax/Lic		12	29,889
	13	Interest (see instructions)					13	
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)					14	69,694
	15	Depletion (do not deduct oil and gas depletion.)					15	
	16	Advertising					16	
	17	Pension, profit-sharing, etc., plans					17	
	18	Employee benefit programs					18	7,468
	19	Energy efficient commercial buildings deduction (attach Form 7205)					19	
	20	Other deductions (attach statement)			Statement #2		20	84,013
	21	Total deductions. Add lines 7 through 20					21	544,791
	22	Ordinary business income (loss). Subtract line 21 from line 6					22	540,251
Tax and Payments	23 a	Excess net passive income or LIFO recapture tax (see instructions)	23a				23c	
	b	Tax from Schedule D (Form 1120-S)	23b					
	c	Add lines 23a and 23b (see instructions for additional taxes)						
	24 a	Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a					
	b	Tax deposited with Form 7004	24b					
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c					
	d	Elective payment election amount from Form 3800	24d					
	z	Add lines 24a through 24d					24z	
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached					25	
	26	Amount owed. If line 24z is smaller than the total of lines 23c and 25, enter amount owed					26	
	27	Overpayment. If line 24z is larger than the total of lines 23c and 25, enter amount overpaid					27	
	28	Enter amount from line 27: Credited to 2025 estimated tax Refunded					28	
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below? See instructions. Yes No			
	CHRISTIAN E CARDENAS ROCCA Signature of officer				01-28-2025 Parnert Date Title			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date		Check if PTIN self-employed	
	JOSE A BURGOS EA		JOSE A BURGOS EA		01-28-2025		P00235591	
	Firm's name ACCOUNTING CONSULTING RESOURCES				Firm's EIN 52-2128011			
	Firm's address 13976 BALTIMORE AVE STE 127 LAUREL MD 20707				Phone no. (301) 408-0029			
For Paperwork Reduction Act Notice, see separate instructions.								
EEA								

Schedule B	Other Information (see instructions) (continued)	Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? If "Yes," enter the amount of principal reduction \$ _____		X
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14 a	Did the corporation make any payments that would require it to file Form(s) 1099?	X	
b	If "Yes," did or will the corporation file required Form(s) 1099?	X	
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? If "Yes," enter the amount from Form 8996, line 15 \$ _____		X
16	At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Schedule K	Shareholders' Pro Rata Share Items	Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 1, line 22)	1	540,251
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a 3c		
	4 Interest income 4		
	5 Dividends: a Ordinary dividends 5a		
	b Qualified dividends 5b		
	6 Royalties 6		
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) 7		
Deductions	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) 8a		
	b Collectibles (28%) gain (loss) 8b		
	c Unrecaptured section 1250 gain (attach statement) 8c		
	9 Net section 1231 gain (loss) (attach Form 4797) 9		
	10 Other income (loss) (see instructions) Type: 10		
	11 Section 179 deduction (attach Form 4562) 11		
	12a Cash charitable contributions 12a		
	b Noncash charitable contributions 12b		
	c Investment interest expense 12c		
	d Section 59(e)(2) expenditures Type: 12d		
Credits	e Other deductions (see instructions) Type: 12e		
	13a Low-income housing credit (section 42(j)(5)) 13a		
	b Low-income housing credit (other) 13b		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) 13c		
	d Other rental real estate credits (see instructions) Type: 13d		
	e Other rental credits (see instructions) Type: 13e		
	f Biofuel producer credit (attach Form 6478) 13f		
g Other credits (see instructions) Type: 13g			
Inter-national	Qualified for exception to filing Schedule K-2		
	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items - International, and check this box to indicate you are reporting items of international tax relevance <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment 15a		
	b Adjusted gain or loss 15b		
	c Depletion (other than oil and gas) 15c		
	d Oil, gas, and geothermal properties - gross income 15d		
	e Oil, gas, and geothermal properties - deductions 15e		
	f Other AMT items (attach statement) 15f		
Items Affecting Shareholder Basis	16a Tax-exempt interest income 16a		
	b Other tax-exempt income 16b		
	c Nondeductible expenses Statement #16c 16c		11,810
	d Distributions (attach statement if required) (see instructions) 16d		575,267
	e Repayment of loans from shareholders 16e		
	f Foreign taxes paid or accrued 16f		

Schedule K		Shareholders' Pro Rata Share Items (continued)	Total amount
Other Information	17a	Investment income	17a
	b	Investment expenses	17b
	c	Dividend distributions paid from accumulated earnings and profits	17c
	d	Other items and amounts (attach statement) Statement #18	
Reconciliation	18	Income (loss) reconciliation. Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f	18 540,251

Schedule L		Balance Sheets per Books		Beginning of tax year	End of tax year
Assets		(a)	(b)	(c)	(d)
1	Cash		4,776		213
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts	()		()	
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets	157,183		244,880	
b	Less accumulated depreciation	(132,034)	25,149	(201,728)	43,152
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		29,925		43,365
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach statement)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		144,317		204,583
21	Other liabilities (attach statement)				
22	Capital stock				
23	Additional paid-in capital				
24	Retained earnings		(114,392)		(161,218)
25	Adjustments to shareholders' equity (attach statement)				
26	Less cost of treasury stock		()		()
27	Total liabilities and shareholders' equity		29,925		43,365

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books	528,441	5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): _____		a Tax-exempt interest \$ _____	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation \$ _____		a Depreciation \$ _____	
b Travel and entertainment \$ 11,810			
	11,810	7 Add lines 5 and 6	
4 Add lines 1 through 3	540,251	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	540,251

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account
(see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year				
2 Ordinary income from page 1, line 22	540,251			
3 Other additions				
4 Loss from page 1, line 22	()			
5 Other reductions Statement #30	(11,810)			()
6 Combine lines 1 through 5	528,441			
7 Distributions	528,441			
8 Balance at end of tax year. Subtract line 7 from line 6				

Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.
Go to www.irs.gov/Form1125A for the latest information.

OMB No. 1545-0123

Name		Employer identification number	
CAM CONSTRUCTION INC		88-4168009	
1	Inventory at beginning of year	1	
2	Purchases	2	243,421
3	Cost of labor	3	506,154
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule)	5	37,416
6	Total. Add lines 1 through 5	6	786,991
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2, or the appropriate line of your tax return. See instructions	8	786,991
9a Check all methods used for valuing closing inventory. See instructions.			
(i) <input checked="" type="checkbox"/> Cost			
(ii) <input type="checkbox"/> Lower of cost or market			
(iii) <input type="checkbox"/> Other (specify method used and attach explanation)			
For certain small business taxpayers, alternative methods of accounting for inventories:			
(iv) <input type="checkbox"/> Non-incidental materials and supplies method			
(v) <input type="checkbox"/> AFS method			
(vi) <input type="checkbox"/> Non-AFS method			
b	Check if there was a writedown of subnormal goods		<input type="checkbox"/>
c	Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)		<input type="checkbox"/>
d	(i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO	9d(i)	
	(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve	9d(ii)	
e	If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f	Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CAM CONSTRUCTION INC

25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Phone: (240)380-4007 | Fax:

January 28, 2025

CHRISTIAN E CARDENAS ROCCA
25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

CHRISTIAN E CARDENAS ROCCA:

Attached is a copy of the Schedule K-1 and supplemental K-1 information for CAM CONSTRUCTION INC, to assist you in preparing your personal income tax return.

If you have questions regarding the information received, submit your questions to the following address:

ACCOUNTING
CAM CONSTRUCTION INC
25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Sincerely,

CHRISTIAN E CARDENAS ROCCA
Parnert

Enclosure

Schedule K-1
(Form 1120-S) Control: 1

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

beginning 2024 ending

2024

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
88-4168009

B Corporation's name, address, city, state, and ZIP code
CAM CONSTRUCTION INC

25205 CHIMNEY HOUSE CT

DAMASCUS MD 20872

C IRS Center where corporation filed return
Kansas City

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
797-08-6518

F1 Shareholder's name, address, city, state, and ZIP code
CHRISTIAN E CARDENAS ROCCA

25205 CHIMNEY HOUSE CT
DAMASCUS MD 20872

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN Name

F3 What type of entity is this shareholder? Individual

G Current year allocation percentage 66.73497 %

H Shareholder's number of shares
Beginning of tax year 750
End of tax year 500

I Loans from shareholder
Beginning of tax year \$
End of tax year \$

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)	C*	STMT
		D	287,634
		17	Other information
11	Section 179 deduction	AC	1,249,301
12	Other deductions	V*	STMT
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S.

www.irs.gov/Form1120S

Schedule K-1 (Form 1120-S) 2024

EEA

Schedule K-1 Supplemental Information**2024**

Shareholder's name

CHRISTIAN E CARDENAS ROCCA

Shareholder's ID Number

797-08-6518

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Form 1120S Schedule K-1 - Line 16

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	Other Nondeductible Expenses	7,881
	Meals	7,881
	Total	7,881

Schedule K-1 Distribution Information

(This page is not filed with the return. It is for your records only.)

2024

Shareholder's name

CHRISTIAN E CARDENAS ROCCA

Shareholder's ID Number

797-08-6518

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2024	575,267	50.00	500.00000	287,634
Total				287,634

Changes in Ownership

(This page is not filed with the return. It is for your records only.)

2024

Shareholder's name

CHRISTIAN E CARDENAS ROCCA

Shareholder's ID Number

797-08-6518

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Date of Change	Shares Held Prior to Change	Change in Shares on Date	Total Number of Shares Held	Number of Days Held Prior to Change	Total number of days in the tax year	Ownership % for period
01-01-2024		750.00000	1000.00000		366	
09-01-2024	750.00000	-250.00000	1000.00000	245	366	050.20492
12-31-2024	500.00000		1000.00000	121	366	016.53005
Total ownership percentage for the tax year:						066.73497

Ownership % for period = $\frac{\text{Change in Shares on Date}}{\text{Total Shares Held}} \times \frac{\text{No. of Days Held Prior to Change}}{\text{Total No. of Days in the Tax Year}}$

STATEMENT A - QBI Pass-through Entity Reporting

Information Reported in Accordance with Section 199A-6

Schedule K-1, Line 17, Code V

(This page is e-filed with the return. Include it if paper-filing.)

2024

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

88-4168009

Name(s) as shown on K1

CHRISTIAN E CARDENAS ROCCA

Tax ID Number

797-08-6518

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	CAM CONSTRUCTION INC	88-4168009			No

LINE NUMBER	NO. <u>1</u>	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	360,536					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179						
Other Deductions						
W-2 Wages	231,396					
Unadjusted Basis Immediately After Acquisition	163,421					
Section 199A (REIT) Dividends						

Schedule K-1 Supplemental Information

2024

Shareholder's name

CHRISTIAN E CARDENAS ROCCA

Name of S Corporation

CAM CONSTRUCTION INC

Shareholder's ID Number

797-08-6518

S Corporation's EIN

88-4168009

Schedule K-3 Notification

The corporation has met the following criteria for tax year 2024, presently exempting it from filing Schedule K-3 (Form 1120-S), Shareholder's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Corporation had no or limited foreign activity

Criteria 2 - Each of the shareholders was a U.S. citizen, resident alien, or certain domestic trust

With respect to the corporation meeting criteria 1 and 2, shareholders are hereby notified they will not be receiving a Schedule K-3 from the corporation unless the shareholder specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

CAM CONSTRUCTION INC

25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Phone: (240)380-4007 | Fax:

January 28, 2025

MARIA DEL R VENTURA
25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

MARIA DEL R VENTURA:

Attached is a copy of the Schedule K-1 and supplemental K-1 information for CAM CONSTRUCTION INC, to assist you in preparing your personal income tax return.

If you have questions regarding the information received, submit your questions to the following address:

ACCOUNTING
CAM CONSTRUCTION INC
25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Sincerely,

CHRISTIAN E CARDENAS ROCCA
Parnert

Enclosure

Schedule K-1
(Form 1120-S) Control: 2

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

beginning 2024 ending

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A

Corporation's employer identification number

88-4168009

B

Corporation's name, address, city, state, and ZIP code

CAM CONSTRUCTION INC

25205 CHIMNEY HOUSE CT

DAMASCUS MD 20872

C

IRS Center where corporation filed return

Kansas City

D

Corporation's total number of shares

Beginning of tax year 1,000

End of tax year 1,000

Part II Information About the Shareholder

E

Shareholder's identifying number

932-92-4769

F1

Shareholder's name, address, city, state, and ZIP code

MARIA DEL R VENTURA

25205 CHIMNEY HOUSE CT

DAMASCUS MD 20872

F2

If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

TIN Name

F3

What type of entity is this shareholder?

Individual

G

Current year allocation percentage

25.00000 %

H

Shareholder's number of shares

Beginning of tax year 250

End of tax year 250

I

Loans from shareholder

Beginning of tax year \$

End of tax year \$

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)	C*	STMT
		D	143,817
		17	Other information
		AC	468,008
11	Section 179 deduction		
12	Other deductions	V*	STMT
18	More than one activity for at-risk purposes*		
19	More than one activity for passive activity purposes*		
* See attached statement for additional information.			

Schedule K-1 Supplemental Information**2024**

Shareholder's name

MARIA DEL R VENTURA

Shareholder's ID Number

932-92-4769

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Form 1120S Schedule K-1 - Line 16

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	Other Nondeductible Expenses	2,953
	Meals	2,953
	Total	2,953

(This page is not filed with the return. It is for your records only.)

Shareholder's ID Number

88-4168009

STATEMENT A - QBI Pass-through Entity Reporting

Information Reported in Accordance with Section 199A-6
Schedule K-1, Line 17, Code V
(This page is e-filed with the return. Include it if paper-filing.)

2024

Name(s) as shown on return
CAM CONSTRUCTION INC

Tax ID Number
88-4168009

Name(s) as shown on K1
MARIA DEL R VENTURA

Tax ID Number
932-92-4769

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	CAM CONSTRUCTION INC	88-4168009			No

LINE NUMBER	NO. 1	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	135,063					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179						
Other Deductions						
W-2 Wages	86,685					
Unadjusted Basis Immediately After Acquisition	61,220					
Section 199A (REIT) Dividends						

Schedule K-1 Supplemental Information

2024

Shareholder's name

Shareholder's ID Number

MARIA DEL R VENTURA

932-92-4769

Name of S Corporation

S Corporation's EIN

CAM CONSTRUCTION INC

88-4168009

Schedule K-3 Notification

The corporation has met the following criteria for tax year 2024, presently exempting it from filing Schedule K-3 (Form 1120-S), Shareholder's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Corporation had no or limited foreign activity

Criteria 2 - Each of the shareholders was a U.S. citizen, resident alien, or certain domestic trust

With respect to the corporation meeting criteria 1 and 2, shareholders are hereby notified they will not be receiving a Schedule K-3 from the corporation unless the shareholder specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

CAM CONSTRUCTION INC

25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Phone: (240)380-4007 | Fax:

January 28, 2025

MARCO P DA SILVA
6712 WHITE POST RD
CENTREVILLE, VA 20121

MARCO P DA SILVA:

Attached is a copy of the Schedule K-1 and supplemental K-1 information for CAM CONSTRUCTION INC, to assist you in preparing your personal income tax return.

If you have questions regarding the information received, submit your questions to the following address:

ACCOUNTING
CAM CONSTRUCTION INC
25205 CHIMNEY HOUSE CT
DAMASCUS, MD 20872

Sincerely,

CHRISTIAN E CARDENAS ROCCA
Parnert

Enclosure

Schedule K-1
(Form 1120-S) Control: 3

2024

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or tax year

beginning 2024 ending

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation		Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items	
A Corporation's employer identification number 88-4168009		1 Ordinary business income (loss) 44,652	13 Credits
B Corporation's name, address, city, state, and ZIP code CAM CONSTRUCTION INC 25205 CHIMNEY HOUSE CT DAMASCUS MD 20872		2 Net rental real estate income (loss)	
C IRS Center where corporation filed return Kansas City		3 Other net rental income (loss)	
D Corporation's total number of shares Beginning of tax year 1,000 End of tax year 1,000		4 Interest income	
Part II Information About the Shareholder		5a Ordinary dividends	14 Schedule K-3 is attached if checked 15 Alternative minimum tax (AMT) items
E Shareholder's identifying number 806-89-9080		5b Qualified dividends	
F1 Shareholder's name, address, city, state, and ZIP code MARCO P DA SILVA 6712 WHITE POST RD CENTREVILLE VA 20121		6 Royalties	
F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting: TIN Name		7 Net short-term capital gain (loss)	
F3 What type of entity is this shareholder? Individual		8a Net long-term capital gain (loss)	16 Items affecting shareholder basis C* STMT D 143,816
G Current year allocation percentage 8.26503 %		8b Collectibles (28%) gain (loss)	
H Shareholder's number of shares Beginning of tax year End of tax year 250		8c Unrecaptured section 1250 gain	
I Loans from shareholder Beginning of tax year \$ End of tax year \$		9 Net section 1231 gain (loss)	
For IRS Use Only		10 Other income (loss)	17 Other information AC 154,724 V* STMT
		11 Section 179 deduction	
		12 Other deductions	
		18 More than one activity for at-risk purposes* 19 More than one activity for passive activity purposes*	
		* See attached statement for additional information.	

Schedule K-1 Supplemental Information**2024**

Shareholder's name

MARCO P DA SILVA

Shareholder's ID Number

806-89-9080

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Form 1120S Schedule K-1 - Line 16

<u>Code</u>	<u>Description</u>	<u>Amount</u>
C	Other Nondeductible Expenses	976
	Meals	976
	Total	976

(This page is not filed with the return. It is for your records only.)

Shareholder's ID Number

MARCO P DA SILVA

806-89-9080

CAM CONSTRUCTION INC

88-4168009

Date of Distribution	Total Amount of Distribution	Ownership % at Date of Distribution	Shares	Shareholder's Pro Rata Share of Distribution
12-31-2024	575,267	25.00	250.00000	143,816
Total				143,816

Changes in Ownership

(This page is not filed with the return. It is for your records only.)

2024

Shareholder's name

MARCO P DA SILVA

Shareholder's ID Number

806-89-9080

Name of S Corporation

CAM CONSTRUCTION INC

S Corporation's EIN

88-4168009

Date of Change	Shares Held Prior to Change	Change in Shares on Date	Total Number of Shares Held	Number of Days Held Prior to Change	Total number of days in the tax year	Ownership % for period
01-01-2024		000.00000	1000.00000		366	
09-01-2024	000.00000	250.00000	1000.00000	245	366	000.00000
12-31-2024	250.00000		1000.00000	121	366	008.26503
Total ownership percentage for the tax year:						008.26503

Ownership % for period = $\frac{\text{Change in Shares on Date}}{\text{Total Shares Held}} \times \frac{\text{No. of Days Held Prior to Change}}{\text{Total No. of Days in the Tax Year}}$

STATEMENT A - QBI Pass-through Entity Reporting

Information Reported in Accordance with Section 199A-6

Schedule K-1, Line 17, Code V

(This page is e-filed with the return. Include it if paper-filing.)

2024

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

88-4168009

Name(s) as shown on K1

MARCO P DA SILVA

Tax ID Number

806-89-9080

Line No.	Description of Trade or Business	Taxpayer Identification Number	PTP	Aggregated	SSTB
1	CAM CONSTRUCTION INC	88-4168009			No

LINE NUMBER	NO. <u>1</u>	NO. ____	NO. ____	NO. ____	NO. ____	NO. ____
Ordinary Business Income (Loss)	44,652					
Rental Income (Loss)						
Royalty Income (Loss)						
Section 1231 Gain (Loss)						
Other Income (Loss)						
Section 179						
Other Deductions						
W-2 Wages	28,657					
Unadjusted Basis Immediately After Acquisition	20,239					
Section 199A (REIT) Dividends						

Schedule K-1 Supplemental Information**2024**

Shareholder's name

MARCO P DA SILVA

Name of S Corporation

CAM CONSTRUCTION INC

Shareholder's ID Number

806-89-9080

S Corporation's EIN

88-4168009**Schedule K-3 Notification**

The corporation has met the following criteria for tax year 2024, presently exempting it from filing Schedule K-3 (Form 1120-S), Shareholder's Share of Income, Deductions, Credits, etc. - International:

Criteria 1 - Corporation had no or limited foreign activity

Criteria 2 - Each of the shareholders was a U.S. citizen, resident alien, or certain domestic trust

With respect to the corporation meeting criteria 1 and 2, shareholders are hereby notified they will not be receiving a Schedule K-3 from the corporation unless the shareholder specifically requests the schedule.

A request for a Schedule K-3 is time sensitive and should be made as soon as possible.

Name(s) shown on return CAM CONSTRUCTION INC	Business or activity to which this form relates FORM 1120S	Identifying number 88-4168009
--	--	---

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	
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	
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 <input type="checkbox"/>		

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			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	69,694
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	69,694
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	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	52,618	
26 Property used more than 50% in a qualified business use:									
Statement #567		%					17,076		
		%							
		%							
27 Property used 50% or less in a qualified business use:									
		%				S/L-			
		%				S/L-			
		%				S/L-			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	69,694	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Supporting Statements**2024 PG01**

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Schedule L - Line 20 - Mortgages/Notes/Bonds Payable 1 yr or more

Description	Beg Of Year	End Of Year
2020 Acura TLX	29,579	18,257
2017 Ford Tru SD	37,608	37,331
2023 Jeep Wranger	77,130	65,594
2024 Mercedes Benz G		83,401
Total	144,317	204,583

Form 1120S - Line 20 - Other Deductions**PG01**
Statement #2

Description	Amount
Automobile and Truck Expense	27,315
Bank Charges	2,195
Dues and Subscriptions	4,620
Insurance	6,722
Legal and Professional	14,311
50% Meals	11,811
Miscellaneous	1,294
Office Expense	1,678
Parking Fees and Tolls	1,457
Postage/Shipping	284
Security	941
Telephone	3,319
Uniforms	4,061
Waste Removal	405
BONUS	3,600
Total	84,013

Schedule K - Line 17d - Other Items**PAGE 1**
Statement #18

Description	Amount
Gross receipts for sec. 448(c)	1,872,033

Federal Supporting Statements**2024 PG01**

Name(s) as shown on return

Tax ID Number

CAM CONSTRUCTION INC

88-4168009

Schedule K - Line 16c - Nondeductible Expenses

Statement #16c

Description**Amount**

Meals

11,810

Total

11,810

Schedule M-2 - Line 5 - Other Reductions

PG01

Statement #30

Description**Amount**

Nondeductible Expenses

11,810

Total

11,810

Form1125A - Line 5 - Other Cost

PG01

Statement #5

Description**Amount**

Casual Labor

6,740

Rent Of Equipment

956

Small Tools And Equipment

2,347

Supplies

1,082

Workers Comp. Insurance

26,291

Total

37,416

Federal Supporting Statements

2024 PG01

Name(s) as shown on return
CAM CONSTRUCTION INC

Tax ID Number
88-4168009

Form 4562 - Line 26

Statement #567

Description	Date	%Bus	Cost	Depr Basis	RP	Method	Deduction	179 Ded
2020 ACURA TLX	01-02-2023	100	39,050	7,810	5	200DBHY	2,499	
2017 FORD TRU SD	01-03-2023	100	52,464	10,493	5	200DBHY	3,358	
2023 JEEP WRANGLER	06-02-2023	100	65,669	13,134	5	200DBHY	4,203	
2024 MERCEDEZ BENZ GLE	06-29-2024	100	87,697	35,079	5	200DBHY	7,016	
Total							17,076	

Taxes and Licenses Attachment

(This page is not filed with the return. It is for your records only.)

2024

S CORPORATION NAME

EIN

CAM CONSTRUCTION INC**88-4168009****Taxes and Licenses****Form 1120S****Page 1, Line 12**

1	State income taxes	1	
2	State franchise taxes	2	
3	PTE taxes	3	
4	City income taxes	4	
5	City franchise taxes	5	
6	Local property taxes	6	300
7	Intangible property taxes	7	
8	Payroll taxes	8	28,745
9	Less: credit from Form 8846	9	
10	Foreign taxes paid	10	
11	Occupancy taxes	11	
12	Other miscellaneous taxes	12	
13	Built in gains tax allocated to ordinary income	13	
14	Licenses	14	844
15	Total to Form 1120S, Page 1, Line 12	15	29,889

Depreciation Detail Listing

FORM 1120S

(This page is not filed with the return. It is for your records only.)

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	2020 ACURA TLX	01-02-2023	39,050*		100.00		PY 31,240	7,810	5	200 DB HY	32	32,802	2,499	35,301	2,499
2	2017 FORD TRU SD	01-03-2023	52,464*		100.00		PY 41,971	10,493	5	200 DB HY	32	44,070	3,358	47,428	3,358
3	2023 JEEP WRANGLER	06-02-2023	65,669*		100.00		PY 52,535	13,134	5	200 DB HY	32	55,162	4,203	59,365	4,203
4	2024 MERCEDEZ BENZ GL	06-29-2024	87,697*		100.00		CY 52,618	35,079	5	200 DB HY	20		7,016	59,634	7,016
Totals															
Land Amount															
Net Depreciable Cost															
Totals															
Land Amount															
Net Depreciable Cost															



245100120

NAME CAM CONSTRUCT FEIN 884168009

4.	Distributive or pro rata share of income allocable to Maryland	4.	<u>540251</u>	<u>00</u>
NOTE: Complete lines 5 through 19 if there is an entry on line 1b or line 1c. Tax is calculated only for nonresident individual or nonresident entity members. (Investment partnerships see Specific Instructions.)				
5.	Percentage of ownership by individual nonresident members shown on line 1b (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 6	5.	<u>.082650</u>	
6.	Distributive or pro rata share of income for nonresident individual members (Multiply line 4 by the percentage on line 5.)	6.	<u>44652</u>	<u>00</u>
7.	Nonresident individual tax (Multiply line 6 by 5.75%.)	7.	<u>2567</u>	<u>00</u>
8.	Special nonresident tax (Multiply line 6 by 2.25%.)	8.	<u>1005</u>	<u>00</u>
9.	Total Maryland tax on individual members (Add lines 7 and 8.)	9.	<u>3572</u>	<u>00</u>
10.	Percentage of ownership by nonresident entities shown on line 1c (or profit/loss percentage, if applicable). If 100%, leave blank and enter the amount from line 4 on line 11.	10.	<u>.</u>	<u>00</u>
11.	Distributive or pro rata share of income for nonresident entity members (Multiply line 4 by percentage on line 10.)	11.		<u>00</u>
12.	Nonresident entity tax (Multiply line 11 by 8.25%.)	12.		<u>00</u>
13.	Total nonresident tax (Add lines 9 and 12.)	13.	<u>3572</u>	<u>00</u>
14.	Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here <input type="checkbox"/>	14.		<u>00</u>
15.	Nonresident tax due (Enter the lesser of line 13 or line 14.)	15.	<u>3572</u>	<u>00</u>
16a.	Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS	16a.		<u>00</u>
16b.	PTE nonresident tax paid with an extension request (Form 510/511E)	16b.		<u>00</u>
16c.	Credit for nonresident tax paid on behalf of the PTE by another PTE (Attach Schedule K-1 (510/511))	16c.		<u>00</u>
16d.	If the PTE filing this return is a non-resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's nonresident shares of income. (Attach Schedule K-1 (510/511))	16d.		<u>00</u>
16e.	If the PTE filing this return is a resident member of a PTE paying tax at the entity level, report the amount of credit for tax paid by the PTE paying tax at the entity level with regard to this entity's resident shares of income. (Attach Schedule K-1 (510/511))	16e.		<u>00</u>
16f.	If amending, total payments made with original plus additional tax paid after original was filed	16f.		<u>00</u>
16g.	Total payments and credits (Add lines 16a through 16f.)	16g.		<u>00</u>
17.	Balance of tax due (If line 15 exceeds line 16g, enter the difference.)	17.	<u>3572</u>	<u>00</u>
18.	Overpayment. (If line 16g exceeds line 15, enter the difference.)	18.		<u>00</u>
18a.	If amending, prior overpayment. (Total all refunds previously issued.)	18a.		<u>00</u>
19.	Interest and/or penalty from Form 500UP _____ or late payment interest	19.		<u>00</u>
			TOTAL	19.
20.	Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16g.) Pay in full with this return	20.	<u>3572</u>	<u>00</u>
NOTE: The total tax paid from lines 16g and 17 is to be reported either on the composite return or on the returns of the nonresident members. Nonresident entity and fiduciary members cannot file a composite return nor be included in the composite return filed by nonresident individual members. (See instructions.)				
21.	Amount of overpayment from original return to be applied to estimated tax for next year (not to exceed the net of lines 18 minus 18a and 19)	21.		<u>00</u>
22.	Amount of overpayment TO BE REFUNDED. (Add lines 19 and 21, and subtract the total from line 18.) (If amending, subtract lines 18a and 19 from line 18.)	22.		<u>00</u>



245100220

NAME CAM CONSTRUCT FEIN 884168009

DIRECT DEPOSIT OF REFUND (see Instruction 9)

Verify that all account information is correct and clearly legible. If you are requesting direct deposit of your refund, complete the following.

► ☐ Check here if you authorize the State of Maryland to issue your refund by direct deposit.

► ☐ Check here if this refund will go to an account outside of the United States.

23a. Type of account: 23a. ► ☐ Checking ☐ Savings

23b. Routing Number (9-digits): 23b. ► _____

23c. Account Number: 23c. ► _____

23d. Name as it appears on the bank account: _____

ADDITIONAL INFORMATION REQUIRED

1. Address of principal place of business in Maryland (if other than indicated on page 1): _____

2. Address at which tax records are located (if other than indicated on page 1): _____

3. Telephone number of pass-through entity tax department: 2403804007

4. State of organization or incorporation: _____

5. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Comptroller of Maryland? ☐ Yes ☒ No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

6. Did the pass-through entity file employer withholding tax returns/forms with the Comptroller of Maryland for the last calendar year? ☐ Yes ☒ No

If a multistate operation, provide the following:

7. Is this entity a multistate corporation that is a member of a unitary group? ► ☐ Yes ☒ No

8. Is this entity a multistate manufacturing corporation with more than 25 employees? ► ☐ Yes ☒ No

SIGNATURE AND VERIFICATION

Check here ☐ if you authorize your preparer to discuss this return with us.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

Signature of general partner, officer or member

01-24-2025

Date

PARNERT

Title

JOSE A BURGOS EA

Printed name of the Preparer/Firm's name

Signature of preparer other than taxpayer (Required by Law)

13976 BALTIMORE AVE STE

Street address of preparer or Firm's address

LAUREL MD

City, State, ZIP Code + 4

20707

301-408-0029

Telephone number of preparer

► P00235591

Preparer's PTIN (Required by Law)

► _____
CODE NUMBERS (3 digits per line)

Make checks or money orders payable to Comptroller of Maryland. On your check or money order, in blue or black ink only, you must include the Federal Employer Identification Number, tax year, and tax type. Failure to include this information will delay the processing of your payment. Mail to:

Comptroller of Maryland, Revenue Administration Division
110 Carroll Street, Annapolis, Maryland 21411-0001



245100320

NAME CAM CONSTRUCT FEIN 884168009

Schedule A - COMPUTATION OF APPORTIONMENT FACTOR (Applies only to multistate pass-through entities. See instructions.)

NOTE: Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1. Receipts	a. Gross receipts or sales less returns and allowances	00	00	
	b. Dividends	00	00	
	c. Interest	00	00	
	d. Gross rents	00	00	
	e. Gross royalties	00	00	
	f. Capital gain net income	00	00	
	g. Other income (Attach schedule.)	00	00	
	h. Total receipts (Add lines 1(a) through 1(g), for Columns 1 and 2.)	00	00	
				<u>0.000000</u> ◀

Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.

2. Property	a. Inventory	00	00	
	b. Machinery and equipment	00	00	
	c. Buildings	00	00	
	d. Land	00	00	
	e. Other tangible assets (Attach schedule.)	00	00	
	f. Rent expense capitalized (multiply by eight)	00	00	
	g. Total property (Add lines 2a through 2f, for Columns 1 and 2)	00	00	
				<u>0.000000</u> ◀
3. Payroll	a. Compensation of officers	00	00	
	b. Other salaries and wages	00	00	
	c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.)	00	00	
				<u>0.000000</u> ◀

4. Maryland apportionment factor Enter amount from Line 1 Column 3. If an alternative apportionment formula or a special apportionment formula is used, enter the alternative or special apportionment factor here. (If factor is zero, enter .000001 on line 3b, page 1.) 0.000000

▶ ☐ Check here if special apportionment or alternative apportionment formula is used.





24510B020

NAME CAM CONSTRUCTION FEIN 884168009

PART I - INDIVIDUAL MEMBERS' INFORMATION

Enter the information in Social Security Number order.

Social Security Number and name of member		Address	Check here if Maryland:		Distributive or pro rata share of income (See Instructions.)	Distributive or pro rata share of tax paid (See Instructions.)	Distributive or pro rata share of tax credit (See Instructions.)
			Resident	Non-Resident			
1	797086518 CHRISTIAN E CARDENAS ROCCA	25205 CHIMNEY HOUSE CT DAMASCUS MD 20872	X		360536	0	You must file Form 510 electronically to pass on business tax credits from Form 500CR and/or Form 502S to your members.
2	932924769 MARIA DEL R VENTURA	25205 CHIMNEY HOUSE CT DAMASCUS MD 20872	X		135063	0	
3	806899080 MARCO P DA SILVA	6712 WHITE POST RD CENTREVILLE VA 20121		X	44652	3572	
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
TOTAL:						3572	



MARYLAND
SCHEDULE K-1
(510/511)

PASS-THROUGH ENTITY
MEMBER'S INFORMATION



24510K020

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

CAM CONSTRUCTION INC	884168009		
PTE Name	PTE FEIN		
25205 CHIMNEY HOUSE CT	DAMASCUS	20872	
Street Address	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

1	CHRISTIAN E CARDENAS ROCCA	797086518	
Member Number	Member Name	Member's SSN/FEIN	
25205 CHIMNEY HOUSE CT	DAMASCUS	MD 20872	
Street Address	City	State	ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distributive or Pro Rata Share Percentage	66.734973%	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	360536	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	360536	00

B. Additions

1. Non-Maryland municipal interest and dividends	1.		00
2. Tax preference items	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other additions (Specify additions with amounts in part G of this form.)	5.		00

C. Subtractions

1. Income from U.S. obligations	1.		00
2. Work opportunity credit salary expense	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.		00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.		00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.		00
3. RESERVED	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns			
	5.		00

E. Credits (**Required documentation or certification must be attached.)

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.		00
2. Maryland Disability Employment Tax Credit***	2.		00
3. Job Creation Tax Credit***	3.		00
4. Community Investment Tax Credit***	4.		00
5. Businesses that Create New Jobs Tax Credit	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services***	6.		00



24510K120

NAME CHRISTIAN E CARDEN FEIN 797086518

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	00
8.	Security Clearance Costs Tax Credit***	8.	00
9.	First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10.	Research and Development Tax Credit***	10.	00
11.	Commuter Tax Credit***	11.	00
12.	Work Opportunity Tax Credit	12.	00
13.	Energy Storage Systems Tax Credit***	13.	00
14.	Automated External Defibrillator Tax Credit for Restaurants	14.	00
15.	Endow Maryland Tax Credit***	15.	00
16.	Preservation and Conservation Easements Tax Credit***	16.	00
17.	Apprentice Employee Tax Credit***	17.	00
18.	Qualified Farms Tax Credit***	18.	00
19.	Endowments of Maryland Historically Black Colleges and Universities***	19.	00
Refundable Credits			
20.	Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21.	Film Production Activity Tax Credit***	21.	00
22.	Biotechnology Investment Incentive Tax Credit***	22.	00
23.	Small Business Relief Tax Credit***	23.	00
24.	Small Business Research & Development Tax Credit***	24.	00
25.	Heritage Structure Rehabilitation Tax Credit***	25.	00
26.	Theatrical Production Tax Credit***	26.	00
27.	More Jobs for Marylanders Tax Credit***	27.	00
28.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit***	28.	00
One Maryland Economic Development Tax Credit*** Certified after June 30, 2018			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
29a.	Total number of "qualified employees"	29a.	
29b.	If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Enter Member's Distributive or Pro Rata share of the following:			
30.	Portion of PTE's income attributable to project	30.	00
31.	Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	00
32.	Total eligible cumulative project costs (\$500,000 PTE minimum) (PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	00
One Maryland Economic Development Tax Credit*** Certified before July 1, 2018			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
33a.	Total number of "qualified employees"	33a.	
33b.	If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter Member's Distributive or Pro Rata share of the following:			
34.	Portion of PTE's income attributable to project	34.	00
35.	Non-project taxable income from PTE	35.	00
36.	Number of "qualified employees" multiplied by \$10,000	36.	00
37.	Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	00
38.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	00
39.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	00



24510K220

NAME CHRISTIAN E CARDE FEIN 797086518

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real
Property payment from PTE 1. _____ 00

G. Additional Information



MARYLAND
SCHEDULE K-1
(510/511)

PASS-THROUGH ENTITY
MEMBER'S INFORMATION



24510K020

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

CAM CONSTRUCTION INC	884168009		
PTE Name	PTE FEIN		
25205 CHIMNEY HOUSE CT	DAMASCUS	20872	
Street Address	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

2	MARIA DEL R VENTURA	932924769	
Member Number	Member Name	Member's SSN/FEIN	
25205 CHIMNEY HOUSE CT	DAMASCUS	MD 20872	
Street Address	City	State	ZIP Code +4
Resident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Distributive or Pro Rata Share Percentage	25.000000%	

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	135063	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	135063	00

B. Additions

1. Non-Maryland municipal interest and dividends	1.		00
2. Tax preference items	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other additions (Specify additions with amounts in part G of this form.)	5.		00

C. Subtractions

1. Income from U.S. obligations	1.		00
2. Work opportunity credit salary expense	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.		00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.		00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.		00
3. RESERVED	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns			
	5.		00

E. Credits (**Required documentation or certification must be attached.)

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.		00
2. Maryland Disability Employment Tax Credit***	2.		00
3. Job Creation Tax Credit***	3.		00
4. Community Investment Tax Credit***	4.		00
5. Businesses that Create New Jobs Tax Credit	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services***	6.		00



24510K120

NAME MARIA DEL R VENTUR FEIN 932924769

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	00
8.	Security Clearance Costs Tax Credit***	8.	00
9.	First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10.	Research and Development Tax Credit***	10.	00
11.	Commuter Tax Credit***	11.	00
12.	Work Opportunity Tax Credit	12.	00
13.	Energy Storage Systems Tax Credit***	13.	00
14.	Automated External Defibrillator Tax Credit for Restaurants	14.	00
15.	Endow Maryland Tax Credit***	15.	00
16.	Preservation and Conservation Easements Tax Credit***	16.	00
17.	Apprentice Employee Tax Credit***	17.	00
18.	Qualified Farms Tax Credit***	18.	00
19.	Endowments of Maryland Historically Black Colleges and Universities***	19.	00

Refundable Credits

20.	Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21.	Film Production Activity Tax Credit***	21.	00
22.	Biotechnology Investment Incentive Tax Credit***	22.	00
23.	Small Business Relief Tax Credit***	23.	00
24.	Small Business Research & Development Tax Credit***	24.	00
25.	Heritage Structure Rehabilitation Tax Credit***	25.	00
26.	Theatrical Production Tax Credit***	26.	00
27.	More Jobs for Marylanders Tax Credit***	27.	00
28.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit***	28.	00

One Maryland Economic Development Tax Credit* Certified after June 30, 2018**

☐ Refundable ☐ Nonrefundable

29a.	Total number of "qualified employees"	29a.	
29b.	If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?		

☐ Yes ☒ No

Enter Member's Distributive or Pro Rata share of the following:

30.	Portion of PTE's income attributable to project	30.	00
31.	Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	00
32.	Total eligible cumulative project costs (\$500,000 PTE minimum) (PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	00

One Maryland Economic Development Tax Credit* Certified before July 1, 2018**

☐ Refundable ☐ Nonrefundable

33a.	Total number of "qualified employees"	33a.	
33b.	If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?		

☐ Yes ☐ No

Enter Member's Distributive or Pro Rata share of the following:

34.	Portion of PTE's income attributable to project	34.	00
35.	Non-project taxable income from PTE	35.	00
36.	Number of "qualified employees" multiplied by \$10,000	36.	00
37.	Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	00
38.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	00
39.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	00



24510K220

NAME MARIA DEL R VENTU FEIN 932924769

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real
Property payment from PTE 1. _____ 00

G. Additional Information



MARYLAND
SCHEDULE K-1
(510/511)

PASS-THROUGH ENTITY
MEMBER'S INFORMATION



24510K020

2024

OR FISCAL YEAR BEGINNING _____ 2024, ENDING _____

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)

CAM CONSTRUCTION INC	884168009		
PTE Name	PTE FEIN		
25205 CHIMNEY HOUSE CT	DAMASCUS	20872	
Street Address	City	State	ZIP Code +4

INFORMATION ABOUT THE MEMBER

3	MARCO P DA SILVA	806899080		
Member Number	Member Name	Member's SSN/FEIN		
6712 WHITE POST RD	CENTREVILLE	VA	20121	
Street Address	City	State	ZIP Code	+4
Resident?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Distributive or Pro Rata Share Percentage	8.265027	%

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	44652	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents/Residents)	2.	44652	00

B. Additions

1. Non-Maryland municipal interest and dividends	1.		00
2. Tax preference items	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other additions (Specify additions with amounts in part G of this form.)	5.		00

C. Subtractions

1. Income from U.S. obligations	1.		00
2. Work opportunity credit salary expense	2.		00
3. Net decoupling modification	3.		00
4. Net decoupling modification from another PTE	4.		00
5. Other subtractions (Specify subtractions with amounts in part G of this form.)	5.		00

D. Nonresident/Resident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid on member's behalf by this PTE (Form 510)	1.	3572	00
2. Pass-through entity election tax paid on member's distributive or pro rata share of income by this PTE (Form 511)	2.		00
3. RESERVED	3.	XXXXXXXXXX	00
4. Pass-through entity election tax paid on member's pro rata or distributive share of income by other PTEs for this entity's distributive or pro rata share of income (Form 511)	4.		00
5. Total (Add Lines 1 through 4.) See instructions on where to report the amount from this form.			
Note: Members with entries on Lines 2 and 4 are required to addback the amount of the credit total on Line 2 and 4 on their respective returns			
	5.	3572	00

E. Credits (**Required documentation or certification must be attached.)

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.		00
2. Maryland Disability Employment Tax Credit***	2.		00
3. Job Creation Tax Credit***	3.		00
4. Community Investment Tax Credit***	4.		00
5. Businesses that Create New Jobs Tax Credit	5.		00
6. Credit for buyers of cybersecurity technology and/or cybersecurity services***	6.		00

MARYLAND
SCHEDULE K-1
(510/511)

PASS-THROUGH ENTITY
MEMBER'S INFORMATION



24510K120

2024
page 2

NAME MARCO P DA SILVA FEIN 806899080

7.	Employer-Provided Long-Term Insurance Tax Credit	7.	00
8.	Security Clearance Costs Tax Credit***	8.	00
9.	First Year Leasing Cost Tax Credit for Small Businesses***	9.	00
10.	Research and Development Tax Credit***	10.	00
11.	Commuter Tax Credit***	11.	00
12.	Work Opportunity Tax Credit	12.	00
13.	Energy Storage Systems Tax Credit***	13.	00
14.	Automated External Defibrillator Tax Credit for Restaurants	14.	00
15.	Endow Maryland Tax Credit***	15.	00
16.	Preservation and Conservation Easements Tax Credit***	16.	00
17.	Apprentice Employee Tax Credit***	17.	00
18.	Qualified Farms Tax Credit***	18.	00
19.	Endowments of Maryland Historically Black Colleges and Universities***	19.	00
Refundable Credits			
20.	Innovation Incentive Tax Credit for Investors in Innovation***	20.	00
21.	Film Production Activity Tax Credit***	21.	00
22.	Biotechnology Investment Incentive Tax Credit***	22.	00
23.	Small Business Relief Tax Credit***	23.	00
24.	Small Business Research & Development Tax Credit***	24.	00
25.	Heritage Structure Rehabilitation Tax Credit***	25.	00
26.	Theatrical Production Tax Credit***	26.	00
27.	More Jobs for Marylanders Tax Credit***	27.	00
28.	Catalytic Revitalization Projects and Historic Revitalization Tax Credit***	28.	00
One Maryland Economic Development Tax Credit*** Certified after June 30, 2018			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
29a.	Total number of "qualified employees"	29a.	
29b.	If the amount on line 29a is less than the minimum number of qualified employees required to qualify for the project tax credit, has the PTE maintained at least the minimum number of qualified employees required to qualify for the project tax credit for at least 5 years?		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Enter Member's Distributive or Pro Rata share of the following:			
30.	Portion of PTE's income attributable to project	30.	00
31.	Amount of Maryland income tax required to be withheld from employees reported on line 29a of this form	31.	00
32.	Total eligible cumulative project costs (\$500,000 PTE minimum) (PTE maximum amounts: For \$1,000,000 maximum credit, at least 10 but fewer than 25 qualified employees. For \$2,500,000 maximum credit, at least 25 but fewer than 50 qualified employees. For \$5,000,000 maximum credit, at least 50 qualified employees.)	32.	00
One Maryland Economic Development Tax Credit*** Certified before July 1, 2018			
<input type="checkbox"/> Refundable <input type="checkbox"/> Nonrefundable			
33a.	Total number of "qualified employees"	33a.	
33b.	If the amount on line 33a is less than 25, has the PTE maintained at least 25 qualified employees for at least 5 years?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter Member's Distributive or Pro Rata share of the following:			
34.	Portion of PTE's income attributable to project	34.	00
35.	Non-project taxable income from PTE	35.	00
36.	Number of "qualified employees" multiplied by \$10,000	36.	00
37.	Amount of Maryland income tax required to be withheld from employees reported on line 33a of this form	37.	00
38.	Total eligible cumulative project costs (\$500,000 PTE minimum, \$5,000,000 PTE maximum.)	38.	00
39.	Total cumulative eligible start-up costs (\$500,000 PTE maximum)	39.	00



24510K220

NAME MARCO P DA SILVA FEIN 806899080

F. Withholding for Nonresident Sale of Real Property

1. Member's share of flow-through of a payment of withholding on Nonresident Sale of Real
Property payment from PTE 1. 00

G. Additional Information



Depreciation and Amortization
(Including Information on Listed Property)**2024**
AttachmentState **MD**

▶ See separate instructions.

▶ Keep for your records.

Name(s) shown on return

CAM CONSTRUCTION INC

Business or activity to which this form relates

FORM 1120S

Identifying number

88-4168009

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	25,000
2	Total cost of section 179 property placed in service (see instructions)	2	87,697
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	25,000
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 990	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 <input type="checkbox"/>		

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			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	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	67,837
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	67,837
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	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2024)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
See ST DEPR Sc		%	126,747		5			
		%			5			
		%			5			
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	67,837
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Company Name: CAM Construction INC
Company ID: PS523924
Status: Active Inactive Leave of Absence
Report Date: 1/13/2026

Last Name	MI	First Name	Phone	Street Address 1	Street Address 2	City	State	Zip Code	SSN	Birth Date	Hire Date	Status
Cardenas		Christian	(240) 380-4007	20110 Rothbury Ln Unit 4311		Montgomery Village	MD	20886 797-08-6518		11/14/1978	1/13/2023	Active
Ventura		Maria del Rosario	(301) 547-9795	20110 Rouhbury Ln Unit 4311		Montgomery Village	MD	20886 132-92-4769		1/25/1981	1/13/2023	Active
Velasquez		Jessica	(240) 771-5431	20110 Rothbury Ln Unit 4311		Montgomery Village	MD	20886 227-95-7784		12/19/2002	1/1/2023	Active
Campos	R	Walter		1040 Maynard Ct		Damascus	MD	20872 215-61-8313		9/24/1970	3/1/2023	Inactive
Ventura Granados		Miykey	(240) 507-7870	25205 Chimney House Ct		Damascus	MD	20872 692-01-5629		12/8/2004	7/24/2023	Active
Paz	E	Dionicio		3220 Whispering Pines Dr APT 33		Silver Spring	MD	20906 220-49-5315		6/8/1960	7/22/2023	Inactive
Alvarado Rivas	G	Patricia		638 Beacon Rd		Silver Spring	MD	20903 089-71-0654		6/26/1961	4/1/2024	Inactive
Cardenas Granados	A	Ashley		1040 Maynard Ct		Damascus	MD	20872 657-39-3233		2/20/2021	6/28/2024	Active
Ventura Granados	E	Ruby		1040 MAYNARD CT		DAMASCUS	MD	20872 577-45-9443		7/20/2007	6/30/2024	Active
Cardenas Granados		Andrew		1040 Maynard Ct		Damascus	MD	20872 079-43-9120		7/1/2024	8/1/2024	Active
Da Silva	P	Marco		6712 White Post Rd		Centreville	VA	20121 806-89-9080		5/24/1988	9/1/2024	Active
Da Silva	L	Christy		6712 White Post Rd		Centreville	VA	20121 231-13-2424		10/17/1990	10/16/2024	Inactive
Pearson		Charles		10745 Wayfarer Rd		Germantown	MD	20876 217-25-6347		12/19/1984	10/25/2024	Active
Ramos		Cheryl		20412 Apple Harvest Apt B		Germantown	MD	20876 712-56-8333		3/31/1991	3/31/2024	Inactive
Martinez		Jose		6332 Wingate st	103	Alexandria	VA	22312 230-53-5447		6/8/1989	5/15/2025	Active
Tyler	Z	Tre		11708 Flagship Ave		Fort Washington	MD	20744 216-67-6514		8/4/2003	5/15/2025	Active
Martinez	A	Nestor		2922 Willston Pl	Apt 101	Falls Church	VA	22044 230-61-3579		6/9/1991	5/22/2025	Active

Do Not Staple

6969

Form 1096 <small>Department of the Treasury Internal Revenue Service</small>	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2023														
FILER'S name CAM CONSTRUCTION, INC Street address (including room or suite number) 25205 CHIMNEY HOUSE CT City or town, state or province, country, and ZIP or foreign postal code Damascus, MD 20872		For Official Use Only <div></div>														
Name of person to contact CHRISTIAN CARDENAS	Telephone number (240) 380-4007															
Email address	Fax number															
1 Employer identification number 8841680009	2 Social security number	3 Total number of forms 20	4 Federal income tax withheld \$	5 Total amount reported with this Form 1096 \$ 299530.09												
6 Enter an "X" in only one box below to indicate the type of form being filed.																
W-2G 32 <input type="checkbox"/>	1097-BTC 50 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-F 03 <input type="checkbox"/>	1098-Q 74 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>		1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-K 10 <input type="checkbox"/>
1099-LS 16 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input type="checkbox"/>	1099-NEC 71 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-QA 1A <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	1099-SB 43 <input type="checkbox"/>	3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-QA 2A <input type="checkbox"/>
5498-SA 27 <input type="checkbox"/>																

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.
Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature	Title	PARTNER	Date
-----------	-------	---------	------

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096.

Reminder. You may be required to electronically file (e-file) information returns. Go to www.irs.gov/infotreturn for e-file options. Also, see part F in the 2023 General Instructions for Certain Information Returns.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Caution: Form 5498-QA can be filed on paper only, regardless of the number of returns.

Who must file. Any person or entity who files any form checked in box 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and taxpayer identification number (TIN) (employer identification number (EIN) or social security number (SSN)) must match the name and TIN used on your 94X series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. If any date shown falls on a Saturday, Sunday, or legal holiday in the District of Columbia or where the return is to be filed, the due date is the next business day. File Form 1096 in the calendar year following the year for which the information is being reported, as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28.*
- With Forms 1099-NEC, file by January 31.
- With Forms 5498, file by May 31.

* Leap years do not impact the due date. See Announcement 91-179, 1991-49 I.R.B. 78, for more information.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following address:

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
P.O. Box 149213
Austin, TX 78714

Alaska, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service Center
P.O. Box 219256
Kansas City, MO 64121-9256

For more information and the Privacy Act and Paperwork Reduction Act Notice, see the 2023 General Instructions for Certain Information Returns.

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Form **1096** (2023)

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4934			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ARMIRIS PORTILLO 70607 SWEEPSTAKES RD DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

Instructions for Recipient
You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

ARMIRIS PORTILLO
70607 SWEEPSTAKES RD
DAMASCUS, MD 20872

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4934			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ARMIRIS PORTILLO 70607 SWEEPSTAKES RD DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4934			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ARMIRIS PORTILLO 70607 SWEEPSTAKES RD DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4934			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ARMIRIS PORTILLO 70607 SWEEPSTAKES RD DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 42910.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

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Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

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BRYAN I CAMPOS CASTRO
10401 MAYNARD CT
DAMASCUS, MD 20872

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 42910.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 42910.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 3380.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-9622			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DANIELLE VALENZUELA 907 HOLLYWOOD AVE SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 This is important tax information and is being furnished to the Internal Revenue Service.			

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DANIELLE VALENZUELA 907 HOLLYWOOD AVE SILVER SPRING, MD 20904	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 3380.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9622			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DANIELLE VALENZUELA 907 HOLLYWOOD AVE SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 3380.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9622			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DANIELLE VALENZUELA 907 HOLLYWOOD AVE SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

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3		4 Federal income tax withheld	
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PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9622			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DANIELLE VALENZUELA 907 HOLLYWOOD AVE SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 16050.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-3105			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIEGO E VERA WIDDUP 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

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DIEGO E VERA WIDDUP
947 CLOPPER APT B4
GAITHERSBURG, MD 20878

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 16050.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3105			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIEGO E VERA WIDDUP 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 16050.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3105			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIEGO E VERA WIDDUP 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 16050.00			
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		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3105			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIEGO E VERA WIDDUP 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 750.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-5315			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIONICIO E PAZ 3220 WHISPERING PINES DR APT 33 SILVER SPRING, MD 20906			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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DIONICIO E PAZ
3220 WHISPERING PINES DR APT 33
SILVER SPRING, MD 20906

COPY B
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 750.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-5315			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIONICIO E PAZ 3220 WHISPERING PINES DR APT 33 SILVER SPRING, MD 20906			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 750.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
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XXX-XX-5315			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
DIONICIO E PAZ 3220 WHISPERING PINES DR APT 33 SILVER SPRING, MD 20906			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
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CORRECTED <input type="checkbox"/>			
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\$		\$	
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\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 15150.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023			
Copy B - For Recipient			
OMB No. 1545-0116			
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EDGAR N DUBON MADRID
3809 EXCUTIVE AVE APT B21
ALEXANDRIA, VA 22305

COPY B

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\$ 15150.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 15150.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
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ALEXANDRIA, VA 22305			
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\$		\$	
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7 State income - line 1		7 State income - line 2	
\$		\$	
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DAMASCUS, MD 20872			
(240) 380-4007			
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Copy 2			
OMB No. 1545-0116			
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 10050.00			
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CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4772			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDUARDO YBANEZ 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
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EDUARDO YBANEZ
947 CLOPPER APT B4
GAITHERSBURG, MD 20878

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3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4772			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDUARDO YBANEZ 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4772			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDUARDO YBANEZ 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 35190.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES 1501 HAMOSHIRE W CT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

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EDWIN A MELENDEZ FLORES
1501 HAMOSHIRE W CT
SILVER SPRING, MD 20903

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 35190.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES 1501 HAMOSHIRE W CT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 35190.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES 1501 HAMOSHIRE W CT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 35190.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES 1501 HAMOSHIRE W CT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-9657			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ELSER ROBINSON LEMUS 25106 OAK DRIVE DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 This is important tax information and is being furnished to the Internal Revenue Service.			

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Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

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ELSER ROBINSON LEMUS
25106 OAK DRIVE
DAMASCUS, MD 20872

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9657			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ELSER ROBINSON LEMUS 25106 OAK DRIVE DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9657			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ELSER ROBINSON LEMUS 25106 OAK DRIVE DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9657			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ELSER ROBINSON LEMUS 25106 OAK DRIVE DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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HILDA R SILVA QUINTANA
1102 DOWNS DR
SILVER SPRING, MD 20904

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2250.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4751			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ISAAC HERRERAIS 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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ISAAC HERRERAIS
947 CLOPPER APT B4
GAITHERSBURG, MD 20878

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2250.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4751			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ISAAC HERRERAIS 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2250.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4751			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ISAAC HERRERAIS 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2250.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4751			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ISAAC HERRERAIS 947 CLOPPER APT B4 GAITHERSBURG, MD 20878			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4800.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEFFERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

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Boxes 5-7. State income tax withheld reporting boxes.

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JEFFERSON A FLORES PEREZ
638 BEACON RD
SILVER SPRING, MD 20903

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4800.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEFFERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4800.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEFFERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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\$ 4800.00			
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		\$	
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S name, street address, city, state, and ZIP code			
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5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 34500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2039			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS A ORTIZ VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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LUIS A ORTIZ VERA
13117 VANDALIA DR
ROCKVILLE, MD 20853

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 34500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2039			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS A ORTIZ VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 34500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2039			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS A ORTIZ VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
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PAYER'S TIN			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2039			
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5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6348.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2653			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R HERNANDEZ AMAYA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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GAITHERSBURG, MD 20879

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\$ 6348.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2653			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R HERNANDEZ AMAYA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
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\$ 6348.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2653			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R HERNANDEZ AMAYA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
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\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2990.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR 3809 EXECUTIVE APT B21 ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 This is important tax information and is being furnished to the Internal Revenue Service.			

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ROSMIN A DUBON AGUILAR 3809 EXECUTIVE APT B21 ALEXANDRIA, VA 22305	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2990.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR 3809 EXECUTIVE APT B21 ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 2990.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR 3809 EXECUTIVE APT B21 ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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ROSMIN A DUBON AGUILAR 3809 EXECUTIVE APT B21 ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 40980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 3. Reserved for future use.

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Boxes 5-7. State income tax withheld reporting boxes.

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SAUL OCHOA PINEDA
1053 TRAVIS LANE
GAITHERSBURG, MD 20879

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 40980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

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\$ 40980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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\$ 40980.00			
3		4 Federal income tax withheld	
		\$	
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 43580.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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\$ 43580.00			
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		\$	
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8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9282.09			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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\$ 9282.09			
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		\$	
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8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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3		4 Federal income tax withheld	
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PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4568			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

Instructions for Recipient
You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.
If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.
If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

WILSON E OCHOA
1053 TRAVIS LN
BOWIE, MD 20879

COPY B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4568			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4568			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4568			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

Instructions for Recipient You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax. If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee. If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)). Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS. Account number. May show an account or other unique number the payer assigned to distinguish your account. Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040). Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns. Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040). Box 3. Reserved for future use. Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld. Boxes 5-7. State income tax withheld reporting boxes. Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC . Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.	
YONAIKEEL Y URIAS SILVA 1102 DOWNS DR SILVER SPRING, MD 20904	
COPY B This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
8841680009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
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Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

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CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
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XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2023 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

Do Not Staple

6969

Form 1096 <small>Department of the Treasury Internal Revenue Service</small>		Annual Summary and Transmittal of U.S. Information Returns										OMB No. 1545-0108				
FILER'S name CAM CONSTRUCTION, INC												For Official Use Only <div></div>				
Street address (including room or suite number) 25205 CHIMNEY HOUSE CT																
City or town, state or province, country, and ZIP or foreign postal code Damascus, MD 20872																
Name of person to contact CHRISTIAN CARDENAS						Telephone number (240) 380-4007										
Email address						Fax number										
1 Employer identification number 84-4168009			2 Social security number			3 Total number of forms 28			4 Federal income tax withheld \$			5 Total amount reported with this Form 1096 \$ 506153.62				
6 Enter an "X" in only one box below to indicate the type of form being filed.																
W-2G 32 <input type="checkbox"/>	1097-BTC 50 <input type="checkbox"/>	1098 81 <input type="checkbox"/>	1098-C 78 <input type="checkbox"/>	1098-E 84 <input type="checkbox"/>	1098-F 03 <input type="checkbox"/>	1098-Q 74 <input type="checkbox"/>	1098-T 83 <input type="checkbox"/>	1099-A 80 <input type="checkbox"/>	1099-B 79 <input type="checkbox"/>	1099-C 85 <input type="checkbox"/>	1099-CAP 73 <input type="checkbox"/>		1099-DIV 91 <input type="checkbox"/>	1099-G 86 <input type="checkbox"/>	1099-INT 92 <input type="checkbox"/>	1099-K 10 <input type="checkbox"/>
1099-LS 16 <input type="checkbox"/>	1099-LTC 93 <input type="checkbox"/>	1099-MISC 95 <input type="checkbox"/>	1099-NEC 71 <input checked="" type="checkbox"/>	1099-OID 96 <input type="checkbox"/>	1099-PATR 97 <input type="checkbox"/>	1099-Q 31 <input type="checkbox"/>	1099-QA 1A <input type="checkbox"/>	1099-R 98 <input type="checkbox"/>	1099-S 75 <input type="checkbox"/>	1099-SA 94 <input type="checkbox"/>	1099-SB 43 <input type="checkbox"/>	3921 25 <input type="checkbox"/>	3922 26 <input type="checkbox"/>	5498 28 <input type="checkbox"/>	5498-ESA 72 <input type="checkbox"/>	5498-QA 2A <input type="checkbox"/>
5498-SA 27 <input type="checkbox"/>																

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.
Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature	Title	PARTNER	Date
-----------	-------	---------	------

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096.

Reminder. You may be required to electronically file (e-file) information returns. Go to www.irs.gov/infotreturn for e-file options. Also, see part F in the 2024 General Instructions for Certain Information Returns.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Caution: Form 5498-QA can only be filed on paper, regardless of the number of returns.

Who must file. Any person or entity who files any form checked in box 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and taxpayer identification number (TIN) (employer identification number (EIN) or social security number (SSN)) must match the name and TIN used on your 94X series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. If any date shown falls on a Saturday, Sunday, or legal holiday in the District of Columbia or where the return is to be filed, the due date is the next business day. File Form 1096 in the calendar year following the year for which the information is being reported, as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28.*
- With Forms 1099-NEC, file by January 31.
- With Forms 5498, file by May 31.

* Leap years do not impact the due date. See Announcement 91-179, 1991-49 I.R.B. 78, for more information.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in	Use the following address:
Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia	Internal Revenue Service P.O. Box 149213 Austin, TX 78714
Alaska, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service Center P.O. Box 219256 Kansas City, MO 64121-9256

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19950.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-9856			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AMILCAR A RIVERA			
8510 BONNY DR			
DISTRICT HEIGHTS, MD 20747			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116			
This is important tax information and is being furnished to the Internal Revenue Service.			

Instructions for Recipient

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If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

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Box 3. Reserved for future use.

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AMILCAR A RIVERA
8510 BONNY DR
DISTRICT HEIGHTS, MD 20747

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19950.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9856			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AMILCAR A RIVERA			
8510 BONNY DR			
DISTRICT HEIGHTS, MD 20747			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19950.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9856			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AMILCAR A RIVERA			
8510 BONNY DR			
DISTRICT HEIGHTS, MD 20747			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19950.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9856			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AMILCAR A RIVERA			
8510 BONNY DR			
DISTRICT HEIGHTS, MD 20747			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 48383.12			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 48383.12			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 48383.12			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 48383.12			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0165			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BRYAN I CAMPOS CASTRO 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 37867.50			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
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Box 3. Reserved for future use.

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EDGAR N DUBON MADRID

3809 EXCUTIVE AVE APT B21

ALEXANDRIA, VA 22305

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 37867.50			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 37867.50			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 37867.50			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3469			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDGAR N DUBON MADRID			
3809 EXCUTIVE AVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 38360.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES			
1501 HAMOSHIRE W CT			
SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116			
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Box 3. Reserved for future use.

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EDWIN A MELENDEZ FLORES
1501 HAMOSHIRE W CT
SILVER SPRING, MD 20903

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 38360.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES			
1501 HAMOSHIRE W CT			
SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 38360.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES			
1501 HAMOSHIRE W CT			
SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 38360.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-0735			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
EDWIN A MELENDEZ FLORES			
1501 HAMOSHIRE W CT			
SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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HILDA R SILVA QUINTANA
1102 DOWNS DR
SILVER SPRING, MD 20904

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4095			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 50980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

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Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

JERSON A FLORES PEREZ
638 BEACON RD
SILVER SPRING, MD 20903

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 50980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 50980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 50980.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6091			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JERSON A FLORES PEREZ 638 BEACON RD SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 20570.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR			
3809 EXECUTIVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy B - For Recipient			
OMB No. 1545-0116			
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Box 3. Reserved for future use.

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ROSMIN A DUBON AGUILAR

3809 EXECUTIVE APT B21

ALEXANDRIA, VA 22305

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 20570.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR			
3809 EXECUTIVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 20570.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR			
3809 EXECUTIVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 20570.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-4154			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ROSMIN A DUBON AGUILAR			
3809 EXECUTIVE APT B21			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 49200.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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SAUL OCHOA PINEDA
1053 TRAVIS LANE
GAITHERSBURG, MD 20879

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 49200.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 49200.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 49200.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-7065			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SAUL OCHOA PINEDA 1053 TRAVIS LANE GAITHERSBURG, MD 20879			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 39100.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC Copy B - For Recipient 2024 <small>OMB No. 1545-0116</small> <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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SEBASTIAN MENDEZ
25106 OAK DR
DAMASCUS, MD 20872

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 39100.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC Copy 2 2024 <small>OMB No. 1545-0116</small> <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 39100.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC Copy 2 2024 <small>OMB No. 1545-0116</small> <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 39100.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2990			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SEBASTIAN MENDEZ 25106 OAK DR DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC Copy 2 2024 <small>OMB No. 1545-0116</small> <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

WALTER CAMPOS
10401 MAYNARD CT
DAMASCUS, MD 20872

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1300.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-8313			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
WALTER CAMPOS 10401 MAYNARD CT DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11130.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-5081			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANA ALCANTARA 4227 BLAINE ST NE WASHINGTON, DC 20019			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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ANA ALCANTARA 4227 BLAINE ST NE WASHINGTON, DC 20019	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11130.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-5081			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANA ALCANTARA 4227 BLAINE ST NE WASHINGTON, DC 20019			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

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\$ 11130.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-5081			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANA ALCANTARA 4227 BLAINE ST NE WASHINGTON, DC 20019			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
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84-4168009			
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RECIPIENT'S TIN		Account number (see instructions)	
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANA ALCANTARA 4227 BLAINE ST NE WASHINGTON, DC 20019			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 12600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6961			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANTHONY A CAYCHO MORALES 18959 GROTTO LN GERMANTOWN, MD 20874			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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		ANTHONY A CAYCHO MORALES 18959 GROTTO LN GERMANTOWN, MD 20874	
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\$ 12600.00			
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		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6961			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANTHONY A CAYCHO MORALES 18959 GROTTO LN GERMANTOWN, MD 20874			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

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\$ 12600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6961			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANTHONY A CAYCHO MORALES 18959 GROTTO LN GERMANTOWN, MD 20874			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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\$ 12600.00			
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		\$	
PAYER'S TIN			
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6961			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ANTHONY A CAYCHO MORALES 18959 GROTTO LN GERMANTOWN, MD 20874			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 23220.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2365			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AXEL J BARRERA GONZALEZ 1501 NEW HAMPSHIRE WEST CT APT 5 SILVER SPRING, MD 20901			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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AXEL J BARRERA GONZALEZ
1501 NEW HAMPSHIRE WEST CT
APT 5
SILVER SPRING, MD 20901

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 23220.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2365			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AXEL J BARRERA GONZALEZ 1501 NEW HAMPSHIRE WEST CT APT 5 SILVER SPRING, MD 20901			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 23220.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2365			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AXEL J BARRERA GONZALEZ 1501 NEW HAMPSHIRE WEST CT APT 5 SILVER SPRING, MD 20901			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

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\$ 23220.00			
3		4 Federal income tax withheld	
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2365			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
AXEL J BARRERA GONZALEZ 1501 NEW HAMPSHIRE WEST CT APT 5 SILVER SPRING, MD 20901			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 10580.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2711			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BLANCA M RODRIGUEZ PADILLA			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy B - For Recipient			
OMB No. 1545-0116			
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BLANCA M RODRIGUEZ PADILLA

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 10580.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2711			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BLANCA M RODRIGUEZ PADILLA			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 10580.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2711			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BLANCA M RODRIGUEZ PADILLA			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
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DAMASCUS, MD 20872			
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
BLANCA M RODRIGUEZ PADILLA			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
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7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6347			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
CHARLES F PEARSON			
10745 WAYFARER RD			
GERMANTOWN, MD 20876			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy B - For Recipient			
OMB No. 1545-0116			
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\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6347			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
CHARLES F PEARSON			
10745 WAYFARER RD			
GERMANTOWN, MD 20876			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
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OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
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25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
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CHARLES F PEARSON			
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GERMANTOWN, MD 20876			
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\$		\$	
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7 State income - line 1		7 State income - line 2	
\$		\$	
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\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6075.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2163			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ENGELSH J ANTEQUERA GARCIA			
10401 MAYNARD CT			
DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
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DAMASCUS, MD 20872

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PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
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DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2163			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ENGELSH J ANTEQUERA GARCIA			
10401 MAYNARD CT			
DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		To be filed with recipient's state income tax return, when required.	

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		\$	
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DAMASCUS, MD 20872			
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XXX-XX-2163			
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DAMASCUS, MD 20872			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
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DAMASCUS, MD 20872			
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\$		\$	
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7 State income - line 1		7 State income - line 2	
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Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-3836			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ESTEBAN J GONZALEZ AVILA			
3834 FLORENCE DR APT 4			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116			
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ESTEBAN J GONZALEZ AVILA

3834 FLORENCE DR APT 4

ALEXANDRIA, VA 22305

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3836			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ESTEBAN J GONZALEZ AVILA			
3834 FLORENCE DR APT 4			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 9720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3836			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
ESTEBAN J GONZALEZ AVILA			
3834 FLORENCE DR APT 4			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
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25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3836			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
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3834 FLORENCE DR APT 4			
ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 14350.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2291			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
GERVIN FLORES			
2809 EXCECUTIVE AVE			
ALEXANDRIA, VA 22309			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy B - For Recipient			
OMB No. 1545-0116			
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GERVIN FLORES

2809 EXCECUTIVE AVE

ALEXANDRIA, VA 22309

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 14350.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2291			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
GERVIN FLORES			
2809 EXCECUTIVE AVE			
ALEXANDRIA, VA 22309			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 14350.00			
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		\$	
PAYER'S TIN			
84-4168009			
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CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2291			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
GERVIN FLORES			
2809 EXCECUTIVE AVE			
ALEXANDRIA, VA 22309			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
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7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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DAMASCUS, MD 20872			
(240) 380-4007			
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
GERVIN FLORES			
2809 EXCECUTIVE AVE			
ALEXANDRIA, VA 22309			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-5922			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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ALEXANDRIA, VA 22305

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		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-5922			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 19500.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-5922			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
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5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
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CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 17475.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
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DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6481			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE A ANGULO MIRANDA			
2947 MARSALA CT			
WOODBIDGE, VA 22192			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
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JOSE A ANGULO MIRANDA
2947 MARSALA CT
WOODBIDGE, VA 22192

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\$ 17475.00			
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		\$	
PAYER'S TIN			
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PAYER'S name, street address, city, state, ZIP code, and telephone no.			
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DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6481			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE A ANGULO MIRANDA			
2947 MARSALA CT			
WOODBIDGE, VA 22192			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 17475.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6481			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE A ANGULO MIRANDA			
2947 MARSALA CT			
WOODBIDGE, VA 22192			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 17475.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6481			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE A ANGULO MIRANDA			
2947 MARSALA CT			
WOODBIDGE, VA 22192			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 8120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-3683			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE E LOPEZ MORENO 1501 HAMPSHIRE WEST COURT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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		JOSE E LOPEZ MORENO 1501 HAMPSHIRE WEST COURT SILVER SPRING, MD 20903	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 8120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3683			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE E LOPEZ MORENO 1501 HAMPSHIRE WEST COURT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 8120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3683			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE E LOPEZ MORENO 1501 HAMPSHIRE WEST COURT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 8120.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-3683			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE E LOPEZ MORENO 1501 HAMPSHIRE WEST COURT SILVER SPRING, MD 20903			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4650.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2479			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R PACHECO PEREZ 3045 15TH ST NW WASHINGTON, DC 20009			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

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Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

JOSE R PACHECO PEREZ
3045 15TH ST NW
WASHINGTON, DC 20009

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4650.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2479			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R PACHECO PEREZ 3045 15TH ST NW WASHINGTON, DC 20009			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4650.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2479			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R PACHECO PEREZ 3045 15TH ST NW WASHINGTON, DC 20009			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 4650.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2479			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
JOSE R PACHECO PEREZ 3045 15TH ST NW WASHINGTON, DC 20009			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
KEVIN J FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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KEVIN J FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
KEVIN J FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
KEVIN J FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 1600.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
KEVIN J FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 28440.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy B - For Recipient OMB No. 1545-0116 <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>			

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		LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853	
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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 28440.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 28440.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 28440.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872 (240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024 Copy 2 OMB No. 1545-0116 <small>To be filed with recipient's state income tax return, when required.</small>			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-9080			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MARCO P DA SILVA			
6712 WHITE POST RD			
CENTREVILLE, VA 20121			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
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Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

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MARCO P DA SILVA
6712 WHITE POST RD
CENTREVILLE, VA 20121

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9080			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MARCO P DA SILVA			
6712 WHITE POST RD			
CENTREVILLE, VA 20121			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9080			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MARCO P DA SILVA			
6712 WHITE POST RD			
CENTREVILLE, VA 20121			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6000.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-9080			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MARCO P DA SILVA			
6712 WHITE POST RD			
CENTREVILLE, VA 20121			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-2949			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MIGUEL A RIVAS GUTIERREZ			
1301 S SCOTT ST APT 819			
ARLINGTON, VA 22204			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116		This is important tax information and is being furnished to the Internal Revenue Service.	

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Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

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Box 3. Reserved for future use.

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MIGUEL A RIVAS GUTIERREZ
1301 S SCOTT ST APT 819
ARLINGTON, VA 22204

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2949			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MIGUEL A RIVAS GUTIERREZ			
1301 S SCOTT ST APT 819			
ARLINGTON, VA 22204			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2949			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MIGUEL A RIVAS GUTIERREZ			
1301 S SCOTT ST APT 819			
ARLINGTON, VA 22204			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-2949			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
MIGUEL A RIVAS GUTIERREZ			
1301 S SCOTT ST APT 819			
ARLINGTON, VA 22204			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11443.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-1742			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SUANY L FLORES MEJIA			
1200 N KENILWORK ST			
ARLINGTON, VA 22205			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy B - For Recipient			
OMB No. 1545-0116			
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SUANY L FLORES MEJIA
1200 N KENILWORK ST
ARLINGTON, VA 22205

COPY B

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1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11443.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-1742			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SUANY L FLORES MEJIA			
1200 N KENILWORK ST			
ARLINGTON, VA 22205			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11443.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-1742			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SUANY L FLORES MEJIA			
1200 N KENILWORK ST			
ARLINGTON, VA 22205			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 11443.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-1742			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
SUANY L FLORES MEJIA			
1200 N KENILWORK ST			
ARLINGTON, VA 22205			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation 1099-NEC 2024			
Copy 2			
OMB No. 1545-0116			
To be filed with recipient's state income tax return, when required.			

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account Number (see instructions)	
XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA			
1102 DOWNS DR			
SILVER PRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy B - For Recipient		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
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Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

YONAIKEEL Y URIAS SILVA

1102 DOWNS DR

SILVER PRING, MD 20904

COPY B

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

1 Nonemployee compensation		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	
\$ 6720.00			
3		4 Federal income tax withheld	
		\$	
PAYER'S TIN			
84-4168009			
PAYER'S name, street address, city, state, ZIP code, and telephone no.			
CAM CONSTRUCTION, INC			
25205 CHIMNEY HOUSE CT			
DAMASCUS, MD 20872			
(240) 380-4007			
RECIPIENT'S TIN		Account number (see instructions)	
XXX-XX-6908			
CORRECTED <input type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code			
YONAIKEEL Y URIAS SILVA			
1102 DOWNS DR			
SILVER PRING, MD 20904			
5 State tax withheld - line 1		5 State tax withheld - line 2	
\$		\$	
6 State/Payer's state no. - line 1		6 State/Payer's state no. - line 2	
7 State income - line 1		7 State income - line 2	
\$		\$	
Nonemployee Compensation		1099-NEC	
Copy 2		2024	
OMB No. 1545-0116		OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.			

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SILVER PRING, MD 20904			
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Nonemployee Compensation		1099-NEC	
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Nonemployee Compensation		1099-NEC	
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