

 IRS 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 \_\_\_\_\_, 20\_\_\_\_\_, 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](http://www.irs.gov/Form8879CORP) for the latest information.**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service  
Name of corporation

CAM CONSTRUCTION INC

Employer identification number

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

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**



**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.                    022
2. Amount of overpayment to be refunded . . . . . REFUND 2.                    022
3. Total amount due . . . . . 3.                    022

**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 Enter five digits.  
Do not enter all zeros.

as my signature on my tax year 2022 electronically filed income tax return.

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

03-08-2024

Date

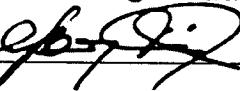
**PART III Certification and Authentication - Practitioner PIN Method Only**

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.

  
EROS signature

03-08-2024

Date

## U.S. Corporation Income Tax Return

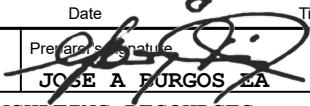
For calendar year 2022 or tax year beginning \_\_\_\_\_, 2022, ending \_\_\_\_\_, 20\_\_\_\_\_  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

2022

<b>A Check if:</b>		<b>B Employer identification number</b>	
1a Consolidated return (attach Form 851) <input type="checkbox"/>		88-4168009	
b Life/nonlife consolidated return <input type="checkbox"/>		<b>C Date incorporated</b>	
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		10-10-2022	
3 Personal service corp. (see instructions) <input type="checkbox"/>		<b>D Total assets (see instructions)</b>	
4 Schedule M-3 attached <input type="checkbox"/>		\$	
		MD	20872
<b>E Check if:</b> (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			

<b>Income</b>	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		
<b>11 Total income.</b> Add lines 3 through 10 . . . . .	11		
<b>Deductions (See instructions for limitations on deductions.)</b>	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) . . . . .	26	1,625
	<b>27 Total deductions.</b> 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		
<b>Tax Refundable Credits, &amp; Payments</b>	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 . . . . .	34	
	35 <b>Amount owed.</b> If line 33 is smaller than the total of lines 31 and 34, enter amount owed . . . . .	35	
	36 <b>Overpayment.</b> 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: <b>Credited to 2023 estimated tax</b>	37	Refunded

<b>Sign Here</b>	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.		
	<b>MARIA D GRANADOS VENTURA</b>	03-08-2024	<b>PARTNER</b>
	Signature of officer	Date	Title
	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSE A BURGOS EA</b>	Preparer's signature 	Date <b>03-08-2024</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00235591</b>
	Firm's name <b>ACCOUNTING CONSULTING RESOURCES</b>			Firm's EIN <b>52-2128011</b>	
	Firm's address <b>13976 BALTIMORE AVE STE 127</b>			Phone no.	
	<b>LAUREL MD 20707</b>			<b>(301) 408-0029</b>	

<b>Schedule C</b>	<b>Dividends, Inclusions, and Special Deductions (see instructions)</b>	(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	<b>Subtotal.</b> 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	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4 . . . . .			
24	<b>Total special deductions.</b> 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)	0		
b	Credit from Form 8834 (see instructions)			
c	General business credit (attach Form 3800)			
d	Credit for prior year minimum tax (attach Form 8827)			
e	Bond credits from Form 8912			
6	<b>Total credits.</b> 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)			
b	Recapture of low-income housing credit (attach Form 8611)			
c	Interest due under the look-back method - completed long-term contracts (attach Form 8697)			
d	Interest due under the look-back method - income forecast method (attach Form 8866)			
e	Alternative tax on qualifying shipping activities (attach Form 8902)			
f	Interest/tax due under Section 453A(c) and/or Section 453(l)			
g	Other (see instructions - attach statement)			
10	<b>Total.</b> Add lines 9a through 9g		10	
11	<b>Total tax.</b> 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	<b>Total payments.</b> 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	<b>Total credits.</b> Add lines 20a through 20d	21	
22	Reserved for future use	22	
23	<b>Total payments and credits.</b> Add lines 19 and 21. Enter here and on page 1, line 33	23	

**Schedule K** Other Information (see instructions)

	Yes	No	
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	X		
2 See the instructions and enter the:			
a Business activity code no. <u>238300</u>	X		
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? . . . . .	X		
If "Yes," enter name and EIN of the parent corporation _____			
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 . . . . .	X		
If "Yes," complete (i) through (iv) below.			
(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 . . . . .	X		
If "Yes," complete (i) through (iv) below.			
(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 . . . . .	X		
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.			
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? . . . . .	X		
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 <b>and</b> its total assets at the end of the tax year less than \$250,000? . . . . .	<input checked="" type="checkbox"/>	
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 . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .		<input checked="" type="checkbox"/>
b If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .	<input checked="" type="checkbox"/>	
20 Is the corporation operating on a cooperative basis? . . . . .	<input checked="" type="checkbox"/>	
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions . . . . .	<input checked="" type="checkbox"/>	
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)) . . . . .	<input checked="" type="checkbox"/>	
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 . . . . .	<input checked="" type="checkbox"/>	
24 Does the corporation satisfy one or more of the following? See instructions . . . . .	<input checked="" type="checkbox"/>	
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? . . . . .	<input checked="" type="checkbox"/>	
If "Yes," enter amount from Form 8996, line 15 . . . . . \$ _____	0	
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 . . . . .	<input checked="" type="checkbox"/>	
Percentage: By Vote	By Value	

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(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 . . . . .				
<b>Liabilities and Shareholders' Equity</b>					
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 . . . . .		8	Deductions on this return not charged against book income this year (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . . . . \$ _____	
3	Excess of capital losses over capital gains . . . . .		9	Add lines 7 and 8 . . . . .	
4	Income subject to tax not recorded on books this year (itemize): _____		10	Income (page 1, line 28)-line 6 less line 9	
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . . . . \$ _____ c Travel and entertainment . . . . . \$ _____				
6	Add lines 1 through 5 . . . . .				

**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 . . . . .		
4	Add lines 1, 2, and 3 . . . . .		6	Other decreases (itemize): _____	
			7	Add lines 5 and 6 . . . . .	
			8	Balance at end of year (line 4 less line 7)	

**Federal Supporting Statements****2022 PG01**

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

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

**CAM CONSTRUCTION INC**

Tax ID Number

**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					
<b>TOTALS</b>	<b>1,625</b>		<b>0</b>	<b>1,625</b>	<b>0</b>

\* 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.

OR FISCAL YEAR BEGINNING       2022, ENDING      

225000020

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)**

Print Using Blue or Black Ink Only

**CAM CONSTRUCTION INC**

Name

25205 HIMNEY HOUSE CT

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

Do not write in this space.

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

► ME      ► YE

DAMASCUS

MD  
State20872  
ZIP Code + 4

City or Town

Foreign Country Name

Foreign Province/State/County

Foreign Postal Code

**Amended  
Return** ► 

STAPLE HERE

**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 CONSTRUCTION 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. \_\_\_\_\_

13. Maryland taxable income (from line 10 or line 12, whichever is applicable.) . . . . . 13. 0 .

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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NAME CAM CONSTRUCTION FEIN 884168009

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.

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 stated below:

Explanation of Changes: \_\_\_\_\_



225000320

NAME CAM CONSTRUCTI FEIN 884168009**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.				
<b>1A. Receipts</b>	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.

<b>2. Property</b>	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.)	►	►	
<b>3. Payroll</b>	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.



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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.

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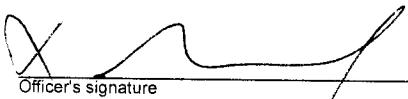
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**SIGNATURE AND VERIFICATION**

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.

 03082024  
Officer's signature Date

**PARTNER**  
Officer's Name and Title

 03082024  
Preparer's signature (Required by Law) Date

301-408-0029  
Telephone number of preparer

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

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

LAUREL MD  
City, State, ZIP Code + 4

► 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.)

## 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](http://www.irs.gov/Form8879CORP) for the latest information.**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service  
Name of corporation

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**



## U.S. Corporation Income Tax Return

For calendar year 2023 or tax year beginning \_\_\_\_\_, 2023, ending \_\_\_\_\_, 20\_\_\_\_\_  
Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

2023

<b>A Check if:</b>				<b>B Employer identification number</b>
1a Consolidated return (attach Form 851) <input type="checkbox"/>		Name <b>CAM CONSTRUCTION INC</b>		88-4168009
b Life/nonlife consolidated return <input type="checkbox"/>		Number, street, and room or suite no. If a P.O. box, see instructions.		<b>C Date incorporated</b>
2 Personal holding co. (attach Sch. PH) <input type="checkbox"/>		25205 CHIMNEY HOUSE CT		10-10-2022
3 Personal service corp. (see instructions) <input type="checkbox"/>		City or town, state or province, country and ZIP or foreign postal code		<b>D Total assets (see instructions)</b>
4 Schedule M-3 attached <input type="checkbox"/>		DAMASCUS MD 20872		\$ 29,925
<b>E Check if:</b> (1) <input type="checkbox"/> Initial return (2) <input type="checkbox"/> Final return (3) <input type="checkbox"/> Name change (4) <input type="checkbox"/> Address change				

<b>Income</b>	1a Gross receipts or sales . . . . .	1a	1,093,286	
	b Returns and allowances . . . . .	1b		
	c Balance. Subtract line 1b from line 1a . . . . .	1c	1,093,286	
	2 Cost of goods sold (attach Form 1125-A) . . . . .	2	635,247	
	3 Gross profit. Subtract line 2 from line 1c . . . . .	3	458,039	
	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			
<b>11 Total income.</b> Add lines 3 through 10 . . . . .	11	458,039		
<b>Deductions (See instructions for limitations on deductions.)</b>	12 Compensation of officers (see instructions - attach Form 1125-E) . . . . .	12	119,400	
	13 Salaries and wages (less employment credits) . . . . .	13	101,155	
	14 Repairs and maintenance . . . . .	14		
	15 Bad debts . . . . .	15		
	16 Rents . . . . .	16	3,152	
	17 Taxes and licenses . . . . .	17	17,434	
	18 Interest (see instructions) . . . . .	18	6,063	
	19 Charitable contributions . . . . .	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562) . . . . .	20	132,034	
	21 Depletion . . . . .	21		
	22 Advertising . . . . .	22		
	23 Pension, profit-sharing, etc., plans . . . . .	23		
	24 Employee benefit programs . . . . .	24	1,357	
	25 Energy efficient commercial buildings deduction (attach Form 7205) . . . . .	25		
	26 Other deductions (attach statement) . . . . .	26	80,658	
	<b>27 Total deductions.</b> Add lines 12 through 26 . . . . .	27	461,253	
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11 . . . . .	28	(3,214)	
	29a Net operating loss deduction (see instructions) . . . . .	29a		
	b Special deductions (Schedule C, line 24) . . . . .	29b		
	c Add lines 29a and 29b . . . . .	29c		
	30 <b>Taxable income.</b> Subtract line 29c from line 28. See instructions . . . . .	30	(3,214)	
	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 . . . . .	34			
35 <b>Amount owed.</b> If line 33 is smaller than the total of lines 31 and 34, enter amount owed . . . . .	35			
36 <b>Overpayment.</b> 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: <b>Credited to 2024 estimated tax</b>	37	Refunded		

<b>Sign Here</b>	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.		
	<b>MARIA D GRANADOS VENTURA</b>	03-08-2024	<b>PARTNER</b>
	Signature of officer	Date	Title
	May the IRS discuss this return with the preparer shown below? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSE A BURGOS EA</b>	Preparer's signature <b>JOSE A BURGOS EA</b>	Date <b>03-08-2024</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00235591</b>
	Firm's name <b>ACCOUNTING CONSULTING RESOURCES</b>			Firm's EIN <b>52-2128011</b>	
	Firm's address <b>13976 BALTIMORE AVE STE 127</b>			Phone no.	
	<b>LAUREL MD 20707</b>			(301) 408-0029	

<b>Schedule C</b>	<b>Dividends, Inclusions, and Special Deductions</b> (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	<b>Subtotal.</b> 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	<b>Total dividends and inclusions.</b> Add column (a), lines 9 through 20. Enter here and on page 1, line 4 . . . . .			
24	<b>Total special deductions.</b> 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
<b>5a</b>	Foreign tax credit (attach Form 1118)	<b>5a</b>	0
<b>b</b>	Credit from Form 8834 (see instructions)	<b>5b</b>	
<b>c</b>	General business credit (see instructions - attach Form 3800)	<b>5c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8827)	<b>5d</b>	
<b>e</b>	Bond credits from Form 8912	<b>5e</b>	
<b>6</b>	<b>Total credits.</b> Add lines 5a through 5e	<b>6</b>	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	0
<b>9a</b>	Recapture of investment credit (attach Form 4255)	<b>9a</b>	
<b>b</b>	Recapture of low-income housing credit (attach Form 8611)	<b>9b</b>	
<b>c</b>	Interest due under the look-back method - completed long-term contracts (attach Form 8697)	<b>9c</b>	
<b>d</b>	Interest due under the look-back method - income forecast method (attach Form 8866)	<b>9d</b>	
<b>e</b>	Alternative tax on qualifying shipping activities (attach Form 8902)	<b>9e</b>	
<b>f</b>	Interest/tax due under section 453A(c)	<b>9f</b>	
<b>g</b>	Interest/tax due under section 453(l)	<b>9g</b>	
<b>z</b>	Other (see instructions - attach statement)	<b>9z</b>	
<b>10</b>	<b>Total.</b> Add lines 9a through 9z	<b>10</b>	
<b>11</b>	<b>Total tax.</b> Add lines 7, 8, and 10. Enter here and on page 1, line 31	<b>11</b>	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	
<b>19</b>	<b>Total payments.</b> Add lines 16, 17, and 18	<b>19</b>	
<b>20</b>	Refundable credits from:		
<b>a</b>	Form 2439	<b>20a</b>	
<b>b</b>	Form 4136	<b>20b</b>	
<b>c</b>	Reserved for future use	<b>20c</b>	
<b>z</b>	Other (attach statement - see instructions)	<b>20z</b>	
<b>21</b>	<b>Total credits.</b> Add lines 20a through 20z	<b>21</b>	
22	Elective payment election amount from Form 3800	22	
<b>23</b>	<b>Total payments and credits.</b> Add lines 19, 21, and 22. Enter here and on page 1, line 33	<b>23</b>	

**Schedule K** Other Information (see instructions)

	Yes	No	
1 Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) _____	X		
2 See the instructions and enter the:	X		
a Business activity code no. <b>238300</b>	X		
b Business activity <b>CONSTRUCTION</b>	X		
c Product or service <b>SERVICES</b>	X		
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:	X		
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:	X		
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 <b>Form 851</b> , 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	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 <b>Form 5452</b> , 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	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:	X	X	
(a) Percentage owned _____ and (b) Owner's country _____	X		
(c) The corporation may have to file <b>Form 5472</b> , 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 <b>0</b>	X		
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount . . . . . If checked, the corporation may have to file <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.	X		
9 Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$ _____</b>	X		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) _____	X		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) . . . . . 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.	X		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a) <b>\$ _____</b>	X		

**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 <b>and</b> its total assets at the end of the tax year less than \$250,000? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 . . . \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," complete and attach Schedule UTP.	<input type="checkbox"/>	<input type="checkbox"/>
15a Did the corporation make any payments that would require it to file Form(s) 1099? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," did or will the corporation file required Form(s) 1099? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Is the corporation operating on a cooperative basis? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 During this tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the total amount of the disallowed deductions \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24 Does the corporation satisfy one or more of the following? If "Yes," complete and attach Form 8990. See instructions . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
c The corporation is a tax shelter and the corporation has business interest expense.	<input type="checkbox"/>	<input type="checkbox"/>
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter amount from Form 8996, line 15 \$ _____	<input type="checkbox"/>	0
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 . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Percentage: By Vote _____ By Value _____	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Is the corporation a member of a controlled group? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach Schedule O (Form 1120). See instructions.	<input type="checkbox"/>	<input type="checkbox"/>
29 Corporate Alternative Minimum Tax:	<input type="checkbox"/>	<input type="checkbox"/>
a Was the corporation an applicable corporation under section 59(k)(1) in any prior tax year? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," go to question 29b. If "No," skip to question 29c.	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," complete and attach Form 4626. If "No," continue to question 29c.	<input type="checkbox"/>	<input type="checkbox"/>
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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
If "No," complete and attach Form 4626. If "Yes," the corporation is not required to file Form 4626.	<input type="checkbox"/>	<input type="checkbox"/>
30 Is the corporation required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):	<input type="checkbox"/>	<input type="checkbox"/>
a Under the rules for stock repurchased by a covered corporation (or stock acquired by its specified affiliate)? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Under the applicable foreign corporation rules? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Under the covered surrogate foreign corporation rules? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes" to either (a), (b), or (c), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.	<input type="checkbox"/>	<input type="checkbox"/>
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? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach a statement. See instructions.	<input type="checkbox"/>	<input type="checkbox"/>

Schedule L	Balance Sheets per Books	Beginning of tax year		End of tax year	
		(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
<b>Liabilities and Shareholders' Equity</b>					
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): _____		8	Deductions on this return not charged against book income this year (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . . . . \$ _____	
5	Expenses recorded on books this year not deducted on this return (itemize): a Depreciation . . . . . \$ _____ b Charitable contributions . . . . . \$ _____ c Travel and entertainment . . . . . \$ _____ 3,105	3,105	9	Add lines 7 and 8 . . . . .	
6	Add lines 1 through 5 . . . . .	(3,214)	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 . . . . .	
4	Add lines 1, 2, and 3 . . . . .	(6,319)	6	Other decreases (itemize): _____	
			7	Add lines 5 and 6 . . . . .	108,073
			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](http://www.irs.gov/Form1125A) for the latest information.

Name	Employer identification number
<b>CAM CONSTRUCTION INC</b>	<b>88-4168009</b>
1 Inventory at beginning of year	1
2 Purchases	2 <b>110,332</b>
3 Cost of labor	3 <b>299,882</b>
4 Additional section 263A costs (attach schedule)	4
5 Other costs (attach schedule)	5 <b>225,033</b>
<b>6 Total.</b> Add lines 1 through 5	6 <b>635,247</b>
7 Inventory at end of year	7
<b>8 Cost of goods sold.</b> 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 <b>635,247</b>
<b>9a</b> 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>b</b> Check if there was a writedown of subnormal goods	► <input type="checkbox"/>
<b>c</b> Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970)	► <input type="checkbox"/>
<b>d</b> If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO	9d <input type="checkbox"/>
<b>e</b> 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
<b>f</b> 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

CAM CONSTRUCTION INC

Employer identification number

**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

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**For Paperwork Reduction Act Notice, see separate instructions.**

Form 1125-E (Rev. 10-2016)

Depreciation and Amortization  
(Including Information on Listed Property)

2023

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CAM CONSTRUCTION INC

FORM 1120

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 <b>smaller</b> 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	

For Paperwork Reduction Act Notice, see separate instructions.

**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?  Yes  No **24b** If "Yes," is the evidence written?  Yes  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
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 . . . . .		

## 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
<b>42</b> Amortization of costs that begins during your 2023 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2023 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**Federal Supporting Statements****2023 PG01**

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

88-4168009

**Schedule L - Line 17**

STMT

**Description**

2020 ACURA TLX  
2017 FORD TRU SD  
2023 JEEP WRANGLER

**Beg Of Year** **End Of Year**

29,579  
37,608  
77,130

**Total**

**144,317**

**Form 1120 - Line 26 - Other Deductions****PG01**  
Statement #5**Description**

Automobile and truck expenses  
Bank charges  
Commissions  
Dues and subscriptions  
Insurance  
Legal and professional  
Meals 50% limit  
Miscellaneous  
Office expense  
Postage/Shipping  
Telephone  
Tools  
Travel  
Uniforms  
Waste removal  
Bonus

**Amount**  
38,210  
1,866  
866  
3,977  
5,666  
15,852  
3,105  
975  
2,494  
185  
3,713  
928  
442  
1,491  
588  
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

**Description****Amount**

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

**Total****225,033**

# Estimated Tax Worksheet for Corporations

For calendar year 2024, or tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, 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	<b>Total tax.</b> 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. <b>Note:</b> 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. <b>Caution:</b> 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 <b>smaller</b> 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	(a)	(b)	(c)
		10		(d)
11	Required installments. Enter 25% of line 9b in columns (a) through (d).			

**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****Form 1120, line 17****Form 1120-C, line 15****Form 1120-H, line 12****Taxes and Licenses**

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

\* Item is included in UBIT  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

FORM 1120

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

2023

PAGE 1

Name(s) as shown on return

CAM CONSTRUCTION INC

Social security number/EIN

88-4168009

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	01022023	39,050		100.00		CY 31,240	7,810	5	200 DB HY	20		1,562	32,802	
2	2017 FORD TRU SD	01032023	52,464		100.00		CY 41,971	10,493	5	200 DB HY	20		2,099	44,070	
3	2023 JEEP WRANGLER	06022023	65,669		100.00		CY 52,535	13,134	5	200 DB HY	20		2,627	55,162	
<b>Totals</b>			<b>157,183</b>				<b>CY 125,746</b>	<b>31,437</b>					<b>6,288</b>	<b>132,034</b>	

Land Amount  
Net Depreciable Cost

157,183

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus 125,746 ST ADJ: 100,597  
132,034

# Depreciation Detail Listing

STATE FORM 1120

**2023**

PAGE 1

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

Name(s) as shown on return <b>CAM CONSTRUCTION INC</b>												Social security number/EIN <b>88-4168009</b>			
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	01022023	39,050		100.00			39,050	5	200 DB HY	20		7,810	7,810	
2	2017 FORD TRU SD	01032023	52,464		100.00			52,464	5	200 DB HY	20		10,493	10,493	
3	2023 JEEP WRANGLER	06022023	65,669		100.00			65,669	5	200 DB HY	20		13,134	13,134	
<b>Totals</b>			<b>157,183</b>					<b>157,183</b>					<b>31,437</b>		<b>31,437</b>

Land Amount  
Net Depreciable Cost

157,183

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus 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

**CAM CONSTRUCTION INC**

Tax ID Number

**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					
<b>TOTALS</b>	<b>3,214</b>		<b>0</b>	<b>3,214</b>	<b>0</b>

\* 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.



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)

Print Using Blue or Black Ink Only

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

STAPLE HERE

**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



235000120

NAME CAM CONSTRUCTION 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. . . . .	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.	<b>Maryland Adjusted Federal Taxable Income</b> (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. . . . .	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) . . . . .	► 8b. . . . .	00
	If you are claiming subtraction H, enter your state cannabis business license number: . . . . .	►	
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. . . . .	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. . . . .	00
13.	Maryland taxable income (from line 10 or line 12, whichever is applicable.) . . . . .	13. . . . .	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.



235000220

NAME CAM CONSTRUCTION FEIN 884168009

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: \_\_\_\_\_



235000320

NAME CAM CONSTRUCTI FEIN 884168009**Schedule A - COMPUTATION OF APPORTIONMENT FACTOR** (Applies only to multistate corporations. See instructions.)

		Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
<b>NOTE:</b> Rental/leasing companies, financial institutions, transportation companies, and worldwide headquartered companies see instructions on Special Apportionment.				
<b>1. Receipts</b>	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.

<b>2. Property</b>	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	
<b>3. Payroll</b>	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	
<b>4. Maryland apportionment factor</b>	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.



235000420

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.

---

---

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235000520

**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.

03082024

Officer's signature

Date

JOSE A BURGOS EA

Printed name of the Preparer / or Firm's name

13976 BALTIMORE AVE STE 127

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)

**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

State **MD**

► See separate instructions. ► Keep for your records.

Name(s) shown on return

CAM CONSTRUCTION INC

Business or activity to which this form relates

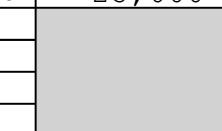
FORM 1120

Identifying number

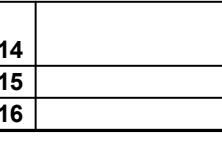
88-4168009

**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 <b>smaller</b> of line 5 or line 8 .....	9		
10 Carryover of disallowed deduction from line 13 of your 2022 Form \$\$NAME .....	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	
			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	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	

**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?  Yes  No **24b** If "Yes," is the evidence written?  Yes  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:

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . . 28 31,437

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . 28 31,437

## **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
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 . . . . .		
<b>Note:</b> 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
<b>42</b> Amortization of costs that begins during your 2023 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2023 tax year . . . . .					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					



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*

**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](http://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](http://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**

	<b>Acknowledgement and General Information for Entities That File Returns Electronically</b>	<b>2024</b>
Name(s) as shown on return	Tax ID Number	
<b>CAM CONSTRUCTION INC</b>	<b>*****8009</b>	
<p>Entity address</p> <p><u>25205 CHIMNEY HOUSE CT</u></p> <p><u>DAMASCUS, MD 20872</u></p>		
<p><b>Thank you for participating in IRS e-file.</b></p> <p>1. <input checked="" type="checkbox"/> 2024 <u>1120S</u> income tax return for <u>Federal</u> was filed electronically.            The electronic filing services were provided by <u>ACCOUNTING CONSULTING RESOURCES</u>.</p> <p>2. <input checked="" type="checkbox"/> <u>1120S</u> income tax return was accepted on <u>01-28-2025</u> 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 <u>27470520250282ez33ko</u>.</p>		
<p><b>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.</b></p>		

## U.S. Income Tax Return for an S Corporation

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](http://www.irs.gov/Form1120S) for instructions and the latest information.

2024

For calendar year 2024 or tax year beginning		, 2024, ending		, 20	
<b>A</b> S election effective date  <b>01-01-2024</b>		Name <b>CAM CONSTRUCTION INC</b>		<b>D</b> Employer identification number <b>88-4168009</b>	
<b>B</b> Business activity code number (see instructions)  <b>238300</b>		Number, street, and room or suite no. If a P.O. box, see instructions. <b>25205 CHIMNEY HOUSE CT</b>		<b>E</b> Date incorporated <b>10-10-2022</b>	
<b>C</b> Check if Sch. M-3 attached <input type="checkbox"/>		City or town, state or province, country, and ZIP or foreign postal code <b>DAMASCUS MD 20872</b>		<b>F</b> Total assets (see instructions) <b>\$ 43,365</b>	

**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.

<b>Income</b>	1 a Gross receipts or sales <b>1,872,033</b>	b Less returns and allowances	c Balance	1c <b>1,872,033</b>
	2 Cost of goods sold (attach Form 1125-A)			2 <b>786,991</b>
	3 Gross profit. Subtract line 2 from line 1c			3 <b>1,085,042</b>
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			4
	5 Other income (loss) (see instructions - attach statement)			5
	<b>6 Total income (loss).</b> Add lines 3 through 5			<b>6 1,085,042</b>
				7 <b>243,400</b>
<b>Deductions</b> (see instructions for limitations)	8 Salaries and wages (less employment credits)			8 <b>103,338</b>
	9 Repairs and maintenance			9
	10 Bad debts			10
	11 Rents			11 <b>6,989</b>
	12 Taxes and licenses		Wks Tax/Lic	12 <b>29,889</b>
	13 Interest (see instructions)			13
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			14 <b>69,694</b>
	<b>15 Depletion (do not deduct oil and gas depletion.)</b>			15
	16 Advertising			16
	17 Pension, profit-sharing, etc., plans			17
	18 Employee benefit programs			18 <b>7,468</b>
	19 Energy efficient commercial buildings deduction (attach Form 7205)			19
	20 Other deductions (attach statement)		Statement #2	20 <b>84,013</b>
	<b>21 Total deductions.</b> Add lines 7 through 20			21 <b>544,791</b>
	<b>22 Ordinary business income (loss).</b> Subtract line 21 from line 6			<b>22 540,251</b>
<b>Tax and Payments</b>	23 a Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b Tax from Schedule D (Form 1120-S)	23b		
	c Add lines 23a and 23b (see instructions for additional taxes)			23c
	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 <b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed			26
	27 <b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid			27
	28 Enter amount from line 27: <b>Credited to 2025 estimated tax</b>		Refunded	28

<b>Sign Here</b>	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?	
	 <b>CHRISTIAN E. CARDENAS ROCKA</b>			See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Signature of officer		Date <b>01-28-2025</b>	Title <b>Parnert</b>		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOSE A BURGOS EA</b>	Preparer's signature  <b>JOSE A BURGOS EA</b>	Date <b>01-28-2025</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P00235591</b>
	Firm's name <b>ACCOUNTING CONSULTING RESOURCES</b>	Firm's EIN <b>52-2128011</b>			
	Firm's address <b>13976 BALTIMORE AVE STE 127</b>	Phone no. <b>(301) 408-0029</b>			
LAUREL MD 20707					

For Paperwork Reduction Act Notice, see separate instructions.

**Schedule B 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 <u>CONSTRUCTION</u> b Product or service <u>SERVICES</u>			
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation	.....		X	
4	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 stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below	.....	X	
(i) Name of Corporation		(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made
b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital 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 (v) below	.....		X	
(i) Name of Entity		(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock?	.....		X	
	If "Yes," complete lines (i) and (ii) below.	.....			
(i)	Total shares of restricted stock	.....			
(ii)	Total shares of non-restricted stock	.....			
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments?	.....		X	
	If "Yes," complete lines (i) and (ii) below.	.....			
(i)	Total shares of stock outstanding at the end of the tax year	.....			
(ii)	Total shares of stock outstanding if all instruments were exercised	.....			
6	Has this corporation filed, or is it required to file, <b>Form 8918</b> , Material Advisor Disclosure Statement, to provide information on any reportable transaction?	.....		X	
7	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 <b>Form 8281</b> , Information Return for Publicly Offered Original Issue Discount Instruments.	.....			
8	If the corporation (a) was a C corporation before it elected to be an S corporation or the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, and (b) has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions	..... \$ _____			
9	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	
10	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 \$30 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 <b>Form 8990</b> , Limitation on Business Interest Expense Under Section 163(j).	.....			
11	Does the corporation satisfy <b>both</b> of the following conditions?	.....		X	
a	The corporation's total receipts (see instructions) for the tax year were less than \$250,000.	.....			
b	The corporation's total assets at the end of the tax year were less than \$250,000.	.....			
	If "Yes," the corporation is not required to complete Schedules L and M-1.	.....			

<b>Schedule B Other Information (see instructions) (continued)</b>		<b>Yes</b>	<b>No</b>
<b>12</b>	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? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the amount of principal reduction . . . . .	\$	
<b>13</b>	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions . . . . .		<input checked="" type="checkbox"/>
<b>14 a</b>	Did the corporation make any payments that would require it to file Form(s) 1099? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did or will the corporation file required Form(s) 1099? . . . . .		<input checked="" type="checkbox"/>
<b>15</b>	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? . . . . .		<input checked="" type="checkbox"/>
	If "Yes," enter the amount from Form 8996, line 15 . . . . .	\$	
<b>16</b>	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"/>

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

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
<b>Liabilities and Shareholders' Equity</b>					
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 . . . . .	<b>528,441</b>	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 \$ <b>11,810</b>	<b>11,810</b>	7 Add lines 5 and 6 . . . . .	
4 Add lines 1 through 3 . . . . .	<b>540,251</b>	8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	<b>540,251</b>

**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 . . . . .	<b>540,251</b>			
3 Other additions . . . . .				
4 Loss from page 1, line 22 . . . . .	( )			
5 Other reductions . . . . . Statement #30 . . . . .	( 11,810 )		( )	
6 Combine lines 1 through 5 . . . . .	<b>528,441</b>			
7 Distributions . . . . .	<b>528,441</b>			
8 Balance at end of tax year. Subtract line 7 from line 6 . . . . .				

EEA

Form 1120-S (2024)

## Cost of Goods Sold

Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.  
Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.

OMB No. 1545-0123

Name	Employer identification number	
<b>CAM CONSTRUCTION INC</b>	<b>88-4168009</b>	
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
<b>6 Total.</b> Add lines 1 through 5 .....	6	786,991
7 Inventory at end of year .....	7	
<b>8 Cost of goods sold.</b> 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
<b>9a</b> 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>b</b> Check if there was a writedown of subnormal goods .....		
<b>c</b> Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) .....		
<b>d</b> (i) If the LIFO inventory method was used for this tax year, enter amount of closing inventory figured under LIFO .....		
(ii) If the LIFO inventory method was used for this tax year, enter amount of the closing LIFO Reserve .....		
<b>e</b> If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions .....		
□ Yes □ No		
<b>f</b> Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation .....		
□ Yes □ 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

**Shareholder's Share of Income, Deductions,  
Credits, etc.** See separate instructions.

**See separate instructions.**

## Part I Information About the Corporation

A Corporation's employer identification number <b>88-4168009</b>	5a Ordinary dividends	
B Corporation's name, address, city, state, and ZIP code <b>CAM CONSTRUCTION INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS MD 20872</b>	5b Qualified dividends	14 Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>
	6 Royalties	15 Alternative minimum tax (AMT) items
	7 Net short-term capital gain (loss)	
C IRS Center where corporation filed return <b>Kansas City</b>	8a Net long-term capital gain (loss)	
D Corporation's total number of shares Beginning of tax year . . . . . <b>1,000</b> End of tax year . . . . . <b>1,000</b>	8b Collectibles (28%) gain (loss)	
	8c Unrecaptured section 1250 gain	
<b>Part II Information About the Shareholder</b>		9 Net section 1231 gain (loss)
E Shareholder's identifying number <b>797-08-6518</b>	10 Other income (loss)	16 Items affecting shareholder basis C* <b>STMT</b> D <b>287,634</b>
F1 Shareholder's name, address, city, state, and ZIP code <b>CHRISTIAN E CARDENAS ROCCA</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS MD 20872</b>	11 Section 179 deduction	17 Other information AC <b>1,249,301</b>
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 _____	12 Other deductions	V* <b>STMT</b>
F3 What type of entity is this shareholder? <u>Individual</u>		
G Current year allocation percentage . . . . . <b>66.73497 %</b>		
H Shareholder's number of shares Beginning of tax year . . . . . <b>750</b> End of tax year . . . . . <b>500</b>		
I Loans from shareholder Beginning of tax year . . . . . \$ _____ End of tax year . . . . . \$ _____		
18 <input type="checkbox"/> More than one activity for at-risk purposes* 19 <input type="checkbox"/> More than one activity for passive activity purposes*		

For IRS Use Only

**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**

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

**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
<b>Total</b>				<b>287,634</b>

## 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**

Name of S Corporation

**CAM CONSTRUCTION INC**

Shareholder's ID Number

**797-08-6518**

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	<u>016.53005</u>
<b>Total ownership percentage for the tax year:</b>						<u><b>066.73497</b></u>

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

# 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. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>
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

Shareholder's ID Number

**797-08-6518**

Name of S Corporation

CAM CONSTRUCTION INC

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**

Department of the Treasury  
Internal Revenue Service

For calendar year 2024, or tax year

**Shareholder's Share of Income, Deductions,  
Credits, etc.** See separate instructions.

**See separate instructions.**

## Part I Information About the Corporation

A Corporation's employer identification number <b>88-4168009</b>	5a Ordinary dividends	
B Corporation's name, address, city, state, and ZIP code <b>CAM CONSTRUCTION INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS MD 20872</b>	5b Qualified dividends	14 Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>
	6 Royalties	15 Alternative minimum tax (AMT) items
	7 Net short-term capital gain (loss)	
C IRS Center where corporation filed return <b>Kansas City</b>	8a Net long-term capital gain (loss)	
D Corporation's total number of shares Beginning of tax year . . . . . <b>1,000</b> End of tax year . . . . . <b>1,000</b>	8b Collectibles (28%) gain (loss)	
	8c Unrecaptured section 1250 gain	
<b>Part II Information About the Shareholder</b>		9 Net section 1231 gain (loss)
E Shareholder's identifying number <b>932-92-4769</b>	10 Other income (loss)	16 Items affecting shareholder basis C* <b>STMT</b> D <b>143,817</b>
F1 Shareholder's name, address, city, state, and ZIP code <b>MARIA DEL R VENTURA</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS MD 20872</b>	11 Section 179 deduction	17 Other information AC <b>468,008</b>
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 _____	12 Other deductions	V* <b>STMT</b>
F3 What type of entity is this shareholder? <u>Individual</u>		
G Current year allocation percentage . . . . . <b>25.00000 %</b>		
H Shareholder's number of shares Beginning of tax year . . . . . <b>250</b> End of tax year . . . . . <b>250</b>		
I Loans from shareholder Beginning of tax year . . . . . \$ _____ End of tax year . . . . . \$ _____		
18 <input type="checkbox"/> More than one activity for at-risk purposes* 19 <input type="checkbox"/> More than one activity for passive activity purposes*		

For IRS Use Only

**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**

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

**Schedule K-1 Distribution Information**

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

**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

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	<u>143,817</u>
<b>Total</b>				<b><u>143,817</u></b>

# 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	<b>CAM CONSTRUCTION INC</b>		<b>88-4168009</b>				<b>No</b>
LINE NUMBER	NO. <u>1</u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>	NO. <u>  </u>
Ordinary Business Income (Loss)	<b>135,063</b>						
Rental Income (Loss)							
Royalty Income (Loss)							
Section 1231 Gain (Loss)							
Other Income (Loss)							
Section 179							
Other Deductions							
W-2 Wages	<b>86,685</b>						
Unadjusted Basis Immediately After Acquisition	<b>61,220</b>						
Section 199A (REIT) Dividends							

**Schedule K-1 Supplemental Information****2024**

Shareholder's name

**MARIA DEL R VENTURA**

Name of S Corporation

**CAM CONSTRUCTION INC**

Shareholder's ID Number

**932-92-4769**

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

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

 Department of the Treasury  
 Internal Revenue Service
**2024**

For calendar year 2024, or tax year

beginning 2024 ending \_\_\_\_\_
**Shareholder's Share of Income, Deductions,  
Credits, etc.**  
 See separate instructions.

<b>Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items</b>		
<b>1</b>	Ordinary business income (loss) <b>44,652</b>	<b>13</b> Credits    
<b>2</b>	Net rental real estate income (loss)	
<b>3</b>	Other net rental income (loss)	
<b>4</b>	Interest income	
<b>5a</b>	Ordinary dividends	
<b>5b</b>	Qualified dividends	<b>14</b> Schedule K-3 is attached if checked . . . . . <input type="checkbox"/>  <b>15</b> Alternative minimum tax (AMT) items
<b>6</b>	Royalties	
<b>7</b>	Net short-term capital gain (loss)	
<b>8a</b>	Net long-term capital gain (loss)	
<b>8b</b>	Collectibles (28%) gain (loss)	
<b>8c</b>	Unrecaptured section 1250 gain	
<b>9</b>	Net section 1231 gain (loss)	<b>16</b> <b>C*</b> <b>STMT</b>  <b>D</b> <b>143,816</b>
<b>10</b>	Other income (loss)	
<b>11</b>	Section 179 deduction	
<b>12</b>	Other deductions	
<b>17</b>	Other information <b>154,724</b>	
<b>18</b>	<input type="checkbox"/> More than one activity for at-risk purposes*	<b>V*</b> <b>STMT</b>
<b>19</b>	<input type="checkbox"/> More than one activity for passive activity purposes*	
* See attached statement for additional information.		

For IRS Use Only

**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**

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

**Schedule K-1 Distribution Information**

(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 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	<u>143,816</u>
<b>Total</b>				<b><u>143,816</u></b>

## 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	<u>008.26503</u>
<b>Total ownership percentage for the tax year:</b>						<u><b>008.26503</b></u>

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

## **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

**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.

## Compensation of Officers

OMB No. 1545-0123

► Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

► Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

Name

CAM CONSTRUCTION INC

Employer identification number

88-4168009

Note: Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	Percent of stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 CHRISTIAN E CARDENAS ROCCA	797-08-6518	100 %	50 %	0 %	145,700
MARIA DEL R VENTURA	932-92-4769	100 %	25 %	0 %	69,700
MARCO P DA SILVA	806-89-9080	100 %	25 %	0 %	28,000
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
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		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
		%	%	%	
2 Total compensation of officers .....					2 243,400
3 Compensation of officers claimed on Form 1125-A or elsewhere on return .....					3
4 Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return .....					4 243,400

For Paperwork Reduction Act Notice, see separate instructions.

Form 1125-E (Rev. 10-2016)

Depreciation and Amortization  
(Including Information on Listed Property)

2024

Attach to your tax return.  
Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CAM CONSTRUCTION INC

FORM 1120S

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	

(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 <b>smaller</b> of line 5 or line 8 .....	9		
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562 .....	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions .....	11		
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12		
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12 .....	13		

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

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

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

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

## Section A

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

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			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.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> 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
<b>25</b> 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 . . . . .						<b>25</b>	<b>52,618</b>	
<b>26</b> Property used more than 50% in a qualified business use:								
Statement #567 % % %								
<b>27</b> Property used 50% or less in a qualified business use:								
% % %								
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .						<b>28</b>	<b>69,694</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .						<b>29</b>		

**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.

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<b>Yes</b>	<b>No</b>
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2024 tax year . . . . .					
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					

**Federal Supporting Statements****2024 PG01**

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

88-4168009

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

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

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

<u>Description</u>	<u>Amount</u>
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
<b>Total</b>	<b>84,013</b>

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

<u>Description</u>	<u>Amount</u>
Gross receipts for sec. 448(c)	1,872,033

**Federal Supporting Statements****2024 PG01**

Name(s) as shown on return

CAM CONSTRUCTION INC

Tax ID Number

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	
<b>Total</b>							<b><u>17,076</u></b>	

**Taxes and Licenses Attachment**

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

**2024****S CORPORATION NAME****CAM CONSTRUCTION INC****EIN****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
7	Intangible property taxes	.....	7
8	Payroll taxes	.....	8
9	Less: credit from Form 8846	.....	28,745
10	Foreign taxes paid	.....	9
11	Occupancy taxes	.....	10
12	Other miscellaneous taxes	.....	11
13	Built in gains tax allocated to ordinary income	.....	12
14	Licenses	.....	13
15	Total to Form 1120S, Page 1, Line 12	.....	14
			29,889

\* Item is included in UBIA  
for Section 199A calculations.  
See "UBIA" in lower right corner.

## Depreciation Detail Listing

FORM 1120S

2024

PAGE 1

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

Name(s) as shown on return

CAM CONSTRUCTION INC

Social security number/EIN

88-4168009

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
<hr/>															
<b>Totals</b>			<b>244,880</b>				<b>CY 52,618</b>	<b>66,516</b>				<b>132,034</b>	<b>17,076</b>	<b>201,728</b>	<b>17,076</b>

Land Amount  
Net Depreciable Cost

244,880

PY 125,746

CY 179 and CY Bonus  
TOTAL CY Depr including 179/bonus

52,618  
69,694

ST ADJ: 1,857  
UBIA: 244,880



245100120

NAME CAM CONSTRUCT FEIN 884168009

4. Distributive or pro rata share of income allocable to Maryland . . . . . 4. 540251 00

**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. .082650

6. Distributive or pro rata share of income for nonresident individual members  
(Multiply line 4 by the percentage on line 5.) . . . . . 6. 44652 00

7. Nonresident individual tax (Multiply line 6 by 5.75%). . . . . 7. 2567 00

8. Special nonresident tax (Multiply line 6 by 2.25%). . . . . 8. 1005 00

9. Total Maryland tax on individual members (Add lines 7 and 8.) . . . . . 9. 3572 00

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. .

11. Distributive or pro rata share of income for nonresident entity members  
(Multiply line 4 by percentage on line 10.) . . . . . 11. 00

12. Nonresident entity tax (Multiply line 11 by 8.25%). . . . . 12. 00

13. Total nonresident tax (Add lines 9 and 12.) . . . . . 13. 3572 00

14. Distributable cash flow limitation from worksheet. See instructions. If worksheet used, check here ►  . . . . . ► 14. 00

15. Nonresident tax due (Enter the lesser of line 13 or line 14.) . . . . . 15. 3572 00

16a. Estimated PTE nonresident tax paid with Form 510/511D and MW506NRS . . . . . ►16a. 00

16b. PTE nonresident tax paid with an extension request (Form 510/511E) . . . . . ►16b. 00

16c. Credit for nonresident tax paid on behalf of the PTE by another  
PTE (Attach Schedule K-1 (510/511)) . . . . . ►16c. 00

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. 00

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. 00

16f. If amending, total payments made with original plus additional tax paid after original was filed . . . . . ►16f. 00

16g. Total payments and credits (Add lines 16a through 16f.) . . . . . ►16g. 00

17. Balance of tax due (If line 15 exceeds line 16g, enter the difference.) . . . . . ►17. 3572 00

18. Overpayment. (If line 16g exceeds line 15, enter the difference.) . . . . . ►18. 00

18a. If amending, prior overpayment. (Total all refunds previously issued.) . . . . . ►18a. 00

19. Interest and/or penalty from Form 500UP . . . . . or late payment interest . . . . . **TOTAL ►19.** 00

20. Total nonresident balance due (Add lines 15, 18a, and 19. Subtract line 16g.) Pay in full with this return . . . . . ►20. 3572 00

**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. 00

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. 00



245100220

**2024**

page 3

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)
<b>1. Receipts</b>	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	
				0 . 000000 ◀
Report this factor on line 4 unless you use a special apportionment formula or alternative apportionment formula.				
<b>2. Property</b>	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	
				0 . 000000 ◀
<b>3. Payroll</b>	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	
				0 . 000000 ◀
<b>4. Maryland apportionment factor</b>	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 CONSTRUCT 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	25205 CHIMNEY HOUSE CT	X		360536	0	
	CHRISTIAN E CARDENAS ROCCA	DAMASCUS MD 20872					
2	932924769	25205 CHIMNEY HOUSE CT	X		135063	0	
	MARIA DEL R VENTURA	DAMASCUS MD 20872					
3	806899080	6712 WHITE POST RD		X	44652	3572	
	MARCO P DA SILVA	CENTREVILLE VA 20121					
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
SUBTOTAL from additional Form 510 Schedule B for individual members							
						<b>TOTAL:</b>	<b>3572</b>

You must file  
Form 510  
electronically  
to pass on  
business tax  
credits from  
Form 500CR  
and/or  
Form 502S to  
your members.



**MARYLAND SCHEDULE K-1 PASS-THROUGH ENTITY MEMBER'S INFORMATION (510/511)**



24510K120

**2024**  
page 2

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**

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?	29b. _____	

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?	33b. _____	

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 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 PASS-THROUGH ENTITY MEMBER'S INFORMATION (510/511)**



24510K120

**2024**  
page 2

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?	29b. _____	

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?	33b. _____	

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**




24510K020

2024

OR FISCAL YEAR BEGINNING \_\_\_\_\_ 2024, ENDING \_\_\_\_\_

**INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)**

CAM CONSTRUCTION INC

PTE Name

884168009

PTE FEIN

25205 CHIMNEY HOUSE CT

Street Address

DAMASCUS

City

20872

State

ZIP Code

+4

**INFORMATION ABOUT THE MEMBER**

3 MARCO P DA SILVA

Member Number

Member Name

806899080

Member's SSN/FEIN

6712 WHITE POST RD

Street Address

CENTREVILLE

City

VA 20121

State

ZIP Code

+4

Resident?  Yes  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. <b>RESERVED</b>	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.	5.	3572	00

**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

**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 PASS-THROUGH ENTITY MEMBER'S INFORMATION (510/511)**



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**

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?	29b. _____	

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?	33b. _____	

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



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**


**State** **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	7 Listed property. Enter the amount from line 29 .....	7	
8	8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....	8	
9	9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8 .....	9	
10	10 Carryover of disallowed deduction from line 13 of your 2023 Form \$\$NAME .....	10	
11	11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions .....	11	
12	12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 .....	12	
13	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
<b>19a</b> 3-year property						
<b>b</b> 5-year property						
<b>c</b> 7-year property						
<b>d</b> 10-year property						
<b>e</b> 15-year property						
<b>f</b> 20-year property						
<b>g</b> 25-year property			25 yrs.		S/L	
<b>h</b> Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
<b>i</b> 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**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28 .....	21	67,837
22	<b>Total.</b> 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.

**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.)

<b>24a</b> Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>24b</b> 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
<b>25</b> 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 . . . . .						<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use:								
See ST DEPR Sc		%	126,747		5			
		%			5			
		%			5			
<b>27</b> Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
		%				S/L-		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .						<b>28</b>	67,837	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .						<b>29</b>		

**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.

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<b>Yes</b>	<b>No</b>
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> 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
<b>42</b> Amortization of costs that begins during your 2024 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2024 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

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	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	

Form **1096**Department of the Treasury  
Internal Revenue Service**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

Name of person to contact  
CHRISTIAN CARDENASTelephone number  
(240) 380-4007

Email address

Fax number

**For Official Use Only**

--	--	--	--	--	--	--	--	--

<b>1</b> Employer identification number 8841680009	<b>2</b> Social security number	<b>3</b> Total number of forms 20	<b>4</b> Federal income tax withheld \$	<b>5</b> 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"/>	<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](http://www.irs.gov/Form1096).

**Reminder.** You may be required to electronically file (e-file) information returns. Go to [www.irs.gov/infotreturn](http://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

1 Nonemployee compensation  \$ <b>9300.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**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](http://www.irs.gov/Form1099NEC).

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

RECIPIENT'S TIN  
**XXX-XX-4934**

Account Number (see instructions)

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**ARMIRIS PORTILLO**  
**70607 SWEEPSTAKES RD**  
**DAMASCUS, MD 20872**

5 State tax withheld - line 1  
  
\$ **9300.00**

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**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.

**ARMIRIS PORTILLO**  
**70607 SWEEPSTAKES RD**  
**DAMASCUS, MD 20872**

1 Nonemployee compensation  
  
\$ **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**

1 Nonemployee compensation  
  
\$ **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  
**XXX-XX-4934**

Account number (see instructions)

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**ARMIRIS PORTILLO**  
**70607 SWEEPSTAKES RD**  
**DAMASCUS, MD 20872**

5 State tax withheld - line 1  
  
\$ **9300.00**

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

1 Nonemployee compensation  
  
\$ **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**

5 State tax withheld - line 1  
  
\$ **9300.00**

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**ARMIRIS PORTILLO**  
**70607 SWEEPSTAKES RD**  
**DAMASCUS, MD 20872**

5 State tax withheld - line 1  
  
\$ **9300.00**

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

To be filed with recipient's state income tax return, when required.

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>42910.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  <b>XXX-XX-0165</b>	Account Number (see instructions)
---	-----------------------------------

CORRECTED

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	6 State/Payer's state no. - line 2  6
---	---

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.

1 Nonemployee compensation  \$ <b>42910.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  <b>XXX-XX-0165</b>	Account number (see instructions)
---	-----------------------------------

CORRECTED

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	6 State/Payer's state no. - line 2  6
---	---

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.

**Instructions for Recipient**

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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.

**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](http://www.irs.gov/Form1099NEC).

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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  \$ <b>42910.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$

1 Nonemployee compensation  \$ <b>42910.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$

1 Nonemployee compensation  \$ <b>42910.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$

PAYER'S TIN

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  <b>XXX-XX-0165</b>	Account number (see instructions)
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RECIPIENT'S TIN  <b>XXX-XX-0165</b>	Account number (see instructions)
---	-----------------------------------

RECIPIENT'S TIN  <b>XXX-XX-0165</b>	Account number (see instructions)
---	-----------------------------------

CORRECTED

RECIPIENT'S name, street address, city, state, and ZIP code

CORRECTED

RECIPIENT'S name, street address, city, state, and ZIP code

CORRECTED

RECIPIENT'S name, street address, city, state, and ZIP code

**BRYAN I CAMPOS CASTRO**  
**10401 MAYNARD CT**  
**DAMASCUS, MD 20872**

**BRYAN I CAMPOS CASTRO**  
**10401 MAYNARD CT**  
**DAMASCUS, MD 20872**

**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	6 State/Payer's state no. - line 2  6
---	---

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.

5 State tax withheld - line 1  \$	5 State tax withheld - line 2  \$
---	---

6 State/Payer's state no. - line 1  6	6 State/Payer's state no. - line 2  6
---	---

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  \$ <b>3380.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**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](http://www.irs.gov/Form1099NEC).

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

RECIPIENT'S TIN <b>XXX-XX-9622</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**DANIELLE VALENZUELA**  
**907 HOLLYWOOD AVE**  
**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  \$ <b>3380.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>3380.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-9622**

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>3380.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-9622**

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>16050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3105**

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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  \$ <b>16050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3105**

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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

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

1 Nonemployee compensation  \$ <b>16050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3105**

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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>750.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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****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.

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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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RECIPIENT'S TIN <b>XXX-XX-5315</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

CORRECTED 

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**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

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

**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  \$ <b>750.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>750.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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 **XXX-XX-5315** Account number (see instructions)

CORRECTED 

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>750.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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 **XXX-XX-5315** Account number (see instructions)

CORRECTED 

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation <b>\$ 15150.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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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**Boxes 5-7**. State income tax withheld reporting boxes.

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RECIPIENT'S TIN  
**XXX-XX-3469**

Account Number (see instructions)

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code  
**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE AVE APT B21**  
**ALEXANDRIA, VA 22305**

**COPY B**

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1 Nonemployee compensation <b>\$ 15150.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation <b>\$ 15150.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3469**

Account number (see instructions)

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE AVE APT B21**  
**ALEXANDRIA, VA 22305**

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation <b>\$ 15150.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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PAYER'S TIN  
**8841680009**

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

**(240) 380-4007**

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**

**3809 EXECUTIVE AVE APT B21**

**ALEXANDRIA, VA 22305**

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation**  
**1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>10050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-4772**

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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  \$ <b>10050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-4772**

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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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**EDUARDO YBANEZ**  
**947 CLOPPER APT B4**  
**GAITHERSBURG, MD 20878**

1 Nonemployee compensation  \$ <b>10050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	1 Nonemployee compensation  \$ <b>10050.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$	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  
**XXX-XX-4772**

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  \$	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	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  \$	7 State income - line 1  \$	7 State income - line 2  \$

**Nonemployee Compensation** **1099-NEC**  
**2023**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>35190.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-0735**

**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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  \$ <b>35190.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-0735**

**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**  
OMB No. 1545-0116

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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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**EDWIN A MELENDEZ FLORES**  
**1501 HAMOSHIRE W CT**  
**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  \$ <b>35190.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>35190.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>35190.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-0735**

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN  
**XXX-XX-0735**

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>6600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  <b>XXX-XX-9657</b>	Account Number (see instructions)
---	-----------------------------------

CORRECTED

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**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

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.

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**ELSER ROBINSON LEMUS**  
**25106 OAK DRIVE**  
**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  \$ <b>6600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  <b>XXX-XX-9657</b>	Account number (see instructions)
---	-----------------------------------

CORRECTED

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>6600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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

**XXX-XX-9657**

RECIPIENT'S name, street address, city, state, ZIP code, and telephone no.

**ELSER ROBINSON LEMUS**  
**25106 OAK DRIVE**  
**DAMASCUS, MD 20872**

CORRECTED 

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

PAYER'S TIN

**XXX-XX-9657**

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**

CORRECTED

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

PAYER'S TIN

**XXX-XX-9657**

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**

CORRECTED

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

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<b>Account number</b> . May show an account or other unique number the payer assigned to distinguish your account.	
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<b>Box 3.</b> Reserved for future use.	
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<b>Boxes 5-7.</b> State income tax withheld reporting boxes.	
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<b>Free File Program.</b> Go to <a href="http://www.irs.gov/FreeFile">www.irs.gov/FreeFile</a> to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.	
<b>HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904</b>	
<b>COPY B</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  \$ <b>2000.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-4095</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>HILDA R SILVA QUINTANA 1102 DOWNS DR SILVER SPRING, MD 20904</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> OMB No. 1545-0116 To be filed with recipient's state income tax return, when required.	

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

1 Nonemployee compensation  \$ <b>2250.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**Instructions for Recipient**

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RECIPIENT'S TIN  
**XXX-XX-4751**

Account Number (see instructions)

**CORRECTED**

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  
  
\$ **2250.00**

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**ISAAC HERRERAIS**  
**947 CLOPPER APT B4**  
**GAITHERSBURG, MD 20878**

**COPY B**

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1 Nonemployee compensation  
  
\$ **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  
**XXX-XX-4751**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  
  
\$ **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  
**XXX-XX-4751**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  
  
\$ **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  
**XXX-XX-4751**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ 4800.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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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**Boxes 5-7**. State income tax withheld reporting boxes.

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RECIPIENT'S TIN <b>XXX-XX-6091</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**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  \$ 4800.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ 4800.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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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3	4 Federal income tax withheld  \$

PAYER'S TIN  
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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 <b>XXX-XX-6091</b>	Account number (see instructions)
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**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN <b>XXX-XX-6091</b>	Account number (see instructions)
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**SILVER SPRING, MD 20903**

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  \$
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**Nonemployee Compensation** **1099-NEC**  
**2023**  
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6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
------------------------------------	------------------------------------

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-----------------------------------	-----------------------------------

**Nonemployee Compensation** **1099-NEC**  
**2023**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>34500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**  
  
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RECIPIENT'S TIN <b>XXX-XX-2039</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**LUIS A ORTIZ VERA**  
**13117 VANDALIA DR**  
**ROCKVILLE, MD 20853**

**COPY B**

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1 Nonemployee compensation  \$ <b>34500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>34500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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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**25205 CHIMNEY HOUSE CT**  
**DAMASCUS, MD 20872**

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3	4 Federal income tax withheld  \$

PAYER'S TIN  
**8841680009**

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**25205 CHIMNEY HOUSE CT**  
**DAMASCUS, MD 20872**

**(240) 380-4007**

RECIPIENT'S TIN <b>XXX-XX-2039</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

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**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN <b>XXX-XX-2039</b>	Account number (see instructions)
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**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**  
OMB No. 1545-0116

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**ROCKVILLE, MD 20853**

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---	---

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------------------------------------	------------------------------------

7 State income - line 1  \$	7 State income - line 2  \$
-----------------------------------	-----------------------------------

**Nonemployee Compensation** **1099-NEC**  
**2023**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation \$	6348.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3		4 Federal income tax withheld \$
PAYER'S TIN <b>8841680009</b>		
PAYER'S name, street address, city, state, ZIP code, and telephone no.		
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>		
<b>(240) 380-4007</b>		
RECIPIENT'S TIN <b>XXX-XX-2653</b>		Account Number (see instructions)
CORRECTED <input type="checkbox"/>		
RECIPIENT'S name, street address, city, state, and ZIP code		
<b>JOSE R HERNANDEZ AMAYA</b> <b>1053 TRAVIS LANE</b> <b>GAITHERSBURG, MD 20879</b>		
5 State tax withheld - line 1 \$	6 State/Payer's state no. - line 1	5 State tax withheld - line 2 \$
7 State income - line 1 \$		6 State/Payer's state no. - line 2
7 State income - line 1 \$		7 State income - line 2 \$
<b>Nonemployee Compensation</b> <b>Copy B - For Recipient</b>		<b>1099-NEC</b> <b>2023</b> <small>OMB No. 1545-0116</small>
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**JOSE R HERNANDEZ AMAYA  
1053 TRAVIS LANE  
GAIITHERSBURG, MD 20879**

**COPY B**

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1 Nonemployee compensation \$	6348.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>
3		4 Federal income tax withheld \$
PAYER'S TIN <b>8841680009</b>		
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>		
(240) 380-4007		
RECIPIENT'S TIN <b>XXX-XX-2653</b>		
Account number (see instructions)		
CORRECTED RECIPIENT'S name, street address, city, state, and ZIP code <b>JOSE R HERNANDEZ AMAYA</b> <b>1053 TRAVIS LANE</b> <b>GAITHERSBURG, MD 20879</b>		
5 State tax withheld - line 1 \$	6 State/Payer's state no. - line 1	5 State tax withheld - line 2 \$
7 State income - line 1 \$		6 State/Payer's state no. - line 2
<b>Nonemployee Compensation</b> <b>Copy 2</b> <div style="text-align: right;"><b>1099-NEC 2023</b></div> <div style="text-align: right;">OMB No. 1545-0116</div>		

1 Nonemployee compensation \$	6348.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale \$	<input checked="" type="checkbox"/>
3		4 Federal income tax withheld \$	<input type="checkbox"/>
PAYER'S TIN <b>8841680009</b>		PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>	
<b>(240) 380-4007</b>			
RECIPIENT'S TIN <b>XXX-XX-2653</b>		Account number (see instructions)	
RECIPIENT'S name, street address, city, state, and ZIP code <b>JOSE R HERNANDEZ AMAYA</b> <b>1053 TRAVIS LANE</b> <b>GAITHERSBURG, MD 20879</b>			
CORRECTED 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 \$	
<b>Nonemployee Compensation Copy 2</b>		<b>1099-NEC 2023</b> OMB No. 1545-01	

1 Nonemployee compensation \$ <b>6348.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3 PAYER'S TIN <b>8841680009</b>	4 Federal income tax withheld \$
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b> <b>(240) 380-4007</b>	
RECIPIENT'S TIN <b>XXX-XX-2653</b>	Account number (see instructions)
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code <b>JOSE R HERNANDEZ AMAYA</b> <b>1053 TRAVIS LANE</b> <b>GAITHERSBURG, MD 20879</b>	
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 \$
<b>Nonemployee Compensation Copy 2</b> <div style="text-align: right;"><b>1099-NEC 2023</b> OMB No. 1545-0116</div>	

1 Nonemployee compensation  \$ <b>2990.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-4154**

CORRECTED   
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**  
OMB No. 1545-0116

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PAYER'S TIN  
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RECIPIENT'S TIN  
**XXX-XX-4154**

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

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**3809 EXECUTIVE APT B21**  
**ALEXANDRIA, VA 22305**

5 State tax withheld - line 1  \$	5 State tax withheld - line 2  \$
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**2023**  
OMB No. 1545-0116

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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  \$ <b>2990.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>2990.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>2990.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>2990.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$

PAYER'S TIN  
**8841680009**

CORRECTED   
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**  
OMB No. 1545-0116

CORRECTED   
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**  
OMB No. 1545-0116

CORRECTED   
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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>40980.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**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](http://www.irs.gov/Form1099NEC).

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RECIPIENT'S TIN  
**XXX-XX-7065**

Account Number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**SAUL OCHOA PINEDA**  
**1053 TRAVIS LANE**  
**GAITHERSBURG, 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  \$ <b>40980.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>40980.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>40980.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-7065**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN  
**XXX-XX-7065**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN  
**XXX-XX-7065**

Account number (see instructions)

**CORRECTED**

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>43580.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  <b>XXX-XX-2990</b>	Account Number (see instructions)
---	-----------------------------------

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$**Nonemployee Compensation  
1099-NEC  
2023**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  
  
\$ **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  <b>XXX-XX-2990</b>	Account number (see instructions)
---	-----------------------------------

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$**Nonemployee Compensation  
1099-NEC  
2023**

OMB No. 1545-0116

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**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**

**COPY B**

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1 Nonemployee compensation  \$ <b>43580.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
  
**XXX-XX-2990**

Account number (see instructions)

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**

5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation  
1099-NEC  
2023**

OMB No. 1545-0116

1 Nonemployee compensation  
  
\$ **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  <b>XXX-XX-2990</b>	Account number (see instructions)
---	-----------------------------------

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$**Nonemployee Compensation  
1099-NEC  
2023**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>43580.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
  
**XXX-XX-2990**

Account number (see instructions)

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**SEBASTIAN MENDEZ  
25106 OAK DR  
DAMASCUS, MD 20872**

5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation  
1099-NEC  
2023**

OMB No. 1545-0116

1 Nonemployee compensation  \$ <b>9282.09</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-8313</b>	
Account Number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>WALTER CAMPOS</b> <b>10401 MAYNARD CT</b> <b>DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> <b>Copy B - For Recipient</b> <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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<b>WALTER CAMPOS</b> <b>10401 MAYNARD CT</b> <b>DAMASCUS, MD 20872</b>	

1 Nonemployee compensation  \$ <b>9282.09</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-8313</b>	
Account number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>WALTER CAMPOS</b> <b>10401 MAYNARD CT</b> <b>DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	
To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation  \$ <b>9282.09</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-8313</b>	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>WALTER CAMPOS</b> <b>10401 MAYNARD CT</b> <b>DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	
To be filed with recipient's state income tax return, when required.	

1 Nonemployee compensation  \$ <b>4300.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-4568</b>	
Account Number (see instructions)	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> OMB No. 1545-0116	
This is important tax information and is being furnished to the Internal Revenue Service.	

<b>Instructions for Recipient</b> 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.	<b>Note:</b> 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.
<b>Box 2.</b> 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).	<b>Box 3.</b> Reserved for future use.
<b>Box 4.</b> 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.	<b>Future developments.</b> For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to <a href="http://www.irs.gov/Form1099NEC">www.irs.gov/Form1099NEC</a> .
<b>Free File Program.</b> Go to <a href="http://www.irs.gov/FreeFile">www.irs.gov/FreeFile</a> to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.	<b>Boxes 5-7.</b> State income tax withheld reporting boxes.
<b>WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879</b>	
<b>COPY B</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  \$ <b>4300.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>8841680009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-4568</b>	
Account number (see instructions)	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>WILSON E OCHOA 1053 TRAVIS LN BOWIE, MD 20879</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2023</b> OMB No. 1545-0116	
To be filed with recipient's state income tax return, when required.	

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

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

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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.

**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](http://www.irs.gov/Form1099NEC).

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

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

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

Form **1096**Department of the Treasury  
Internal Revenue Service**Annual Summary and Transmittal of  
U.S. Information Returns**

OMB No. 1545-0108

**2024**

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

Name of person to contact  
CHRISTIAN CARDENASTelephone number  
(240) 380-4007

Email address

Fax number

**For Official Use Only**

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<b>1</b> Employer identification number 84-4168009	<b>2</b> Social security number	<b>3</b> Total number of forms 28	<b>4</b> Federal income tax withheld \$	<b>5</b> Total amount reported with this Form 1096 506153.62
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**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"/>	<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](http://www.irs.gov/Form1096).

**Reminder.** You may be required to electronically file (e-file) information returns. Go to [www.irs.gov/infotreturn](http://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 <b>\$ 19950.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b> <b>(240) 380-4007</b>	
RECIPIENT'S TIN <b>XXX-XX-9856</b>	
Account Number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>AMILCAR A RIVERA</b> <b>8510 BONNY DR</b> <b>DISTRICT HEIGHTS, MD 20747</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy B - For Recipient</b> <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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 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).

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

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**AMILCAR A RIVERA**  
**8510 BONNY DR**  
**DISTRICT HEIGHTS, MD 20747**

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

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

1 Nonemployee compensation  \$ <b>48383.12</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

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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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RECIPIENT'S TIN <b>XXX-XX-0165</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**BRYAN I CAMPOS CASTRO**  
**10401 MAYNARD CT**  
**DAMASCUS, MD 20872**

**COPY B**

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1 Nonemployee compensation  \$ <b>48383.12</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>48383.12</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>48383.12</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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 <b>XXX-XX-0165</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN <b>XXX-XX-0165</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN <b>XXX-XX-0165</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>37867.50</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3469**

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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**  
**2024**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  \$ <b>37867.50</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3469**

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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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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**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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  \$ <b>37867.50</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3469**

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>37867.50</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3469**

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code

**EDGAR N DUBON MADRID**  
**3809 EXECUTIVE 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**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>38360.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

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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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RECIPIENT'S TIN  
**XXX-XX-0735**

Account Number (see instructions)

**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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**EDWIN A MELENDEZ FLORES**  
**1501 HAMOSHIRE W CT**  
**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  \$ <b>38360.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>38360.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-0735**

Account number (see instructions)

**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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>38360.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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

**XXX-XX-0735**

Account number (see instructions)

**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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

5 State tax withheld - line 1  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

<b>Instructions for Recipient</b> <p>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.</p> <p>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.</p> <p>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)).</p>	
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<b>Account number</b> . May show an account or other unique number the payer assigned to distinguish your account.	
<b>Box 1.</b> 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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<b>HILDA R SILVA QUINTANA</b> <b>1102 DOWNS DR</b> <b>SILVER SPRING, MD 20904</b>	

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

1 Nonemployee compensation  \$ <b>6500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-4095</b>	
Account number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>HILDA R SILVA QUINTANA</b> <b>1102 DOWNS DR</b> <b>SILVER SPRING, MD 20904</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	
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**JERSON 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 \$	50980.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale □		
3		4 Federal income tax withheld \$		
PAYER'S TIN <b>84-4168009</b>				
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RECIPIENT'S TIN <b>XXX-XX-6091</b></td> <td style="width: 50%;">Account number (see instructions)</td> </tr> </table>			RECIPIENT'S TIN <b>XXX-XX-6091</b>	Account number (see instructions)
RECIPIENT'S TIN <b>XXX-XX-6091</b>	Account number (see instructions)			
RECIPIENT'S name, street address, city, state, and ZIP code <b>JERSON A FLORES PEREZ</b> <b>638 BEACON RD</b> <b>SILVER SPRING, MD 20903</b>		CORRECTED □		
5 State tax withheld - line 1 \$	6 State/Payer's state no. - line 1	5 State tax withheld - line 2 \$		
7 State income - line 1 \$		6 State/Payer's state no. - line 2		
7 State income - line 2 \$				
<b>Nonemployee Compensation</b> Copy 2		<b>1099-NEC</b> <b>2024</b> OMB No. 1545-0116		

1 Nonemployee compensation \$	50980.00	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale \$
3		4 Federal income tax withheld \$
PAYER'S TIN <b>84-4168009</b>		
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>		
<b>(240) 380-4007</b>		
RECIPIENT'S TIN <b>XXX-XX-6091</b>		Account number (see instructions)
RECIPIENT'S name, street address, city, state, and ZIP code <b>JERSON A FLORES PEREZ</b> <b>638 BEACON RD</b> <b>SILVER SPRING, MD 20903</b>		
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 \$
<b>Nonemployee Compensation Copy 2</b>		<b>1099-NE 2024</b> OMB No. 1545-01

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

1 Nonemployee compensation <b>\$ 20570.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**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.

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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.

**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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RECIPIENT'S TIN  
**XXX-XX-4154**

Account Number (see instructions)

**CORRECTED**

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**

OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**ROSMIN A DUBON AGUILAR**  
**3809 EXECUTIVE APT B21**  
**ALEXANDRIA, VA 22305**

**COPY B**

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1 Nonemployee compensation <b>\$ 20570.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation <b>\$ 20570.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-4154**

Account number (see instructions)

**CORRECTED**

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
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**

OMB No. 1545-0116

1 Nonemployee compensation <b>\$ 20570.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-4154**

Account number (see instructions)

**CORRECTED**

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**

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

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

1 Nonemployee compensation  \$ <b>39100.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-2990**

Account Number (see instructions)

**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**  
**2024**  
Copy B - For Recipient

OMB No. 1545-0116

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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  
**XXX-XX-2990**

Account number (see instructions)

**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
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**Nonemployee Compensation** **1099-NEC**  
**2024**  
Copy 2

OMB No. 1545-0116

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1 Nonemployee compensation  \$ <b>39100.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>	1 Nonemployee compensation  \$ <b>39100.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$	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 <b>XXX-XX-2990</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

**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**  
**2024**  
Copy 2

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

RECIPIENT'S TIN <b>XXX-XX-2990</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

**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**  
**2024**  
Copy 2

OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

<b>Instructions for Recipient</b> <p>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.</p> <p>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.</p> <p>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)).</p>	
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<b>Account number</b> . May show an account or other unique number the payer assigned to distinguish your account.	
<b>Box 1.</b> 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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<b>Boxes 5-7.</b> State income tax withheld reporting boxes.	
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<b>Free File Program.</b> Go to <a href="http://www.irs.gov/FreeFile">www.irs.gov/FreeFile</a> to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.	
<b>WALTER CAMPOS</b> <b>10401 MAYNARD CT</b> <b>DAMASCUS, MD 20872</b>	

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

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

1 Nonemployee compensation  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

**Instructions for Recipient**

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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.

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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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RECIPIENT'S TIN  
**XXX-XX-5081**

Account Number (see instructions)

CORRECTED

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**ANA ALCANTARA**  
**4227 BLAINE ST NE**  
**WASHINGTON, DC 20019**

**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  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-5081**

Account number (see instructions)

CORRECTED

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

RECIPIENT'S TIN  
**XXX-XX-5081**

Account number (see instructions)

CORRECTED

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  
  
\$

6 State/Payer's state no. - line 1  
  
6 State/Payer's state no. - line 2

7 State income - line 1  
  
\$

**Nonemployee Compensation**  
**1099-NEC**  
**2024**  
OMB No. 1545-0116

1 Nonemployee compensation  \$ <b>11130.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation <b>\$ 12600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b> <b>(240) 380-4007</b>	
RECIPIENT'S TIN <b>XXX-XX-6961</b>	
Account Number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>ANTHONY A CAYCHO MORALES</b> <b>18959 GROTTO LN</b> <b>GERMANTOWN, MD 20874</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy B - For Recipient</b> <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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<b>ANTHONY A CAYCHO MORALES</b> <b>18959 GROTTO LN</b> <b>GERMANTOWN, MD 20874</b>	

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

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

1 Nonemployee compensation  \$ <b>23220.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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

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RECIPIENT'S TIN <b>XXX-XX-2365</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

CORRECTED

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 B - For Recipient  
OMB No. 1545-0116

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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  \$ <b>23220.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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

1 Nonemployee compensation  \$ <b>23220.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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 <b>XXX-XX-2365</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

CORRECTED

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  \$ <b>23220.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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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 <b>XXX-XX-2365</b>	Account number (see instructions)
---------------------------------------	-----------------------------------

CORRECTED

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.

**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.

**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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**BLANCA M RODRIGUEZ PADILLA**

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

1 Nonemployee compensation \$ <b>10580.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>		
3 <b>84-4168009</b>	4 Federal income tax withheld \$		
PAYER'S TIN			
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RECIPIENT'S TIN <b>XXX-XX-2711</b></td> <td style="width: 50%;">Account number (see instructions)</td> </tr> </table>		RECIPIENT'S TIN <b>XXX-XX-2711</b>	Account number (see instructions)
RECIPIENT'S TIN <b>XXX-XX-2711</b>	Account number (see instructions)		
CORRECTED <input checked="" type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code <b>BLANCA M RODRIGUEZ PADILLA</b>			
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 \$		
<b>Nonemployee Compensation</b> <b>Copy 2</b>			
<b>1099-NEC</b> <b>2024</b> <small>OMB No. 1545-0111</small>			

1 Nonemployee compensation \$ <b>10580.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input checked="" type="checkbox"/>		
3 PAYER'S TIN <b>84-4168009</b>	4 Federal income tax withheld \$		
PAYER'S name, street address, city, state, ZIP code, and telephone no. <b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">RECIPIENT'S TIN <b>XXX-XX-2711</b></td> <td style="width: 50%;">Account number (see instructions)</td> </tr> </table>		RECIPIENT'S TIN <b>XXX-XX-2711</b>	Account number (see instructions)
RECIPIENT'S TIN <b>XXX-XX-2711</b>	Account number (see instructions)		
CORRECTED <input checked="" type="checkbox"/>			
RECIPIENT'S name, street address, city, state, and ZIP code <b>BLANCA M RODRIGUEZ PADILLA</b>			
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 \$		
<b>Nonemployee Compensation</b> <b>Copy 2</b>			
<b>1099-NEC</b> <b>2024</b> <small>OMB No. 1545-0116</small>			

1 Nonemployee compensation  \$ <b>1600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-6347</b>	
Account Number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>CHARLES F PEARSON</b> <b>10745 WAYFARER RD</b> <b>GERMANTOWN, MD 20876</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy B - For Recipient</b> <small>OMB No. 1545-0116</small> <small>This is important tax information and is being furnished to the Internal Revenue Service.</small>	

<b>Instructions for Recipient</b> <p>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.</p> <p>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.</p> <p>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)).</p>	
<b>Recipient's taxpayer identification number (TIN)</b> . 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.	
<b>Account number</b> . May show an account or other unique number the payer assigned to distinguish your account.	
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<b>Box 3.</b> Reserved for future use.	
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<b>CHARLES F PEARSON</b> <b>10745 WAYFARER RD</b> <b>GERMANTOWN, MD 20876</b>	

1 Nonemployee compensation  \$ <b>1600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-6347</b>	
Account number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>CHARLES F PEARSON</b> <b>10745 WAYFARER RD</b> <b>GERMANTOWN, MD 20876</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	
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1 Nonemployee compensation  \$ <b>1600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
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RECIPIENT'S TIN  <b>XXX-XX-6347</b>	
Account number (see instructions)	
CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code	
<b>CHARLES F PEARSON</b> <b>10745 WAYFARER RD</b> <b>GERMANTOWN, MD 20876</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	
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1 Nonemployee compensation  \$ <b>6075.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-2163</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>ENGELSH J ANTEQUERA GARCIA 10401 MAYNARD CT DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> 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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<b>ENGELSH J ANTEQUERA GARCIA 10401 MAYNARD CT DAMASCUS, MD 20872</b>	
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1 Nonemployee compensation  \$ <b>6075.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-2163</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>ENGELSH J ANTEQUERA GARCIA 10401 MAYNARD CT DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

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1 Nonemployee compensation  \$ <b>6075.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-2163</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>ENGELSH J ANTEQUERA GARCIA 10401 MAYNARD CT DAMASCUS, MD 20872</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code  
  
**ENGELSH J ANTEQUERA GARCIA  
10401 MAYNARD CT  
DAMASCUS, MD 20872**

To be filed with recipient's state income tax return, when required.

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

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

1 Nonemployee compensation  \$ <b>9720.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-3836</b>	
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5 State tax withheld - line 1  \$	5 State tax withheld - line 2  \$
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<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

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

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

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

1 Nonemployee compensation  <b>\$ 19500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-5922</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> 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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<b>JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305</b>	
---	--

**COPY B**  
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1 Nonemployee compensation  <b>\$ 19500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-5922</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  <b>\$ 19500.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-5922</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>JEAN C FLORES ESCOTO 3834 FLORENCE DR ALEXANDRIA, VA 22305</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

CORRECTED   
RECIPIENT'S name, street address, city, state, and ZIP code  
  
**JEAN C FLORES ESCOTO  
3834 FLORENCE DR  
ALEXANDRIA, VA 22305**

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation <b>\$ 17475.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

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RECIPIENT'S TIN  
**XXX-XX-6481**

Account Number (see instructions)

**RECIPIENT'S name, street address, city, state, and ZIP code**

**JOSE A ANGULO MIRANDA**  
**2947 MARSALA CT**  
**WOODBRIDGE, VA 22192**

**CORRECTED**

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation** **1099-NEC**  
**2024**  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

**JOSE A ANGULO MIRANDA**  
**2947 MARSALA CT**  
**WOODBRIDGE, VA 22192**

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1 Nonemployee compensation <b>\$ 17475.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

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**XXX-XX-6481**

Account number (see instructions)

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RECIPIENT'S name, street address, city, state, and ZIP code

**JOSE A ANGULO MIRANDA**  
**2947 MARSALA CT**  
**WOODBRIDGE, VA 22192**

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation** **1099-NEC**  
**2024**  
OMB No. 1545-0116

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PAYER'S TIN  
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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  
**XXX-XX-6481**

Account number (see instructions)

**CORRECTED**

RECIPIENT'S name, street address, city, state, and ZIP code

**JOSE A ANGULO MIRANDA**  
**2947 MARSALA CT**  
**WOODBRIDGE, VA 22192**

5 State tax withheld - line 1 <b>\$</b>	5 State tax withheld - line 2 <b>\$</b>
6 State/Payer's state no. - line 1	6 State/Payer's state no. - line 2
7 State income - line 1 <b>\$</b>	7 State income - line 2 <b>\$</b>

**Nonemployee Compensation** **1099-NEC**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>8120.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

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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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RECIPIENT'S TIN <b>XXX-XX-3683</b>	Account Number (see instructions)
---------------------------------------	-----------------------------------

**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**  
OMB No. 1545-0116

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**JOSE E LOPEZ MORENO**  
**1501 HAMPSHIRE WEST COURT**  
**SILVER SPRING, MD 20903**

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1 Nonemployee compensation  \$ <b>8120.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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**

1 Nonemployee compensation  \$ <b>8120.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3683**

**RECORDED**

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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>8120.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-3683**

**RECORDED**

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**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>4650.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-2479**

CORRECTED   
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  
\$ **4650.00**

5 State tax withheld - line 2  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
\$

**Nonemployee Compensation** **1099-NEC**  
**2024**  
Copy B - For Recipient  
OMB No. 1545-0116

This is important tax information and is being furnished to the Internal Revenue Service.

1 Nonemployee compensation  
  
\$ **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.

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\$

**Nonemployee Compensation** **1099-NEC**  
**2024**  
Copy 2  
OMB No. 1545-0116

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3

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\$

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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**

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

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\$ **4650.00**

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7 State income - line 1  
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**Nonemployee Compensation** **1099-NEC**  
**2024**  
Copy 2  
OMB No. 1545-0116

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**Nonemployee Compensation** **1099-NEC**  
**2024**  
Copy 2  
OMB No. 1545-0116

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**WASHINGTON, DC 20009**

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7 State income - line 1  
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**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  \$ <b>1600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code  <b>KEVIN J FLORES ESCOTO</b> <b>3834 FLORENCE DR</b> <b>ALEXANDRIA, VA 22305</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy B - For Recipient</b> <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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<b>Recipient's taxpayer identification number (TIN)</b> . 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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<b>Box 1.</b> 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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<b>KEVIN J FLORES ESCOTO</b> <b>3834 FLORENCE DR</b> <b>ALEXANDRIA, VA 22305</b>	

1 Nonemployee compensation  \$ <b>1600.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.	
<b>CAM CONSTRUCTION, INC</b> <b>25205 CHIMNEY HOUSE CT</b> <b>DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code  <b>KEVIN J FLORES ESCOTO</b> <b>3834 FLORENCE DR</b> <b>ALEXANDRIA, VA 22305</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small>	

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

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CORRECTED

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  
  
\$

6 State/Payer's state no. - line 1

7 State income - line 1  
  
\$

**Nonemployee Compensation** **1099-NEC**  
**2024**  
**Copy 2**  
OMB No. 1545-0116

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1 Nonemployee compensation  \$ <b>28440.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code  <b>LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> 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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PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872  (240) 380-4007</b>	
RECIPIENT'S TIN  CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code  <b>LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	
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RECIPIENT'S TIN  CORRECTED <input type="checkbox"/>	
RECIPIENT'S name, street address, city, state, and ZIP code  <b>LUIS VERA 13117 VANDALIA DR ROCKVILLE, MD 20853</b>	
5 State tax withheld - line 1  \$	5 State tax withheld - line 2  \$
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<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	
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1 Nonemployee compensation  \$ <b>6000.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-9080</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>MARCO P DA SILVA 6712 WHITE POST RD CENTREVILLE, VA 20121</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> 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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<b>MARCO P DA SILVA 6712 WHITE POST RD CENTREVILLE, VA 20121</b>	
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PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-9080</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>MARCO P DA SILVA 6712 WHITE POST RD CENTREVILLE, VA 20121</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

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3	4 Federal income tax withheld  \$
PAYER'S TIN  <b>84-4168009</b>	
PAYER'S name, street address, city, state, ZIP code, and telephone no.  <b>CAM CONSTRUCTION, INC 25205 CHIMNEY HOUSE CT DAMASCUS, MD 20872</b>  <b>(240) 380-4007</b>	
RECIPIENT'S TIN  <b>XXX-XX-9080</b>	
CORRECTED <input type="checkbox"/> RECIPIENT'S name, street address, city, state, and ZIP code  <b>MARCO P DA SILVA 6712 WHITE POST RD CENTREVILLE, VA 20121</b>	
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  \$
<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> Copy 2 OMB No. 1545-0116	

To be filed with recipient's state income tax return, when required.

1 Nonemployee compensation  \$ <b>720.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-2949**

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**  
**2024**  
OMB No. 1545-0116

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**84-4168009**

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**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**  
**2024**  
OMB No. 1545-0116

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

1 Nonemployee compensation  \$ <b>720.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
3	4 Federal income tax withheld  \$

PAYER'S TIN  
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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**

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**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**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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**1301 S SCOTT ST APT 819**  
**ARLINGTON, VA 22204**

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7 State income - line 1  \$	7 State income - line 2  \$

**Nonemployee Compensation** **1099-NEC**  
**2024**  
OMB No. 1545-0116

To be filed with recipient's state income tax return, when required.

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

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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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<b>Nonemployee Compensation</b> <b>1099-NEC</b> <b>2024</b> <b>Copy 2</b> <small>OMB No. 1545-0116</small> <small>To be filed with recipient's state income tax return, when required.</small>	

1 Nonemployee compensation  \$ <b>6720.00</b>	2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>
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  
**XXX-XX-6908**

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**  
**2024**  
Copy B - For Recipient  
OMB No. 1545-0116

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**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
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**Nonemployee Compensation** **1099-NEC**  
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Copy 2  
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