△ 5 % → …

← Responder 🗸 🛍 Eliminar 🚫 No deseado 🛮 Bloquear

Contestación demanda y Excepción Previa Exp. 2021-00672

FELIPE RINCON SALGADO <feliperin@gmail.com>

Mar 23/11/2021 8:07
Para: Juzgado 22 Familia - Bogotá - Bogotá D.C.; heramo2010@gmail.com

MARIA ELENA DUFFO C...

11 MB

CONTESTACION DEMAN...

8 MB

2 archivos adjuntos (18 MB) — Descargar todo — Guardar todo en OneDrive - Consejo Superior de la Judicatura

Respetuoso saludo. En mi condición de Apoderado de la demandada María Elena Duffó Castillo, anexo contestación a la demanda y excepción previa, para el siguiente proceso:

Divorcio Contencioso 2021-00672 Demandante: Jorge Orlando Mogollón Rodríguez Demandada: María Elena Duffó Castillo.

Se anexan a la presente comunicación 52 folios en PDF y para dar cumplimiento al artículo 79 del C.G.P. se remite la misma al Abogado de la parte Actora, dr. Hernán Ramírez Moreno.

Felipe Rincón Salgado C.C. 80.410.388 T.P. 71.687

E-mail : <u>feliperin@gmail.com</u> Celular: 313 430 74 18

Responder Responder a todos Reenviar



FELIPE RINCON SALGADO Abogado feliperin@gmail.com 3134307418

Señor:

Juez 22 de Familia de Bogotá D.C.

E.S.D.

Ref: Divorcio contencioso

Demandante: Jorge Orlando Mogollón Rodríguez

Demandada: María Elena Duffo Castillo

Expediente: 2021-00672

María Elena Duffo Castillo, mayor de edad, de nacionalidad Norte Americana, domiciliada en la ciudad de Orlando, Florida, Estados Unidos Norteamérica, identificada con el pasaporte 668380506, actualmente de paso por Colombia, le manifiesto al señor Juez que confiero poder especial al Abogado Felipe Rincón Salgado, C.C. 80.410.388 y T.P. 71.687, para que me represente en el trámite de la referencia, asumiendo mi defensa.

Mi Apoderado queda ampliamente facultado de conformidad con el artículo 77 del C.G.P. y en especial para conciliar, transigir, desistir, tachar documentos por falsedad, recibir y cobrar títulos de depósito judicial.

La Poderdante,

María Elena Duffo Castillo Pasaporte No. 668380506

Estados Unidos de Norteamérica.

anipe Rincón Salgado

C.C. 80.410.388 T.PP. 71.687 DILIGENCIA DE RECONOCIMIENTO CONTENIDO Y FIRMA Y O PRESENTACION PERSONAL

NOTARIA NOVENA DEL CIRCULO DE BOGOTA

Ante ELSA VILLALOBOS SARMIENTO NOTARIO 9 DEL CIRCULO DE BOGOTA D.C.

COMPARECIÓ

DUFFO CASTILLO MARIA ELENA quien se identificó con Pasaporte No. 668380506 y declaró que la firma que aparece en el presente documento es suya y que el contenido del mismo es cierto.

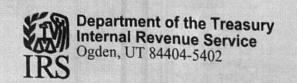
En constancia firma nuevamente Bogotá D.C. 2021-11-18 10:44:51

MG JUHOR

1709-4f5ada34

NOTARIA

SACULO DE



Fecha: septiembre 23, 2021 Página web: IRS.gov/es/eip Para obtener ayuda Ilame al: 800-919-9835

JORGE MOGOLLON 11526 WESTWOOD BLVD APT 736 ORLANDO, FL 32821-7402

USTED PUEDE SER ELEGIBLE PARA UN TERCER PAGO DE ALIVIO POR EL IMPACTO ECONÓMICO

La ley del plan de rescate económico autorizó al Servicio de Impuestos Internos (IRS, por sus siglas en inglés) a emitir una tercera ronda de Pagos de impacto económico (EIP, por sus siglas en inglés) (también conocidos como pagos de estímulo) y emitir pagos mensuales por adelantado del Crédito tributario por hijos ampliado.

• La mayoría de las personas, incluidas aquellas con poco o ningún ingreso, pueden recibir la cantidad total de estos pagos.

 Los pagos son créditos tributarios y no afectan la elegibilidad para los beneficios federales como el Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés).

Es posible que usted tenga que actuar para reclamar sus pagos.

¿Soy elegible para los EIP?

Nuestros registros muestran que usted puede ser elegible para un EIP. Es probable que sea eligible si:

1. es un ciudadano estadounidense o extranjero residente,

2. tiene un número de Seguro Social eligible para trabajar y

3. no puede ser reclamado como un dependiente en la declaración de impuestos de otra persona.

¿Qué tan grande es la cantidad de los EIP?

• El tercer EIP es de hasta \$1,400 por adulto elegible (hasta \$2,800 para una pareja casada que presenta una declaración de impuestos conjunta) más hasta \$1,400 por dependiente calificado (incluidos los hijos y los dependientes adultos).

El primer y segundo EIP totalizaron hasta \$1,800 por adulto elegible (hasta \$3,600 para una pareja casada que presenta una declaración de impuestos conjunta) más hasta \$1,100 por hijo calificado.

¿Qué debo hacer para reclamar mis EIP? Visite IRS.gov/es/eip para inscribirse para los EIP si ganó menos de \$12,400 en 2020, o menos de \$24,800 si está casado y presenta una declaración de impuestos conjunta. (Usted tiene que presentar una declaración de impuestos sobre los ingresos de 2020 si ganó más de esta cantidad).

• Si fue eligible para el primer o segundo EIP y no recibió la cantidad total, entonces usted puede reclamar la cantidad restante como un Crédito de recuperación de reembolso al inscribirse. Para obtener más información, visite IRS.gov/es/eip y pulse en "Reclame el Crédito de recuperación de reembolso de 2020".

• Puede verificar el estado de su tercer EIP en IRS.gov/es/eip. Pulse en "Obtener mi pago".

Tenga estos documentos con usted cuando comience el proceso de inscripción:

Su nombre, dirección postal y número de Seguro Social o número de identificación del contribuyente (TIN, por sus siglas en inglés);

• Nombre(s) y número(s) de Seguro Social o TIN(s) de su hijo y adultos dependientes y

· La información de su cuenta bancaria.

O Para recibir sus pagos mensuales más rápido, ingrese esto en el sitio. De lo contrario, le enviaremos por correo un cheque.

Al inscribirse para los *EIP* nos permite pagarle automáticamente parte de su Crédito tributario por hijos de 2021, si usted es elegible. El Crédito tributario por hijos es de hasta \$3,000 por hijo de entre 6 y 17 años de edad y es de hasta \$3,600 por hijo menor de 6 años. Hasta la mitad de esta cantidad por hijo se enviará como pagos mensuales en la segunda mitad de 2021. Para reclamar el resto del crédito, usted tiene que presentar una declaración de impuestos sobre los ingresos el próximo año. Para obtener más información, visite www.irs.gov/creditoporhijos2021.

Letter 6473 (en-sp) (8-2021) Catalog Number 55801X

Form 1040 (2019)	JORGE O MOGOLLON	1	36-11-2145		Page 2
	12a	Tax (see inst.) Check if any from Form(s): 1 8814 2 4972 3	12a			
	b	Add Schedule 2, line 3, and line 12a and enter the total			12b	
	13a	Child tax credit or credit for other dependents	13a			
	b	Add Schedule 3, line 7, and line 13a and enter the total			13b	
	14	Subtract line 13b from line 12b. If zero or less, enter -0			14	0
	15	Other taxes, including self-employment tax, from Schedule 2, line 10			15	
	16	Add lines 14 and 15. This is your total tax			16	0
	17	Federal income tax withheld from Forms W-2 and 1099			17	202 721102
 If you have a qualifying child, 	18	Other payments and refundable credits:		A		
attach Sch. EIC.	a	Earned income credit (EIC)	18a] [NO
If you have nontaxable	b	Additional child tax credit. Attach Schedule 8812	18b			
combat pay, see	С	American opportunity credit from Form 8863, line 8	18c			
instructions.	d	Schedule 3, line 14	18d			
	e	Add lines 18a through 18d. These are your total other payments and refundable credits	s		18e	0
	19	Add lines 17 and 18e. These are your total payments	<u> </u>	<u>. : ▶</u>	19	0
Refund	20	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you overpa	aid bie		20	
	21a	Amount of line 20 you want refunded to you. If Form 8888 is attached, check here		ا كا ◄ ــــ	21a	
Direct deposit? See instructions.	▶b	Routing number C Type	cking	Savings		
	▶d	Account number				
	22	Amount of line 20 you want applied to your 2020 estimated tax	>			
Amount	23	Amount you owe. Subtract line 19 from line 16. For details on how to pay, see instruct			23	0
You Owe	24	Estimated tax penalty (see instructions)	. 24			
Third Party esignee (Other than paid preparer)	D	esignee's Phon	he IRS? See instruc	Personal identific	No cation	. Complete below.
		no.		number (PIN)		
Sign		penalties of perjury, I declare that I have examined this return and accompletioning schedules and statem , and complete. Declaration of preparer (other than taxpayer) is based all information of which prepar		y knowledg e and belie	f, they are	true,
Here		our signature Your occup		If the IRS sent	you an ide	entity Protection
		DRIVER		PIN, enter it here (see inst.)	. —	
Joint return? See instructions.	S	pouse's signature. If a joint return, both must sign. Date Spouse's of				entity Protection
Keep a copy for your records.				PIN, enter it		The state of the s
•	_	200 TO (407) 240 4240		here (see inst.))	
		none no. (407) 219-1212 dress reparer's name Prepare Vignature	Date	PTIN	Lou	
Paid	100	oparer o name	Date	FIN	Che	ck if: 3rd Party Designee
Preparer		rm's name	Phone no.		→ ト	Self-employed
Use Only	_		Phone no.	-,		Sell-employed
2.1.		rm's address		Firm's EIN	<u> </u>	4040
Go to www.irs.go	v/Form1	1040 for instructions and the sest inform				Form 1040 (2019)
_						

SCHEDULE 1 (Form 1040 or 1040-SR)

Additional Income and Adjustments to Income

OMB No. 1545-0074

Department of the Treasury

►Attach to Form 1040 or 1040-SR.

III SANSAN SANSAN AND AND AND AND AND AND AND AND AND A	The deliverage deliverage and the latest information.		Sequence No. 01
	s) shown on Form 1040 or 1040-SR	Your soci	al security number
	SE O MOGOLLON	136-11-2	2145
At an	y time during 2019, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any		
virtua	currency?		Yes No
Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	20	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ► NOL	· -	"
		1 8	-497
9	Combine lines 1 through 8. Enter here and on Form 1040 or 1040-SR, line 7a	9	-497
Part	Adjustments to Income		
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach		
	Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
С	Date of original divorce or separation agreement (see instructions)		20
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040 or		
	1040-SR, line 8a	22	

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

Schedule 1 (Form 1040 or 1040-SR) 2019

НТА

<u>E</u> 104		U.S. Individual Incom			2020	1	No. 1545-00		S Use Only-	-Do not wr	ite or stap	ile in thi	s space.
Filing Status		Single Married filing jointly	_	separately (MFS			ehold (HOI		alifying wi				
Check only one box.		you checked the MFS box, enter the na child but not your dependent	me of your spous	e. If you checke	d the HOH or Q	W box, e	enter the ch	nild's name if	the qualify	ing perso	in is		
Your first name a			Last name						Your so	cial secur	ity num	her	7 W W
JORGE		0	MOGOLLO	N					136-11		y		
If joint return, sp	ouse's f	irst name and middle initial	Last name					30		s social s	ecurity	numbe	er
,		and street). If you have a P.O. box, see	instructions.		- 11	*	T	Apt. no.		tial Elect		npaign	
11500 WEST								736		ere if you, filing join		\$3	
ORLANDO	it office.	If you have a foreign address, also con	nplete spaces bek	ow.	State FL		ZIP code 32821		o to t	his fund. (w will not	Checking		
Foreign country	name	7.7979	Foreign p	rovince/state/co	unty	ű.	Foreign p	etal code	ус	or refund.	You	Г	Spouse
At any time du	ring 20	020, did you receive, sell, send, ex	change, or oth	erwise acquir	e any financia	al intere	est	vir i curi	ency?	×	Yes	Ē] No
Standard Deduction	S	omeone can claim: You as	a dependent	Your	spouse as a	depen	dent						
Deduction	L	Spouse itemizes on a separate	return or you v	vere a dual-st	atus alien	4							
Age/Blindnes		ou: Were born before Janua	ary 2, 1956	Are blind	Spous		Was b	before J	anuary 2	, 1956		Is	blind
Dependen		see instructions):		(2) Social se numbe	All the second	1			if qualif		1		
#_more	_1	1) First name Last name	ie						hild tax cr	BOIL	Credit I	or other	dependents
n four	-					-		-	- H	•		- -	J 1
bendents, see instruction	s								- 			누	<u></u>
and check	. –		-						<u> </u>				<u></u>
here 🕨]				J					η			
		Wages, salaries, tips, etc. Attach For	m(s) W-2	AL.	1					11			5. 36
Attach	2a	Tax-exempt interest	2a		i.	ole intere				2b			
Sch. B if required.	3a	Qualified dividends	3a			ary divid				. 3b			
104000.	4a	IRA distributions	4a		1	ole amou				4b			
	5a	Pensions and annuities	5a		1	ole amou				5b			
Standard Deduction for—	6a	Social security benefits		39	-	ole amou	int		· i	6b			0
	7	Capital gain or (loss). Attach Schedul	e D if require	not required, che	eck here		(*) (*) (* *			7			407
 Single or Married filing separately, \$12,400 	8	Other income from Schedule 1, line	A 1 7 7 1 1							8			-497
\$12,400	9	ALL.	8. The your to	tal mcome						9			-497
Married filing jointly or Qualifying	10	Adjustments to income:	47 6	*			1	Ĭ					
widow(er), \$24,800	a .	From Schedule 1, line 22					10a	+		-			
nord of	b			tion. See instruc			10b						0
 Head of household, \$18,650 	C	Add lines 10a and 10b. These are							🥊	10c			407
4.400,000,000	11	Subtract line 10c from line 9. This is y							🟲	11	-		-497 12.400
If you checked y box under ndard	12		octions (from S	~					* * * *	12			12,400
yction, hstructions.	13		Attach Form 899							13	 		12 400
] 14 15	Add line								14	 		12,400 0
	1.3	Taxal Income, Subtact line 14 fro		II IPSS PRIER -()-						15	1		

For Disclosure, Privacy Act, a Raperwork Function Act Notice, see separate instructions.

Form **1040** (2020)

HTA

16	Form 1040 (2020		JORGE	O MOGOLLO	ON								136-1	1-2145		Page 2
17		16	Tax (see instruction	s). Check if any	from Form(s):	1	8814	2	497	2 3	П		3.2		16	
18		17	Amount from Sched	lule 2, line 3			-							- ' ' '	_	
19		18	Add lines 16 and 17					101 (0)								n
20		19													100	<u> </u>
21 Add lines 19 and 20 22 0 0 0 0 0 0 0 0		20														
22 Subtract line 21 from line 18. If zero or less, enter-O- 22 Other taxes, including self-endpoyment tax, from Schedule 2, line 10		21														0
23 Other taxes, including self-employment tax, from Schedule 2, line 10		22	Subtract line 21 from	n line 18. If zero	or less, enter -0											
24 Add lines 22 and 23. This is your total tax.		23	Other taxes, including	ng self-employm	ent tax, from Schedi	ule 2, lin	ne 10									
25 Federal income tax withheld from: a Form(s) 1099. c Other forms (see instructions). d Add lines 25 through 355. 26 Q20 estimated tax payments and amount applied from 2019 return. qualifying init. 18 you have a qualifying init. 18 you have a qualifying init. 28 Additional chief tax credit. Attach Schedule 8812. 29 American opportunity credit from Form 8863, line 8. Recovery rebate credit. See instructions. 31 Amount from Schedule 3, line 13. 32 Add lines 27 through 31. These are your total other payments and refundable credit. 34 Add lines 27 through 31. These are your total other payments and refundable credit. 35 Add lines 27 through 31. These are your total other payments and refundable credit. 36 Recovery rebate credit. See instructions. 37 Add lines 25d, 26, and 32. These are your total payments. 38 Amount of line 34 you went refunded to you. If Form 8888 is attached, durk here. 39 Amount of line 34 you went applied to your 2021 estimated. Amount for the 34 you went applied to your 2021 estimated. 38 Amount of line 34 you went applied to your 2021 estimated. 39 Amount of line 34 you went applied to your 2021 estimated. 30 Amount of line 34 you went applied to your 2021 estimated. 30 Amount of line 34 you went applied to your 2021 estimated. 31 Amount of line 34 you went applied to your 2021 estimated. 32 Amount of line 34 you went applied to your 2021 estimated. 33 Amount of line 34 you went applied to your 2021 estimated. 34 Amount of line 34 you went applied to your 2021 estimated. 35 Amount of line 34 you went applied to your 2021 estimated. 36 Amount of line 34 you went applied to your 2021 estimated. 37 Amount of line 34 you went applied to your 2021 estimated. 38 Amount of line 34 you went applied to your 2021 estimated. 39 Amount of line 34 you went applied to your 2021 estimated. 39 Amount of line 34 you went applied to your 2021 estimated. 30 Amount of line 34 you went applied to your 2021 estimated. 30 Amount of line 34 you went applied to your 2021 estimated.		24	Add lines 22 and 23	. This is your tot	lal tax	3 3 3								4 >		0
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28 considering of this part of the part o		C	Other forms (see ins	structions)						* *		25c				
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SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

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

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2020

Attachment Sequence No. 01 Your social security number

JORG	GE O MOGOLLON	136-11-2145	,
Par	Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	22	
b	Date of original divorce or separation agreement (see instructions)		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	1.070
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	S 10000-000
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	. 7	
8	Other income. List type and amount ► NOL		.=
		. 8	-49
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR,		
	line 8	9	-49
Part			
10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government official. Attach		
	Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 39	13	
14	Deductible part of self-employment tax. Attach Schedule SE	. 14	
15	Self-employed SEP, SIMPLE, and qualified plans		
16	Self-employed health insurance deduction		
17	Penalty on early withdrawal of savings	17	
18a		18a	
b	Recipient's SSN		
С 19			
20	IRA deduction	19	
20 21	Student loan interest deduction	20	
21	rution and fees deduction. Attach Form 8917.	21	
22	Add lines 10 through 21. These are your ustments income. Enter here and on Form 1040, 1040-SR,		
	or 1040-NR, line 10a	22	

For Paperwork Reduction Act Notice, see your parn insertions.

Schedule 1 (Form 1040) 2020

Premium Tax Credit (PTC)

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

► Go to www.irs.gov/Form8962 for instructions and the latest information.

OMB No. 1545-0074

2020

You cannot be the PCT if your filling status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box. Annual and Monthly Contribution Amount	Name	snown on your re	eturn			Your social	I security number		
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b Enter the total of your dependents' modified AGI See instructions. 4 Household income Add the amounts on lines 22 and 2b. See instructions. 5 Household income as a percentage of federal poverty line amount from Table 1-1-12, or 1-3. See instructions. Chack his appropriate box for the federal poverty line amount from Table 1-1-12, or 1-3. See instructions. Chack his appropriate for federal poverty lines (see instructions). 5 Dudy ou enter 401% on line 5? (See instructions if you entered less than 100%,) No. Continue to line 7. 7 Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the able in the inductions. 8 Annual contribution amount. Multiply line 3 by ler 7. Rende to be seen the federal povery in lines 12 by ler 7. Rende for lines 12 by ler 8. Rende to be seen the federal povery amount. 9 Are you allocating policy amounts with another taxpeyer or do you went to use all elementary by leading the structions by leading the structure of the PCL (and the structure) and continue to line 11. Compute your annual PTC. There by lines 12-23 10 Annual Totals 11,976	2a						A		
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28 Repayment limitation (see instructions)		•ш• кера	yment of Excess	s Advance Paym	ent of the Premi	ium Tax Credit			
28 Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2		Excess advance	e payment of PTC. If lin	e 25 is greater than line	24, subtract line 24 fro	m line 25. Enter the differe	nce here	27	11,676
LAGESS advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2		Repayment lin	mation (see instruction	ons)				28	
(Form 1040), line 2	23	(Form 1040)	line 2	repayment. Enter the	smaller of line 27 or	line 28 here and on Sche	edule 2		



		MOGOLLON					136-11-2145	Page 2
	t IV Allocation of F							
	plete the following information	for up to four p	policy amount allocations.	See instruction	s for allocation	details.		
Allo	cation 1							
30	(a) Policy Number (Form	1095-A, line 2)	(b) SSN of other taxpay	er er	(c) Allocation	start month	(d) Allocation sto	p month
	Allocation percentage applied to monthly amounts	(e) Pre	entum Percentage	(f) SL(CSP Percentage	, (a	Advince Payment of Percentage	of the PTC
Allo	cation 2	<u> </u>		<u> </u>		A		
31	(a) Policy Number (Form	1095-A line 2)	(b) SSN of other taxpay		(c) Allocation	start month	(d) Allocation sto	n month
J1	(a) I only Idamber (Form	1000-A, MIC 2)	(b) GGIV of Other taxpay	ei -	(C) Allocation	Start Month	(d) Allocation sto	p monus
	Allocation percentage applied to monthly amounts	(e) Pre	mlum Percentage	(f) SL(OSF Percentage	A **	be Payment of Percentage	of the PTC
					4			77.84 m.44
	cation 3		T as a second second					
32	(a) Policy Number (Form	1095-A, line 2)	(b) SSN of other taxpay	er	(c)	sta. oth	(d) Allocation sto	p month
	Allocation percentage applied to monthly amounts	(e) Pre	mium Percentage	(f) SLC	CS, hercentag	(6)	Percentage	of the PTC
Allo	cation 4				4			*
33	(a) Policy Number (Form	1095-A, line 2)	(b) SSN of other taxpay	er	(c) ocation	start month	(d) Allocation sto	p month
	Allocation percentage applied to monthly amounts	(ø) Pre	emium Percentage	(f) SL(CSP Percentage	(9)	Adv. ee Payment of Percentage	of the PTC
34	Have you completed all po	licy amount allo	ocations?			L		
		unts on Form 10 nts from Forms 3, columns (a),	095-A by the allowing per 1095-A if any, to come (b), ah	te a combined to	otal for each mo	onth. Enter the o	policy amounts and combined total for continue to line 24.	
Par	t V Alternative Cal	Iculation	Y of Marriage			1 1 2 2	70 B 10 3 5	
Comp	olete line(s) 35 and/or 36 to e	lect the alternat	alculation for year of	marriage. For e	eligibility to mak	e the election, s	see the instructions for	or line 9.
То со	emplete line(s) 35 and/or 36 a	ind com, the		, see the instruc				
35	Alternative entries for your SSN	a) Alternation	(b) Alternation contribution a	100	(c) Alternative	start month	(d) Alternative sto	p month
36	Alternative entries for your spouse'	a, ernativ	mily size (b) Alternation contribution a		(c) Alternative	start month	(d) Alternative sto	op month
		<u> </u>			<u> </u>			

Form **8962** (2020)

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Florida Blue

Enrollment & Billing Department Jacksonville, FL 32231-4236 P.O. Box 44236

2453 (260) 087062240753



Jorge Mogollon 11526 WESTWOOD BLVD APT 736 ORLANDO, FL 32821-7402

32621

EYT-IP1 0400



HMC

Enrollment & Billing Department P.O. Box 44236 Jacksonville, FL 32231-4236

Jorge Mogollon 11526 WESTWOOD BLVD APT 736 ORLANDO, FL 328217402

24 de mayo de 2021

¡Bienvenido(a) a Florida Blue HMO!

Número de identificación de miembro: H21844225

Estimado(a) Jorge Mogollon:

¡Le tenemos buenas noticias! Puede empezar a usar sus beneficios el . Lea estos consejos y empiece con el pie derecho.



Revise sus tarjetas de identificación

Si tiene dependientes, no podrá verlos en su tarjeta de identificación. No se preocupe; con su número de miembro, su médico o farmaceuta podrán ver quiénes están cubiertos por su plan.



Lea su folleto de beneficios y use las herramientas poor Internet

Una vez que su plan empiece a funcionar, inicie sesión en su cuenta de miembro en floridablue.com para ver o descargar su folleto. Si desea que le enviemos una copia impresa, simplemente llámenos. Allí, o en la aplicación móvil de Florida Blue, podrá ver e imprimir tarjetas de identificación, revisar beneficios, pagar su factura mensual, actualizar las preferencias de su cuenta, ver qué tipos de servicios pueden necesitar preaprobación y encontrar recursos de salud y bienestar como descuentos para miembros de hasta un 50%.

8

Haga una cita para un chequeo de bienestar... ¡sin copago!

Haga una cita con su médico de cabecera para hacerse un chequeo general. Juntos podrán trazarun plan que le llevará hacia una mejor salud.

\$

Su plan de salud puede rendirle mucho más

Para mantener sus costos bajos, acuda a los proveedores y a las farmacias de la red. Si se inscribió en un plan de salud con deducible alto y desea ver si es elegible para una cuenta de ahorros de la salud (health savings account, HSA), vaya a healthequity.com o llame al 877-223-5329. HealthEquity es una compañía independiente que administra cuentas HSA. Sin embargo, tiene la opción de elegir otro administrador calificado.

Si decide que ya no desea tener esta cobertura, debe notificarnos dentro de los diez (10) días que siguen a la fecha en la que recibió esta carta.

Gracias de nuevo por escoger a Florida Blue. Si tiene alguna pregunta, la pagina de internet a floridablue.com/es, comuníquese al 1-800-352-2583 o visite un centro Florida Blue (floridablue.com/es/find-a-location).

Siempre junto a usted,

Su equipo de atención al cliente

Florida Blue HMO es el nombre comercial de Health Options, Inc., una filial HMO de Blue Cross and Blue Shield of Florida, Inc., cuyo nombre comercial es Florida Blue. Estas compañías son licenciatarias independientes de Blue Cross and Blue Shield Association.

859315 0918

Este documento es una traducción de su original escrito en inglés. Los términos en inglés prevalecerán en caso de alguna disputa con respecto al significado de este documento o sus términos.





Florida Blue HMO

Lleva esta página a las farmacias participantes CVS/pharmacy® (a excepción de las ubicaciones en Target®), Family Dollar, Navarro Discount Pharmacy o Dollar General para pagar tu prima. Debes hacer el pago en la fecha límite que se muestra en tu factura o antes de esa fecha. Hacer un pago después de la fecha límite no garantiza que tu póliza se mantenga activa.

CVS: Paga en efectivo, con tarjetas de crédito y de débito hasta un máximo de \$999 por 24 horas. Dollar General: Paga en efectivo o con tarjeta de débito hasta \$500 por transacción y hasta \$999 por 24 horas. Comunícate con Florida Blue al número que aparece en el reverso de tu tarjeta de identificación para hacer preguntas sobre tu cuenta, ya que los asociados de ventas en esos establecimientos no pueden ver la información de tu cuenta.

Family Dollar: Pague en efectivo.

Puede tomarse hasta dos días calendario para que tu pago se acredite en tu cuenta.





799366205540006371681503182920

Al aceptar o utilizar este código de barras para hacer el pago, aceptas los términos y las condiciones disponibles en payithere.com/terms.

Asociado de ventas: Escanea el código de barras que aparece arriba, ingresa el monto que el cliente desea pagar y procesa la transacción normalmente.

Sales associate: Scan the barcode above, enter the amount the customer wishes to pay and tender the transaction as normal.

Este documento es una traducción de su original escrito en inglés. Los términos en inglés prevalecerán en caso de alguna disputa con respecto al significado de este documento o sus términos

La farmacia CVS® y la farmacia de descuento Navarro son compañías independientes que asisten con el cobro de su prima en nombre de Florida Blue/Florida Blue HMO/Florida Combined Life.





2453 (260) 087062240753

Enrollment & Billing Department

Florida Blue 🔊 🛈

Jacksonville, FL 32231-4236

P.O. Box 44236

Jorge Mogollon 11526 WESTWOOD BLVD APT 736 ORLANDO, FL 32821-7402

U.S. Department of State
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44132 Mercure Cir
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Sterling, VA 20166-1108

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First Class

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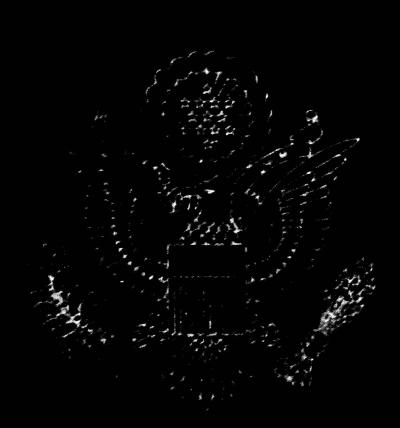
US OFFICIAL MAIL >> FENALE LIFEREN

JORGE ORLANDO MOGOLLON 11526 WESTWOOD BLVD APT 736 ORLANDC FL 32821

32821\$7402 COBB

The state of the s

PASSPORT



United States of America





Of the United States,

in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT PASSEPORT PASAPORTE



Type / Type / Tipo Code / Code / Code / Passport No. / No. du Passeport / No. de Pasaporte

Surname / Nom / Apellidos

MOGOLLON

Given Names / Prénoms / Nombres

JORGE ORLANDO

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento 23 Nov 1959

Place of birth / Lieu de naissance / Lugar de nacimiento

COLOMBIA

Date of issue / Date de délivrance / Fecha de expedición

13 May 2011

Date of expiration / Date d'expiration / Fecha de caducidad

12 May 2021

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

M

Authority / Autorité / Autoridad

United States

Department of State

 218032 2 AV 0.389T809 **AUTO5-DIGIT 32821 PL34 R

JORGE MOGOLLON 11526 WESTWOOD BLVD APT 736 ORLANDO, FL 32821-7402

Identificación de la solicitud (ID): 3399673546 Nombre del Plan: myBlue Silver 2017

Debe presentar una declaración de impuestos si el Formulario 1095-A adjunto muestra que recibió pagos adelantados (anticipos) del crédito fiscal para las primas. Vea Parte III, Columna C en su formulario.

Estimado(a) Jorge Mogollon:

Debido a que usted y/o miembros de su familia tuvo cobertura del Mercado de Seguros Médicos para la totalidad o una parte de 2020, estamos obligados a proporcionarle el "Formulario 1095-A, Declaración del Mercado de Seguros Médicos" adjunto. El formulario incluye información importante que necesita para llenar correctamente su declaración federal de impuestos para ese año. Esta información también se le ha dado al Servicio de Rentas Internas (IRS). Favor de mantener este formulario para sus archivos después de usar la información para presentar su declaración de impuestos.

Usted debe presentar una declaración de impuestos

Aunque por lo general no presente una declaración de impuestos, usted debe presentar una declaración si usted u otro miembro de su familia recibió cualquier pago por adelantado del crédito fiscal para las primas en 2020 para reducir los costos de las primas. Si los pagos adelantados son hechos a su nombre o a nombre de una persona en su familia y no presenta una declaración de impuestos, usted no será elegible para los anticipos del crédito fiscal o reducciones de costos compartidos que le ayudarán en el futuro con los pagos de cobertura en el Mercado.

Cuando presente su declaración de impuestos electrónicamente o por correo, deberá llenar y presentar el "Formulario 8962 Crédito Fiscal para las Primas". Utilice la información en el Formulario 1095-A para completar el Formulario 8962. El Formulario 1095-A también le indica los meses de 2020 en los cuales usted y otros miembros de su familia estaban asegurados. Usted necesitará esa información para completar su declaración de impuestos. Si desea más información sobre el Formulario 1095-A, lea la sección "Instrucciones para el Beneficiario" en la parte posterior del formulario adjunto. Si necesita el Formulario 8962, visite IRS.gov/aca.

Muchas de las personas que se inscribieron para la cobertura del Mercado pueden obtener ayuda gratuita para llenar sus impuestos. Esto puede incluir el libre acceso a los programas de impuestos (software) o asistencia gratuita en persona. Visite IRS.gov/freefile o IRS.gov/VITA para más información.

La importancia del Formulario 1095-A

El Formulario 1095-A incluve:

- Información sobre usted y otros miembros de su familia que se inscribieron en un plan del Mercado durante 2020.
- Información sobre la prima de su plan y otra información que podría necesitar para llenar su declaración federal de impuestos.
- La cantidad de los pagos adelantados (anticipos) del crédito fiscal para la prima que se le pagó a su plan médico en 2020 a su nombre o en nombre de los demás miembros de su familia.

Para obtener más información sobre la información en su formulario, visite CuidadoDeSalud.gov/es/tax-form-1095.

Es posible que necesite más información para completar su declaración de impuestos

Visite CuidadoDeSalud.gov/es/tax-tool para obtener la información adicional que necesita para calcular su crédito fiscal para las primas si:

- Tuvo cambios en su hogar que no informó al Mercado, como tener un bebé, mudarse, casarse o divorciarse o perder a un dependiente.
- Su Formulario 1095-A corregido tiene ceros impresos en la Parte III, columna B para los meses que tuvo cobertura.

También puede visitar IRS.gov para encontrar más detalles en las Instrucciones para el Formulario 8962.

Cambios en su información

Si piensa que la información en el Formulario 1095-A adjunto no es la correcta, comuníquese con el Centro de Llamadas del Mercado al 1-800-318-2596 para saber cómo obtener un Formulario 1095-A corregido. Los usuarios de TTY deben llamar al 1-855-889-4325.

También es importante tener en cuenta que es posible que reciba más de un Formulario 1095-A, debido a que diferentes miembros de su familia tenían diferentes planes, actualizó su información de cobertura durante 2020 o cambió de plan durante 2020. Asegúrese de mantener todos los Formularios 1095-A con sus documentos importantes de impuestos.

También puede obtener el Formulario 1095-B o Formulario 1095-C

Si usted o miembros de su familia tuvieron cobertura en 2020 a través de otros programas o planes fuera del Mercado, también podría estar recibiendo el Formulario 1095-B (Cobertura de Salud) o Formulario 1095-C (Oferta y Cobertura Provista por Empleador). Es importante seguir las instrucciones que aparecen en estos formularios, para llenar su declaración de impuestos correctamente.

NOTA: Si está inscrito en otro tipo de cobertura que califica como cobertura esencial mínima (por ejemplo, Medicare Parte A) y recibió un Formulario 1095-B, es posible que ya no sea elegible para recibir ayuda financiera para su plan del Mercado. Es importante comunicarse con el Mercado e informar cualquier cambio en su cobertura tan pronto como le sea posible.

Para más información, visite CuidadoDeSalud.gov/es/taxes/other-health-coverage.

Cómo obtener ayuda con sus impuestos

Muchas personas pueden obtener ayuda gratuita para llenar sus impuestos. Visite IRS.gov/freefile y IRS.gov/VITA para más información.

El uso de programas (software) para la preparación de impuestos es la mejor manera, y más sencilla, de presentar una declaración de impuestos completa y exacta, ya que guía a las personas, y preparadores de impuestos, durante el proceso y hace todas las calculaciones matemáticas. Opciones de presentación electrónica incluyen Free File del IRS para los contribuyentes que califican, ayuda gratuita por parte de voluntarios, programas (software) comerciales y asistencia profesional.

Visite CuidadoDeSalud.gov/es/taxes o llame al Centro de Llamadas del Mercado.

Para obtener más ayuda

- Si tiene preguntas generales sobre sus impuestos, visite IRS.gov. Ayuda gratis está disponible si califica a través de Free File o el Programa de Ayuda Voluntaria a los Contribuyentes (VITA en inglés).
- Si tiene preguntas sobre el Mercado, visite CuidadoDeSalud.gov, o comuníquese con el Centro de Llamadas del Mercado al 1-800-318-2596. Los usuarios de TTY pueden llamar al 1-855-889-4325. También puede hacer una cita con un asistente local para recibir ayuda. La información está disponible en AyudaLocal.CuidadoDeSalud.gov.
- Reciba ayuda en un idioma diferente al español. La información se incluye con este aviso y está disponible a través del Centro de Llamadas del Mercado.
- Comuníquese con el Centro de Llamadas del Mercado para obtener esta información en un formato alterno como letra grande, Braille o audio, sin costo alguno.

Atentamente,

Mercado de Seguros Médicos Departamento de Salud y Servicios Humanos 465 Industrial Boulevard London, Kentucky 40750-0001

Divulgación de Privacidad: El Mercado de Seguros Médicos protege la privacidad y seguridad de la información de identificación personal (PII en inglés) que ha proporcionado (visite CuidadoDeSalud.gov/es/privacy). Este aviso se genera por el Mercado según 45 CFR 155.230 y parte 155, subparte D. La información utilizada para crear este aviso se recolectó del Mercado de Seguros Médicos. Puede que el Mercado haya utilizado aparecen en su solicitud. Si tiene alguna pregunta sobre esta información, llame al Centro de Llamadas del Mercado al 1-80C-318-2596 (TTY:

De acuerdo con la Ley de Reducción de Trámites de 1995 ninguna persona está obligada a responder a una solicitud de información a menos que muestre un número de control válido de la OMB. El número de control válido de la OMB para esta solicitud de información es 0938-1207.

No discriminación: El Mercado de Seguros Médicos no excluye, niega beneficios a, o de otra manera discrimina contra cualquier persona por motivos de raza, color, origen nacional, incapacidad, sexo o edad. Si piensa que ha sido discriminado o tratado injustamente por cualquiera de estas razones, puede presentar una queja ante el Departamento de Salud y Servicios Humanos, Oficina de Derechos Civiles: llamando al 1-800-368-1019 (TTY: 1-800-537-7697), visitando hhs.gov/ocr/civilrights/complaints, o escribiéndole a la Oficina de Derechos Civiles/ Departamento de Salud y Servicios Humanos/ 200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

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JORGE MOGOLLON 11500 WESTWOOD BLVD APT 736 ORLANDO FL 32821-7314



90950

FELIPE RINCON SALGADO Abogado feliperin@gmail.com 3134307418

Señor:

Juez 22 de Familia de Bogotá D.C.

E.S.D.

Ref: Divorcio contencioso

Demandante: Jorge Orlando Mogollón Rodríguez

Demandada: María Elena Duffo Castillo

Expediente: 2021-00672

Felipe Rincón Salgado, Abogado con C.C. 80.410.388 y T.P. 71.687, en mi condición de Abogado de la demandada María Elena Duffó Castillo, mayor de edad y domiciliada en la ciudad de Orlando, Florida, Estados Unidos de Norteamérica, en la oportunidad procesal establecida, procedo a dar contestación a la demanda en los siguientes términos:

Hechos:

- 1. Es cierto.
- 2. Es cierto.
- 3. Es cierto.
- 4. No es cierto y se aclara, el demandante pasa temporadas con la demandante en la ciudad de Orlando, Florida en los Estados Unidos de Norteamérica, en el inmueble apartamento 736 de la 11526 Westgood Boulevard, Zip Code 32821, habiendo estado la última vez en el mes de junio de 2021.
- 5. Es cierto.
- 6. No es un hecho, es un argumento de derecho.
- 7. Es cierto en cuanto a la conformación de la sociedad conyugal.
- 8. Es cierto.

Pretensiones:

Nos oponemos a la prosperidad de las pretensiones, por no indicarse la causal y los elementos fácticos que constituyan la viabilidad de decretar la cesación de los efectos civiles del matrimonio.

Excepciones:

1. Ausencia de los requisitos de la causal 8ª del artículo 154 del Código Civil, en razón a que el demandante viaja con intermitencia a la vivienda de la demandada, siendo la última en el mes de abril de 2021, quien incluso se vacunó con el esquema completo contra el virus del Covid Sars 2, en dicha ciudad, razón por la cual no se ha dado el espacio de tiempo de separación de cuerpos que alega como causal el actor.

Pruebas:

- I. Documentales:
- 1. Copia de dos facturas del Departamento del Tesoro Americano, de los impuestos que debe pagar Jorge Mogollón, con número de seguridad social

136-11-2145, para los periodos 2019 y 2020, que le llegan al demandante a la dirección 11526 Wetswood Boulevard (Blvd), Orlando, Florida, U.S.A., Zip Code 32821, apartamento 736, lugar donde cohabita el demandante con la demandada cuando éste está en los Estados Unidos de Norteamérica.

- 2. Sobre enviado por la compañía Florida Blue a nombre de Jorge Mogollon al 11526 Westwood Blvd Apt. 736 de Orlando, Florida 32821, que contiene dos folios anexos con fecha 24 de mayo de 2021, respecto de las instrucciones para la utilización del servicio médico y dos carnets que acreditan al demandante como beneficiario o usuario del servicio médico en los Estados Unidos de Norteamérica, bajo el número de identificación como miembro H21844225.
- 3. Sobre enviado por el Centro Nacional Estatal de Pasaportes de Estados Unidos, dirigido a Jorge Orlando Mogollón al apartamento 736 del 11526 Wetswood Blvd, Orlando, Florida, Estados Unidos, remitido el 2 de agosto de 2021, que contenía pasaporte vencido a nombre del demandante, el cual fue renovado por éste en los Estados Unidos de Norteamérica (3 folios).
- Comunicación en 3 folios del 4 de enero de 2021, enviada por el Departamento de Salud y Servicios Humanos, Mercado de Seguros Médicos a la dirección 11526 Westwood Blvd APT 736 de Orlando, Florida, U.S.A.
- Comunicación del 23 de septiembre de 2021 del Departamento de el Tesoro IRS, dirigida al demandante Jorge Mogollón al 11526 Westwood Blvd Apt 736 de Orlado, Florida, Estados Unidos de Noretamérica, con su respectivo sobre, en 2 folios.
- II. Oficios: Sírvase oficiar al Ministerio de Relaciones Exteriores, Migración Colombia, a efectos de que certifique las salidas e ingresos al país, así como los destinos de viaje, del demandante Jorge Orlando Mogollón Rodríguez, identificado con C.C. 19.407.911.
- III. Interrogatorio de Parte:

Sírvase decretar y practicar Interrogatorio de parte al demandante, que versará sobre los hechos de la demanda y la excepción propuesta.

IV. Testimoniales:

Sírvase oír en testimonio a las siguientes personas:

- Francis Pamela Mogollón Duffó, identificada con el pasaporte Estadounidense No. 663992906 y la licencia de conducir No. M245-255-84-721-0, domiciliada en 910 Kaplan Road Apto 5302 de Melbourne, Florida, Zip Code 32904, Estados Unidos de Norteamérica, quien como hija de las partes, le consta la relación de sus progenitores, su forma de vida matrimonial, en cuanto a circunstancia de tiempo, modo y lugar refiere. Correo electrónico fpmogollon@gmail.com
- 2. Andrés Felipe Mogollón Duffó, identificado con el pasaporte Estadounidense No. 720713870 y la licencia de conducir No. M245-006-91-145-0, domiciliado en 910 Kaplan Road Apto 5302 de Melbourne, Florida, Zip Code 32904, Estados Unidos de Norteamérica, quien como hijo de las partes, le consta la relación de sus progenitores, su forma de

vida matrimonial, en cuanto a circunstancias de tiempo, modo y lugar refiere. Correo electrónico andres.mogod@gmail.com

- 3. Yenny Duffó de Alvis, identificada con la C.C. 41.564.365 domiciliada en Bogotá, en la carrera 71 F número 5 A-22 apartamento 511, correo electrónico <u>iduffocc1952@yahoo.com</u>, quien como hermana de la demandada, le consta sobre el modo de convivencia matrimonial de las partes y depondrá sobre los hechos que fundamentan la acción y las excepción interpuesta.
- 4. Bibiana Marcela Molina Doncel, identificada con la C.C. 52.377.366 domiciliada en Bogotá, en la calle 74 A número 116B-60 Torre 6 apartamento 1201, corro electrónico <u>biibiana@hotmail.com</u>, a quien le consta la relación matrimonial y de convivencia de la demandada y el demandante.

ANEXOS:

- 1. Los documentos relacionados en el acápite de pruebas.
- 2. Poder para representar a la demandada.

NOTIFICACIONES:

El suscrito en el e-mail feliperin@gmail.com o en la oficina 1802 de la calle 19 número 3 A-37 de Bogotá.

La demandada en el e-mail <u>nenaduffo@yahoo.es</u> Respetuosamente,

Felipe Rincón Salgado.

C.C. 80.410.388

T.P. 71.687

		U.S. Individual Income		OMB No. 1545-0074 IRS L	ose Only—Do not w	vrite or staple in this space.
Filing Status		X Single Married filing jointly	Married filing separately (MFS) Head of h	nousehold (HOH) Qu	alifying widow(er) (QW)
Check only	It	f you checked the MFS box, enter the name	e of spouse. If you checked the HOH or QW box, en	ter the child's name if the qual	ifving person is	, ()
one box.	а	child but not your dependent.			,	
Your first name	and mid	ddle initial	Last name		Your social sec	curity number
JORGE		O	MOGOLLON		136-11-2145	
If joint return, sp	ouse's	first name and middle initial	Last name		Spouse's socia	al security number
		r and street). If you have a P.O. box, see in	structions.	Apt. no.	Presidential Ele	ection Campaign
11500 WES				736	Check here if you,	or your spouse if filing
	st office	, state, and ZIP code. If you have a foreign	address, also complete spaces below (see instructi	ons).	jointly, want \$3 to checking a box be	go to this fund. elow will not change your
ORLANDO			FL	32821	tax or refund.	You Spouse
Foreign country	name		Foreign province/state/county	Foreign postal code	If more than four instructions and	r dependents, see ✓ here ▶
Standard Deduction		neone can claim: You as a depe	r you were a dual-status alien	X		
Age/Blindness	You	Were born before January 2, 19	955 Are blind Spouse: Was t	oorn before January 2, 1955	Is bline	d
Dependents	(see in	nstructions):	(2) Social security number (3) Relationshi	ip to you (4) V	if qualifies for (see instructions):
(1) First name		Last name		Child tax		Credit for other dependents
						一一
						$ \exists$
	1	Wages, salaries, tips, etc. Attach Form(s	NW 2			
	2a	Tax-exempt interest			1	
Standard	3a	Qualified dividends	z raxable III	terest. Attach Sch. B if require		
Deduction for—	4a	IRA distributions	2 Ordinary d	ividends. Attach Sch. B if requ		
Single or Married filing separately,	c	Pensions and annuities	i daddie al		4b	
\$12,200	5a	Social security benefits	- I diversite at		4d	
Married filing jointly or Qualifying	6	Capital gain or (loss). Attach Schedule D	2 Taxable at	nount	5b	(
widow(er), \$24,400	7a	Other income from Schedule 1, line 9.			L 6	
Head of	b	Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a	This is your total income		7a	-49
household, \$18,350	8a	Adjustments to income from Schedule 1,		* * * * * * * * * * * * * * * * * * * *	. 7 b	
If you checked	b	Subtract line 8a from line 7b. This is your			8a	
any box under Standard	9	Standard deduction or itemized deduc			. 8 b	-497
Deduction, see instructions.	10	Qualified business income deduction. Att			12,200	
	11a	Add lines 9 and 10	acti Futili 6995 of Form 8995-A	10		
					11a	12,200
	b	Taxable income. Subtract line 11a from	Box a Ola If annua and annual and		11b	

ALDESPACHO

29 NOV 2021

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- EN TIEMPO.

Propuso excercion de merito
y previs.