

IN THE SUPREME COURT OF THE STATE OF NEVADA

Electronically Filed
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Elizabeth A. Brown
Clerk of Supreme Court

Lisa M. Eorio,

Appellant,

vs.

Joel E. Eorio,

Respondent.

Supreme Ct Case No. **83132**

District Ct Case No. **D-20-608267-D**

JOINT APPENDIX

VOLUME II

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<i>Complaint for Divorce</i>	06/01/2020	I/ JA000001- JA000008
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<i>Notice of Seminar Completion-EDCR 5.07</i>	06/16/2020	I/ JA000014- JA000016
<i>Defendant's Answer and Counterclaim in Response to Plaintiff's Complaint for Divorce</i>	06/25/2020	I/ JA000017- JA000022
<i>General Financial Disclosure Form – Joel</i>	06/25/2020	I/ JA000023- JA000034
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<i>Motion for Primary Physical Custody of the Parties' Minor Children for the Purposes of Relocating with the Parties' Minor Children to the State of New Mexico</i>	07/02/2020	I/ JA000038- JA000051
<i>Defendant's Opposition to Plaintiff's Motion for Primary Physical Custody of the Parties' Minor Children for the Purposes of Relocating with the Parties' Minor Children to the State of New Mexico and Defendant's Counterclaim for Attorneys' Fees and Costs</i>	07/14/2020	I/ JA000052- JA000061
<i>Reply in Support of Plaintiff's Motion for Primary Physical Custody of the Parties' Minor Children for the Purposes of Relocating with the Parties' Minor Children to the State of New Mexico and Opposition to Defendant's Countermotion</i>	07/28/2020	I/ JA000062- JA000070

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<i>Declaration to Reply in Support of Plaintiff's Motion for Primary Physical Custody of the Parties' Minor Children for the Purposes of Relocating with the Parties' Minor Children to the State of New Mexico and Opposition to Defendant's Countermotion</i>	07/29/2020	I/ JA000071- JA000073
<i>Supplement to Defendant's Opposition to Plaintiff's Motion for Primary Physical Custody of the Parties' Minor Children for the Purposes of Relocating with the Parties' Minor Children to the State of New Mexico and Defendant's Counterclaim for Attorneys' Fees and Costs</i>	07/30/2020	I/ JA000074- JA000084
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Form 8879

IRS e-file Signature Authorization

CLIENT COPY
2018Department of the Treasury
Internal Revenue Service▶ Return completed Form 8879 to your ERO. (Don't send to the IRS.)
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name

JOEL E EORIO

Social security number

Spouse's name

LISA M EORIO

Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2018 (Whole dollars only)

1	Adjusted gross income (Form 1040, line 7; Form 1040NR, line 35)	1	50,549
2	Total tax (Form 1040, line 15; Form 1040NR, line 61)	2	780
3	Federal income tax withheld from Forms W-2 and 1099 (Form 1040, line 16; Form 1040NR, line 62a)	3	4,391
4	Refund (Form 1040, line 20a; Form 1040-SS, Part I, line 13a; Form 1040NR, line 73a)	4	7,727
5	Amount you owe (Form 1040, line 22; Form 1040NR, line 75)	5	

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

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2018, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 17720
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2018 electronically filed 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.

Your signature ▶ SIGNATURE AND DATE ON FILE

Date ▶ _____

Spouse's PIN: check one box only

- ☒ I authorize HRB TAX GROUP INC to enter or generate my PIN 10389
ERO firm name
as my signature on my tax year 2018 electronically filed income tax return. Enter five digits, but don't enter all zeros
- ☐ I will enter my PIN as my signature on my tax year 2018 electronically filed 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.

Spouse's signature ▶ SIGNATURE AND DATE ON FILE

Date ▶ _____

Practitioner PIN Method Returns Only — continue below**Part III Certification and Authentication — Practitioner PIN Method Only**

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

85353796986

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2018 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ _____

Date ▶ 04-03-2019

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

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

Form 8879 (2018)

2018 EXPLANATION ATTACHMENT

JOEL E AND LISA M EORIO
[REDACTED]

FORM 8867, LINE 5, OTHER DOCUMENTS RELIED UPON

TAXPAYERS SHOWED PROOF OF QUALIFYING DEPS AT TAX DESK

CLIENT COPY

2018 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET SUMMARY

JOEL E AND LISA M EORIO

Qualified Business Income

1. Total Specified Business Income/Loss	1.	-47
2. Total Non-Specified Business Income/Loss	2.	
Less Applicable Adjustments from 1040, Schedule 1		
3. QBID Qualified Losses and ST Gains from Asset Disposition	3.	
4. Net Qualified Business Losses from Prior Year (N/A for 2018)	4.	
5. Available Qualified Business Income (Sum L1 Through L4)	5.	-47
6. Maximum Qualified Business Income Deduction (Line 5 x .20)	6.	

Qualified Other Income

7. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s	7.	
8. Total Qualified PTP Income from Detail WS L6	8.	
9. QOI Qualified Losses and ST Gains from Disposition incl Sale of PTP	9.	
10. Net Qualified Other Income Losses from Prior Year (N/A for 2018)	10.	
11. Net Qualified Other Income (loss) (Sum of L7 Through L10)	11.	
12. Maximum Qualified Other Income Deduction (L11 x .20)	12.	
13. Total Maximum Business Income Deduction (L6 + L12)	13.	

Taxable Income Limitation (For All Businesses)

14. Pre QBID Taxable Income (1040 L7 Less L8)	14.	26549
15. Net Capital Gain from Sch D, L16 (0 if L16 is a loss) and Qualified Dividends	15.	
16. Net QBID Qualified Taxable Income for Deduction (L14 - L15)	16.	26549
17. Qualified Business Income Deductions based on Qualified QBID Taxable Income (L16 * .20)	17.	5310
18. Potential Allowable Business Income Deduction (Lesser of L13 or L17)	18.	
Is taxable income on L16 greater than 315,000 for MFJ or 157,500 for other filing statuses?		
Or, did you receive a cooperative distribution (Form 1099-PATR)?		NO
If No, stop and do not complete rest of worksheet and carry L18 to Form 1040 Line 9.		

Specified Services Business Limitation

19. Total Specified Business Income Deduction from Detail WS	19.	
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Non-Specified Business Limitation

20. Total Non-Specified Business Income Deduction from Detail Worksheets	20.	
21. Total Qualified Business Income Deduction (L12 + L19 + L20)	21.	
22. Allowable Qualified Business Income Deduction (lesser of L18 or L21) (Carry to Form 1040 L9 or 1040NR L38)	22.	

QPAI Deduction from Cooperatives

23. QPAI Deduction identified in writing by cooperatives	23.	
24. Taxable Income before QPAI deduction and after QBI deduction (L14 - L22)	24.	
25. Allowable QPAI deductions from cooperative (lesser of L23 or L24)	25.	
26. Net Qualified Section 199A Deduction Benefit with QPAI (L22 + L25)	26.	
27. Allowable Qualified Section 199A with QPAI (lesser of L17 or L26)	27.	
28. QPAI deduction for 1040 Line 10 (L27 - L22)	28.	

Loss Carryforward to Next Year

29. Qualified Business Loss Amount (L5 if loss)	29.	-47
30. Qualified Other Income Loss Amount (L11 if loss)	30.	

2018 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET DETAIL BY BUSINESS

JOEL E AND LISA M EORIO

Schedule/Form

Business Name

EIN/SSN

Business Type

PTP Income

SCH C #1

EORIO HA

147-80-7720

SPECIFIC

NO

Qualified Business Income (QBI)

1. Specified Business Income/Loss from Sch/Form -47
2. Non-Specified Business Income/Loss from Sch/Form
Less applicable adjustments from 1040 Schedule 1
(Includes SE Tax, SEHIN, & Qual Retirement plans) -47
3. QBIID Qualified Losses and ST Gains from Asset Disposition
4. Net Qualified Business Income (QBI) (sum L1 - L3) -47
5. Qualified REIT Sec 199A Dividends from 1099-DIV and K-1s
6. Qualified Other Income from PTPs
7. QOI Qualified Losses and ST Gains from Disposition Incl Sale of PTP
8. Net Qualified Other Income (QOI) (L5 + L6 + L7)
9. Net QBI and QOI (L4 + L8) -47
10. Maximum Qualified Business Income Deduction (L9 * .20)
Taxable Income Limitation (For All Businesses)
11. Adjusted Gross Income (1040 Line 7) 50549
12. Itemized Deduction or Standard Deduction Claimed (1040 Line 8) 24000
13. Qualified Taxable Income (L11 - L12) 26549
14. Net Capital Gain from Schedule D Line 16 (0 if Line 16 is loss)
plus Qualified Dividends
15. Qualified Ordinary Taxable Income (L13 - L14) 26549
16. Qualified Business Income Deductions based on
Taxable Income (L15 * .20) 5310
17. Net Allowable Business Income Deduction by
Business (Lesser of L10 or L16)

Is taxable income on Line 15 greater than 315,000
for M/FJ or 157,500 other filing statuses?

NO

If "No," Skip L18 through 34 and enter L17 on L38.

Is taxable income on L15 greater than 415,000 for
M/FJ or 207,500 other filing statuses?

NO

Qualified Wages and Property Limitations

18. Maximum Qualified Business Income Deduction (L17)
19. Wages paid by Qualified Businesses (Use DPAD method)
20. Unadjusted Basis of Qualified Property
21. Allowable QBIID Wages (L19 * .50)
22. Allowable Wage and Property QBIID (L19* .25 + L20*.025)
23. Allowed QBIID based on Wages and Properties (Greater of L21 or L22)
24. Base Allowed QBIID (Lesser of L18 or L23)

2018 QUALIFIED BUSINESS INCOME DEDUCTION WORKSHEET, PAGE 2
DETAIL BY BUSINESS

JOEL E AND LISA M EORIO

Phase In / Phase Out Limitation Percentage

- 25. Base Limitation Income - 315,000 for MFJ or 157,500 for other filing statuses
- 26. Taxable income less limitation base (L13 - L25)
- 27. Limitation Range - 100,000 for MFJ or 50,000 for other filing statuses
- 28. Limitation Percentage (L26/L27) (Max 100%)

Specified Services Business Limitation (Within Phase Out Range)

- 29. Diff Between Max QBID and Limitation (L10 - L24)
- 30. Limitation Reduction (L28 * L29)
- 31. Reduced QBI (L10 - L30)
- 32. Phase Out Percentage (1.00 - L28)
- 33. Phase out QBID (L31 * L32)

Non-Specified Business Limitation (Within Phase Out Range)

- 34. Diff between Max QBID and Limitation (L18 - L24)
- 35. QBID Phase In Reduction (L28 * L34)
- 36. Allowable QBID - Non-Specified Business (L18 - L35 or L24 if L34 = 0)

Non-Specified Business Limitation (Above Phase Out Range)

- 37. Allowable Qualified Business Income Deduction (L24)
- 38. Total Qualified Business Income Deduction before QPAI

QPAI Reduction for Qualified Payments from Cooperatives

- 39. Portion of QBI allocable to qualified payments received from cooperative included in Sch F/Form 4835
- 40. Cooperative QPAI Deduction identified in writing by cooperatives included in Sch F/Form 4835
- 41. 9% of QBI allocable to payments received from cooperative (L39 * 9%)
- 42. W-2 wages allocable to payments received from cooperative (L19 * L39/L9)
- 43. 50% of wages allocable to payments received from cooperative (L42 * 50%)
- 44. Lessor of 9% of QBI or 50% of Wages allocable to cooperative payments. (smaller of L41 or 43)
- 45. Total Qualified Business Income Deduction reduced for cooperative allocation (L38 - L44)

2018 PIT-1 (page 2)
NEW MEXICO PERSONAL INCOME TAX RETURN

1
YOUR SOCIAL SECURITY NUMBER

Do not submit a photocopy of this form to the Department. Submit only original forms and keep a copy for your records.

If submitting this return by mail, send to:
New Mexico Taxation and Revenue Department
P.O. Box 25122
Santa Fe, New Mexico 87504-5122



23. The amount on line 22 from page 1	23	785
24. Total claimed on rebate and credit schedule (PIT-RC, line 25). Attach PIT-RC	24	
25. Working families tax credit. (You must complete both lines 25 and 25a or the deduction will be denied.)	25	92
25a. The amount of federal earned income credit (EIC) reported on your 2018 federal income tax return	25a	918
26. Refundable business-related income tax credits from Schedule PIT-CR, line B. Attach PIT-CR	26	
27. New Mexico income tax withheld. Attach annual statements of income and withholding	27	992
28. New Mexico income tax withheld from oil and gas proceeds. Attach 1099-Misc or RPD-41285	28	
29. New Mexico income tax withheld from a pass-through entity. Attach 1099-Misc or RPD-41359	29	
30. 2018 estimated income tax payments. See PIT-1 instructions	30	
31. Other Payments	31	
32. TOTAL PAYMENTS AND CREDITS. Add lines 24 through 31	32	1,084
33. TAX DUE. If line 23 is greater than line 32, enter the difference here	33	
34. Penalty on underpayment of estimated tax. If you want penalty computed for you, leave blank	34	
35. Special method allowed for calculation of underpayment of estimated tax penalty. If you owe penalty on underpayment of estimated tax and you qualify, enter 1, 2, 3, 4, or 5 in the box. Attach RPD-41272	35	
36. Penalty. See PIT-1 instructions. If you want penalty computed for you, leave blank	36	
37. Interest. See PIT-1 instructions. If you want interest computed for you, leave blank	37	
38. TAX, PENALTY, AND INTEREST DUE. Add lines 33, 34, 36, and 37	38	
39. OVERPAYMENT. If line 23 is less than line 32, enter the difference here	39	299
40. Refund voluntary contributions (PIT-D, line 17). Attach PIT-D	40	
41. Amount from line 39 you want applied to your 2019 Estimated Tax	41	
42. AMOUNT TO BE REFUNDED TO YOU. Line 39 minus lines 40 and 41	42	299

!! REFUND EXPRESS !!

HAVE IT DIRECTLY DEPOSITED! SEE INSTRUCTIONS AND COMPLETE ALL QUESTIONS IN THIS BLOCK.

REQUIRED: You must answer this question.
WILL THIS REFUND GO TO OR THROUGH AN ACCOUNT LOCATED OUTSIDE THE UNITED STATES? If yes, you may not use this refund delivery option. See instructions.

RE.1 Routing number: 101089742

RE.2 Account number:

RE.3 Type: Choose one.

Checking ☒

Savings ☐

Mark X by your choice.

RE.4 YES ☐ NO ☒

I declare 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.

Your signature		Date	
REQUIRED: DRIVER'S LICENSE, STATE ID No. or "NONE"		State	Expiration Date
		NM	07-25-2021
Spouse's signature		Date	
REQUIRED: SPOUSE'S DRIVER'S LICENSE, STATE ID No. or "NONE"		State	Expiration Date
		NM	12-30-2021

(If filing jointly, BOTH must sign even if only one had income.)

Taxpayer's phone number 575-642-3996

Taxpayer's email address JOELEORIO@YAHOO.COM

Paid preparer's use only:

Signature of preparer		Date 04032019	
HRB TAX GROUP INC			
P.1 Firm's name (or yours, if self-employed)			
P.2 NM CRS identification number 02430037003			
P.3 Preparer's PTIN P01817341			
P.4 FEIN 431871840			
P.5 Preparer's phone number 5754341761			
P.6 <input type="checkbox"/> Mark this box if Form RPD-41338 is on file for this taxpayer. See PIT-1 instructions.			

H&R BLOCK®**CLIENT SERVICE AGREEMENT
TAX SEASON 2019 - TAX YEAR 2018****WELCOME TO H&R BLOCK®**

Thank you for choosing H&R BLOCK®. If you are having your taxes prepared, and you are at an office operated by HRB Tax Group, Inc. ("HRB"), your tax return will be prepared by HRB. If you are at a franchised H&R BLOCK® office, your return will be prepared by an independently owned and operated franchisee ("Franchisee"). In either case, this Client Service Agreement ("CSA") explains what you should expect from your tax preparer and from other companies that may provide products and services to you. It also explains what is needed from you so that they can provide the great service you expect. This CSA contains an Arbitration Agreement, the terms of which are set forth below.

The office you have chosen will prepare your tax return(s) and/or provide other products and services you request. If you are having your taxes prepared, your tax preparer will (1) interview you to learn details that affect your taxes, and (2) ask you for documents to help accurately record your income, credits or deductions. You agree to provide information related to all products and services you receive, including your W-2(s) and other information that affects your tax situation, and to verify the accuracy of this information (including any W-2 you download for pick-up in the tax office). If you discover that you did not provide complete and accurate information, you agree to file an amended return. Your tax preparer would be happy to prepare any amendment for you, but there may be an additional charge. The use and disclosure of information you provide to H&R BLOCK® is governed by the Privacy Notice provided to you. You may request a copy of our most recent Privacy Notice from any office, or you may access a copy at www.hrblock.com. If you obtain a Refund Transfer, your fees are not due until all services are complete, which is typically when your refund is received and your authorized payments are disbursed, but in any event no more than 30 days after your tax return is e-filed.

ARBITRATION IF A DISPUTE ARISES ("ARBITRATION AGREEMENT")

1. Scope of Arbitration Agreement. All disputes and claims between you and any one or more of the H&R Block Parties (as defined below) shall be resolved through binding individual arbitration unless you opt out of this Arbitration Agreement using the process explained below. However, either you or the H&R Block Parties may bring an individual claim in small claims court, as long as it is brought and maintained as an individual claim. All issues are for the arbitrator to decide, except that issues relating to the validity, enforceability, and scope of this Arbitration Agreement, including the interpretation of paragraph 3 below, shall be determined by the court and not the arbitrator. For purposes of this Arbitration Agreement, the term "H&R Block Parties" shall include HRB, Emerald Financial Services, LLC, and Franchisee; as well as any of their direct or indirect parents, subsidiaries, and affiliates. This term also includes the predecessors, successors, officers, directors, agents, employees and franchisees of any of them.

Right to Opt Out of This Arbitration Agreement: You are not required to accept arbitration even though you must sign this CSA to receive service today. You may opt out of this Arbitration Agreement within the first 60 days after you sign this CSA by fully filling out the form found at www.hrblock.com/goto/optout, or by sending a signed letter to Arbitration Opt-Out, P.O. Box 32818, Kansas City, MO 64171. The letter should include your printed name, the first five digits of your Social Security number, state, zip code, and the words "Reject Arbitration." If you opt out of this Arbitration Agreement, any prior arbitration agreement shall remain in force and effect.

2. How Arbitration Works. Either party may initiate arbitration, which shall be conducted by the American Arbitration Association ("AAA") pursuant to its Consumer Arbitration Rules ("AAA Rules"), as modified by this Arbitration Agreement. The AAA Rules are available on the AAA's website www.adr.org, or by calling the AAA at (800) 778-7879. In the event the AAA is unavailable or unwilling to hear the dispute, the parties shall agree to, or the court shall select, another arbitration provider. Unless you and the H&R Block Parties agree otherwise, any arbitration hearing shall take place in the county of your residence. We encourage you to call (855) 267-2202 in advance of filing a claim for arbitration to see if the dispute can be resolved prior to arbitration.

3. Waiver of Right to Bring Class Action and Representative Claims. All arbitrations shall proceed on an individual basis. The arbitrator is empowered to resolve the dispute with the same remedies available in court, including compensatory, statutory, and punitive damages; attorneys' fees; and declaratory, injunctive, and equitable relief. However, any relief must be individualized to you and shall not affect any other client. The arbitrator is also empowered to resolve the dispute with the same defenses available in court, including but not limited to statutes of limitation. **You and the H&R Block Parties also agree that each may bring claims against the other in arbitration only in your or their respective individual capacities and in so doing you and the H&R Block Parties hereby waive the right to a trial by jury, to assert or participate in a class action lawsuit or class action arbitration, to assert or participate in a private attorney general lawsuit or private attorney general arbitration, and to assert or participate in any joint or consolidated lawsuit or joint or consolidated arbitration of any kind.** If a court decides that applicable law precludes enforcement of any of this paragraph's limitations as to a particular claim for relief, then that claim for relief (and only that claim for relief) must remain in court and be severed from any arbitration. The H&R Block Parties do not consent to, and the arbitrator shall not have authority to conduct, any class action arbitration, private attorney general arbitration, or arbitration involving joint or consolidated claims, under any circumstance.

4. Arbitration Costs. The H&R Block Parties will pay all filing, administrative, arbitrator and hearing costs. The H&R Block Parties waive any rights they may have to recover an award of attorneys' fees and expenses against you.

5. Other Terms & Information. This Arbitration Agreement shall be governed by, and interpreted, construed, and enforced in accordance with, the Federal Arbitration Act and other applicable federal law. Except as set forth above, if any portion of this Arbitration Agreement is deemed invalid or unenforceable, it will not invalidate the remaining portions of the Arbitration Agreement.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION

The H&R Block Parties agree to be bound by the terms above. I have the authority to sign on behalf of the taxpayer(s), and I understand and voluntarily agree to the terms of the Arbitration Agreement described above, as well as all other terms, conditions and disclosures presented in this Client Service Agreement.

SIGNATURE AND DATE ON FILE

Client's Signature

Date

SIGNATURE AND DATE ON FILE

Spouse's Signature (Required only if MFJ and Spouse is Present)

Date

TS19 Client Service Agreement

18FCCSA1

10/25/2018

CLIENT COPY

JA000290

Client Sources of Income Verification

You represent to us that you have reviewed the items on your return to ensure it includes all of your sources of income, regardless of taxability, and that items or issues on such returns have not been, or are not currently, under examination by tax authorities. The total amount below may not match your total Adjusted Gross Income.

Sources of Income - Total \$ 157,854 .

Note: Schedule C (self-employment income), Schedule E page 1 (rental income), and Schedule F (farm income) from other than 1099-Misc or 1099-K has been excluded from this document.

<u>Document</u>	<u>Issued by</u>	<u>Amount</u>
W2	DBA IHOP 1443	\$10,800
W2	DBA IHOP	\$24,969
W2	DBA IHOP 1443	\$167
W2	DBA IHOP 3330	\$5,136
W2G	SUNLAND PARK	\$1,722
1099A	CARRINGTON MORTGAGE SVCS	\$107,258
1099R	AMBERCARE CORPORATION EM	\$7,802

My/our signature(s) below confirms that I/we verify that I/we have no additional sources of income for the 2018 tax year in the categories listed above.

	Name	Signature	Date
Client	JOEL E EORIO	SIGNATURE AND DATE ON FILE	
Spouse	LISA M EORIO	SIGNATURE AND DATE ON FILE	

(If married and Spouse is present, Spouse must also sign.)

Tax Professional: _____ Date: _____

CLIENT COPY

18FCINCOMEVER1
07/19/2018

JA000291

CLIENT COPY
CONSENT TO USE TAX RETURN INFORMATION

We want to help you reach your financial goals. In order to do this, we would like to use your tax return information. The Internal Revenue Code requires that absent a specific exception we obtain your consent before we use information provided to HRB Tax Group, Inc., its subsidiaries, or their independently owned and operated third-party franchisees (collectively, "H&R Block") in connection with preparing your tax return.

If you sign this form and check one or more of the boxes below, you authorize H&R Block to use the specified tax return information for the designated purposes. **Insert a checkmark in the corresponding box if you want to provide your consent to a specific use.**

I authorize H&R Block to use relevant information I provide in connection with the preparation of my 2018 tax return to:	
<input checked="checked" type="checkbox"/>	determine my eligibility for, inform me about, offer me, internally report on, or research additional ways to pay my tax preparation fees, including Refund Transfers (RT);
<input type="checkbox"/>	determine my eligibility for, inform me about, offer me, internally report on, or research prepaid debit cards, such as the H&R Block Emerald Prepaid Mastercard®;
<input type="checkbox"/>	determine my eligibility to apply for, inform me about, offer me, internally report on, or research lines of credit and loans, including a Refund Advance.

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot use your tax return information for purposes other than the preparation and filing of your tax return without your consent.

You are not required to complete this form to engage our tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. Your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General for Tax Administration (TIGTA) by telephone at 1-800-366-4484, or by email at complaints@tigta.treas.gov.

H&R Block will not use your tax return information for any other purpose in connection with this consent, except as required or permitted by law.

By completing and signing this form, you authorize H&R Block to use the tax return information described above for the designated purpose through July 31, 2022. You may cancel your consent for any authorized use by calling 1-877-723-5458.

Taxpayer's Signature SIGNATURE AND DATE ON FILE Date _____

Taxpayer's Printed Name JOEL E EORIO

Spouse's Signature (if MFJ) SIGNATURE AND DATE ON FILE Date _____

Spouse's Printed Name (if MFJ) LISA M EORIO

CLIENT Copy

Please check each disclosure you authorize.

<input type="checkbox"/>	<p>Refund Advance:</p> <p>I authorize H&R Block to disclose to Axos Bank™, an FDIC insured member institution,*^ information from my 2018 income tax return including my contact information, Social Security number, date of birth, filing status, financial information, credits, deductions, refund amount, forms and schedules filed, number, age, and relationship status of dependents, number of exemptions and other information to process my application for, report on, and if approved, provide and service my Refund Advance. This information may also be used by these entities to comply with various regulatory obligations associated with the Refund Advance loan program.</p> <p>If I am a previous H&R Block customer, I also authorize H&R Block to disclose to these entities how long I have been an H&R Block customer and from my 2017 income tax return my expected and actual refund amount, total disbursements from the IRS, credits, deductions, forms and schedules filed, number, age, and relationship status of dependents, and number of earned-income credit qualifying dependents.#</p>
<input type="checkbox"/>	<p>H&R Block Personalized Services:</p> <p>I authorize H&R Block to disclose to H&R Block Personalized Services, LLC my 2018 tax return information (<u>excluding</u> all Social Security numbers and my dependent's personally identifiable information) and information regarding how long I have been an H&R Block client so that H&R Block Client Personalized Services is able to provide services tailored to me:</p> <ul style="list-style-type: none"> • Invitations to exclusive offers; • Personalized advice based on my tax situation; • Develop improved products and services; and • Special recognition for the business I do with H&R Block. <p>H&R Block Personalized Services may use service providers and business partners to accomplish these tasks.</p>

Federal law requires this consent form be provided to you. Unless authorized by law, we cannot disclose your tax return information to third parties for purposes other than the preparation and filing of your tax return without your consent. If you consent to the disclosure of your tax return information, Federal law may not protect your tax return information from further use or distribution.

You are not required to complete this form to engage in tax return preparation services. If we obtain your signature on this form by conditioning our tax return preparation services on your consent, your consent will not be valid. If you agree to the disclosure of your tax return information, your consent is valid for the amount of time that you specify. If you do not specify the duration of your consent, your consent is valid for one year from the date of signature.

If you believe your tax return information has been disclosed or used improperly in a manner unauthorized by law or without your permission, you may contact the Treasury Inspector General

Refund Transfer Disclosure

What You Need to Know About Refund Transfers

General Information

- A Refund Transfer is an optional tax refund-related deposit product offered by Axos Bank™ ("Axos"), Member FDIC. Axos will open a bank account (a "Refund Account") for you for the purpose of receiving the direct deposit of your tax refund, disbursing the payments as you authorize and direct, and disbursing any balance to you.
- A Refund Transfer is intended for limited use and enables those who select it to direct the payment of tax preparation and other amounts from their income tax refund. A Refund Transfer is not a loan or an extension of credit. A Refund Transfer is not necessary to obtain your refund.
- The fee for a Refund Transfer is \$39.95. If you choose to receive the proceeds of your Refund Transfer by check, there will be an additional check disbursement fee of \$25.00. If you choose to purchase a Refund Transfer, a state Refund Transfer (where available and if you select one) will be provided to you at no additional cost.
- If you have an existing deposit account or other product into which your tax refund can be directly deposited, you can file a tax return electronically and receive your refund in approximately the same amount of time as you would with a Refund Transfer, without paying additional fees associated with a Refund Transfer or other bank products.
- The cost of a Refund Transfer will be deducted from and can reduce the amount you can expect to receive from your tax refund. The amount you will receive from your tax refund will also be reduced by other payments you authorize.
- If you claim the Earned Income Tax Credit and purchase a Refund Transfer, the amount of funds you will ultimately receive from your refund will be reduced by the amount of the Refund Transfer fee and other payments you authorize.

Options For Receiving Your Tax Refund

- You have several options for filing your tax return and receiving your tax refund. The IRS or state taxing authority can issue your tax refund directly to you without you having to incur any additional cost for a Refund Transfer.
- If you file a paper tax return by U.S. mail and elect to receive your federal tax refund through the U.S. mail, you can expect your refund normally in 6 to 8 weeks after IRS acceptance of your tax return.*
- If you file your tax return electronically and elect to receive your federal tax refund through the U.S. mail, you can expect your refund normally in 21 to 28 days after IRS acceptance of your tax return.*
- If you file your tax return electronically and elect to receive your federal tax refund on your H&R Block Emerald Prepaid Mastercard® ("Emerald Card®"), another prepaid debit card owned by you, or your personal bank account, you can expect your refund normally within 21 days after IRS acceptance of your tax return.*

Filing Options and Timeline

Filing/Refund Options	Refund Transfer Fee?	Expected Timing*	Tax Preparation Fee Due Today?
Paper Return by U.S. Mail IRS Mailed Check	None	6-8 weeks	Yes
Paper Return by U.S. Mail IRS Direct Deposit to Your Bank Account or Emerald Card	None	5-7 weeks	Yes
E-Filed Return IRS Mailed Check	None	21-28 days	Yes
E-Filed Return IRS Direct Deposit to Your Bank Account or Emerald Card	None	Within 21 days	Yes
E-Filed Return Refund Transfer on Emerald Card	\$39.95	Within 21 days	No
E-Filed Return Refund Transfer To Your Bank Account	\$39.95	Within 21 days **	No
E-Filed Return Refund Transfer on Check	\$39.95 + \$25.00 check fee	Within 28 days	No

*These are approximate times based on www.irs.gov and other available information. The IRS does not guarantee a specific date that refunds will be received. Many factors can impact the timing of your refund and the processing of your return may take longer. If you claimed either the Earned Income Tax Credit or Additional Child Tax Credit, the IRS cannot issue your refund before February 15. The availability of your Refund Transfer depends on when the taxing authority issues your refund; Axos and H&R Block cannot guarantee a specific date that your refund will be issued or when your Refund Transfer proceeds will be available to you.

**Depending on your receiving bank, direct deposit to an external account can take up to 5 additional business days.

FOCCRT1
10/26/2018

For return Address Purposes Only

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

CARRINGTON MORTGAGE SERVICES, LLC
1600 SOUTH DOUGLASS ROAD
SUITES 110 & 200-A
ANAHEIM CA 92806

1-800-561-4567

CORRECTED BY CHECKER

OMB No. 1545-0877

2018

Form 1099-A

**Acquisition or
Abandonment of
Secured Property****Copy B
For Borrower**

Account number (see instructions)

4000413605

LENDER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

CARRINGTON MORTGAGE SERVICES, LLC
1600 SOUTH DOUGLASS ROAD
SUITES 110 & 200-A
ANAHEIM CA 92806
1-800-561-4567

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

LENDER'S TIN

20-8745846

BORROWER'S TIN

XXX-XX-7720

BORROWER'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code

0008512 01 MB 0.421 **AUTO T3 0 9435 88001-241105 -C01-P08520-1



JOEL E EORIO
1805 JUNIPER AVE
LAS CRUCES NM 88001-2411

1 Date of lender's acquisition or knowledge of
abandonment

11/12/2018

2 Balance of principal outstanding

\$ 107,258.29

4 Fair market value of property

\$ 74,480.00

5 If checked, the borrower was personally liable for
repayment of the debt

6 Description of property

1805 JUNIPER AVENUE

Form 1099-A

(Keep for your records.)

**This Space Intentionally Left Blank**

☐ CORRECTED (if checked)

OMB no. 1545-0238

2018
Form W-2G

**Certain
Gambling
Winnings**

Copy 2
Attach this copy
to your state,
city, or local
income tax return,
if required.

PAYER's name, street address, city or town, province or state, country, and ZIP or foreign postal code My Way Holdings, LLC dba Sunland Park Racetrack & Casino 1200 Futurity Dr Sunland Park NM USA 88063		1 Reportable winnings \$ 1,722.00	2 Date won 7/2/2018 9:52:05PM
		3 Type of wager 0.01	4 Federal income tax withheld 0.00
		5 Transaction 9635	6 Race Slot
		7 Winnings from identical wagers \$ 0.00	8 Cashier RC
PAYER's federal identification number 88-0475995	PAYER's telephone number [REDACTED]	9 Winner's taxpayer identification no. 147-80-7720	10 Window 4 4
WINNER'S name JOEL EDWARD EORIO		11 First I.D. NMDL#123933991	12 Second I.D. 147-80-7720
Street address (including apt. no.) 1805 JUNIPER AVE		13 State/Payer's state identification no. 02-445574-001	14 State winnings \$ 1,722.00
City or town, province or state, country, and ZIP or foreign postal code LAS CRUCES NM USA 88001		15 State income tax withheld \$ 0.00	16 Local winnings \$ 1,722.00
		17 Local income tax withheld	18 Name of locality Sunland Park

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the name, address, and taxpayer identification number that I have furnished correctly identify me as the recipient of this payment and any payments from identical wagers, and that no other person is entitled to any part of these payments.

Signature:

Date:

Form W-2G

www.irs.gov/w2g

Department of the Treasury - Internal Revenue Service

JA000296