

**UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT**

Form A
For Use by Members, Officers, and Employees

Name: DINA TITOS

Daytime Telephone: 202-225-5985

LEGISLATIVE RESOURCE CENTER
2021 AUG 16 (9:00am - 5:00pm only)
A \$300 penalty shall be assessed against any individual who files more than 30 days late.

HAND DELIVERED Page 1 of 12

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>NV</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Staff Filer Type: (if Applicable) Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
		District: <u>01</u>			
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/> Amendment		<input type="checkbox"/> Termination	Date of Termination: _____

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR</p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<p>B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"</p>

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "Yes" to this question, please contact the Committee on Ethics for further guidance.

Yes No

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

Yes No

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: FTOS Page 2 of 12

BLOCK A			BLOCK B													BLOCK C							BLOCK D												BLOCK E
Assets and/or Income Sources			Value of Asset													Type of Income							Amount of Income												Transaction
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generates more than \$200 in unearned income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.			Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.													Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.							For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. *Column XII is for assets held by your spouse or dependent child in which you have no interest.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (part)). Leave this column blank if there are no transactions that exceeded \$1,000.
			A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
Examples:	Simon & Schuster																			Partnership Income															
	AAC Hedge Fund																			Royalties															
	TIAA - CREF - RET																			None															
	TIAA - CREF - PLAN																			None															
	PAIDENTIA W/ HOLD																			None															
	PERMANENT W/ HOLD																			None															
	AMERICAN ANNUAL																			None															
	AMERICAN ANNUAL																			None															
	AMERICAN ANNUAL																			None															
	AMERICAN ANNUAL																			None															
	AMERICAN ANNUAL																			None															
	AMERICAN ANNUAL																			None															

SCHEDULE A - ASSETS & "UNEARNED"

Name: TTWS Page 3 of 12

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income											BLOCK E Transaction							
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E					
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*								None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with Income over \$1,000,000*							
	MUGGNI STAYLEY IRA		X																			X		X																
	MONEY FUND		X																																					
	MFS INTERNED WM		X																																					
	BANK DAP		X																																					
SP	MUGGNI STAYLEY IRA		X																			X		X																
	MONEY FUND		X																																					
	SHAR DEP		X																																					
	MFS INTERNED WM		X																																					
	FRANKLIN VS GOVT			X																		X		X																
JT	MUGGNI STAYLEY IRA																					X		X																
	BANK DAP			X																																				
	FRANKLIN VS GOVT			X																		X		X																
	FRANKLIN VS GOVT			X																		X		X																
	FRANKLIN VS GOVT			X																		X		X																

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED"

Name: ITUS

Page 5 of 12

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction			
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E		
		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*			
	PROCTOR & GAMBLE			X												X																					
	CATHY-SMITH-KIMBLE			X												X																					
	HOLLYWELL			X												X																					
	MICROSOFT			X												X																					
	PUBLIC SERVICE															X																					
	VERIZON			X												X																					
	CAPITAL ONE			X												X																					
	MORRIS STANLEY															X																					
	BISTON PROPERTIES			X												X																					
	B-TORRE FM CASP			X												X																					
	ABIT CORP			X												X																					
	BERNS:																																				
	OLD SAYBROOK																																				
	MASS CANONIC																																				
	JCA - FLA																																				
	BIRMINGHAM, ALA																																				

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED"

Name: Titus Page 6 of 12

BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income													BLOCK E Transaction	
	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*									None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Asset with income over \$1,000,000*		
ASSET NAME																																			
WYBE & TATE			X														X																		
LAS VEGAS NV				X													Y																		
NR SYS HIGH EBOC				X													X																		
ILLINOIS PUM KOTH				X													X																		
MASS STATE				X													X																		
NEW YORK CITY				X													X																		
CHAMP STATE				X													X																		
MT-TANQUILA ADVANTY					X												Y																		
TAK CRER MET NADONAL						X											X																		
SP OIL LEASES																	X																		
NERG ENERGY																	X																		
TAK ENERGY																	X																		
KASOR PRUVIS																	X																		

Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name:

T1705

Page

7 of 12

Report any purchase, sale, or exchange transaction that exceeded \$1,000 in the reporting period or any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated capital income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.

Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gain" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A.

* Column K is for assets solely held by your spouse or dependent child.

SP, DC, JT	Asset	Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY or Quarterly, Monthly, or Bi-weekly, if applicable)	Amount of Transaction													
		Purchase	Sale	Partial Sale	Exchange			A \$1,001-\$15,000	B \$15,001-\$50,000	C \$50,001-\$100,000	D \$100,001-\$250,000	E \$250,001-\$500,000	F \$500,001-\$1,000,000	G \$1,000,001-\$5,000,000	H \$5,000,001-\$25,000,000	I \$25,000,001-\$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC gain)			
SP	Example Mega Corp. Stock			X		X	3/15/20		X												
JT	CHIEF STATE BOND NY CITY TEAMS FIN AUTH	PURCHASE					12/8/20		X												

SCHEDULE C - EARNED INCOME

Name:

TITUS

Page

8 of 12

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
<i>Examples:</i> Kansas State State of Maryland Civil War Roundtable, Oct. 2 California College Board of Education	Spouse's Pension Fee 1 Lockheed Pension Spouse's Stock Spouse's Salary	\$4,000 \$28,000 \$1,000 NA
NEVADA LEGISLATURE	PENSION	\$510 PER Mo.

Use additional sheets if more space is required.

SCHEDULE D - LIABILITIES

Name:

TITUS

Page

9 of 12

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability												
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K Over \$1,000,000* (Spouse/DC Liabilities)		
Example	First Bank of Wilmington, DE	6/20	Mortgage on Rental Property, Dover, DE				X									
	NONE															

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
NONE	

Use additional sheets if more space is required.

SCHEDULE F - AGREEMENTS

Name:

TTUs

Page 10 of 12

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
1991-	UNIV OF NV PRESS, RENO, NV	BOOK ROYALTIES
1989-	NV LEG, CARSON CITY, NV	PENSION: \$510 PER MONTH FOR 20 YEARS OF SERVICE IN NV. STATE SENATE

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives; gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent); local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$166 or less need not be added towards the \$415 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal transfer received from the Committee on Ethics)	\$500
NONE		

Use additional sheets if more space is required.

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: TTUS Page 11 of 12

Identify the source and list travel (itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$415 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
<i>Example:</i> Government of China (MECSA) Habitat for Humanity (Charity Fundstar)	Aug 8-11 Mar. 3-4	DC-Beijing, China-DC DC-Baltimore-DC	Y Y	Y Y	N Y
<i>None</i>					

Use additional sheets if more space is required.

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: TITUS Page 12 of 12

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Source		Activity	Date	Amount
Examples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2020	\$2,000
	XYZ Magazine	Article	Aug. 13, 2020	\$500
	NONE			

Use additional sheets if more space is required.



OMB Clearance No.: 1545-0074

FRESNO CA 93888-0034

In reply refer to: 1025671273
Mar. 23, 2021 LTR 12C 0 R
680-68-7672 202012 30

00006118
BODC: SB

DIANELLA APOLAYA & JAINE ROSENFELD
2201 FRONTIER AVE
LAS VEGAS NV 89106

052198

Social Security number: 680-68-7672
BATCH0000000 90221-448-41936-1

Dear Taxpayer:

We received your Dec. 31, 2020, Form 1040 federal individual income tax return, but we need more information to process the return accurately. Unless required otherwise, send us your reply within 20 days from the date of this letter.

Enclose only the information we requested and any forms, schedules or other information required to support your entries and a copy of this letter. Don't send a copy of your return unless we ask you to do so. Don't respond with a Form 1040X, Amended U.S. Individual Income Tax Return. We'll issue any refund due to you in 6 to 8 weeks from the time we receive your response. If we don't receive a response from you, we may have to increase the tax you owe or reduce your refund.

Find tax forms or publications by visiting www.irs.gov/forms or calling 800-TAX-FORM (800-829-3676).

According to our records, advance payments of the premium tax credit were made for health care coverage from the Health Insurance Marketplace for you or someone listed on your return. If this is the case, you must use Form 8962, Premium Tax Credit (PTC), to reconcile the advance credit payments with the amount of the premium tax credit you are allowed for the year.

You should have received a Form 1095-A, Health Insurance Marketplace Statement, from the Health Insurance Marketplace. Refer to the Form 1095-A and Form 8962 instructions to help you complete Form 8962. If you didn't receive a Form 1095-A, visit www.healthcare.gov or your state Marketplace website.

Send us the following documents:

- a completed Form 8962
- a copy of your Form 1095-A

If you don't reconcile, you won't be eligible for advance payments of the premium tax credit or cost-sharing reductions to help pay for your Marketplace health insurance coverage and other medical expenses in future years. You may also be required to pay back all or part of the

DIANELLA APOLAYA & JAIME ROSENFELD
2201 FRONTIER AVE
LAS VEGAS NV 89106

advance payments, which could result in an additional tax due or a reduction of your refund.

If you have questions, visit www.irs.gov/ltr0012C or call 866-682-7451, extension 568.

If you have questions about this letter, call the appropriate telephone number listed below:

- 800-829-0922 (Individual-Wage Earners)
- 800-829-8374 (Individual-Self Employed/Business Owners)
- 800-829-4059 (Telecommunication Device for the Deaf, TDD)
- +1-267-941-1000 (Outside of the United States), not toll-free

If you prefer, you can write to us at the address at the top of the first page of this letter.

If you want to send the information by fax, our fax number is 844-254-2833. Due to the high volume, we can't acknowledge receipt of your fax. Your faxed signatures will become a permanent part of your filing. Don't send another copy by mail. Doing so could delay the processing of your return. Be sure to put your taxpayer identification number on each page faxed. Include a cover sheet with the following information:

Date: 03/26/2021
Attention: Missy Arip
Name: ERS REJECTS
Control number: 90221-448-41936-1
Phone number: 800-829-1040
Your name: Dianella Rosenfeld
Your taxpayer ID: 680-68-2692
(Social Security or individual taxpayer identification number)
Tax period: 2020
Number of faxed pages: 4

If you didn't file your tax return electronically and your filing requirements allow you this option, please consider this in the future. The e-file program will guide you through the steps of completing your tax return, so that you can help to avoid correspondence delays. For more information about electronic filing, ask your tax preparer or visit www.irs.gov.

When you write, include a copy of this letter, and write your telephone number and the hours we can reach you.

1025671273
Mar. 23, 2021 LTR 12C 0 R
680-68-7672 202012 30
00006120

DIANELLA APOLAYA & JAIME ROSENFELD
2201 FRONTIER AVE
LAS VEGAS NV 89106

Keep a copy of this letter and any documents you send us with this response for your records.

Thank you for your cooperation.

Sincerely yours,



MELISSA AVILA
OPERATIONS MANAGER INPUT CORRECTION

BATCH 000000
90221-448-41936-1

Enclosures:
Copy of this letter
Envelope

Department of the Treasury
Internal Revenue Service

Do not attach to your tax return. Keep for your records.
Go to www.irs.gov/Form1095A for instructions and the latest information.

Part I Recipient Information

1 Marketplace Identifier Nevada	2 Marketplace-assigned policy number 092622	3 Policy issuer's name Health Plan of Nevada, Inc.	
4 Recipient's name Jaima Rosenfeld	5 Recipient's SSN ***-**-0428	6 Recipient's date of birth	
7 Recipient's spouse's name	8 Recipient's spouse's SSN	9 Recipient's spouse's date of birth	
10 Policy start date 01/01/2020	11 Policy termination date 01/31/2020	12 Street address (including apartment no.) 2201 Frontier Ave	
13 City or town Las Vegas	14 State or province NV	15 County and ZIP or foreign postal code 89106	

Part II Covered Individuals

A. Covered individual name	B. Covered individual SSN	C. Covered individual date of birth	D. Coverage start date	E. Coverage termination date
16 Jaima Rosenfeld	***-**-0428		01/01/2020	01/31/2020
17				
18				
19				
20				

Part III Coverage Information

Month	A. Monthly enrollment premium	B. Monthly second lowest cost silver plan (SLCSP) premium	C. Monthly advance payment of premium tax credit
21 January	0.00	0.00	382.00
22 February			
23 March			
24 April			
25 May			
26 June			
27 July			
28 August			
29 September			
30 October			
31 November			
32 December			
33 Annual Totals	0.00	0.00	382.00

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

Premium Tax Credit (PTC)

2020

Attachment
Sequence No. **73**

Department of the Treasury
Internal Revenue Service

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

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

Name shown on your return

Your social security number

DIANELLA APOLINA

680-68-7672

You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box

Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions		1	4
2a	Modified AGI. Enter your modified AGI. See instructions	2a	22,992	
b	Enter the total of your dependents' modified AGI. See instructions	2b		
3	Household income. Add the amounts on lines 2a and 2b. See instructions	3	22,992	
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	25,750	
5	Household income as a percentage of federal poverty line (see instructions)	5	89%	
6	Did you enter 401% on line 5? (See instructions if you entered less than 100%) <input checked="" type="checkbox"/> No. Continue to line 7. <input type="checkbox"/> Yes. You are not eligible to take the PTC. If advance payment of the PTC was made, see the instructions for how to report your excess advance PTC repayment amount.			
7	Applicable Figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0206	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	474	
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	40	

Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
 Yes. Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. No. Continue to line 10.
- 10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
 Yes. Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
 No. Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation							
11	Annual Totals						
Monthly Calculation							
12	January	0	0	40	0	0	382
13	February						
14	March						
15	April						
16	May						
17	June						
18	July						
19	August						
20	September						
21	October						
22	November						
23	December						

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	382
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 8. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	382
28	Repayment limitation (see instructions)	28	650
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	382

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