



U.S. Citizenship
and Immigration
Services

We have rejected your benefit request for the reasons indicated on Form I-797C, Notice of Action. Your rejected benefit request will not retain a filing date. You may resubmit your benefit request as a new filing if you are able to correct the issue that caused the rejection.

If you do file the benefit request again, please note the following:

- Since your submission was rejected, it is not yet considered properly filed.
- You must meet all requirements as of the date of the new filing.
- Please review the relevant form instructions to determine if your new filing can be considered as timely filed. If you have any questions regarding the rejected filing, please contact lockboxsupport@uscis.dhs.gov.

If you do submit your benefit request again, please enclose this letter with your submission.

**Place this letter on top of your
new filing package**

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

ATTORNEY COPY

EDER L. CARDOSO
C/O OTAVIO HAVERROTH SILVA HS LAW CORP
PO BOX 90487
SAN DIEGO, CA 92169

TRN# 3026102991740

BIN# 3931864

If you are visiting a field office and need directions, including public transportation directions, please see www.uscis.gov/fieldoffices for more information.

Notice for Customers with Disabilities

To request a disability accommodation:

- Go to uscis.gov/accommodations to make your request online, or
- Call the USCIS Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) for help in English or Spanish.

If you need a sign language interpreter, make your request as soon as you receive your appointment notice. The more advance notice we have of your accommodation request, the better prepared we can be and less likely we will need to reschedule your appointment. For more information about accommodations, visit uscis.gov/accommodationsinfo.

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NOTICE TYPE Rejection Notice			NOTICE DATE June 12, 2026
CASE TYPE N-400, Application for Naturalization			
RECEIPT NUMBER IOE0937222012	RECEIVED DATE May 29, 2026	PRIORITY DATE May 29, 2026	PAGE 1 of 2
APPLICANT NAME AND MAILING ADDRESS EDER L. CARDOSO C/O OTAVIO HAVERROTH SILVA PO BOX 90487 SAN DIEGO, CA 92169 This is in reference to the Form N-400, Application for Naturalization, you submitted. Your N-400, fees, and any supporting documentation are being returned to you for the following reason(s): The payment amount provided does not match the required amount according to what you have selected on the form, or no payment amount has been provided. Please review the Fee Schedule, Form G-1055, at uscis.gov/G-1055 for the latest fee information. Please resubmit the application/petition package with the appropriate fees to the address listed on the bottom of this page. To qualify for a reduced fee your household income must not be more than 400 percent of the Federal Poverty Guidelines based on your household size. Your household income could not be determined because of one or more of the following reasons: • You did not provide information about the income of all household members; • The tax returns you submitted do not reflect your current income; or • You did not provide sufficient explanations for discrepancies between claimed household income and the supporting documentation evidence you submitted. You did not submit sufficient evidence that your household income is not more than 400 percent of the Federal Poverty Guidelines. Therefore, you did not provide sufficient documentation that you qualify for the reduced fee. Household income includes all types of income and financial assistance. Evidence may include: • A copy of your most recent federal tax return. • If you did not file a federal tax return, or if your tax return does not properly reflect your current income, submit copies of consecutive pay statements (stubs) for a minimum of the past month, recent Form W-2, Form SSA-1099, or statements from your employers on business stationery showing salary or wages paid. • If you had other financial support, provide documentation such as parental support, alimony, child support, educational stipends, pensions, Social Security, royalties, veterans benefits, unemployment benefits, consistent or regular financial support from adult children, parents, dependents, or other people living in your household. The current household income requirements based on household size are available at www.uscis.gov/n-400 . Please resubmit your completed Form N-400 with the appropriate fees. Include all required supporting evidence. You may be able to file form online. Visit www.uscis.gov/file-online for more information.			

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You can visit the USCIS website (www.uscis.gov) to find valuable information about forms and filing instructions, and about general immigration services and benefits.

If you have questions, please visit the USCIS Contact Center at www.uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.

You will be notified separately about any other case you may have filed.

USCIS OFFICE ADDRESS

USCIS
P. O. Box 21251
Phoenix, AZ 85036

USCIS CONTACT CENTER NUMBER

(800)375-5283
APPLICANT COPY



TRN# 3026102991740

BIN# 3931864

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Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Eder		Middle Name (if any) Luiz	Family Name (Last Name) CARDOSO
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)		Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		Authorized Payment Amount \$ 760 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



U.S. Postal Service (USPS):

USCIS

Attn: N-400

P.O. Box 21251

Phoenix, AZ 85036-1251

RE: N-400 Application for Naturalization**Applicant:** Eder Luiz Cardoso, A-099373463

This application is being refiled following the rejection of a prior filing (Receipt Number: IOE0937222012.

Dear Sir or Madam,

Please find enclosed the Application for Naturalization, filed by counsel on behalf of Eder Luiz Cardoso.

The initial application was received by USCIS on May 29, 2026 , prior to the expiration of Mr. Eder Luiz Cardoso's Permanent Resident Card, and was rejected on June 12, 2026 . In that filing, the Applicant properly requested the reduced filing fee because he met the eligibility requirements based on his household income, which were below 400% of the applicable Federal Poverty Guidelines.

All documentation required to establish eligibility for the reduced filing fee was submitted with the prior filing and is included in Exhibit 3 of that submission.

Nevertheless, in order to avoid any further processing delays or administrative issues, the Applicant is enclosing a completed Form G-1450. While the Applicant continues to believe that he qualifies for the reduced filing fee and that the supporting evidence demonstrates such eligibility, he is providing payment of the full fee solely to facilitate timely adjudication of the application.

Respectfully submitted,

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form N-400, Application for Naturalization;

Documents:

- Eder Luiz Cardoso's Birth Certificate with English Translation;
- Eder Luiz Cardoso's Valid Passport;
- Eder Luiz Cardoso's Driver's License;
- Eder Luiz Cardoso's Lawful Permanent Resident Card (Green Card);
- Eder Luiz Cardoso's U.S. Individual Income Tax Return 2025;
- Eder Luiz Cardoso's U.S. Individual Income Tax Return 2024;
- Eder Luiz Cardoso's U.S. Individual Income Tax Return 2023;
- Eder Luiz Cardoso's U.S. Individual Income Tax Return 2022;
- Eder Luiz Cardoso's U.S. Individual Income Tax Return 2021;
- Eder Luiz Cardoso's IRS Form W-2: Wage and Tax Statement 2024;
- Eder Luiz Cardoso's IRS Form W-2: Wage and Tax Statement 2023;
- Eder Luiz Cardoso's IRS Form W-2: Wage and Tax Statement 2022;
- Eder Luiz Cardoso's Dissolution of Prior Marriage (Divorce Certificate);
- Eder Luiz Cardoso's Marriage Certificate with English Translation;
- Raiane Batista Ferreira Santos Cardoso's Passport (Spouse of Eder Luiz Cardoso).

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,



DATE: 06/19/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law

510-241-9336



**Notice of Entry of Appearance
as Attorney or Accredited Representative**
Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**

2.b. Given Name (First Name) **Otavio**

2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**

3.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**

3.c. City or Town **San Diego**

3.d. State **CA** 3.e. ZIP Code **92169**

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

6. Email Address (if any) **otavio@legalhs.com**

7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

N/A

2.c. Date of Accreditation (mm/dd/yyyy)

N/A

3. ☐ I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
N-400
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ **N/A**
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name) **CARDOSO**
- 6.b. Given Name (First Name) **Eder**
- 6.c. Middle Name **Lui z**
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- **0 9 9 3 7 3 4 6 3**

Client's Contact Information

10. Daytime Telephone Number
5108128616
11. Mobile Telephone Number (if any)
5108128616
12. Email Address (if any)
ederluizcalifa@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country
USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔ Eder Ruiz cardoso
- 2.b. Date of Signature (mm/dd/yyyy) 03-06-2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[Signature]

- 1.b. Date of Signature (mm/dd/yyyy) 03-06-2026

- 2.a. Signature of Law Student or Law Graduate

N/A

- 2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.





Application for Naturalization
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-400
OMB No. 1615-0052
Expires 02/28/2027

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

► **START HERE - Type or print in black ink.** If you do not answer all of the questions, it may take longer for U.S. Citizenship and Immigration Services (USCIS) to process your Form N-400.

If your mother or father (including legal adoptive mother or father) is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may not need to file Form N-400 as you may already be a U.S. citizen. Before you file this application, please visit the USCIS website at www.uscis.gov/N-600 for Form N-600, Application for Certificate of Citizenship.

Part 1. Information About Your Eligibility (Select only one box to identify the basis of your eligibility or your Form N-400 may be delayed or rejected.)

Enter Your 9 Digit A-Number:

► A- 0 9 9 3 7 3 4 6 3

1. Reason for Filing (Please see Instructions for eligibility requirements under each provision.):

- A. ☒ **General Provision.** See Instructions: **List of General Eligibility Requirements**
- B. ☐ **Spouse of U.S. Citizen.** See Instructions: **Eligibility Based on Marriage to a U.S. Citizen**
- C. ☐ **VAWA.** See Instructions: **Eligibility for the Spouse, Former Spouse, or Child of a U.S. Citizen under the Violence Against Women Act (VAWA)**
- D. ☐ **Spouse of U.S. Citizen in Qualified Employment Outside the United States.** See Instructions: **Eligibility for the Spouse of a U.S. Citizen Working for a Qualified Employer Outside the United States**

If your residential address is outside the United States and you are filing under Immigration and Nationality Act (INA) section 319(b), select the USCIS field office where you would like to have your naturalization interview. You can find a USCIS field office at www.uscis.gov/field-offices.

- E. ☐ **Military Service During Period of Hostilities.** See Instructions: **Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces**
- F. ☐ **At Least One Year of Honorable Military Service at Any Time.** See Instructions: **Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces**
- G. ☐ **Other Reason for Filing Not Listed Above**

Part 2. Information About You (Person applying for naturalization)

1. Your Current Legal Name (do not provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CARDOSO	Eder	Luiz

2. Other Names You Have Used Since Birth (see the Instructions for this **Item Number** for more information about which names to include)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A



Part 2. Information About You (Person applying for naturalization) (continued)

A- 0 9 9 3 7 3 4 6 3

Name Change (Optional)**Read the Instructions for this Item Number before you decide whether you would like to legally change your name.**

3. Would you like to legally change your name? ☐ Yes ☒ No (skip to **Item Number 4.**)

If you answered "Yes," type or print the new name you would like to use:

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

4. USCIS Online Account Number (if any)

▶ N / A

5. Sex

☒ Male ☐ Female

6. Date of Birth (mm/dd/yyyy)

08/02/1981

In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in **Part 14. Additional Information.**

7. If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).

06/09/2016

8. Country of Birth

Brazil

9. Country of Citizenship or Nationality

Brazil

If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in **Part 14. Additional Information.**

10. Was your mother or father (including adoptive mother or father) a U.S. citizen before your 18th birthday? ☐ Yes ☒ No

If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.

11. Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language or civics requirements for naturalization? ☐ Yes ☒ No

If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the **Naturalization Testing and Exceptions** section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.**Social Security Update**

- 12.a. Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?

☐ Yes (Complete **Item Numbers 12.b. - 12.c.**)☒ No (Go to **Part 3.**)

- 12.b. Provide your Social Security number (SSN) (if any). ▶

- 12.c. **Consent for Disclosure:** I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 12.a.**, you must also answer "Yes" to **Item Number 12.c., Consent for Disclosure**, to receive a card.

Part 3. Biographic Information

A- 0 9 9 3 7 3 4 6 3

NOTE: USCIS requires you to complete the categories below to conduct background checks. (See the **Form N-400 Instructions** for more information.)

1. Ethnicity (Select only one box)☒ Hispanic or Latino ☐ Not Hispanic or Latino**2. Race (Select all applicable boxes)**☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White**3. Height** Feet Inches **4. Weight** Pounds **5. Eye color (Select only one box)**☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other**6. Hair color (Select only one box)**☐ Bald (No hair) ☐ Black ☐ Blond ☐ Brown ☒ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/Other**Part 4. Information About Your Residence****1. Physical Addresses**

List every location where you have lived during the last 5 years if you are filing based on the general provision under **Part 1, Item Number 1.a**. If you are filing based on other naturalization eligibility options, see **Part 4** in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. If you need extra space, use the space provided in **Part 14. Additional Information**.

Current Physical Address

In Care Of Name (if any)

Eder Luiz Cardoso

Street Number and Name

640 32nd St

Apt. Ste. Flr. Number

☐ ☐ ☐ **N/A**

City or Town

Richmond

State

CA

ZIP Code

94804

Province

N/A

Postal Code

N/A

Country

USADates of Residence: From (mm/dd/yyyy) **01/20/2021**Dates of Residence: To (mm/dd/yyyy) **PRESENT**

Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country	Dates of Residence	
					From (mm/dd/yyyy)	To (mm/dd/yyyy)
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

2. Is your current physical address also your current mailing address?☐ Yes (If you answered "Yes," skip to **Part 5**.) ☒ No

Part 4. Information About Your Residence (continued)

A- 0 9 9 3 7 3 4 6 3

3. Current Mailing Address (Safe Mailing Address, if applicable)

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

☐☐☐

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

Part 5. Information About Your Marital History**1. What is your current marital status?**☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage AnnulledIf you are single and have **never** married, go to **Part 6. Information About Your Children.****2. If you are currently married, is your spouse a current member of the U.S. armed forces?**☐ Yes☒ No**3. How many times have you been married?** (See the **Specific Instructions by Item Number** section of the Instructions for more information about which marriages to include.)

2

Provide current marriage certificate and any divorce decree, annulment decree, or death certificate showing that your prior marriages were terminated (if applicable).

If you are filing under one of the categories below, answer **Item Numbers 4.a. - 8.**:

- Spouse of U.S. Citizen, **Part 1., Item Number 1.b.**; or;
- Spouse of U.S. Citizen in Qualified Employment Outside the United States, **Part 1., Item Number 1.d.**

If you are not filing **under one of the categories above**, skip to **Part 6.****Your Current Marriage**

If you are currently married, including if you are legally separated, provide the following information about your current spouse.

4.a. Current Spouse's Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

4.b. Current Spouse's Date of Birth (mm/dd/yyyy)**4.c. Date You Entered into Marriage** with Current Spouse (mm/dd/yyyy)**4.d. Is your current spouse's present physical address the same as your physical address?**☐ Yes☐ No (If you answered "No," provide address in **Part 14. Additional Information.**)**5.a. When did your current spouse become a U.S. citizen?**☐ By Birth in the United States - Go to **Item Number 7.**☐ Other - Complete **Item Number 5.b.****5.b. Date Your Current Spouse Became a U.S. Citizen** (mm/dd/yyyy)

Part 5. Information About Your Marital History (continued)

A- 0 9 9 3 7 3 4 6 3

6. Current Spouse's Alien Registration Number (A-Number) (if any) ► A-
7. How many times has your current spouse been married? (See the **Specific Instructions by Item Number** section of the Instructions for more information about which marriages to include.)
Provide divorce decrees, annulment decrees, or death certificates showing that all of your spouse's prior marriages were terminated (if applicable).
8. Current Spouse's Current Employer or Company
Only answer **Item Number 8.** if you are filing under **Part 1., Item Number 1.d., Spouse of U.S. Citizen in Qualified Employment Outside the United States.**

Part 6. Information About Your Children

1. Indicate your total number of children under 18 years of age.
2. Provide the following information about your children identified in **Item Number 1.** For the residence and relationship columns, you must type or print one of the valid options listed. If any of your children do not reside with you, provide the address(es) where those children live in **Part 14. Additional Information.** If you have more than three children, use the space provided in **Part 14. Additional Information.**

Son or Daughter's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	Residence (Valid options include: resides with me, does not reside with me, or unknown/ missing)	Relationship (Valid options include: biological son or daughter, stepchild, or legally adopted son or daughter)	Are you providing support for your son or daughter?
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Part 7. Information About Your Employment and Schools You Attended

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under **Part 1., Item Number 1.a.** If you are filing based on other naturalization eligibility options, see **Part 7.** in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete **Part 7.**, use the space provided in **Part 14. Additional Information.**

Employer or School					Employment/School Dates		Occupation or Field of Study
Name	City/Town	State/ Province	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
VP Hauling and Demolition	Berkley	CA	94709	USA	03/01/2023	PRESENT	Foreman
Self-employed - freelancer	Richmond	CA	94804	USA	01/01/2021	Present	Construction worker



Part 8. Time Outside the United States

A- 0 9 9 3 7 3 4 6 3

1. List below all the trips that you have taken outside the United States during the last 5 years if you are filing based on the general provision under **Part 1., Item Number 1.a.** If you are filing based on other naturalization eligibility options, see **Part 8.** in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. Start with your most recent trip and work backwards. Do not include day trips (where the entire trip was completed within 24 hours) in the table. If you have taken any trips outside the United States that lasted more than 6 months, see the **Required Evidence - Continuous Residence** section of the Instructions for evidence you should provide. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Countries to Which You Traveled
01/31/2024	03/06/2024	Brazil
12/01/2022	02/28/2023	Brazil
12/15/2021	02/01/2022	Brazil

Part 9. Additional Information About You

When a question includes the word “**EVER**,” you must provide information about any of your actions or conduct that occurred **anywhere in the world** at any time, unless the question specifies otherwise. If you answer “Yes” to any of the questions in **Item Numbers 1. - 14.** in **Part 9. Item Numbers 1. - 14.,** provide explanations and any additional information in the space provided in **Part 14. Additional Information.**

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No
2. Have you **EVER** registered to vote or voted in any Federal, state, or local election in the United States? If you lawfully voted only in a local election where aliens are eligible to vote, you may answer “No.” ☐ Yes ☒ No
3. Do you currently owe any overdue Federal, state, or local taxes in the United States? ☐ Yes ☒ No
4. Since you became a lawful permanent resident, have you called yourself a “nonresident alien” on a Federal, state, or local tax return or decided not to file a tax return because you considered yourself to be a nonresident? ☐ Yes ☒ No

Have you **EVER**:

- 5.a. Been a member of, involved in, or in any way associated with any Communist or totalitarian party **anywhere in the world**? ☐ Yes ☒ No
- 5.b. Advocated (supported and promoted) any of the following, or been a member of, involved in, or in any way associated with any group **anywhere in the world** that advocated any of the following: ☐ Yes ☒ No
- Opposition to all organized government;
 - World communism;
 - The establishment in the United States of a totalitarian dictatorship;
 - The overthrow by force or violence or other unconstitutional means of the Government of the United States or all forms of law;
 - The unlawful assaulting or killing of any officer or officers of the Government of the United States or of any other organized government because of their official character;
 - The unlawful damage, injury, or destruction of property; or
 - Sabotage?



Part 9. Additional Information About You (continued)

A- 0 9 9 3 7 3 4 6 3

Have you **EVER** been a member of, involved in, or in any way associated with, or have you **EVER** provided money, a thing of value, services or labor, or any other assistance or support to a group that:

- 6.a.** Used a weapon or explosive with intent to harm another person or cause damage to property? ☐ Yes ☒ No
- 6.b.** Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, ship, vehicle, or other mode of transportation? ☐ Yes ☒ No
- 6.c.** Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for, or incited (encouraged) others to commit any of the acts listed in **Item Numbers 6.a.** or **6.b.**? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

- 7.a.** Torture? ☐ Yes ☒ No
- 7.b.** Genocide? ☐ Yes ☒ No
- 7.c.** Killing or trying to kill any person? ☐ Yes ☒ No
- 7.d.** Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No
- 7.e.** Any kind of sexual contact or activity with any person who did not consent (did not agree) or was unable to consent (could not agree), or was being forced or threatened by you or by someone else? ☐ Yes ☒ No
- 7.f.** Not letting someone practice his or her religion? ☐ Yes ☒ No
- 7.g.** Causing harm or suffering to any person because of his or her race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
- 8.a.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No
- 8.b.** Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 8.a.** or **Item Number 8.b.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information.**

- 9.** Have you **EVER** worked, volunteered, or otherwise served in a place where people were detained (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or political prisoners are kept), detention facility, or labor camp, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No
- 10.a.** Were you **EVER** a part of any group, or did you **EVER** help any group, unit, or organization that used a weapon against any person, or threatened to do so? ☐ Yes ☒ No
- 10.b.** If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever use a weapon against another person? ☐ Yes ☐ No
- 10.c.** If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever threaten another person that you would use a weapon against that person? ☐ Yes ☐ No
- 11.** Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No
- 12.** Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No
- 13.** Have you **EVER** recruited (asked), enlisted (signed up), conscripted (required to join), or used any person under 15 years of age to serve in or help an armed group, or attempted or worked with others to do so? ☐ Yes ☒ No
- 14.** Have you **EVER** used any person under 15 years of age to take part in hostilities or attempted or worked with others to do so? This could include participating in combat or providing services related to combat (such as serving as a messenger or transporting supplies). ☐ Yes ☒ No



Part 9. Additional Information About You (continued)

A- 0 9 9 3 7 3 4 6 3

If you answer “Yes” to any part of Item Number 15. below, complete the table below with each crime or offense even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it is no longer on your record, or told you that you do not have to disclose the information. If you need extra space, use the space provided in **Part 14. Additional Information**. Submit evidence to support your answers with your Form N-400.

Include all the crimes and offenses in the United States or **anywhere in the world** (including domestic violence, driving under the influence of drugs or alcohol, and crimes and offenses while you were under 18 years of age) which you **EVER**:

- Committed, agreed to commit, or asked someone else to commit;
- Were arrested, cited, detained, or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official;
- Were charged with committing, helping commit, or trying to commit;
- Pled guilty to;
- Were convicted of;
- Were placed in alternative sentencing or a rehabilitative program for (for example, diversion, deferred prosecution, withheld adjudication, or deferred adjudication); or
- Received a suspended sentence, clemency, amnesty, or pardon for, or were placed on probation or paroled for.

15.a. Have you **EVER** committed, agreed to commit, asked someone else to commit, helped commit, or tried to commit a crime or offense for which you were NOT arrested? ☐ Yes ☒ No

15.b. Have you **EVER** been arrested, cited, detained or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official for any reason, or been charged with a crime or offense? ☐ Yes ☒ No

What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	What was the result or disposition of the arrest, citation, or charge? (no charges filed, convicted, charges dismissed, detention, jail, probation, etc.)	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

16. If you received a suspended sentence, were placed on probation, or were paroled, have you completed your suspended sentence, probation, or parole? ☐ Yes ☒ No

If you answer “Yes” to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.



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17.a. Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution?	☐ Yes	☒ No
17.b. Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country?	☐ Yes	☒ No
17.c. Been married to more than one person at the same time?	☐ Yes	☒ No
17.d. Married someone in order to obtain an immigration benefit?	☐ Yes	☒ No
17.e. Helped anyone to enter, or try to enter, the United States illegally?	☐ Yes	☒ No
17.f. Gambled illegally or received income from illegal gambling?	☐ Yes	☒ No
17.g. Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)?	☐ Yes	☒ No
17.h. Made any misrepresentation to obtain any public benefit in the United States?	☐ Yes	☒ No
18. Have you EVER given any U.S. Government officials any information or documentation that was false, fraudulent, or misleading?	☐ Yes	☒ No
19. Have you EVER lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States?	☐ Yes	☒ No

20. Have you **EVER** been placed in removal, rescission, or deportation proceedings? ☐ Yes ☒ No

21. Have you **EVER** been removed or deported from the United States? ☐ Yes ☒ No

22.a. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (Do not select “Yes” if you were a lawful nonimmigrant for all of that time period.) ☐ Yes ☒ No

22.b. If you answered “Yes,” to **Item Number 22.a.**, did you register for the Selective Service? ☐ Yes ☐ No

22.c. If you answered “Yes,” to **Item Number 22.b.**, provide information about your registration.

If you answer “Yes” to **Item Numbers 23. - 24.**, provide an explanation in the space provided in **Part 14. Additional Information.**

23. Have you **EVER** left the United States to avoid being drafted in the U.S. armed forces? ☐ Yes ☒ No
24. Have you **EVER** applied for any kind of exemption from military service in the U.S. armed forces? ☐ Yes ☒ No
25. Have you **EVER** served in the U.S. armed forces? ☐ Yes ☒ No

Part 9. Additional Information About You (continued)

A- 0 9 9 3 7 3 4 6 3

If you answered "No" to **Item Number 25.**, go to **Item Number 30.a.****26.a.** Are you **currently** a member of the U.S. armed forces? ☐ Yes ☒ No**26.b.** If you answered "Yes" to **Item Number 26.a.**, are you scheduled to deploy outside the United States, including to a vessel, within the next 3 months? (Call the Military Help Line at **877-247-4645** if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.) ☐ Yes ☐ No**26.c.** If you answered "Yes," to **Item Number 26.a.**, are you **currently** stationed outside the United States? ☐ Yes ☐ No**26.d.** If you answered "No" to **Item Number 26.a.**, are you a former U.S. military service member who is currently residing outside of the U.S.? ☐ Yes ☒ NoIf you answer "Yes" to **Item Numbers 27. - 29.**, provide an explanation in the space provided in **Part 14. Additional Information.****27.** Have you **EVER** been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces? ☐ Yes ☒ No**28.** Have you **EVER** been discharged from training or service in the U.S. armed forces because you were an alien? ☐ Yes ☒ No**29.** Have you **EVER** deserted from the U.S. armed forces? ☐ Yes ☒ NoFor **Item Numbers 30.a. - 37.** see **Specific Instructions by Item Number, Part 9. Additional Information About You.** If you answer "Yes" to **Item Number 30.a.**, provide an explanation in the space provided in **Part 14. Additional Information.****30.a.** Do you now have, or did you **EVER** have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☒ No (skip to **Item Number 31.**)**30.b.** If you answered "Yes," to **Item Number 30.a.**, are you willing to give up any inherited titles or orders of nobility, (list titles), that you have in a foreign country at your naturalization ceremony? ☐ Yes ☐ NoIf you answer "No" to any question except **Item Number 33.**, see the **Oath of Allegiance** section of the Instructions for more information.**31.** Do you support the Constitution and form of Government of the United States? ☒ Yes ☐ No**32.** Do you understand the full Oath of Allegiance to the United States (see **Part 16. Oath of Allegiance**)? ☒ Yes ☐ No**33.** Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip **Item Numbers 34. - 37.** and see the **Legal Guardian, Surrogate, or Designated Representative** section in the **Instructions.** ☐ Yes ☒ No**34.** Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No**35.** If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States? ☒ Yes ☐ No**36.** If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces? ☒ Yes ☐ No**37.** If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)? ☒ Yes ☐ No

Part 10. Request for a Fee Reduction

A- 0 9 9 3 7 3 4 6 3

For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055. To apply for a reduced fee, complete **Item Numbers 1. - 5.b.** If you are not eligible for a reduced fee, complete **Item Number 1.** and proceed to **Part 11.**

1. My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).

☒ Yes (complete **Item Numbers 2. - 5.b.**)

☐ No (skip to **Part 11.**)

2. Total household income:

12,664

3. My household size is:

1

4. Total number of household members earning income including yourself:

1

- 5.a. I am the head of household.

☒ Yes ☐ No

- 5.b. Name of head of household (if you selected "No" in **Item Number 5.a.**):

Part 11. Applicant's Contact Information, Certification, and Signature**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number

+1 510 812 8616

2. Applicant's Mobile Telephone Number (if any)

+1 510 812 8616

3. Applicant's Email Address (if any)

ederluizcalifa@gmail.com

Applicant's Certification and Signature

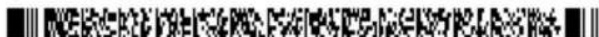
I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 12.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature (or signature of a legal guardian, surrogate, or designated representative, if applicable)

Date of Signature
(mm/dd/yyyy)

→ Eder Luiz Califa

03-06-2026



Part 12. Interpreter's Contact Information, Certification, and Signature

A- 0 9 9 3 7 3 4 6 3

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

4. Interpreter's Mobile Telephone Number (if any)

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

03/06/2026

Part 13. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

4. Preparer's Mobile Telephone Number (if any)

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

03/06/2026



Part 14. Additional InformationA-

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If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle (if applicable)

2. Page Number Part Number Item Number

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

Do not complete Parts 15. or 16. until the USCIS officer instructs you to do so at the interview.



Part 15. Signature at InterviewA-

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I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature

USCIS Officer's Signature

Part 16. Oath of Allegiance

If your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:

I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the armed forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Applicant's Signature

Date of Signature (mm/dd/yyyy)



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Eder Luiz Cardoso's Identification Documents

Eder Luiz Cardoso's Birth Certificate with English Translation	1-7
Eder Luiz Cardoso's Passport	8-24
Eder Luiz Cardoso's Driver License	25-26

Exhibit 2 - Eder Luiz Cardoso's Lawful Permanent Resident Card (Green Card)

Eder Luiz Cardoso's Green Card	27-28
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Exhibit 3 - Eder Luiz Cardoso's IRS Income Tax Returns (2021-2025)

Eder Luiz Cardoso's U.S. Individual Income Tax Return 2025	29-58
Eder Luiz Cardoso's U.S. Individual Income Tax Return 2024	59-86
Eder Luiz Cardoso's U.S. Individual Income Tax Return 2023	87-114
Eder Luiz Cardoso's U.S. Individual Income Tax Return 2022	115-128
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Exhibit 4 - IRS Form W-2s: Wage and Tax Statements (2022-2024)

Eder Luiz Cardoso's Form W-2 Wage and Tax Statement 2024	152
Eder Luiz Cardoso's Form W-2 Wage and Tax Statement 2023	153

Eder Luiz Cardoso's Form W-2 Wage and Tax Statement 2022	154
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Exhibit 5 - Eder Luiz Cardoso's Dissolution of Prior Marriage

Eder Luiz Cardoso's Divorce Certificate from Prior Marriage	155-156
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Exhibit 6 - Eder Luiz Cardoso's Marital Status

Eder Luiz Cardoso's Marriage Certificate with English Translation	157-160
Raiane Batista Ferreira Santos Cardoso's Passport	161

Exhibit 1 - Eder Luiz Cardoso's Identification Documents



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE NASCIMENTO

NOME:
EDER LUIZ CARDOSO

MATRÍCULA:
028811 01 55 1981 1 00006 239 0006886 92

DATA DE NASCIMENTO POR EXTENSO

dois de agosto de um mil e novecentos e oitenta e um

DIA

02

MÊS

08

ANO

1981

HORA

09:40

MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO

São Luís de Montes Belos-GO

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

São Luís de Montes Belos, Estado de Goiás

LOCAL DE NASCIMENTO

Hospital Montes Belos

SEXO

masculino

FILIAÇÃO

Sebastião Vitorino Cardoso Sobrinho e Teresinha Luiza Cardoso

AVÓS

Paternos: José Vitorino Cardoso e Antonia Luiza Cardoso

Maternos: Getulio Martins de Sousa e Josefina Luiza de Sousa

GÊMEO

NÃO

NOME E MATRÍCULA(S) DO(S) GÊMEO(S)

DATA DE REGISTRO POR EXTENSO

tres de agosto de um mil e novecentos e oitenta e um

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

não há

OBSERVAÇÕES AVERBAÇÕES

Não há

Registro Civil - São Luís de Montes Belos

Av. Rio da Prata, nº 281, 31.02 - Centro

CEP: 76100-000-Fone: (64)3601-1066

E-mail: cartoriosiqueira@yahoo.com.br

Oficial Registrador: José de Siqueira

Emolumentos: R\$ 29,16; Taxa Judiciária: R\$ 12,25

Fundos Estaduais 39%: R\$ 11,37; ISSQN: R\$ 1,46

Total R\$ 54,24

consulte em: <https://extrajudicial.tjgo.jus.br>

SELO ELETRÔNICO: 07301505210937128601436

O conteúdo da certidão é verdadeiro. Dou fé
São Luís de Montes Belos - GO, 02 de junho de 2016.


Bel. Cinthia Siqueira Lobo Mota
Oficial Respondente

CARTÓRIO SIQUEIRA

Registro Civil de Pessoas Naturais

Registro Civil de Pessoas Jurídicas

e Títulos e Documentos

Av: Rio da Prata nº 281 Sala 02

Centro São Luís de Montes Belos-GO

(64) 3601-1066

Detalhamento da Matrícula

Matrícula	0018830155 1987 1 0003 050 0000533 31
Padrão	aaaaaabbcc dddd e ffff ggg hhhhhh ii
	Detalhamento
aaaaa (00188-3)	Código Nacional da Serventia (identificação única do cartório)
bb (04)	Código do Acervo, sendo: 01 - Acervo Próprio Outros - Acervos Incorporados
cc (55)	Tipo de Serviço Prestado, sendo: 51: Serviço de Notas 52: Serviço de Protesto de Títulos 53: Serviço de Registro de Imóveis 54: Serviço de Registro de Títulos e Documento Civil de pessoa jurídica 55: Serviço de Registro Civil das Pessoas Naturais 56: Serviço de Registro de Contratos Marítimos 57: Registro de Distribuição
dddd (1987)	Ano do Registro
e (1)	Tipo do livro, sendo: 1: Livro A (Nascimento) 2: Livro B (Casamento) 3: Livro B Auxiliar (Registro de casamento religioso para fins civis) 4: Livro C (Óbito) 5: Livro C Auxiliar (Registro de Natimortos) 6: Livro D (Registro de Proclamas) 7: Livro E (Demais atos relativos ao Registro Civil)
ffff (0003)	Número do livro
ggg (050)	Número da folha
hhhhhhh (0000533)	Número do Termo
ii (31)	Digito Verificador

Uso exclusivo para emissão de certidões de registro e transcrição de nascimento, casamento e óbito



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME:

EDER LUIZ CARDOSO

REGISTRATION:

028811 01 55 1981 1 00006 239 0006886 92

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
August second, nineteen eighty-one	02	08	1981

TIME OF BIRTH	CITY OF BIRTH AND FEDERATION UNIT
9:40 AM	São Luís de Montes Belos - Goiás

CITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
São Luís de Montes Belos, State of Goiás	Montes Belos Hospital	Male

FILIATION

Sebastião Vitorino Cardoso Sobrinho and Teresinha Luiza Cardoso

GRANDPARENTS

Paternal: José Vitorino Cardoso and Antonia Luiza Cardoso

Maternal: Getulio Martins de Sousa and Josefina Luiza de Sousa

TWIN	NAME AND REGISTRATION NUMBER OF TWIN(S)
NO	*****

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
August third, nineteen eighty-one	No record

NOTES / ANNOTATIONS

No record

Civil Registry - São Luís de Montes Belos
Avenida Rio da Prata, No. 281, Room 02 - Centro
ZIP Code: 76100-000 - Phone: (64) 3601-1066
Email: cartoriosiqueira@yahoo.com.br
Registrar: José de Siqueira
Fees: R\$ 29.16; Judicial Tax: R\$ 12.25
State Funds 39%: R\$ 11.37; ISSQN: R\$ 1.46
Total: R\$ 54.24
Check at: <https://extrajudicial.tjgo.jus.br>
ELECTRONIC SEAL: 07301505210937128601436

The content of this certificate is true. I certify.
São Luís de Montes Belos - Goiás, June 2, 2016.

----//signature//----

Bachelor Cinthia Siqueira Lobo Mota
Registrar

SIQUEIRA REGISTRY OFFICE
Civil Registry of Natural Persons
Civil Registry of Legal Entities
and Titles and Documents
Avenida Rio da Prata No. 281, Room 02
Centro, São Luís de Montes Belos-Goiás
(64) 3601-1066

Detailed Information of the Registration

Registration Standard	0018830155 1987 1 0003 050 0000533 31 aaaaaabbcc dddd e ffff ggg hhhhhh ii
	Detailing
aaaaa (00188-3)	National Registry Office Code (unique identification of the notary office)
bb (01)	Archive Code, being: 01 - Own Archive Other - Incorporated Archives
cc (55)	Type Of Service Provided, Being: 51: Notary Service 52: Title Protest Service 53: Real Estate Registration Service 54: Title and Document Registration Service and Civil Registration of Legal Entities 55: Civil Registration Service of Natural Persons 56: Maritime Contract Registration Service 57: Distribution Registry
dddd (1987)	Year of Registration
e (1)	Type Of Book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Book B (Religious Marriage Registration for Civil Purposes) 4: Book C (Death) 5: Auxiliary Book C (Stillbirth Registration) 6: Book D (Publication of Banns Registration) 7: Book E (Other Acts Related to Civil Registration)
ffff (0003)	Book Number
ggg (050)	Page Number
hhhhhhh (0000533)	Entry Number
ii (31)	Check Digit

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: January 22, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE NASCIMENTO

NOME:
EDER LUIZ CARDOSO

MATRÍCULA:
028811 01 55 1981 1 00006 239 0006886 92

DATA DE NASCIMENTO POR EXTENSO

dois de agosto de um mil e novecentos e oitenta e um

DIA

02

MÊS

08

ANO

1981

HORA

09:40

MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO

São Luís de Montes Belos-GO

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

São Luís de Montes Belos, Estado de Goiás

LOCAL DE NASCIMENTO

Hospital Montes Belos

SEXO

masculino

FILIAÇÃO

Sebastião Vitorino Cardoso Sobrinho e Teresinha Luiza Cardoso

AVÓS

Paternos: José Vitorino Cardoso e Antonia Luiza Cardoso

Maternos: Getulio Martins de Sousa e Josefina Luiza de Sousa

GÊMEO

NÃO

NOME E MATRÍCULA(S) DO(S) GÊMEO(S)

DATA DE REGISTRO POR EXTENSO

tres de agosto de um mil e novecentos e oitenta e um

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

não há

OBSERVAÇÕES AVERBAÇÕES

Não há

Registro Civil - São Luís de Montes Belos

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São Luís de Montes Belos - GO, 02 de junho de 2016.


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dddd (1987)	Ano do Registro
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ii (31)	Digito Verificador

Uso exclusivo para emissão de certidões de registro e transcrição de nascimento, casamento e óbito

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este passaporte contiene 32 páginas numeradas.

**Requis-se às autoridades estrangeiras que prestem ao titular
deste passaporte auxílio e assistência em caso de necessidade.**

**Les autorités des Etats étrangers sont priées de bien vouloir prêter
au titulaire de ce passeport aide et assistance au besoin.**

**Foreign authorities are requested to afford the bearer
such assistance and protection as may be necessary.**

**Se ruega a las autoridades extranjeras que presten al titular
de este passaporte auxilio y asistencia en caso de necesidad.**

**Este passaporte é válido para todos os países
com os quais o Brasil mantém relações diplomáticas.**

**Ce passeport est valable dans tous les pays
avec lesquels le Brésil maintient des relations diplomatiques.**

**This passport is valid for all countries
with which Brazil maintains diplomatic relations.**

**Este passaporte es válido para todos los países
con los que Brasil mantiene relaciones diplomáticas.**



Este documento pertence à

Ce document appartient à la

This document is the property of the

Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE

PASSEPORT

PASSPORT

PASAPORTE



1. The first step in the process of creating a new product is to identify a market need. This involves conducting market research to determine what consumers want and need.

2. Once a market need has been identified, the next step is to develop a concept for a product that meets this need. This involves brainstorming ideas and selecting the most promising one.

3. The third step is to create a prototype of the product. This allows the company to test the product and make any necessary adjustments before moving forward.

4. After the prototype has been tested, the company can move on to developing a business plan. This plan should outline the company's goals, marketing strategy, and financial projections.

5. The final step is to launch the product into the market. This involves creating a marketing campaign to promote the product and ensure that it reaches the target audience.

Assinatura do titular / Signature du titulaire:
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE P	PAIS EMISSOR / ISSUING COUNTRY BRA	PASSAPORTE Nº / PASSPORT No. YC176518
------------------	---------------------------------------	--

SOBRENOME / SURNAME
CARDOSO

NOME / GIVEN NAMES
EDER LUIZ

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
02 AGO/AUG 1981

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX	NATURALIDADE / PLACE OF BIRTH
M	SÃO LUÍS DE MONTES BELOS, GO, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE 15 JUN/JUN 2016
AUTORIDADE / AUTHORITY SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
15 JUN/JUN 2026



P<BRACARDOSO<<EDER<LUIZ<<<<<<<<<<<<<<<<<<
YC 1765 18<8BRA8 108027M2606 152<<<<<<<<<<<<<D2

O extravio — perda, roubo ou destruição — do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte foi entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.), não "se" restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

É recomendável que o brasileiro residente no exterior, ou de passagem por região fronteiriça, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

consulte / Consulte / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br



CASA DA MATEIA DO BRASIL

BRA



588397MI

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

CONCEDIDO EM SUBSTITUICAO AO PASSAPORTE NR. YA385728
EXPEDIDO POR CG SAO FRANCISCO EM 31/03/2011.

PAGOU
R\$-Ouro 120.00
US\$ 120.00
TEC 1.01.01.000.000
YC176518

15 JUN/JUN 2016
GERSON LUIS MATOS CARNEIRO
VICE-CONSUL



























Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.
ENDERECO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCION DEL TITULAR

Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous.

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name:	_____
Endereço / Address:	_____
Cidade / City:	_____
Estado / State:	_____
País / Country:	_____
Telefone / Phone:	_____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAVER OU TAMPONNER CETTE PAGE

DO NOT STAMP OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

 Símbolo Internacional do Passaporte Eletrônico

 CASA DA MOEDA DO BRASIL

California

USA

DRIVER LICENSE



DL **D3256712**

EXP **08/02/2029**

LN **CARDOSO**

FN **EDER LUIZ**

640S 32ND ST
RICHMOND, CA 94804

DOB **08/02/1981**

RSTR NONE

CLASS C

END NONE



08021981

Eder Luiz Cardoso

SEX **M**

HGT **5'-08"**

HAIR **BLK**

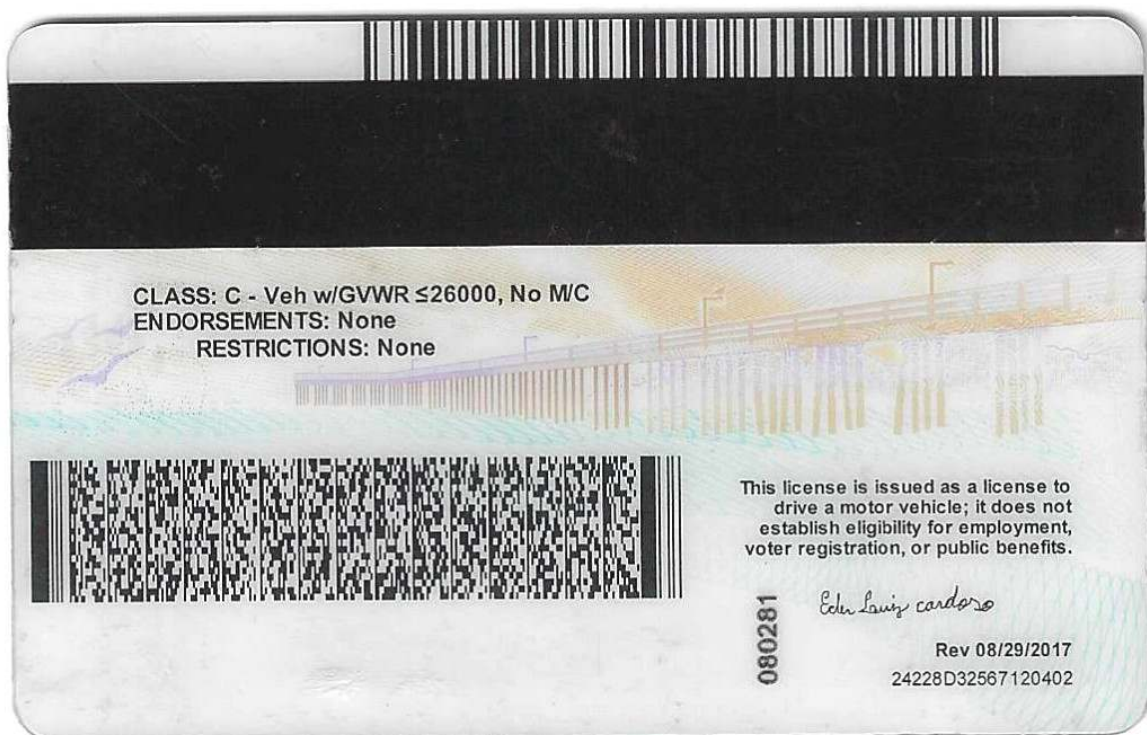
WGT **190 lb**

EYES **BRN**

ISS

08/15/2024

DD 08/15/2024556A3/DDFD/29



**Exhibit 2 - Eder Luiz
Cardoso's Lawful
Permanent Resident
Card (Green Card)**

**UNITED STATES OF AMERICA**

PERMANENT RESIDENT

CARDOSO EDER L 02 AUG 1981

02 AUG 1981 M



Eder L. Cardoso

Surname
CARDOSO

Given Name
EDER L

USCIS#
099-373-463

Country of Birth
Brazil

Date of Birth
02 AUG 1981

Card Expires:
Resident Since:

Category
SU6

Sex
M

06/09/26
06/09/16



I-551
Rev 10-15-14

53406195



13

If found, drop in any US Mailbox. USPS: Mail to USCIS, 75 Lower Welden Street, St Albans, VT 05479-0001

C1USA0993734630EAC1606150430<<
8108027M2606093BRA<<<<<<<<<<<8
CARDOSO<<EDER<LUIZ<<<<<<<<<<<<<<

Exhibit 3 - Eder Luiz Cardoso's IRS Income Tax Returns (2021- 2025)

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2025

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning

, 2025, ending

, 20

See separate instructions.

☐ Filed pursuant to section 301.9100-2

☐ Combat zone

☐ Deceased

Spouse

☐ Other

Your first name and middle initial

EDER L

Last name

CARDOSO

Your social security number

714 47 4459

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

640 S 32ND ST

Apt. no.

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

☒

City, town, or post office. If you have a foreign address, also complete spaces below.

RICHMOND

State

CA

ZIP code

94804

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status

☒ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)

If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes ☒ No

Dependents

(see instructions)

If more than four dependents, see instructions and check here ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	10,798.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	10,798.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in ☐ Line 3a	2	☐ Line 3b
4a	IRA distributions	4a	
c	Check if (see instructions) ☐ Rollover	2	☐ QCD ☐
5a	Pensions and annuities	5a	
c	Check if (see instructions) ☐ Rollover	2	☐ PSO ☐
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	1,866.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	12,664.
10	Adjustments to income from Schedule 1, line 26	10	132.
11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	12,532.

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

BAA

REV 04/24/26 TTW

Form 1040 (2025)

Created 9/5/25

29

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	12,532.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	0.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	264.
24	Add lines 22 and 23. This is your total tax	24	264.

Standard deduction for—

- Single or Married filing separately, \$15,750
- Married filing jointly or Qualifying surviving spouse, \$31,500
- Head of household, \$23,625
- If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	150.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	150.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	503.
b	Clergy filing Schedule SE (see instructions)		☐
c	If you do not want to claim the EIC, check here		☐
28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	☐
29	American opportunity credit from Form 8863, line 8	29	
30	Refundable adoption credit from Form 8839, line 13	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	503.
33	Add lines 25d, 26, and 32. These are your total payments	33	653.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	389.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	389.
b	Routing number <u>1 0 3 1 0 0 1 9 5</u>	c	Type: ☒ Checking ☐ Savings
d	Account number <u>6 8 9 1 5 1 6 1 8 6 9 1</u>		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions.	37	
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ Yes . Complete below. ☒ No		
Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SELF EMPLOYEE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510) 812-8616		Email address	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name	Firm's address			Phone no.
				Firm's EIN

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

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

2025
Attachment
Sequence No. **01**

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

EDER L CARDOSO

Your social security number

714-47-4459

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income	
1 Taxable refunds, credits, or offsets of state and local income taxes	1 0.
2a Alimony received	2a
b Date of original divorce or separation agreement (see instructions): _____	
3 Business income or (loss). Attach Schedule C	3 1,866.
4 Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	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. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____	7
8 Other income:	
a Net operating loss	8a ()
b Gambling	8b
c Cancellation of debt	8c
d Foreign earned income exclusion from Form 2555	8d ()
e Income from Form 8853	8e
f Income from Form 8889	8f
g Alaska Permanent Fund dividends	8g
h Jury duty pay	8h
i Prizes and awards	8i
j Activity not engaged in for profit income	8j
k Stock options	8k
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l
m Olympic and Paralympic medals and USOC prize money (see instructions)	8m
n Section 951(a) inclusion (see instructions)	8n
o Section 951A(a) inclusion (see instructions)	8o
p Section 461(l) excess business loss adjustment	8p
q Taxable distributions from an ABLE account (see instructions)	8q
r Scholarship and fellowship grants not reported on Form W-2	8r
s Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t
u Wages earned while incarcerated	8u
v Digital assets received as ordinary income not reported elsewhere. See instructions	8v
z Other income. List type and amount: _____	8z
9 Total other income. Add lines 8a through 8z	9
10 Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10 1,866.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	132.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____ _____ _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	132.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2025
Attachment
Sequence No. **02**

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

EDER L CARDOSO

Your social security number

714-47-4459

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (I)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____	4	264.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	21	264 .

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor EDER L CARDOSO		Social security number (SSN) 714-47-4459
A Principal business or profession, including product or service (see instructions) Courier		B Enter code from instructions 4 9 2 0 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 640 S 32ND ST City, town or post office, state, and ZIP code RICHMOND, CA 94804		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses		☒ Yes ☐ No
H If you started or acquired this business during 2025, check here		☐
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions		☐ Yes ☒ No
J If "Yes," did you or will you file required Form(s) 1099?		☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,997.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,997.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	2,997.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	2,997.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	922.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	209.

28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	1,131.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,866.

30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	1,866.

32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	☐ All investment is at risk.
		32b	☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 04/24/26 TTW

Schedule C (Form 1040) 2025 Created 4/3/25

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2023</u>
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business <u>1,317</u> b Commuting (see instructions) _____ c Other <u>0</u>
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?. ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

CELL PHONE	180.
CAR WASH	29.
48 Total other expenses. Enter here and on line 27b	48 209.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

EDER L CARDOSO

Social security number of person
with self-employment income

714-47-4459

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 1,866.

3 Combine lines 1a, 1b, and 2 **3** 1,866.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 1,723.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 1,723.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 1,723.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025 **7** \$176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11 **8a** 10,798.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 10,798.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 165,302.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 214.

11 Multiply line 6 by 2.9% (0.029) **11** 50.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 264.

13 **Deduction for one-half of self-employment tax.**

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 132.

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

BAA

REV 04/24/26 TTW

Schedule SE (Form 1040) 2025 Created 5/7/25

Part II **Optional Methods To Figure Net Earnings** (see instructions)

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$10,860, or (b) your net farm profits² were less than \$7,840.

14	Maximum income for optional methods	14	\$7,240
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$7,240. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Name(s) shown on return

EDER L CARDOSO

Your taxpayer identification number

714-47-4459

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	EDER L CARDOSO	714-47-4459	1,734.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	1,734.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	1,734.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	347.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	347.
11	Taxable income before qualified business income deduction (see instructions)	11	0.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

2025 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

714-47-4459 CARD
EDER L CARDOSO

25 PBA 492000

640 S 32ND ST
RICHMOND CA 94804

08-02-1981

Principal Residence

Enter your county at time of filing (see instructions)

☒ CONTRA COSTAIf your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$153 = ☒ \$ 1538 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$153 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$153 = ☒ \$

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Form 540 2025 Side 1

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

Total dependent exemptions **10** ☐ X \$475 = ☐ \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ☐ **11** \$

12	State wages from your federal Form(s) W-2, box 16 12	10798	00
13	Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. ... ☐ 13	12532	00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. 14	0	00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	12532	00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. 16		00
17	California adjusted gross income. Combine line 15 and line 16 17	12532	00
18	Enter the larger of { Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$11,412 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions. . . 18 } ☐ 18	5706	00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ☐ 19	6826	00

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ 31 ☐ FTB 3800 ☐ FTB 3803 31	68	00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions. ☐ 32	153	00
33	Subtract line 32 from line 31. If less than zero, enter -0- ☐ 33	0	00
34	Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. . . 34		00
35	Add line 33 and line 34. ☐ 35	0	00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40		00
43	Enter credit name code ☐ and amount. . . 43		00
44	Enter credit name code ☐ and amount. . . 44		00

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45		.00
	46	Nonrefundable Renter's Credit. See instructions	● 46	60	.00
	47	Add line 40 through line 46. These are your total credits	● 47	60	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	0	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	● 61		.00
	62	Behavioral Health Services Tax. See instructions	● 62		.00
	63	Other taxes and credit recapture. See instructions	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	0	.00

Payments	71	California income tax withheld. See instructions	● 71	95	.00
	72	2025 California estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	● 73		.00
	74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC). See instructions	● 75	188	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	● 77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	● 78	283	.00	

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0	.00
	If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	☒	
	If you did not check the box, see instructions.				
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	● 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	● 93	283	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	● 94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	● 95	283	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	● 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	● 97	283	.00

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2026 estimated tax	●	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99	283	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100		.00

Contributions			Code	Amount		
		California Seniors Special Fund. See instructions	●	400		.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	●	401		.00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	●	403		.00
		California Breast Cancer Research Voluntary Tax Contribution Fund.	●	405		.00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	●	406		.00
		Emergency Food for Families Voluntary Tax Contribution Fund	●	407		.00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund.	●	408		.00
		California Cancer Research Voluntary Tax Contribution Fund	●	413		.00
		School Supplies for Homeless Children Voluntary Tax Contribution Fund	●	422		.00
		State Parks Protection Fund/Parks Pass Purchase	●	423		.00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund.	●	424		.00
		Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	●	431		.00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	●	438		.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund.	●	439		.00
		Mental Health Crisis Prevention Voluntary Tax Contribution Fund.	●	445		.00
		California ALS Research Network Voluntary Tax Contribution Fund.	●	447		.00
		California Pediatric Cancer Research Voluntary Tax Contribution Fund.	●	448		.00
	Parkinson's Disease Research Voluntary Tax Contribution Fund.	●	449		.00	
	110	Add amounts in code 400 through code 449. This is your total contribution	●	110		.00

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** .00
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** .00
113 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** **283** .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ☐ Type ☒ Checking ● Account number ● **116** Direct deposit amount
 103100195 **689151618691** **283** .00
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ☐ Type ☐ Checking ● Account number ● **117** Direct deposit amount
 .00
☐ Savings

Voter Info. For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage?
By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions ● ☐ Yes ☒ No

Organ Donor Election By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.
If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time. ● ☐ Primary taxpayer
● ☐ Spouse/RDP (if joint tax return)
To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

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Sign your tax return on Side 6

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Form 540 2025 Side 5

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

**Sign
Here**

It is unlawful
to forge a
spouse's/
RDP's
signature.

Joint tax
return?
See
instructions.

☒ Your email address. Enter only one email address.

☒ Preferred phone number

☐ Print paid preparer's name

☐ Paid preparer's phone number

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

☐ PTIN

Firm's address

☐ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ☐ Yes

☒ No

Print Third Party Designee's Name

Telephone Number

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2025**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*		c. Employer's name	
☐ 714474459		☐ VP HAULING & DEMOLITION	
b. Employer identification number (EIN)		Employer's address	
☐ 271470389		☐ 1360 CLUB LN	
		City	State ZIP code
		☐ EL SOBRANTE	☐ CA ☐ 94803
e. Employee's first name*		Initial*	Last name* Suffix*
☐ EDER		☐ L	☐ CARDOSO ☐
f. Employee's address*			
☐ 640 S 32ND ST			
City*		State*	ZIP code*
☐ RICHMOND		☐ CA	☐ 94804
1. Wages, tips, other compensation		4. Social security tax withheld	
☐ 10798		☐ 669	
2. Federal income tax withheld		6. Medicare tax withheld	
☐ 150		☐ 157	
3. Social security wages		7. Social security tips	
☐ 10798		☐	
8. Allocated tips (not included in box 1)		10. Dependent care benefits	
☐		☐	
11. Nonqualified plans			
☐			
12. Codes and amounts			
Code Amount		Code Amount	
☐ ☐		☐ ☐	
Code Amount		Code Amount	
☐ ☐		☐ ☐	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay			
☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay			
14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)			
Type Amount		16. State wages, tips, etc.	
☐ CASDI ☐ 130		☐ 10798	
15. State and employer's state ID number		17. State income tax	
State Employer's state ID number		☐ 95	
☐ CA ☐ 1079775			

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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2025 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

EDER L CARDOSO

714474459

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 10798 ☐	☐
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐
c Tip income not reported on line 1a 1c	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 31 1f	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐
h Other earned income. See instr. Enter type & amount. ☐ 1h	☐ 0 ☐	☐
i Nontaxable combat pay election. See instructions. 1i		☐
z Add line 1a through line 1i. 1z	☐ 10798 ☐	☐
2 Taxable interest. a ☐ 2b	☐	☐
3 Ordinary dividends. See instructions. a ☐ 3b	☐	☐
4 IRA distributions. See instructions. a ☐ 4b	☐	☐
5 Pensions and annuities. See instructions. . . . a ☐ 5b	☐	☐
6 Social security benefits. a ☐ 6b	☐	
7 a Capital gain or (loss). See instructions 7a	☐	☐

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☐ 0 ☐	☐
2 a Alimony received. b Date of original divorce or separation agreement. See instr. ☐ 2a	☐	☐
3 Business income or (loss). See instructions. . . . 3	☐ 1866 ☐	☐
4 Other gains or (losses) 4	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☐	☐
6 Farm income or (loss) 6	☐	☐
7 Unemployment compensation 7	☐	

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Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated	8u	☐		
v Digital assets received as ordinary income not reported elsewhere	8v	☐	☐	☐
z Other income. List type and amount. ☐ _____	8z	☐	☐	☐

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		☐	
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 12664	☐ 0	☐

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	☐	☐	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	☐	☐	☐
13 Health savings account deduction 13	☐	☐	
14 Moving expenses. Attach form FTB 3913. See instructions 14	☐		☐
15 Deductible part of self-employment tax. See instructions. 15	☐ 132	☐	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	☐		
17 Self-employed health insurance deduction. See instructions. 17	☐	☐	
18 Penalty on early withdrawal of savings 18	☐		
19 a Alimony paid. 19a	☐		☐
b Recipient's: SSN ☐			
Last Name ☐			
c Date of original divorce or separation agreement. See instr. ☐			
20 IRA deduction 20	☐	☐	☐
21 Student loan interest deduction 21	☐		☐
22 Reserved for future use 22			
23 Archer MSA deduction 23	☐		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay 24a	☐			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐		
d Reforestation amortization and expenses. 24d	☐	☐		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . 24e	☐			
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐	
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐		
j Housing deduction from federal Form 2555 24j	☐	☐		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐			
z Other adjustments. List type and amount.				
☐ 24z	☐	☐	☐	
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐	
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	132	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐	12532	☐ 0	☐

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b. ☒ 12532 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 940 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a ☒	225	☒ 225	
b State and local real estate taxes5b ☒			
c State and local personal property taxes5c ☒	0		
d Add line 5a through line 5c.5d ☒	225		
e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e ☒	225	☒ 225	☒ 0
6 Other taxes. List type ☒ 6 ☒		☒	☒
7 Add line 5e and line 6. 7 ☒	225	☒ 225	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a ☒	0		☒
b Home mortgage interest not reported to you on federal Form 1098.8b ☒			☒
c Points not reported to you on federal Form 1098. .8c ☒			☒
d Reserved for future use8d			
e Add line 8a through line 8c.8e ☒	0	☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒	0	☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 225	☐ 225	☐ 0
18 Total. Combine line 17 column A less column B plus column C.....	☒ 18		0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....☒ 19

20 Tax preparation fees.....☒ 20

21 Other expenses: investment, safe deposit box, etc. List type.....☐ ☒ 21 0

22 Add line 19 through line 21.....☒ 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11b.....☐ 12532

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☒ 24 251

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....☒ 25 0

26 Total Itemized Deductions. Add line 18 and line 25.....☒ 26 0

27 Other adjustments. See instructions. Specify.....☐ ☒ 27

28 Combine line 26 and line 27.....☒ 28 0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately.....	\$252,203
Head of household.....	\$378,310
Married/RDP filing jointly or qualifying surviving spouse/RDP.....	\$504,411

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....☒ 29 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions.....	\$5,706
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..	\$11,412

Transfer the amount on line 30 to Form 540, line 18.....☒ 30 5706

2025 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

EDER L CARDOSO

714474459

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here. ☒ ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).**Part I Qualifying Information** (See Step 1 in the instructions before completing this part.)

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal adjusted gross income (AGI) (federal Form 1040 or 1040-SR, line 11b) **2**
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27a) **3**

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4**

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information** (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 5 First name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2006 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| b Was the child permanently and totally disabled during any part of 2025? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2025. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2025. See instructions.

Child 1 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions . . . ● **13**
14 IHSS payments. See instructions . . . ● **14**
15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . ● **15**
16 Subtract line 14 and line 15 from line 13. . . ● **16**
17 Nontaxable combat pay. See instructions . . . ● **17**
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions . . . ● **18**

a Business name . . . ●
b Business address . . . ●
c Business license number . . . ●
d SEIN . . . ●
e Business code . . . ●
Street address (number, street, and apt. no./ste. no.)
City **State** **ZIP code**

19 California earned income. Add line 16, line 17, and line 18. . . ● **19**

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a. . . ● **20**

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Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . ● 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24 . . . ● 23 .00
- a **Total** wages, salaries, tips, and other employee compensation. See instructions . . ● 23a .00
- b If your **total** net loss exceeds \$35,640 or your federal AGI exceeds \$32,900, check the box. See instructions . . . ● ☐
- 24 **Available Young Child Tax Credit.** 24 1,189 .00
- If the amount on line 23 is \$27,425 or less, skip line 25 through line 27 and enter \$1,189 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$27,425, complete line 25 through line 28. If applicable, complete line 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$27,425 from line 23 ● 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . ● 26
- 27 **Reduction amount.** Multiply line 26 by \$21.71. Enter the result as a decimal out to two decimal places, **do not** round ■ 27
- 28 **Young Child Tax Credit.**
- If you did not need to complete line 25 through line 27, your credit is the \$1,189 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. ● 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. ● 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
- a Primary Taxpayer: My name is the first name listed on this return ● ☐
- b Spouse/RDP: My name is listed as the spouse/RDP on this joint return ● ☐
- 32 Qualifying foster youth information. See instructions.
- | | Primary Taxpayer | Spouse/RDP |
|--------------------------|----------------------|------------------------|
| a First name ● | <input type="text"/> | ● <input type="text"/> |
| b Last name ● | <input type="text"/> | ● <input type="text"/> |

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33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19 ☒ **34** .00

35 Available Foster Youth Tax Credit ☒ **35** .00

- If the amount on line 34 is \$27,425 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
 - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,189 on line 35 and line 39.
 - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,378 on line 35 and line 39.If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than \$27,425, complete line 36 through line 38 and enter on line 35 the following amount.
 - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,189 on line 35.
 - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,378 on line 35.If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$27,425 from line 34 ☒ **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. ☒ **37**

38 Reduction amount ☒ **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.71. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.42. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,189 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,378 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. ☒ **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions ☒ **40**

41 Part-year resident FYTC. Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 ☒ **41** .00

REV 04/24/26 TTW

Nonrefundable Renter's Credit Qualification Record



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options.

If you were a resident of California for at least six months in 2024 and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

1. Were you a resident of California for at least six full months of the tax year in 2024?

Military personnel: If you are not a legal resident of California, you do not qualify for this credit. Your spouse/RDP may claim up to a maximum of \$60 if he or she was a resident during 2024, and is otherwise qualified.

YES. Go to question 2. ✕

NO. Stop here. You do not qualify for this credit.

2. Is your adjusted gross income from all sources on your Form 540NR, line 17:

- \$52,421 or less if single or married/RDP filing separately; or
- \$104,842 or less if married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP?

YES. Go to question 3. ✕

NO. Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2024, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?

YES. Go to question 4. ✕

NO. Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2024?

NO. Go to question 6. ✕

YES. Go to question 5.

5. For more than half the year in 2024, did you live in the home of the person who can claim you as a dependent?

NO. Go to question 6. ✕

YES. Stop here. You do not qualify for this credit.

6. Was the property you rented exempt from property tax in 2024?

You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.

NO. Go to question 7. ✕

YES. Stop here. You do not qualify for this credit.

7. Did you claim the homeowner's property tax exemption anytime during 2024?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 8. ✕

YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8. Were you single in 2024?

YES. Go to question 11. ✕

NO. Go to question 9.

9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2024?

You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.

NO. Go to question 11.

YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10. Did you and your spouse/RDP maintain separate residences for the entire year in 2024?

YES. Go to question 11.

NO. Stop here. You do not qualify for this credit.

(continued on next page)

Nonrefundable Renter's Credit Qualification Record – Continued

11. Use the following chart to find the amount of your credit based on the number of full months you were a resident of and rented property in California in 2024.

Enter the amount on the line below. If married/RDP filing jointly where one spouse/RDP claimed the homeowner's property tax exemption and both spouses/RDPs lived apart for the entire year, enter half of the amount listed on the chart for married/RDP filing jointly on the line below. Follow the instructions next to the chart.

Filing status	Number of months						
	6	7	8	9	10	11	12
Single or married/RDP filing separately	\$30	\$35	\$40	\$45	\$50	\$55	\$60
Married/RDP filing jointly, head of household or qualifying surviving spouse/RDP	\$60	\$70	\$80	\$90	\$100	\$110	File Form 540

\$ 6 0

If this credit is the only special credit you are claiming, enter the amount on your Form 540NR, line 61.
If you are a Form 540NR filer and are claiming additional special credits in addition to this credit, see the Special Credits and Nonrefundable Credits section in Form 540NR instructions.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2024, which qualified you for this credit.

Street Address City, State, and ZIP Code Dates Rented in 2024 (From to)

a

b

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name Street Address City, State, ZIP Code, and Telephone Number

a

b

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20

See separate instructions.

Your first name and middle initial EDER L	Last name CARDOSO	Your social security number 714 47 4459
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 640 S 32ND ST		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. RICHMOND		State CA	
		ZIP code 94804	
Foreign country name		Foreign province/state/county	
		Foreign postal code	

Filing Status

☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction

Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

(1) First name		(2) Social security number		(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
					Child tax credit
If more than four dependents, see instructions and check here ☐					Credit for other dependents
					☐
					☐
					☐
					☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	3,235.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	3,235.

Standard Deduction for— • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction , see instructions.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)		☐				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		☐	7			
	8	Additional income from Schedule 1, line 10			8	2,184.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	5,419.		
	10	Adjustments to income from Schedule 1, line 26			10	154.		
	11	Subtract line 10 from line 9. This is your adjusted gross income			11	5,265.		
	12	Standard deduction or itemized deductions (from Schedule A)			12	14,600.		
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	0.		
	14	Add lines 12 and 13			14	14,600.		
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	0.		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name				Phone no.
	Firm's address				Firm's EIN

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2024
Attachment
Sequence No. 01

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

EDER L CARDOSO

Your social security number

714-47-4459

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	2,184.
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:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	2,184.

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	154 .
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	154 .

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2024
Attachment
Sequence No. **02**

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

Your social security number

EDER L CARDOSO

714-47-4459

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	308.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	308.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor EDER L CARDOSO		Social security number (SSN) 714-47-4459
A Principal business or profession, including product or service (see instructions) Courier		B Enter code from instructions 4 9 2 0 0 0
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 640 S 32ND ST City, town or post office, state, and ZIP code RICHMOND, CA 94804		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	4,213.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	4,213.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	4,213.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	4,213.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	1,567.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	125.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,184.	27a Other expenses (from line 48)	27a	337.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	2,184.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 09/04/25 TTW

Schedule C (Form 1040) 2024

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2023</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business <u>2,159</u> b Commuting (see instructions) _____ c Other <u>0</u>
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use?. ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

CELL PHONE	262.
CAR WASH	75.
48 Total other expenses. Enter here and on line 27a	48 337.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

EDER L CARDOSO

Social security number of person
with **self-employment** income

714-47-4459

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b (	)

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	2,184.
3 Combine lines 1a, 1b, and 2	3	2,184.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	2,017.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	2,017.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0.

6 Add lines 4c and 5b	6	2,017.
--	----------	--------

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600
--	----------	---------

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	3,235.
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	

d Add lines 8a, 8b, and 8c	8d	3,235.
---	-----------	--------

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	165,365.
---	----------	----------

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	250.
--	-----------	------

11 Multiply line 6 by 2.9% (0.029)	11	58.
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12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3	12	308.
--	-----------	------

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	154.
--	-----------	------

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

Schedule SE (Form 1040) 2024

Part II **Optional Methods To Figure Net Earnings** (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² were less than \$7,493.

14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds (² / ₃) of gross farm income ¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds (² / ₃) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

Go to www.irs.gov/Form8995 for instructions and the latest information.**2024**Attachment
Sequence No. **55**

Name(s) shown on return

EDER L CARDOSO

Your taxpayer identification number

714-47-4459

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	EDER L CARDOSO	714-47-4459	2,030.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	2,030.
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	2,030.
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	406.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	406.
11	Taxable income before qualified business income deduction (see instructions)	11	0.
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.
14	Income limitation. Multiply line 13 by 20% (0.20)	14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)	15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)

2024 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

714-47-4459 CARD
EDER L CARDOSO

24 PBA 492000

640 S 32ND ST
RICHMOND CA 94804

08-02-1981

Principal Residence

Enter your county at time of filing (see instructions)

☒ CONTRA COSTAIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 ☐ 1 X \$149 = ☐ \$ 1498 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 ☐ X \$149 = ☐ \$9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 ☐ X \$149 = ☐ \$

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3101244

Form 540 2024 Side 1

Your name: CARDOSO Your SSN or ITIN: 714-47-4459

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

Total dependent exemptions ☐ 10 ☐ X \$461 = ☐ \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ☐ 11 \$ 149

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ☐ 12 3235 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ☐ 13 5265 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ☐ 14 0 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☐ 15 5265 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ☐ 16 .00

17 California adjusted gross income. Combine line 15 and line 16 ☐ 17 5265 .00

18 Enter the larger of

Your California itemized deductions from Schedule CA (540), Part II, line 30; OR

Your California standard deduction shown below for your filing status:

• Single or Married/RDP filing separately. \$5,540

• Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$11,080

If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. ☐ 18

5540 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ☐ 19 0 .00

Tax

31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule

☐ FTB 3800 ☐ FTB 3803 ☐ 31 0 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions. ☐ 32 149 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ☐ 33 0 .00

34 Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. ☐ 34 .00

35 Add line 33 and line 34. ☐ 35 0 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ☐ 40 .00

43 Enter credit name code ☐ and amount. ☐ 43 .00

44 Enter credit name code ☐ and amount. ☐ 44 .00

Side 2 Form 540 2024

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3102244

REV 09/03/25 TTW

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45		.00
	46	Nonrefundable Renter's Credit. See instructions	● 46		.00
	47	Add line 40 through line 46. These are your total credits	● 47		.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	0	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	● 61		.00
	62	Mental Health Services Tax. See instructions	● 62		.00
	63	Other taxes and credit recapture. See instructions	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	0	.00

Payments	71	California income tax withheld. See instructions	● 71	7	.00
	72	2024 California estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	● 73		.00
	74	Reserved for future use	74		
	75	Earned Income Tax Credit (EITC). See instructions	● 75	245	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	● 77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	● 78	252	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0	.00
	If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	☒	
	If you did not check the box, see instructions.				
		Individual Shared Responsibility (ISR) Penalty. See instructions	● 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	● 93	252	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	● 94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	● 95	252	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	● 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	● 97	252	.00

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

Overpaid
Tax/Tax Due

- 98 Amount of line 97 you want applied to your **2025** estimated tax ● 98 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 .00
- 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 .00

Contributions

- | | Code | Amount | |
|---|-------|----------------------|-----|
| California Seniors Special Fund. See instructions | ● 400 | <input type="text"/> | .00 |
| Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund | ● 401 | <input type="text"/> | .00 |
| Rare and Endangered Species Preservation Voluntary Tax Contribution Program | ● 403 | <input type="text"/> | .00 |
| California Breast Cancer Research Voluntary Tax Contribution Fund | ● 405 | <input type="text"/> | .00 |
| California Firefighters' Memorial Voluntary Tax Contribution Fund | ● 406 | <input type="text"/> | .00 |
| Emergency Food for Families Voluntary Tax Contribution Fund | ● 407 | <input type="text"/> | .00 |
| California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund | ● 408 | <input type="text"/> | .00 |
| California Sea Otter Voluntary Tax Contribution Fund | ● 410 | <input type="text"/> | .00 |
| California Cancer Research Voluntary Tax Contribution Fund | ● 413 | <input type="text"/> | .00 |
| School Supplies for Homeless Children Voluntary Tax Contribution Fund | ● 422 | <input type="text"/> | .00 |
| State Parks Protection Fund/Parks Pass Purchase | ● 423 | <input type="text"/> | .00 |
| Protect Our Coast and Oceans Voluntary Tax Contribution Fund | ● 424 | <input type="text"/> | .00 |
| Keep Arts in Schools Voluntary Tax Contribution Fund | ● 425 | <input type="text"/> | .00 |
| Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund | ● 431 | <input type="text"/> | .00 |
| California Senior Citizen Advocacy Voluntary Tax Contribution Fund | ● 438 | <input type="text"/> | .00 |
| Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund | ● 439 | <input type="text"/> | .00 |
| Mental Health Crisis Prevention Voluntary Tax Contribution Fund | ● 445 | <input type="text"/> | .00 |
| California ALS Research Network Voluntary Tax Contribution Fund | ● 447 | <input type="text"/> | .00 |
| 110 Add amounts in code 400 through code 447. This is your total contribution | ● 110 | <input type="text"/> | .00 |

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** **.00**
113 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** **.00**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** **.00**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** **252** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ● Account number ● **116** Direct deposit amount **.00**
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ● Account number ● **117** Direct deposit amount **.00**
☐ Savings

Voter Info. For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● ☐ Yes ☐ No

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

**Sign
Here**

It is unlawful
to forge a
spouse's/
RDP's
signature.

Joint tax
return?
See
instructions.

Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

☒ PTIN

Firm's address

☒ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

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2024**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*		c. Employer's name	
☐ 714474459		☐ VP HAULING & DEMOLITION	
b. Employer identification number (EIN)		Employer's address	
☐ 271470389		☐ 1360 CLUB LN	
		City	State ZIP code
		☐ EL SOBRANTE	☐ CA ☐ 94803
e. Employee's first name*		Initial*	Last name*
☐ EDER		☐ L	☐ CARDOSO
f. Employee's address*		Suffix*	
☐ 640 S 32ND ST		☐	
City*		State*	ZIP code*
☐ RICHMOND		☐ CA	☐ 94804
1. Wages, tips, other compensation		4. Social security tax withheld	8. Allocated tips (not included in box 1)
☐ 3235		☐ 201	☐
2. Federal income tax withheld		6. Medicare tax withheld	10. Dependent care benefits
☐ 0		☐ 47	☐
3. Social security wages		7. Social security tips	11. Nonqualified plans
☐ 3235		☐	☐
12. Codes and amounts			
Code Amount		Code Amount	
☐ ☐		☐ ☐	
Code Amount		Code Amount	
☐ ☐		☐ ☐	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay			
☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay			
14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)			
Type Amount		16. State wages, tips, etc.	
☐ CASDI ☐ 36		☐ 3235	
15. State and employer's state ID number		17. State income tax	
State Employer's state ID number		☐ 7	
☐ CA ☐ 30803795			

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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2024 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

EDER L CARDOSO

714474459

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 3235 ☐	☐
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐
c Tip income not reported on line 1a 1c	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐
h Other earned income. See instructions 1h	☐ 0 ☐	☐
i Nontaxable combat pay election. See instructions. 1i		☐
z Add line 1a through line 1i. 1z	☐ 3235 ☐	☐
2 Taxable interest. a ☐ 2b ☐	☐	☐
3 Ordinary dividends. See instructions. a ☐ 3b ☐	☐	☐
4 IRA distributions. See instructions. a ☐ 4b ☐	☐	☐
5 Pensions and annuities. See instructions. a ☐ 5b ☐	☐	☐
6 Social security benefits. a ☐ 6b ☐	☐	
7 Capital gain or (loss). See instructions 7	☐	☐

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☐ 0 ☐ 0	
2 a Alimony received. See instructions. 2a	☐	☐
3 Business income or (loss). See instructions. . . . 3	☐ 2184 ☐	☐
4 Other gains or (losses) 4	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☐	☐
6 Farm income or (loss) 6	☐	☐
7 Unemployment compensation 7	☐	

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Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated	8u	☐		
v Digital assets received as ordinary income not reported elsewhere	8v	☐	☐	☐
z Other income. List type and amount. ☐ _____	8z	☐	☐	☐

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		☐	
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 5419	☐ 0	☐

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	☐	☐	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	☐	☐	☐
13 Health savings account deduction 13	☐	☐	
14 Moving expenses. Attach form FTB 3913. See instructions 14	☐		☐
15 Deductible part of self-employment tax. See instructions. 15	☐ 154	☐	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	☐		
17 Self-employed health insurance deduction. See instructions. 17	☐	☐	
18 Penalty on early withdrawal of savings 18	☐		
19 a Alimony paid. 19a	☐		☐
b Recipient's: SSN ☐			
Last Name ☐			
20 IRA deduction 20	☐	☐	☐
21 Student loan interest deduction 21	☐		☐
22 Reserved for future use 22			
23 Archer MSA deduction 23	☐		

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Section C – Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay 24a	☐			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐	
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐		
d Reforestation amortization and expenses. 24d	☐	☐		
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . 24e	☐			
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐	
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐	
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐		
j Housing deduction from federal Form 2555 24j	☐	☐		
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐			
z Other adjustments. List type and amount.				
☐ 24z	☐	☐	☐	
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐	
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	154	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐	5265	☐ 0	☐

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 5265 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 395 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a ☒	43	☒ 43	
b State and local real estate taxes5b ☒			
c State and local personal property taxes5c ☒	0		
d Add line 5a through line 5c.5d ☒	43		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e ☒	43	☒ 43	☒ 0
6 Other taxes. List type ☒ _____ 6 ☒		☒	☒
7 Add line 5e and line 6. 7 ☒	43	☒ 43	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a ☒			☒
b Home mortgage interest not reported to you on federal Form 1098.8b ☒			☒
c Points not reported to you on federal Form 1098. .8c ☒			☒
d Reserved for future use8d			
e Add line 8a through line 8c.8e ☒		☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒		☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 43	☐ 43	☐ 0
18 Total. Combine line 17 column A less column B plus column C.....	☒ 18		☐ 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....☒ 19

20 Tax preparation fees.....☒ 20

21 Other expenses: investment, safe deposit box, etc. List type.....☐ ☒ 21 0

22 Add line 19 through line 21.....☒ 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11.....☐ 5265

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☒ 24 105

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....☒ 25 0

26 Total Itemized Deductions. Add line 18 and line 25.....☒ 26 0

27 Other adjustments. See instructions. Specify.....☐ ☒ 27

28 Combine line 26 and line 27.....☒ 28 0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately.....	\$244,857
Head of household.....	\$367,291
Married/RDP filing jointly or qualifying surviving spouse/RDP.....	\$489,719

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....☒ 29 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions.....	\$5,540
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP.....	\$11,080

Transfer the amount on line 30 to Form 540, line 18.....☒ 30 5540

2024 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

EDER L CARDOSO

714474459

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here. ☒ ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).**Part I Qualifying Information** (See Step 1 in the instructions before completing this part.)

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☐ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 11) **2**
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27) **3**

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4**

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.****Qualifying Child Information** (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 5 First name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2005 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2024. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2024. See instructions.

Child 1 ☒

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2 ☒

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3 ☒

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions . . . ● **13**

14 IHSS payments. See instructions . . . ● **14**

15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . ● **15**

16 Subtract line 14 and line 15 from line 13. . . ● **16**

17 Nontaxable combat pay. See instructions . . . ● **17**

18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions . . . ● **18**

a Business name . . . ●

b Business address . . . ●

c Business license number . . . ●

d SEIN . . . ●

e Business code . . . ●

Street address (number, street, and apt. no./ste. no.)

City State ZIP code

19 California earned income. Add line 16, line 17, and line 18. . . ● **19**

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a. . . ● **20**

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Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . ● 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24 . . . ● 23 .00
- a **Total** wages, salaries, tips, and other employee compensation. See instructions . . ● 23a .00
- b If your **total** net loss exceeds \$34,602 or your federal AGI exceeds \$31,950, check the box. See instructions . . . ● ☐
- 24 **Available Young Child Tax Credit** 24 1,154 .00
- If the amount on line 23 is \$26,626 or less, skip line 25 through line 27 and enter \$1,154 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$26,626 from line 23 ● 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . ● 26
- 27 **Reduction amount.** Multiply line 26 by \$21.67. Enter the result as a decimal out to two decimal places, **do not** round ■ 27
- 28 **Young Child Tax Credit.**
- If you did not need to complete line 25 through line 27, your credit is the \$1,154 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. ● 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. ● 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
- a Primary Taxpayer: My name is the first name listed on this return ● ☐
- b Spouse/RDP: My name is listed as the spouse/RDP on this joint return. ● ☐
- 32 Qualifying foster youth information. See instructions.
- | | Primary Taxpayer | Spouse/RDP |
|--------------------------|----------------------|------------------------|
| a First name ● | <input type="text"/> | ● <input type="text"/> |
| b Last name ● | <input type="text"/> | ● <input type="text"/> |

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33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 **California earned income.** Enter the amount from form FTB 3514, line 19 ☒ 34 .00

35 **Available Foster Youth Tax Credit** ☒ 35 .00

• If the amount on line 34 is \$26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35 and line 39.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35 and line 39.

If applicable, complete line 40 and line 41.

• If the amount on line 34 is greater than \$26,626, complete line 36 through line 38 and enter on line 35 the following amount.

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35.

If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$26,626 from line 34 ☒ 36 .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. ☒ 37

38 **Reduction amount** ☒ 38

• If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.67.

Enter the result as a decimal out to two decimal places, **do not** round.

• If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.34.

Enter the result as a decimal out to two decimal places, **do not** round.

39 **Foster Youth Tax Credit.**

• If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,154 from line 35.

• If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,308 from line 35.

• If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. ☒ 39 .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions ☒ 40

41 **Part-year resident FYTC.** Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 ☒ 41 .00

REV 09/03/25 TTW

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial EDER L	Last name CARDOSO	Your social security number 714 47 4459
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 640 S 32ND ST		Apt. no.	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. RICHMOND		State CA	
ZIP code 94804			
Foreign country name		Foreign province/state/county	

Filing Status ☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

(1) First name		Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ☐						☐	☐
						☐	☐
						☐	☐
						☐	☐

Income	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,572.
	b Household employee wages not reported on Form(s) W-2	1b	
	c Tip income not reported on line 1a (see instructions)	1c	
	d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e Taxable dependent care benefits from Form 2441, line 26	1e	
	f Employer-provided adoption benefits from Form 8839, line 29	1f	
	g Wages from Form 8919, line 6	1g	
	h Other earned income (see instructions)	1h	0.
	i Nontaxable combat pay election (see instructions)	1i	
	z Add lines 1a through 1h	1z	1,572.

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.	2a Tax-exempt interest	2a	2b Taxable interest	2b
	3a Qualified dividends	3a	b Ordinary dividends	3b
Attach Sch. B if required.	4a IRA distributions	4a	b Taxable amount	4b
	5a Pensions and annuities	5a	b Taxable amount	5b
	6a Social security benefits	6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions)			
Standard Deduction for— • Single or Married filing separately, \$13,850 • Married filing jointly or Qualifying surviving spouse, \$27,700 • Head of household, \$20,800 • If you checked any box under Standard Deduction, see instructions.	7 Capital gain or (loss). Attach Schedule D if required. If not required, check here		7	
	8 Additional income from Schedule 1, line 10		8	9,243.
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	10,815.
	10 Adjustments to income from Schedule 1, line 26		10	653.
	11 Subtract line 10 from line 9. This is your adjusted gross income		11	10,162.
	12 Standard deduction or itemized deductions (from Schedule A)		12	13,850.
	13 Qualified business income deduction from Form 8995 or Form 8995-A		13	0.
14 Add lines 12 and 13		14	13,850.	
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	0.	

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

Form 1040 (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0 .
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0 .
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0 .
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,306 .
24	Add lines 22 and 23. This is your total tax	24	1,306 .	

Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c	25d		
	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (EIC)	27	571 .	
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	571 .	
33	Add lines 25d, 26, and 32. These are your total payments	33	571 .		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a																
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X							
	X	X	X	X	X	X	X	X	X	X									
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2024 estimated tax	36																	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	735 .
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes . Complete below. ☒ No		
	Designee's name	Phone no.	Personal identification number (PIN)

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (510)812-8616	Email address		

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Firm's address			Phone no.
					Firm's EIN

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

BAA

REV 09/17/24 TTW

Form **1040** (2023)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2023
Attachment
Sequence No. **01**

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

Your social security number
714-47-4459

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	9,243.
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:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	9,243.

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

Schedule 1 (Form 1040) 2023

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	653.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	653.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

2023
Attachment
Sequence No. **02**

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

EDER L CARDOSO

Your social security number

714-47-4459

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,306.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Reserved for future use	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	1,306.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **09**

Name of proprietor EDER L CARDOSO		Social security number (SSN) 714-47-4459
A	Principal business or profession, including product or service (see instructions) Courier	B Enter code from instructions 4 9 2 0 0 0
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) 640 S 32ND ST City, town or post office, state, and ZIP code RICHMOND, CA 94804	
F	Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____	
G	Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses ☒ Yes ☐ No	
H	If you started or acquired this business during 2023, check here ☐	
I	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No	
J	If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	20,742.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	20,742.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	20,742.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	20,742.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	9,351.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	380.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	1,768.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			28	11,499.		
29	Tentative profit or (loss). Subtract line 28 from line 7			29	9,243.		
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						
31	Net profit or (loss). Subtract line 30 from line 29.			30			
	- If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. - If a loss, you must go to line 32.			31	9,243.		
32	If you have a loss, check the box that describes your investment in this activity. See instructions.						
	- If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. - If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 09/17/24 TTW

Schedule C (Form 1040) 2023

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2023</u>
44	Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:
a	Business <u>13,941</u> b Commuting (see instructions) _____ c Other <u>0</u>
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

CELL PHONE	988.
CAR WASH	780.
48 Total other expenses. Enter here and on line 27a	48 <u>1,768.</u>

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

EDER L CARDOSO

Social security number of person
with self-employment income

714-47-4459

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 9,243.

3 Combine lines 1a, 1b, and 2 **3** 9,243.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 8,536.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 8,536.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 8,536.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023 **7** 160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11 **8a** 1,572.

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d** 1,572.

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 158,628.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,058.

11 Multiply line 6 by 2.9% (0.029) **11** 248.

12 Self-employment tax. Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3** **12** 1,306.

13 Deduction for one-half of self-employment tax.

Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 653.

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

Schedule SE (Form 1040) 2023

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$9,840, **or (b)** your net farm profits² were less than \$7,103.

14	Maximum income for optional methods	14	6,560
15	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross farm income ¹ (not less than zero) or \$6,560. Also, include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the smaller of: two-thirds ($\frac{2}{3}$) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also, include this amount on line 4b above	17	

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

OMB No. 1545-2294

2023

Attachment
Sequence No. **55**

Name(s) shown on return

EDER L CARDOSO

Your taxpayer identification number

714-47-4459

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.
Use this form if your taxable income, before your qualified business income deduction, is at or below \$182,100 (\$364,200 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	EDER L CARDOSO	714-47-4459	8,590.
ii			
iii			
iv			
v			

2 Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	8,590.		
3 Qualified business net (loss) carryforward from the prior year	3	()		
4 Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	8,590.		
5 Qualified business income component. Multiply line 4 by 20% (0.20)			5	1,718.
6 Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7 Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8 Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9 REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10 Qualified business income deduction before the income limitation. Add lines 5 and 9			10	1,718.
11 Taxable income before qualified business income deduction (see instructions)	11	0.		
12 Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14 Income limitation. Multiply line 13 by 20% (0.20)			14	0.
15 Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	0.
16 Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17 Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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

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Form **8995** (2023)

2023 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

714-47-4459 CARD
EDER L CARDOSO

23 PBA 492000

640 S 32ND ST
RICHMOND CA 94804

08-02-1981

Principal Residence

Enter your county at time of filing (see instructions)

☒ CONTRA COSTAIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ ☐

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$144 = ☒ \$ 1448 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8 X \$144 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$144 = ☒ \$

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3101234

Form 540 2023 Side 1

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	☐	☐	☐
Last Name	☐	☐	☐
SSN. See instructions.	☐	☐	☐
Dependent's relationship to you	☐	☐	☐

Total dependent exemptions **10** ☐ X \$446 = ☐ \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ☐ **11** \$

12	State wages from your federal Form(s) W-2, box 16 12	11	00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ☐ 13	10162	00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. 14	0	00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	10162	00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. 16		00
17	California adjusted gross income. Combine line 15 and line 16 17	10162	00
18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions. . . 18	5363	00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ☐ 19	4799	00

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule	
	☐ ☐ FTB 3800 ☐ ☐ FTB 3803 31	48
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions. ☐ 32	144
33	Subtract line 32 from line 31. If less than zero, enter -0- ☐ 33	0
34	Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A. . . 34	
35	Add line 33 and line 34. ☐ 35	0

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40	
43	Enter credit name code ☐ and amount. . . 43	
44	Enter credit name code ☐ and amount. . . 44	

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45		.00
	46	Nonrefundable Renter's Credit. See instructions	● 46		.00
	47	Add line 40 through line 46. These are your total credits	● 47		.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	● 48	0	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	● 61		.00
	62	Mental Health Services Tax. See instructions	● 62		.00
	63	Other taxes and credit recapture. See instructions	● 63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	0	.00

Payments	71	California income tax withheld. See instructions	● 71		.00
	72	2023 California estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	● 73		.00
	74	Excess SDI (or VPD) withheld. See instructions	● 74		.00
	75	Earned Income Tax Credit (EITC). See instructions	● 75	191	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	● 77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	● 78	191	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	0	.00
	If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	☒	
	If you did not check the box, see instructions.				
		Individual Shared Responsibility (ISR) Penalty. See instructions	● 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	● 93	191	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	● 94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	● 95	191	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	● 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	● 97	191	.00

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2024 estimated tax	●	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99	191	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100		.00

Contributions			Code	Amount		
		California Seniors Special Fund. See instructions	●	400		.00
		Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	●	401		.00
		Rare and Endangered Species Preservation Voluntary Tax Contribution Program	●	403		.00
		California Breast Cancer Research Voluntary Tax Contribution Fund	●	405		.00
		California Firefighters' Memorial Voluntary Tax Contribution Fund	●	406		.00
		Emergency Food for Families Voluntary Tax Contribution Fund	●	407		.00
		California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	●	408		.00
		California Sea Otter Voluntary Tax Contribution Fund	●	410		.00
		California Cancer Research Voluntary Tax Contribution Fund	●	413		.00
		School Supplies for Homeless Children Voluntary Tax Contribution Fund	●	422		.00
		State Parks Protection Fund/Parks Pass Purchase	●	423		.00
		Protect Our Coast and Oceans Voluntary Tax Contribution Fund	●	424		.00
		Keep Arts in Schools Voluntary Tax Contribution Fund	●	425		.00
		California Senior Citizen Advocacy Voluntary Tax Contribution Fund	●	438		.00
		Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	●	439		.00
		Rape Kit Backlog Voluntary Tax Contribution Fund	●	440		.00
		Suicide Prevention Voluntary Tax Contribution Fund	●	444		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	●	445		.00	
	110	Add amounts in code 400 through code 445. This is your total contribution	●	110		.00

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Amount You Owe **111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111** **.00**
Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties **112** Interest, late return penalties, and late payment penalties **112** **.00**
113 Underpayment of estimated tax.
Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113** **.00**
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114** **.00**

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115** **191** **.00**

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ● Account number ● **116** Direct deposit amount
 ☐ Checking ☐ **116** **.00**
☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ● Account number ● **117** Direct deposit amount
 ☐ Checking ☐ **117** **.00**
☐ Savings

Voter Info. For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ☐

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ● ☐ Yes ☐ No

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Sign your tax return on Side 6

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

**Sign
Here**

It is unlawful
to forge a
spouse's/
RDP's
signature.

Joint tax
return?
See
instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

☒ PTIN

Firm's address

☒ Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

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2023**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*		c. Employer's name	
☐ 714474459		☐ VP HAULING & DEMOLITION	
b. Employer identification number (EIN)		Employer's address	
☐ 271470389		☐ 1360 CLUB LN	
		City	State ZIP code
		☐ EL SOBRANTE	☐ CA ☐ 94803
e. Employee's first name*		Initial*	Last name*
☐ EDER		☐ L	☐ CARDOSO
f. Employee's address*		Suffix*	
☐ 640 S 32ND ST		☐	
City*		State*	ZIP code*
☐ RICHMOND		☐ CA	☐ 94804
1. Wages, tips, other compensation		4. Social security tax withheld	
☐ 1572		☐ 97	
2. Federal income tax withheld		6. Medicare tax withheld	
☐ 0		☐ 23	
3. Social security wages		7. Social security tips	
☐ 1572		☐	
8. Allocated tips (not included in box 1)		10. Dependent care benefits	
☐		☐	
11. Nonqualified plans		12. Codes and amounts	
☐		Code Amount	
		☐ ☐	
		Code Amount	
		☐ ☐	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay		12c. Code Amount	
☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay		☐ ☐	
14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)		12d. Code Amount	
Type Amount		☐ ☐	
☐ CASDI ☐ 14		☐ ☐	
15. State and employer's state ID number		16. State wages, tips, etc.	
State Employer's state ID number		☐ 11	
☐ CA ☐ 30803795		17. State income tax	
		☐	

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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2023 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

EDER L CARDOSO

714474459

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 1572 ☐	☐
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐
c Tip income not reported on line 1a 1c	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐
h Other earned income. See instructions 1h	☐ 0 ☐	☐
i Nontaxable combat pay election. See instructions. 1i		☐
z Add line 1a through line 1i. 1z	☐ 1572 ☐	☐
2 Taxable interest. a ☐ 2b ☐	☐	☐
3 Ordinary dividends. See instructions. a ☐ 3b ☐	☐	☐
4 IRA distributions. See instructions. a ☐ 4b ☐	☐	☐
5 Pensions and annuities. See instructions. a ☐ 5b ☐	☐	☐
6 Social security benefits. a ☐ 6b ☐	☐	☐
7 Capital gain or (loss). See instructions 7	☐	☐

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☐ 0 ☐ 0	☐
2 a Alimony received. See instructions. 2a	☐	☐
3 Business income or (loss). See instructions. . . . 3	☐ 9243 ☐	☐
4 Other gains or (losses) 4	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☐	☐
6 Farm income or (loss) 6	☐	☐
7 Unemployment compensation 7	☐	☐

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Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8	Other income:			
a	Federal net operating loss 8a	☐ ()		☐
b	Gambling 8b	☐	☐	
c	Cancellation of debt 8c	☐	☐	☐
d	Foreign earned income exclusion from federal Form 2555 8d	☐ ()		☐
e	Income from federal Form 8853 8e	☐		☐
f	Income from federal Form 8889 8f	☐	☐	
g	Alaska Permanent Fund dividends 8g	☐		
h	Jury duty pay 8h	☐		
i	Prizes and awards 8i	☐		
j	Activity not engaged in for profit income 8j	☐		
k	Stock options 8k	☐		☐
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . 8l	☐		
m	Olympic and Paralympic medals and USOC prize money 8m	☐		
n	IRC Section 951(a) inclusion 8n	☐	☐	
o	IRC Section 951A(a) inclusion 8o	☐	☐	
p	IRC Section 461(l) excess business loss adjustment 8p	☐	☐	☐
q	Taxable distributions from an ABLE account . . 8q	☐		
r	Scholarship and fellowship grants not reported on federal Form(s) W-2 8r	☐		
s	Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . 8s	☐ ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t	☐		
u	Wages earned while incarcerated 8u	☐		
z	Other income. List type and amount. ☐ 8z	☐	☐	☐

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. 9b1		☐	
b2 NOL deduction from form FTB 3805V. 9b2		☐	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809. 9b3		☐	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 10815	☐ 0	☐

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses. 11	☐	☐	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	☐	☐	☐
13 Health savings account deduction. 13	☐	☐	
14 Moving expenses. Attach form FTB 3913. See instructions. 14	☐		☐
15 Deductible part of self-employment tax. See instructions. 15	☐ 653	☐	
16 Self-employed SEP, SIMPLE, and qualified plans. 16	☐		
17 Self-employed health insurance deduction. See instructions. 17	☐	☐	
18 Penalty on early withdrawal of savings. 18	☐		
19 a Alimony paid. 19a	☐		☐
b Recipient's: SSN ☐			
Last Name ☐			
20 IRA deduction. 20	☐	☐	☐
21 Student loan interest deduction. 21	☐		☐
22 Reserved for future use. 22			
23 Archer MSA deduction. 23	☐		

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐	
d Reforestation amortization and expenses. 24d	☐	☐	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐	
j Housing deduction from federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐ 653	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 10162	☐ 0	☐

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 10162 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 762 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	☒		☒
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a	☒ 14	☒ 14	
b State and local real estate taxes5b	☒		
c State and local personal property taxes5c	☒ 0		
d Add line 5a through line 5c.5d	☒ 14		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e	☒ 14	☒ 14	☒ 0
6 Other taxes. List type ☒ 6	☒	☒	☒
7 Add line 5e and line 6. 7	☒ 14	☒ 14	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a	☒		☒
b Home mortgage interest not reported to you on federal Form 1098.8b	☒		☒
c Points not reported to you on federal Form 1098. .8c	☒		☒
d Reserved for future use8d			
e Add line 8a through line 8c.8e	☒	☒	☒
9 Investment interest. 9	☒	☒	☒
10 Add line 8e and line 9. 10	☒	☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 14	☐ 14	☐ 0
18 Total. Combine line 17 column A less column B plus column C.....	☐ 18		0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....	☐ 19		
20 Tax preparation fees.....	☐ 20		
21 Other expenses: investment, safe deposit box, etc. List type.....	☐ 21		0
22 Add line 19 through line 21.....	☐ 22		0
23 Enter amount from federal Form 1040 or 1040-SR, line 11.....	☐ 10162		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....	☐ 24		203
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....	☐ 25		0
26 Total Itemized Deductions. Add line 18 and line 25.....	☐ 26		0
27 Other adjustments. See instructions. Specify.....	☐ 27		
28 Combine line 26 and line 27.....	☐ 28		0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately.....\$237,035			
Head of household.....\$355,558			
Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$474,075			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....			
☐ 29 0			
30 Enter the larger of the amount on line 29 or your standard deduction shown below:			
Single or married/RDP filing separately. See instructions.....\$5,363			
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..\$10,726			
Transfer the amount on line 30 to Form 540, line 18.....			
☐ 30 5363			

2023 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

EDER L CARDOSO

714474459

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here. ☒ ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions.)

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 11) **2**
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27) **3**

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4**

Part III Qualifying Child Information (See Step 3 in the instructions.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|---|---|---|
| 5 First name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2004 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | ☒ Yes ☐ No | ☒ Yes ☐ No | ☒ Yes ☐ No |
| b Was the child permanently and totally disabled during any part of 2023? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | ☒ Yes ☐ No | ☒ Yes ☐ No | ☒ Yes ☐ No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2023. Do not enter more than 365 days. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2023. See instructions.

Child 1 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3 ☒ **a** Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income

- 13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions . . . ● 13 .00
- 14 IHSS payments. See instructions . . . ● 14 .00
- 15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . ● 15 .00
- 16 Subtract line 14 and line 15 from line 13. . . ● 16 .00
- 17 Nontaxable combat pay. See instructions . . . ● 17 .00
- 18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions . . . ● 18 .00

a Business name . . . ●
b Business address . . . ●
c Business license number . . . ●
d SEIN . . . ●
e Business code . . . ●

- 19 California earned income. Add line 16, line 17, and line 18. . . ● 19 .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

- 20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a. . . ● 20 .00

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Part VI Part-Year Resident California Earned Income Tax Credit

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . ● 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24 . . . ● 23 .00
- a **Total** wages, salaries, tips, and other employee compensation. See instructions . . ● 23a .00
- b If your **total** net loss exceeds \$33,497 or your federal AGI exceeds \$30,950, check the box. See instructions . . . ● ☐
- 24 **Available Young Child Tax Credit.** 24 1,117 .00
- If the amount on line 23 is \$25,775 or less, skip line 25 through line 27 and enter \$1,117 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$25,775, complete line 25 through line 28. If applicable, complete line 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$25,775 from line 23 ● 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. ● 26
- 27 **Reduction amount.** Multiply line 26 by \$21.66. Enter the result as a decimal out to two decimal places, **do not** round ■ 27
- 28 **Young Child Tax Credit.**
- If you did not need to complete line 25 through line 27, your credit is the \$1,117 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. ● 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ● 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. ● 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
- a Primary Taxpayer: My name is the first name listed on this return ● ☐
- b Spouse/RDP: My name is listed as the spouse/RDP on this joint return ● ☐
- 32 Qualifying foster youth information. See instructions.
- | | Primary Taxpayer | Spouse/RDP |
|--------------------------|----------------------|------------------------|
| a First name ● | <input type="text"/> | ● <input type="text"/> |
| b Last name ● | <input type="text"/> | ● <input type="text"/> |

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33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19 ☐ **34** .00

35 Available Foster Youth Tax Credit ☒ **35** .00

• If the amount on line 34 is \$25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,117 on line 35 and line 39.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,234 on line 35 and line 39.

If applicable, complete line 40 and line 41.

• If the amount on line 34 is greater than \$25,775, complete line 36 through line 38 and enter on line 35 the following amount.

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,117 on line 35.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,234 on line 35.

If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$25,775 from line 34 ☒ **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. ☒ **37**

38 Reduction amount ☒ **38**

• If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.66.

Enter the result as a decimal out to two decimal places, **do not** round.

• If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.32.

Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

• If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,117 from line 35.

• If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,234 from line 35.

• If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. ☒ **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . ☒ **40**

41 Part-year resident FYTC. Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 ☒ **41** .00

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Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

Your first name and middle initial EDER L		Last name CARDOSO		Your social security number 714-47-4459	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 640 S 32ND ST					Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. RICHMOND			State CA	ZIP code 94804	
Foreign country name		Foreign province/state/county		Foreign postal code	

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here . . . ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions. Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,950 • Married filing jointly or Qualifying surviving spouse, \$25,900 • Head of household, \$19,400 • If you checked any box under <i>Standard Deduction</i> , see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	45,875.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	0.
	i	Nontaxable combat pay election (see instructions) 1i		
	z	Add lines 1a through 1h	1z	45,875.
	2a	Tax-exempt interest 2a	2b	Taxable interest
	3a	Qualified dividends 3a	3b	Ordinary dividends
	4a	IRA distributions 4a	4b	Taxable amount
	5a	Pensions and annuities 5a	5b	Taxable amount
	6a	Social security benefits 6a	6b	Taxable amount
c	If you elect to use the lump-sum election method, check here (see instructions) ☐			
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7		
8	Other income from Schedule 1, line 10	8	0.	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	45,875.	
10	Adjustments to income from Schedule 1, line 26	10		
11	Subtract line 10 from line 9. This is your adjusted gross income	11	45,875.	
12	Standard deduction or itemized deductions (from Schedule A)	12	12,950.	
13	Qualified business income deduction from Form 8995 or Form 8995-A	13		
14	Add lines 12 and 13	14	12,950.	
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	32,925.	

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	3,746.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3,746.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3,746.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
24	Add lines 22 and 23. This is your total tax	24	3,746.	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	3,826.
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	3,826.
	26	2022 estimated tax payments and amount applied from 2021 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	3,826.	

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	80.																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	80.																	
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
36	Amount of line 34 you want applied to your 2023 estimated tax	36																			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions ☐ Yes . Complete below. ☒ No								
	Designee's name	Phone no.	Personal identification number (PIN) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						

Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>						
Phone no. (510)812-8616	Email address									

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
	Firm's name	Firm's address			Phone no.
	Firm's EIN				

2022 California Resident Income Tax Return**540**

APE

DO NOT ATTACH FEDERAL RETURN

714-47-4459 CARD
EDER L CARDOSO

22

640 S 32ND ST
RICHMOND CA 94804

08-02-1981

Principal Residence

Enter your county at time of filing (see instructions)

☒ CONTRA COSTAIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See instr. 5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$140 = ☒ \$ 1408 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$140 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$140 = ☒ \$

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3101224

Form 540 2022 Side 1

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions **10** X \$433 = **11** \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 **11** \$ **140**

12	State wages from your federal Form(s) W-2, box 16	12	45875	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	45875	.00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14	0	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	45875	.00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16		.00
17	California adjusted gross income. Combine line 15 and line 16	17	45875	.00
18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$5,202 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. \$10,404 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions	18	5202	.00
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19	40673	.00

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803	31	1106	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$229,908, see instructions.	32	140	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	966	.00
34	Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A	34		.00
35	Add line 33 and line 34.	35	966	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name code and amount. . .	43		.00
44	Enter credit name code and amount. . .	44		.00

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Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

Special Credits	45	To claim more than two credits. See instructions. Attach Schedule P (540).	45		.00
	46	Nonrefundable Renter's Credit. See instructions	46		.00
	47	Add line 40 through line 46. These are your total credits	47		.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	48	966	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
	62	Mental Health Services Tax. See instructions	62		.00
	63	Other taxes and credit recapture. See instructions	63		.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	966	.00

Payments	71	California income tax withheld. See instructions	71	1602	.00
	72	2022 California estimated tax and other payments. See instructions	72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	73		.00
	74	Excess SDI (or VPD) withheld. See instructions	74		.00
	75	Earned Income Tax Credit (EITC). See instructions	75		.00
	76	Young Child Tax Credit (YCTC). See instructions	76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	78	1602	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	91	0	.00
	If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions.	92	☒	
	Individual Shared Responsibility (ISR) Penalty. See instructions				.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	1602	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95	1602	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97	636	.00

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3103224

Form 540 2022 Side 3

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

Overpaid
Tax/Tax Due

- 98 Amount of line 97 you want applied to your **2023** estimated tax ● 98 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 .00
- 100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 .00

Contributions

Code Amount

- California Seniors Special Fund. See instructions ● 400 .00
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ● 401 .00
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program ● 403 .00
- California Breast Cancer Research Voluntary Tax Contribution Fund ● 405 .00
- California Firefighters' Memorial Voluntary Tax Contribution Fund ● 406 .00
- Emergency Food for Families Voluntary Tax Contribution Fund ● 407 .00
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ● 408 .00
- California Sea Otter Voluntary Tax Contribution Fund ● 410 .00
- California Cancer Research Voluntary Tax Contribution Fund ● 413 .00
- School Supplies for Homeless Children Voluntary Tax Contribution Fund ● 422 .00
- State Parks Protection Fund/Parks Pass Purchase ● 423 .00
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund ● 424 .00
- Keep Arts in Schools Voluntary Tax Contribution Fund ● 425 .00
- Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ● 431 .00
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund ● 438 .00
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ● 439 .00
- Rape Kit Backlog Voluntary Tax Contribution Fund ● 440 .00
- Suicide Prevention Voluntary Tax Contribution Fund ● 444 .00
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund ● 445 .00
- California Community and Neighborhood Tree Voluntary Tax Contribution Fund ● 446 .00
- 110 Add amounts in code 400 through code 446. This is your total contribution ● 110 .00

Amount
You Owe

- 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● 111 .00Pay Online – Go to **ftb.ca.gov/pay** for more information.

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Your name: CARDOSO Your SSN or ITIN: 714-47-4459

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax.

Check the box: ☐ FTB 5805 attached ☐ FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 115 636 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

☐ Routing number ☐ Type ☐ Checking ☐ Account number ☐ 116 Direct deposit amount .00

☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

☐ Routing number ☐ Type ☐ Checking ☐ Account number ☐ 117 Direct deposit amount .00

☐ Savings

Voter Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions .00

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

☐ Your email address. Enter only one email address. ☐ Preferred phone number 5108128616

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed) PTIN

Firm's address Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions .00 Yes No

Print Third Party Designee's Name Telephone Number

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2022**Wage and Tax Statement****W-2****Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.**

Caution: If this schedule is filled out, **do not** send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, **attach** copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. **DO NOT ATTACH PAYMENT TO THIS SCHEDULE.**

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number*		c. Employer's name	
☐ 714474459		☐ VP HAULING & DEMOLITION	
b. Employer identification number (EIN)		Employer's address	
☐ 271470389		☐ 1360 CLUB LN	
		City	State ZIP code
		☐ EL SOBRANTE	☐ CA ☐ 94803
e. Employee's first name*		Initial*	Last name* Suffix*
☐ EDER		☐ L	☐ CARDOSO ☐
f. Employee's address*			
☐ 640 S 32ND ST			
City*		State*	ZIP code*
☐ RICHMOND		☐ CA	☐ 94804
1. Wages, tips, other compensation		4. Social security tax withheld	
☐ 45875		☐ 2844	
2. Federal income tax withheld		6. Medicare tax withheld	
☐ 3826		☐ 665	
3. Social security wages		7. Social security tips	
☐ 45875		☐	
8. Allocated tips (not included in box 1)		10. Dependent care benefits	
☐		☐	
11. Nonqualified plans			
☐			
12. Codes and amounts			
Code Amount		Code Amount	
☐ ☐		☐ ☐	
Code Amount		Code Amount	
☐ ☐		☐ ☐	
13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay			
☐ Statutory employee ☐ Retirement plan ☐ Third-party sick pay			
14. SDI, VPD, or CA SDI (from federal Form W-2, box 14 or 19)			
Type Amount		16. State wages, tips, etc.	
☐ CASDI ☐ 505		☐ 45875	
15. State and employer's state ID number		17. State income tax	
State Employer's state ID number		☐ 1602	
☐ CA ☐ 30803795			

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

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2022 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

EDER L CARDOSO

714474459

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 45875 ☐	☐
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐
c Tip income not reported on line 1a 1c	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐
h Other earned income. See instructions 1h	☐ 0 ☐	☐
i Nontaxable combat pay election. See instructions 1i		☐
z Add line 1a through line 1i. 1z	☐ 45875 ☐	☐
2 Taxable interest. a ☐ 2b ☐	☐	☐
3 Ordinary dividends. See instructions. a ☐ 3b ☐	☐	☐
4 IRA distributions. See instructions. a ☐ 4b ☐	☐	☐
5 Pensions and annuities. See instructions. a ☐ 5b ☐	☐	☐
6 Social security benefits. a ☐ 6b ☐	☐	
7 Capital gain or (loss). See instructions 7	☐	☐

Section B — Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☐ 0 ☐ 0	
2 a Alimony received. See instructions. 2a	☐	☐
3 Business income or (loss). See instructions. . . . 3	☐	☐
4 Other gains or (losses) 4	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☐	☐
6 Farm income or (loss) 6	☐	☐
7 Unemployment compensation 7	☐	

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Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated	8u	☐		
z Other income. List type and amount. ☐	8z	☐	☐	☐

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		☐	
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 45875	☐ 0	☐

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	☐	☐	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	☐	☐	☐
13 Health savings account deduction 13	☐	☐	
14 Moving expenses. Attach form FTB 3913. See instructions 14	☐		☐
15 Deductible part of self-employment tax. See instructions. 15	☐	☐	
16 Self-employed SEP, SIMPLE, and qualified plans. 16	☐		
17 Self-employed health insurance deduction. See instructions. 17	☐	☐	
18 Penalty on early withdrawal of savings 18	☐		
19 a Alimony paid. 19a	☐		☐
b Recipient's: SSN ☐			
Last Name ☐			
20 IRA deduction 20	☐	☐	☐
21 Student loan interest deduction. 21	☐		☐
22 Reserved for future use 22			
23 Archer MSA deduction. 23	☐		

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐	
d Reforestation amortization and expenses. 24d	☐	☐	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐	
j Housing deduction from federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 45875	☐ 0	☐

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 45875 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 3441 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	☒		☒
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a	☒ 2107	☒ 2107	
b State and local real estate taxes5b	☒		
c State and local personal property taxes5c	☒ 0		
d Add line 5a through line 5c.5d	☒ 2107		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C5e	☒ 2107	☒ 2107	☒ 0
6 Other taxes. List type ☒ 6	☒	☒	☒
7 Add line 5e and line 6. 7	☒ 2107	☒ 2107	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 10988a	☒		☒
b Home mortgage interest not reported to you on federal Form 1098.8b	☒		☒
c Points not reported to you on federal Form 1098. .8c	☒		☒
d Reserved for future use8d			
e Add line 8a through line 8c.8e	☒	☒	☒
9 Investment interest. 9	☒	☒	☒
10 Add line 8e and line 9. 10	☒	☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 2107	☐ 2107	☐ 0
18 Total. Combine line 17 column A less column B plus column C.....	☐ 18		0
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....	☐ 19		
20 Tax preparation fees.....	☐ 20		
21 Other expenses: investment, safe deposit box, etc. List type.....	☐ 21	0	
22 Add line 19 through line 21.....	☐ 22	0	
23 Enter amount from federal Form 1040 or 1040-SR, line 11.....	☐ 45875		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....	☐ 24	918	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....	☐ 25		0
26 Total Itemized Deductions. Add line 18 and line 25.....	☐ 26		0
27 Other adjustments. See instructions. Specify.....	☐ 27		
28 Combine line 26 and line 27.....	☐ 28		0
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately.....\$229,908			
Head of household.....\$344,867			
Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$459,821			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....			
☐ 29 0			
30 Enter the larger of the amount on line 29 or your standard deduction listed below:			
Single or married/RDP filing separately. See instructions.....\$5,202			
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..\$10,404			
Transfer the amount on line 30 to Form 540, line 18.....			
☐ 30 5202			

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial EDER L		Last name CARDOSO		Your social security number 714-47-4459	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number	
Home address (number and street). If you have a P.O. box, see instructions. 640 S 32ND ST				Apt. no.	
City, town, or post office. If you have a foreign address, also complete spaces below. RICHMOND			State CA	ZIP code 94804	
Foreign country name		Foreign province/state/county		Foreign postal code	

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1957 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1957 ☐ Is blind

(1) First name Last name		(2) Social security number	(3) Relationship to you	(4) ☒ if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
If more than four dependents, see instructions and check here ▶ ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Attach Sch. B if required.	1	Wages, salaries, tips, etc. Attach Form(s) W-2		1		
	2a	Tax-exempt interest	2a	2b		
Standard Deduction for— • Single or Married filing separately, \$12,550 • Married filing jointly or Qualifying widow(er), \$25,100 • Head of household, \$18,800 • If you checked any box under <i>Standard Deduction</i> , see instructions.	3a	Qualified dividends	3a	b Taxable interest	2b	
	4a	IRA distributions	4a	b Ordinary dividends	3b	
	5a	Pensions and annuities	5a	b Taxable amount	4b	
	6a	Social security benefits	6a	b Taxable amount	5b	
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		b Taxable amount	6b	
	8	Other income from Schedule 1, line 10			7	
	9	Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶			8	10,109.
	10	Adjustments to income from Schedule 1, line 26			9	10,109.
	11	Subtract line 10 from line 9. This is your adjusted gross income ▶			10	715.
	12a	Standard deduction or itemized deductions (from Schedule A)	12a	12,550.	11	9,394.
	b Charitable contributions if you take the standard deduction (see instructions)	12b				
	c Add lines 12a and 12b			12c	12,550.	
	13 Qualified business income deduction from Form 8995 or Form 8995-A			13	0.	
	14 Add lines 12c and 13			14	12,550.	
	15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-			15	0.	

16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	0.																				
17	Amount from Schedule 2, line 3	17																					
18	Add lines 16 and 17	18	0.																				
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19																					
20	Amount from Schedule 3, line 8	20																					
21	Add lines 19 and 20	21																					
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.																				
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,429.																				
24	Add lines 22 and 23. This is your total tax	24	1,429.																				
25	Federal income tax withheld from:																						
a	Form(s) W-2	25a																					
b	Form(s) 1099	25b																					
c	Other forms (see instructions)	25c																					
d	Add lines 25a through 25c	25d																					
26	2021 estimated tax payments and amount applied from 2020 return	26																					
27a	Earned income credit (EIC)	27a	1,434.																				
	Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions ☐																						
b	Nontaxable combat pay election	27b																					
c	Prior year (2019) earned income	27c																					
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28																					
29	American opportunity credit from Form 8863, line 8	29																					
30	Recovery rebate credit. See instructions	30	1,400.																				
31	Amount from Schedule 3, line 15	31																					
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	2,834.																				
33	Add lines 25d, 26, and 32. These are your total payments	33	2,834.																				
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,405.																				
	35a Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	1,405.																				
Direct deposit? See instructions.	b Routing number <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: ☐ Checking ☐ Savings	X	X	X	X	X	X	X	X	X	X												
X	X	X	X	X	X	X	X	X	X														
	d Account number <table border="1" style="display: inline-table; text-align: center; width: 200px;"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36 Amount of line 34 you want applied to your 2022 estimated tax	36																					
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37																					
	38 Estimated tax penalty (see instructions)	38																					

Third Party DesigneeDo you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☒ **No**

Designee's name	Phone no.	Personal identification number (PIN)
---	---	--

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation SELF EMPLOYEE	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (510)812-8616	Email address
--------------------------------	---

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

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

BAA

REV 09/09/22 TTW

Form **1040** (2021)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

2021
Attachment
Sequence No. **01**

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

EDER L CARDOSO

Your social security number

714-47-4459

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	0.
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	10,109.
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:		
a	Net operating loss	8a	()
b	Gambling income	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Taxable Health Savings Account distribution	8e	
f	Alaska Permanent Fund dividends	8f	
g	Jury duty pay	8g	
h	Prizes and awards	8h	
i	Activity not engaged in for profit income	8i	
j	Stock options	8j	
k	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8k	
l	Olympic and Paralympic medals and USOC prize money (see instructions)	8l	
m	Section 951(a) inclusion (see instructions)	8m	
n	Section 951A(a) inclusion (see instructions)	8n	
o	Section 461(l) excess business loss adjustment	8o	
p	Taxable distributions from an ABLE account (see instructions)	8p	
z	Other income. List type and amount ▶	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	10,109.

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

Schedule 1 (Form 1040) 2021

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	715.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount ▶	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line 10a	26	715.

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

▶ 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

2021
Attachment
Sequence No. **02**

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

EDER L CARDOSO

Your social security number

714-47-4459

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 . . .	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,429.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2021

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount ►	17a	
b	Recapture of federal mortgage subsidy. If you sold your home in 2021, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount ►	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Additional tax from Schedule 8812	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	1,429.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2021
Attachment
Sequence No. **09**

Name of proprietor EDER L CARDOSO		Social security number (SSN) 714-47-4459
A Principal business or profession, including product or service (see instructions) COURIER	B Enter code from instructions ► 4 9 2 0 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) ► 640 S 32ND ST City, town or post office, state, and ZIP code RICHMOND, CA 94804		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►		
G Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . ☒ Yes ☐ No		
H If you started or acquired this business during 2021, check here ☐		
I Did you make any payments in 2021 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	14,245.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	14,245.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	14,245.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	14,245.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	2,809.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	275.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	1,052.
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	4,136.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	10,109.

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.	31	10,109.
---	-----------	---------

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.

• If a loss, you **must** go to line 32.

• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a ☐ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) ► 01/15/2020
44	Of the total number of miles you drove your vehicle during 2021, enter the number of miles you used your vehicle for:
a	Business 4,819 b Commuting (see instructions) c Other 0
45	Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No
46	Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☒ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8–26 or line 30.

Phone	780.
Car wash	272.
48 Total other expenses. Enter here and on line 27a	48 1,052.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Self-Employment Tax

► Go to www.irs.gov/ScheduleSE for instructions and the latest information.
► Attach to Form 1040, 1040-SR, or 1040-NR.

OMB No. 1545-0074

2021
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, or 1040-NR)

Social security number of person
with self-employment income ►

EDER L CARDOSO

714-47-4459

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I ☐

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AH **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 10,109.

3 Combine lines 1a, 1b, and 2 **3** 10,109.

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 9,336.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 9,336.

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b** 0.

6 Add lines 4c and 5b **6** 9,336.

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2021 **7** 142,800

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$142,800 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 142,800.

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 1,158.

11 Multiply line 6 by 2.9% (0.029) **11** 271.

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4** **12** 1,429.

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 715.

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$8,820, **or (b)** your net farm profits² were less than \$6,367.

14 Maximum income for optional methods **14** 5,880

15 Enter the **smaller** of: two-thirds (²/₃) of gross farm income¹ (not less than zero) **or** \$5,880. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$6,367 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16 Subtract line 15 from line 14 **16**

17 Enter the **smaller** of: two-thirds (²/₃) of gross nonfarm income⁴ (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above **17**

¹ From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

² From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A—minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

⁴ From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

**Qualified Business Income Deduction
Simplified Computation**

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.**2021**Attachment
Sequence No. **55**

Name(s) shown on return

EDER L CARDOSO

Your taxpayer identification number

714-47-4459

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$164,900 (\$164,925 if married filing separately; \$329,800 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	EDER L CARDOSO	714-47-4459	9,394.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	9,394.	5	1,879.
3	Qualified business net (loss) carryforward from the prior year	3	()		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	9,394.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6		9	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	1,879.
11	Taxable income before qualified business income deduction (see instructions)	11	0.	14	0.
12	Net capital gain (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	0.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions) ▶			15	0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(0.)	17	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0.)		

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

REV 09/09/22 TTW

Form **8995** (2021)

2021 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

714-47-4459 CARD
EDER L CARDOSO

21 PBA 492000

640 S 32ND ST
RICHMOND CA 94804

08-02-1981

Principal Residence

Enter your county at time of filing (see instructions)

☒ CONTRA COSTAIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒

City

State

ZIP code

☒If your California filing status is different from your federal filing status, check the box here ☐

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly. See inst.5 ☐ Qualifying widow(er). Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See inst. ☐

Exemptions

► For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$129 = ☒ \$ 1298 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. ☒ 8 X \$129 = ☒ \$ 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. ☒ 9 X \$129 = ☒ \$

Your name: **CARDOSO** Your SSN or ITIN: **714-47-4459**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions **10** X \$400 = **11** \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 **11** \$ **129**

12	State wages from your federal Form(s) W-2, box 16	12			
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13		9394	
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14		0	
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15		9394	
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16			
17	California adjusted gross income. Combine line 15 and line 16	17		9394	
18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately. \$4,803 • Married/RDP filing jointly, Head of household, or Qualifying widow(er) . . . \$9,606 If Married/RDP filing separately or the box on line 6 is checked, STOP . See instructions	18		4803	
19	Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0-	19		4591	

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803	31		46	
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$212,288, see instructions.	32		129	
33	Subtract line 32 from line 31. If less than zero, enter -0-	33		0	
34	Tax. See instructions. Check the box if from: ☐ Schedule G-1 ☐ FTB 5870A	34			
35	Add line 33 and line 34.	35		0	

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40			
43	Enter credit name code and amount. . .	43			
44	Enter credit name code and amount. . .	44			

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

Special Credits

- 45 To claim more than two credits. See instructions. Attach Schedule P (540). ● 45 .00
- 46 Nonrefundable Renter's Credit. See instructions ● 46 .00
- 47 Add line 40 through line 46. These are your total credits ● 47 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- ● 48 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Mental Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions ● 63 .00
- 64 Excess Advance Premium Assistance Subsidy (APAS) repayment. See instructions. ● 64 .00
- 65 Add line 48, line 61, line 62, line 63, and line 64. This is your total tax ● 65 .00

Payments

- 71 California income tax withheld. See instructions ● 71 .00
- 72 2021 CA estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or 593). See instructions ● 73 .00
- 74 Excess SDI (or VPD) withheld. See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC) ● 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions ● 76 .00
- 77 Net Premium Assistance Subsidy (PAS). See instructions ● 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions ● 78 .00

Use Tax

- 91 **Use Tax.** Do not leave blank. See instructions. ● 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● ☒
- If you did not check the box, see instructions.
- Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 .00
- 94 **Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93. ● 95 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, then
subtract line 93 from line 92. ● 96 .00

175

3103214

REV 04/20/23 TTW Form 540 2021 Side 3

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

Overpaid Tax/Tax Due

- 97 Overpaid tax. If line 95 is more than line 65, subtract line 65 from line 95. ☒ 97 .00
- 98 Amount of line 97 you want applied to your **2022** estimated tax ☐ 98 .00
- 99 Overpaid tax available this year. Subtract line 98 from line 97 ☐ 99 .00
- 100 Tax due. If line 95 is less than line 65, subtract line 95 from line 65 ☒ 100 .00

Contributions

Code Amount

- California Seniors Special Fund. See instructions ☐ 400 .00
- Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ☐ 401 .00
- Rare and Endangered Species Preservation Voluntary Tax Contribution Program ☐ 403 .00
- California Breast Cancer Research Voluntary Tax Contribution Fund ☐ 405 .00
- California Firefighters' Memorial Voluntary Tax Contribution Fund ☐ 406 .00
- Emergency Food for Families Voluntary Tax Contribution Fund ☐ 407 .00
- California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ☐ 408 .00
- California Sea Otter Voluntary Tax Contribution Fund ☐ 410 .00
- California Cancer Research Voluntary Tax Contribution Fund ☐ 413 .00
- School Supplies for Homeless Children Voluntary Tax Contribution Fund ☐ 422 .00
- State Parks Protection Fund/Parks Pass Purchase ☐ 423 .00
- Protect Our Coast and Oceans Voluntary Tax Contribution Fund ☐ 424 .00
- Keep Arts in Schools Voluntary Tax Contribution Fund ☐ 425 .00
- Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ☐ 431 .00
- California Senior Citizen Advocacy Voluntary Tax Contribution Fund ☐ 438 .00
- Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ☐ 439 .00
- Rape Kit Backlog Voluntary Tax Contribution Fund ☐ 440 .00
- Schools Not Prisons Voluntary Tax Contribution Fund ☐ 443 .00
- Suicide Prevention Voluntary Tax Contribution Fund ☐ 444 .00
- Mental Health Crisis Prevention Voluntary Tax Contribution Fund ☐ 445 .00
- California Community and Neighborhood Tree Voluntary Tax Contribution Fund ☐ 446 .00
- 110 Add code 400 through code 446. This is your total contribution ☐ 110 .00

Your name:

CARDOSO

Your SSN or ITIN:

714-47-4459

Amount
You Owe**111 AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ● **111**Pay Online – Go to **ftb.ca.gov/pay** for more information.

.00

Interest and
Penalties**112** Interest, late return penalties, and late payment penalties **112**

.00

113 Underpayment of estimated tax.Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

.00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112 and line 113 from line 99. See instructions.Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

172

.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ● Account number ● **116** Direct deposit amount .00

☐ Savings

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ● Account number ● **117** Direct deposit amount .00

☐ Savings

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

● Your email address. Enter only one email address.

● Preferred phone number

5108128616

**Sign
Here**It is unlawful
to forge a
spouse's/
RDP's
signature.Paid preparer's signature (**declaration of preparer is based on all information of which preparer has any knowledge**)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Joint tax
return?(See
instructions)Do you want to allow another person to discuss this tax return with us? See instructions. ● ☐ Yes ☒ No

Print Third Party Designee's Name

Telephone Number

175

3105214

REV 04/20/23 TTW Form 540 2021 Side 5

2021 California Adjustments — Residents**CA (540)****Important:** Attach this schedule behind Form 540, Side 5 as a supporting California schedule.

Name(s) as shown on tax return

SSN or ITIN

EDER L CARDOSO

714474459

Part I Income Adjustment Schedule**Section A — Income** from federal Form 1040 or 1040-SR**A Federal Amounts**
(taxable amounts from your federal tax return)**B Subtractions**
See instructions**C Additions**
See instructions**1** Wages, salaries, tips, etc. See instructions before making an entry in column B or C **1****2** Taxable interest. **a** ☐ **2b****3** Ordinary dividends. See instructions. **a** ☐ **3b****4** IRA distributions. See instructions. **a** ☐ **4b****5** Pensions and annuities. See instructions. **a** ☐ **5b****6** Social security benefits. **a** ☐ **6b****7** Capital gain or (loss). See instructions. **7****Section B — Additional Income** from federal Schedule 1 (Form 1040)**1** Taxable refunds, credits, or offsets of state and local income taxes **1****2a** Alimony received. See instructions. **2a****3** Business income or (loss). See instructions. . . . **3****4** Other gains or (losses) **4****5** Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5****6** Farm income or (loss) **6****7** Unemployment compensation **7****8** Other income:
a Federal net operating loss. **8a****b** Gambling income. **8b****c** Cancellation of debt **8c****d** Foreign earned income exclusion from federal Form 2555 **8d****e** Taxable Health Savings Account distribution . . **8e****f** Alaska Permanent Fund dividends **8f****g** Jury duty pay. **8g****h** Prizes and awards **8h**

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
i Activity not engaged in for profit income 8i	☐		
j Stock options 8j	☐		
k Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . . 8k	☐		
l Olympic and Paralympic medals and USOC prize money 8l	☐		
m IRC Section 951(a) inclusion 8m	☐	☐	
n IRC Section 951A(a) inclusion. 8n	☐	☐	
o IRC Section 461(l) excess business loss adjustment 8o	☐		☐
p Taxable distributions from an ABLE account . . 8p	☐		
z Other income. List type and amount. ☐ 8z	☐	☐	☐
9 a Total other income. Add lines 8a through 8z. 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL from form FTB 3805Z, 3807, or 3809 . . 9b3		☐	
b4 Student loan discharged due to closure of a for-profit school. 9b4	☐	☐	
10 Total. Combine Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a, and line 9b4 in column A (as applicable). Add Section A, line 1 through line 7, and Section B, line 1 through line 7, line 9a and line 9b1 through line 9b4 in column B and column C (as applicable). See instructions. 10	☐ 10,109.	☐ 0.	☐

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	☐	☐	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	☐	☐	☐
13 Health savings account deduction 13	☐	☐	
14 Moving expenses. Attach form FTB 3913. See instructions 14	☐		☐
15 Deductible part of self-employment tax. See instructions. 15	☐ 715.	☐	
16 Self-employed SEP, SIMPLE, and qualified plans. . 16	☐		
17 Self-employed health insurance deduction. See instructions. 17	☐	☐	

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
18 Penalty on early withdrawal of savings. 18	☐		
19 a Alimony paid. 19a	☐		☐
b Recipient's: SSN ☐ _____ Last Name ☐ _____			
20 IRA deduction. 20	☐	☐	☐
21 Student loan interest deduction 21	☐		☐
22 Reserved for future use 22			
23 Archer MSA deduction 23	☐		
24 Other adjustments:			
a Jury duty pay 24a	☐		
b Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit. 24b	☐	☐	☐
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l 24c	☐	☐	
d Reforestation amortization and expenses. 24d	☐	☐	
e Repayment of supplemental unemployment benefits under the Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans. 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims. 24h	☐		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐	
j Housing deduction from federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount. ☐ _____ 24z	☐	☐	☐
25 Total other adjustments. Add lines 24a through 24z. 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐ 715 .	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 9,394 .	☐ 0 .	☐

REV 04/20/23 TTW

Part II Adjustments to Federal Itemized DeductionsCheck the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ _____ 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 9,394. 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 705. 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a ☒		☒	
b State and local real estate taxes 5b ☒			
c State and local personal property taxes 5c ☒		0.	
d Add line 5a through line 5c. 5d ☒		0.	
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e ☒	0. ☒	☒	☒ 0.
6 Other taxes. List type ☒ _____ 6 ☒		☒	☒
7 Add line 5e and line 6. 7 ☒	0. ☒	☒	☒ 0.
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a ☒			☒
b Home mortgage interest not reported to you on federal Form 1098. 8b ☒			☒
c Points not reported to you on federal Form 1098. 8c ☒			☒
d Mortgage insurance premiums 8d ☒		☒	
e Add line 8a through line 8d 8e ☒		☒	☒
9 Investment interest. 9 ☒		☒	☒
10 Add line 8e and line 9. 10 ☒		☒	☒

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☐	☐	☐
12 Other than by cash or check.....12	☐	☐	☐
13 Carryover from prior year.....13	☐	☐	☐
14 Add line 11 through line 13.....14	☐	☐	☐
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions...15	☐	☐	☐
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☐	☐	☐
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☐ 0.	☐	☐ 0.
18 Total. Combine line 17 column A less column B plus column C.....	☐ 18	0.	
Job Expenses and Certain Miscellaneous Deductions			
19 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions.....	☐ 19		
20 Tax preparation fees.....	☐ 20		
21 Other expenses - investment, safe deposit box, etc. List type.....	☐ 21	0.	
22 Add line 19 through line 21.....	☐ 22	0.	
23 Enter amount from federal Form 1040 or 1040-SR, line 11.....	☐ 9,394.		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....	☐ 24	188.	
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0.....	☐ 25	0.	
26 Total Itemized Deductions. Add line 18 and line 25.....	☐ 26	0.	
27 Other adjustments. See instructions. Specify.....	☐ 27		
28 Combine line 26 and line 27.....	☐ 28	0.	
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
Single or married/RDP filing separately.....\$212,288			
Head of household.....\$318,437			
Married/RDP filing jointly or qualifying widow(er).....\$424,581			
No. Transfer the amount on line 28 to line 29.			
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....	☐ 29	0.	
30 Enter the larger of the amount on line 29 or your standard deduction listed below			
Single or married/RDP filing separately. See instructions.....\$4,803			
Married/RDP filing jointly, head of household, or qualifying widow(er).....\$9,606			
Transfer the amount on line 30 to Form 540, line 18.....	☐ 30	4,803.	

2021 California Earned Income Tax Credit**3514**

Attach to your California Form 540, Form 540 2EZ or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

EDER L CARDOSO

714474459

Before you begin:

If you claim the California Earned Income Tax Credit (EITC) even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.

If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/ Registered Domestic Partner's (RDP's) DOB if filing jointly, on your California Form 540, Form 540 2EZ, or Form 540NR.

If you qualify for the California EITC you may also qualify for the Young Child Tax Credit (YCTC). See instructions for additional information.

Follow Step 1 through Step 9 in the instructions to determine if you meet the requirements, to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information See Specific Instructions.

- 1 a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ Yes ☒ No
- 2** Federal AGI (federal Form 1040 or 1040-SR, line 11) **2** 9394 .00
- 3** Federal EIC (federal Form 1040 or 1040-SR, line 27a) **3** 1434 .00

Part II Investment Income Information

- 4** Investment Income. See instructions for Step 2 – Investment Income **4** .00

Part III Qualifying Child Information

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2 or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|--|--|--|
| 5 First name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. ● | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2002 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2021, a student, and younger than you (or your spouse/RDP, if filing jointly)?
If yes, go to line 10. If no, go to line 9b. See instructions. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| b Was the child permanently and totally disabled during any part of 2021? If yes, go to line 10. If no, stop here.
The child is not a qualifying child. | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2021. Do not enter more than 365 days. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2021. See instructions.

Child 1	☐	a Street address (number and street and apt. no./ste. no.)			
	☐	b City	☐	c State	☐
Child 2	☐	a Street address (number and street and apt. no./ste. no.)			
	☐	b City	☐	c State	☐
Child 3	☐	a Street address (number and street and apt. no./ste. no.)			
	☐	b City	☐	c State	☐

Part IV California Earned Income

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions.	13	0	.00			
14	IHSS payments. See instructions.	14		.00			
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	15		.00			
16	Subtract line 14 and line 15 from line 13.	16	0	.00			
17	Nontaxable combat pay. See instructions.	17		.00			
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions.	18	9394	.00			
a	Business name.	☐	EDER L CARDOSO				
b	Business address.	☐	640 S 32ND ST				
		☐	City	☐	State	☐	ZIP code
		☐	RICHMOND	☐	CA	☐	94804
c	Business license number	☐					
d	SEIN.	☐					
e	Business code	☐	492000				
19	California Earned Income. Add line 16, line 17, and line 18.	19	9394	.00			

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20	California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23.	20	172	.00
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Part VI Nonresident or Part-Year Resident California Earned Income Tax Credit

- 21 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions. . . . ☒ 21
- 22 **Nonresident or Part-Year Resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. . . . ☒ 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California Earned Income.** Enter the amount from form FTB 3514, line 19. . . . ☒ 23 .00
- 24 **Available Young Child Tax Credit.** ☒ 24 1,000 .00
- If the amount on line 23 is \$25,000 or less, skip lines 25 through 27 and enter \$1,000 on line 28. If applicable, complete lines 29 and 30.
 - If the amount on line 23 is greater than \$25,000, complete lines 25 through 28. If applicable, complete lines 29 and 30.
- 25 Excess Earned Income over threshold. Subtract \$25,000 from line 23. . . . ☒ 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . ☒ 26
- 27 **Reduction amount.** Multiply line 26 by \$20. Enter the result as a decimal out to two decimal places, **do not** round. . . . ☒ 27
- 28 **Young Child Tax Credit.**
- If you did not need to complete lines 25 through 27, your credit is the \$1,000 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 24. . . . ☒ 28 .00

Part VIII Nonresident or Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA Exemption Credit Percentage from Form 540NR, line 38. See instructions . . . ☒ 29
- 30 **Nonresident or Part-Year Resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. . . . ☒ 30 .00

Exhibit 4 - IRS Form W-2s: Wage and Tax Statements (2022- 2024)

		a Employee's social security number 714-47-4459				
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE, CA 94803			1 Wages, tips, other compensation 3235.08	2 Federal income tax withheld		
			3 Social security wages 3235.08	4 Social security tax withheld 200.57		
			5 Medicare wages and tips 3235.08	6 Medicare tax withheld 46.91		
			7 Social security tips	8 Allocated tips		
			9	10 Dependent care benefits		
d Control number 30	b Employer identification number (EIN) 27-1470389					
e Employee's first name and initial EDER L			Last name CARDOSO		Suff.	
4317 BELL WAY						
RICHMOND, CA 94806-						
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 3235.08	17 State income tax 7.11	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2024** Copy B-To Be Filed With Employee's FEDERAL Tax Return.

		a Employee's social security number 714-47-4459				
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE, CA 94803			1 Wages, tips, other compensation 3235.08	2 Federal income tax withheld		
			3 Social security wages 3235.08	4 Social security tax withheld 200.57		
			5 Medicare wages and tips 3235.08	6 Medicare tax withheld 46.91		
			7 Social security tips	8 Allocated tips		
			9	10 Dependent care benefits		
d Control number 30	b Employer identification number (EIN) 27-1470389					
e Employee's first name and initial EDER L			Last name CARDOSO		Suff.	
4317 BELL WAY						
RICHMOND, CA 94806-						
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 3235.08	17 State income tax 7.11	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2024** Copy C For EMPLOYEE'S RECORDS, (See Notice to Employee)

		a Employee's social security number 714-47-4459		OMB No. 1545-0008		
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE, CA 94803			1 Wages, tips, other compensation 3235.08	2 Federal income tax withheld		
			3 Social security wages 3235.08	4 Social security tax withheld 200.57		
			5 Medicare wages and tips 3235.08	6 Medicare tax withheld 46.91		
			7 Social security tips	8 Allocated tips		
			9	10 Dependent care benefits		
d Control number 30	b Employer identification number (EIN) 27-1470389					
e Employee's first name and initial EDER L			Last name CARDOSO		Suff.	
4317 BELL WAY						
RICHMOND, CA 94806-						
f Employee's address and ZIP code						
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 3235.08	17 State income tax 7.11	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2 Wage and Tax Statement** **2024** Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008													
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 1572.25		2 Federal income tax withheld											
				3 Social security wages 1572.25		4 Social security tax withheld 97.47											
				5 Medicare wages and tips 1572.25		6 Medicare tax withheld 22.79											
				7 Social security tips		8 Allocated tips											
				9		10 Dependent care benefits											
d Control number 30		b Employer identification number (EIN) 27-1470389		11 Nonqualified plans		12a											
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				13 Statutory employee ☐		12b											
				Retirement plan ☐		12c											
				Third-party sick pay ☐		12d											
				14 Other													
f Employee's address and ZIP code				15 State CA		Employer's state ID number 30803795		16 State wages, tips, etc. 1572.25		17 State income tax 10.71		18 Local wages, tips, etc. 1572.25		19 Local income tax 14.14		20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2023

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008													
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 1572.25		2 Federal income tax withheld											
				3 Social security wages 1572.25		4 Social security tax withheld 97.47											
				5 Medicare wages and tips 1572.25		6 Medicare tax withheld 22.79											
				7 Social security tips		8 Allocated tips											
				9		10 Dependent care benefits											
d Control number 30		b Employer identification number (EIN) 27-1470389		11 Nonqualified plans		12a											
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				13 Statutory employee ☐		12b											
				Retirement plan ☐		12c											
				Third-party sick pay ☐		12d											
				14 Other													
f Employee's address and ZIP code				15 State CA		Employer's state ID number 30803795		16 State wages, tips, etc. 1572.25		17 State income tax 10.71		18 Local wages, tips, etc. 1572.25		19 Local income tax 14.14		20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2023

Copy C For EMPLOYEE'S RECORDS, (See Notice to Employee)

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008													
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 1572.25		2 Federal income tax withheld											
				3 Social security wages 1572.25		4 Social security tax withheld 97.47											
				5 Medicare wages and tips 1572.25		6 Medicare tax withheld 22.79											
				7 Social security tips		8 Allocated tips											
				9		10 Dependent care benefits											
d Control number 30		b Employer identification number (EIN) 27-1470389		11 Nonqualified plans		12a											
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				13 Statutory employee ☐		12b											
				Retirement plan ☐		12c											
				Third-party sick pay ☐		12d											
				14 Other													
f Employee's address and ZIP code				15 State CA		Employer's state ID number 30803795		16 State wages, tips, etc. 1572.25		17 State income tax 10.71		18 Local wages, tips, etc. 1572.25		19 Local income tax 14.14		20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2023

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008	
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 45875.00	2 Federal income tax withheld 3826.00
				3 Social security wages 45875.00	4 Social security tax withheld 2844.25
				5 Medicare wages and tips 45875.00	6 Medicare tax withheld 665.26
				7 Social security tips	8 Allocated tips
				9	10 Dependent care benefits
d Control number 30		b Employer identification number (EIN) 27-1470389			
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				11 Nonqualified plans	
f Employee's address and ZIP code				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12a
				14 Other	12b
					12c
					12d
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 45875.00	17 State income tax 1601.63	18 Local wages, tips, etc. 45875.00	19 Local income tax 504.77
				20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2022

Copy B-To Be Filed With Employee's FEDERAL Tax Return.

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008	
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 45875.00	2 Federal income tax withheld 3826.00
				3 Social security wages 45875.00	4 Social security tax withheld 2844.25
				5 Medicare wages and tips 45875.00	6 Medicare tax withheld 665.26
				7 Social security tips	8 Allocated tips
				9	10 Dependent care benefits
d Control number 30		b Employer identification number (EIN) 27-1470389			
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				11 Nonqualified plans	
f Employee's address and ZIP code				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12a
				14 Other	12b
					12c
					12d
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 45875.00	17 State income tax 1601.63	18 Local wages, tips, etc. 45875.00	19 Local income tax 504.77
				20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2022

Copy C For EMPLOYEE'S RECORDS, (See Notice to Employee)

22222		a Employee's social security number 714-47-4459		OMB No. 1545-0008	
c Employer's name, address, and ZIP code VP HAULING & DEMOLITION 1360 CLUB LN EL SOBRANTE CA 94803				1 Wages, tips, other compensation 45875.00	2 Federal income tax withheld 3826.00
				3 Social security wages 45875.00	4 Social security tax withheld 2844.25
				5 Medicare wages and tips 45875.00	6 Medicare tax withheld 665.26
				7 Social security tips	8 Allocated tips
				9	10 Dependent care benefits
d Control number 30		b Employer identification number (EIN) 27-1470389			
e Employee's first name and initial EDER L 4317 BELL WAY SAN PABLO CA 94806				11 Nonqualified plans	
f Employee's address and ZIP code				13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12a
				14 Other	12b
					12c
					12d
15 State CA	Employer's state ID number 30803795	16 State wages, tips, etc. 45875.00	17 State income tax 1601.63	18 Local wages, tips, etc. 45875.00	19 Local income tax 504.77
				20 Locality name CA SDI	

Form W-2 Wage and Tax Statement

2022

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.

Exhibit 5 - Eder Luiz Cardoso's Dissolution of Prior Marriage

FOR COURT USE ONLY

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address)

Tatiane Costa de Deus & Eder Luiz Cardoso

Self-Represented

100 Big Bear Court

El Sobrante, CA 94803

TELEPHONE NO. 925-497-0223

E-MAIL ADDRESS (Optional)

ATTORNEY FOR (Name) Petitioners, In Pro Per

SUPERIOR COURT OF CALIFORNIA, COUNTY OF CONTRA COSTA

STREET ADDRESS 751 PINE STREET

MAILING ADDRESS P.O. BOX 911

CITY AND ZIP CODE MARTINEZ, CA 94553

BRANCH NAME PETER L. SPINETTA FAMILY LAW CENTER

MARRIAGE OR DOMESTIC PARTNERSHIP OF

PETITIONER 1: Tatiane Costa de Deus

PETITIONER 2: Eder Luiz Cardoso

JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT

☒ MARRIAGE ☐ DOMESTIC PARTNERSHIPFILED
NOV 20 2017STEPHEN K. BASH, CLERK OF THE COURT
SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA

By _____ Deputy Clerk

CASE NUMBER D17-02386

Use this form ONLY if the Joint Petition for Summary Dissolution (form FL-800) was filed after January 1, 2011. If the Joint Petition for Summary Dissolution was filed before January 1, 2011, use Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment (form FL-820) instead.

1. THE COURT ORDERS

a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective (date): 11-19-17

b. ☐ The former name of Petitioner 1 is restored (specify):

c. ☐ The former name of Petitioner 2 is restored (specify):

Both petitioners must comply with any agreement attached to this judgment.

Terri A. Mockler

Date: NOV 20 2017

JUDICIAL OFFICER

NOTICE: Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse or domestic partner's will, trust, retirement benefit plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement benefit plans, and credit reports to determine whether they should be changed or whether you should take any other actions.

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of

a. ☒ marriageb. ☐ domestic partnership

was entered on (date): NOV 20 2017

Date: NOV 20 2017

Clerk, by

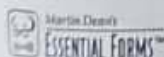
K. ESPIRITU

Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

Page 1 of 2

Form Adopted for Mandatory Use
Judicial Council of California
FL-825 (New January 1, 2012)



JUDGMENT OF DISSOLUTION AND
NOTICE OF ENTRY OF JUDGMENT
(Family Law—Summary Dissolution)

Family Code, § 2403
www.courts.ca.gov

DEUS, TATIANE COSTA DE

PETITIONER 1: **Tatiane Costa de Deus**

CASE NUMBER

PETITIONER 2: **Eder Luiz Cardoso**

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution and Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at (place): **MARTINEZ**

California,

on (date): **NOV 20 2017**

Date: **NOV 20 2017**

Clerk, by **K. ESPIRITU**, Deputy

ADDRESS OF PETITIONER 1

Tatiane Costa de Deus

100 Big Bear Court

El Sobrante, CA 94803

ADDRESS OF PETITIONER 2

Eder Luiz Cardoso

4317 Bell Way

San Pablo, CA 94806

Exhibit 6 - Eder Luiz Cardoso's Marital Status



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS
MARRIAGE CERTIFICATE

Current name of spouses

CPF

EDER LUIZ CARDOSO	956.618.321-68
RAIANE BATISTA FERREIRA SANTOS CARDOSO	756.631.471-87

Registration

024919 01 55 2022 2 00820 178 0163878 16

1st Spouse

Date of Birth

EDER LUIZ CARDOSO	08/02/1981
-------------------	------------

Nationality

Marital Status

City of Birth

State

Brazilian	Single	São Luís de Montes Belos	Goiás
-----------	--------	--------------------------	-------

Parents

SEBASTIÃO VITORINO CARDOSO SOBRINHO ; TERESINHA LUIZA CARDOSO

Name 1st Spouse Adopted

EDER LUIZ CARDOSO

2nd Spouse

Date of Birth

RAIANE BATISTA FERREIRA SANTOS	09/26/1994
--------------------------------	------------

Nationality

Marital Status

City of Birth

State

Brazilian	Single	Goiânia	Goiás
-----------	--------	---------	-------

Parents

DERLI FRANCISCO DOS SANTOS ; BEATRIZ BATISTA FERREIRA

Name 2nd Spouse Adopted

RAIANE BATISTA FERREIRA SANTOS CARDOSO
--

Date of the marriage ceremony or, in the case of a stable union conversion, date of registration

Month

Date

Year

December nineteenth, two thousand twenty-two	19	12	2022
--	----	----	------

Marital Property Regime

partial community of property.

Date of the marriage registration

Month

Date

Year

December nineteenth, two thousand twenty-two	19	12	2022
--	----	----	------

Notes / Annotations

No record **

CNS: 02.491-9

Office: 2nd Civil Registry and Notary Office - Goiânia - Goiás

ANTÔNIO DO PRADO - Civil Registry Registrar

Rua Geraldo Ney, corner with Avenida 24 de Outubro, 156

ZIP Code 74515-020 - Goiânia - Goiás

Fees: R\$55.07; **Judiciary Fee:** R\$19.17; **State**

Funds: R\$13.35; **ISS:** R\$2.75; **Total:** R\$90.34

Digital Seal: 00072511012575030010132

Consult: <https://portal-extrajudicial.tjgo.jus.br/>

The content of this certificate is true. I certify.

Goiânia/Goiás, November 3, 2025.

----//signature//----

AMANDA PEREIRA CARAÍBA RAMOS
DEPUTY REGISTRAR AND CLERK

IB 000176622

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: December 12, 2025.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

Nome atual dos cônjuges

EDER LUIZ CARDOSO

Número do CPF

956.618.321-68

RAIANE BATISTA FERREIRA SANTOS CARDOSO

756.631.471-87

Matrícula

024919 01 55 2022 2 00820 178 0163878 16

1º Cônjuge

EDER LUIZ CARDOSO

Data de nascimento

02/08/1981

Nacionalidade

Estado Civil

Município da naturalidade

UF

brasileiro

solteiro

São Luís de Montes Belos

GO

Genitor(es)

SEBASTIÃO VITORINO CARDOSO SOBRINHO ; TERESINHA LUIZA CARDOSO

Nome que o 1º cônjuge passou a utilizar

EDER LUIZ CARDOSO

2º Cônjuge

RAIANE BATISTA FERREIRA SANTOS

Data de nascimento

26/09/1994

Nacionalidade

Estado Civil

Município da naturalidade

UF

brasileira

solteira

Goiânia

GO

Genitor(es)

DERLI FRANCISCO DOS SANTOS ; BEATRIZ BATISTA FERREIRA

Nome que o 2º cônjuge passou a utilizar

RAIANE BATISTA FERREIRA SANTOS CARDOSO

Data da celebração do casamento ou, se for o caso de conversão de união estável, data do registro

Dia Mês Ano

aos dezanove dias do mês de dezembro do ano de dois mil e vinte e dois

19 12 2022

Regime de Bens

comunhão parcial de bens.

Data do registro do casamento

Dia Mês Ano

dezanove de dezembro de dois mil e vinte e dois

19 12 2022

Anotações / Averbções

Sem informação **

CNS: 02.491-9

Ofício: 2º Registro Civil e Tabelionato de Notas - Goiânia - GO

ANTÔNIO DO PRADO - Oficial de Registro Civil

Rua Geraldo Ney, esquina c/ Av. 24 de Outubro, 156

CEP 74.515-020 - Goiânia - GO

Emolumentos: R\$55,07; Taxa Judiciária: R\$19,17; Fundos

Estaduais: R\$13,35; ISS: R\$2,75; Total: R\$90,34

Selo Digital: 00072511012575030010132

Consulte: <https://portal-extrajudicial.tjgo.jus.br/>

O conteúdo da certidão é verdadeiro. Dou fé.
Goiânia/GO, 03 de novembro de 2025.

AMANDA PEREIRA CARAÍBA RAMOS
SUBOFICIAL E ESCRIVENTE

IB 000176622



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

Nome atual dos cônjuges

EDER LUIZ CARDOSO

Número do CPF

956.618.321-68

RAIANE BATISTA FERREIRA SANTOS CARDOSO

756.631.471-87

Matrícula

024919 01 55 2022 2 00820 178 0163878 16

1º Cônjuge

Data de nascimento

EDER LUIZ CARDOSO

02/08/1981

Nacionalidade

Estado Civil

Município da naturalidade

UF

brasileiro

solteiro

São Luís de Montes Belos

GO

Genitor(es)

SEBASTIÃO VITORINO CARDOSO SOBRINHO ; TERESINHA LUIZA CARDOSO

Nome que o 1º cônjuge passou a utilizar

EDER LUIZ CARDOSO

2º Cônjuge

Data de nascimento

RAIANE BATISTA FERREIRA SANTOS

26/09/1994

Nacionalidade

Estado Civil

Município da naturalidade

UF

brasileira

solteira

Goiânia

GO

Genitor(es)

DERLI FRANCISCO DOS SANTOS ; BEATRIZ BATISTA FERREIRA

Nome que o 2º cônjuge passou a utilizar

RAIANE BATISTA FERREIRA SANTOS CARDOSO

Data da celebração do casamento ou, se for o caso de conversão de união estável, data do registro

Dia Mês Ano

aos dezoove dias do mês de dezembro do ano de dois mil e vinte e dois

19 12 2022

Regime de Bens

comunhão parcial de bens.

Data do registro do casamento

Dia Mês Ano

dezenove de dezembro de dois mil e vinte e dois

19 12 2022

Anotações / Averbções

Sem informação **

CNS: 02.491-9

Ofício: 2º Registro Civil e Tabelionato de Notas - Goiânia - GO

ANTÔNIO DO PRADO - Oficial de Registro Civil

Rua Geraldo Ney, esquina c/ Av. 24 de Outubro, 156

CEP 74.515-020 - Goiânia - GO

Emolumentos: R\$55,07; Taxa Judiciária: R\$19,17; Fundos

Estaduais: R\$13,35; ISS: R\$2,75; Total: R\$90,34

Selo Digital: 00072511012575030010132

Consulte: <https://portal-extrajudicial.tjgo.jus.br/>

O conteúdo da certidão é verdadeiro. Dou fé.
Goiânia/GO, 03 de novembro de 2025

AMANDA PEREIRA CARAÍBA RAMOS
SUBOFICIAL E ESCRIVENTE

IB 000176622



REPÚBLICA
FEDERATIVA
DO BRASIL

Raiane Batista F. S. Cardoso

Assinatura do titular / Signature du titulaire /
Bearer's signature / Firma del titular

GN225533



Este passaporte deve ser assinado
pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé
par le titulaire, sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado
por el titular, salvo en caso de incapacidad.



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE N° / PASSPORT No.
GN225533

SOBRENOME / SURNAME

BATISTA FERREIRA S CARDOSO

NOME / GIVEN NAMES

RAIANE

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

26 SET/SEP 1994

CPF / PERSONAL NUMBER

756631471-87

SEXO / SEX

F

NATURALIDADE / PLACE OF BIRTH

GOIÂNIA/GO

FILIAÇÃO / FILIATION

DERLI FRANCISCO DOS SANTOS

BEATRIZ BATISTA FERREIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE

19 DEZ/DEC 2025

VÁLIDO ATÉ / DATE OF EXPIRY

18 DEZ/DEC 2035

AUTORIDADE / AUTHORITY

SR/PF/GO



P<BRABATISTA<FERREIRA<S<CARDOSO<<RAIANE<<<<<
GN225533<7BRA9409260F351218275663147187<<<92