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**.

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Shaila	Middle Name (if any) Ashlyn	Family Name (Last Name) DA SILVA

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 $ 675 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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.
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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**.

Form I-485, Application to Register Permanent Residence or Adjust Status

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jose Paulo	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA JUNIOR

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 $ 1440 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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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.

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

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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**.

Form I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jose Paulo	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA JUNIOR
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 $ .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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**.

Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure Records

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Jose Paulo	Middle Name (if any) N/A	Family Name (Last Name) DA SILVA JUNIOR
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 $ 630 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 805887
Chicago, IL 60680

RE: Form I-130, Petition for Alien Relative
Petitioner: Shaila Ashlyn da Silva
Beneficiary: José Paulo da Silva Júnior (Spouse);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **José Paulo da Silva Júnior**.

- **Form G-1450, Authorization for Credit Card Transactions**

- **Shaila Ashlyn da Silva's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-130, Petition for Alien Relative;
  - Form I-864, Affidavit of Support Under Section 213A of the INA;

- **José Paulo da Silva Júnior's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-130A, Supplemental Information for a Spouse Beneficiary;
  - Form I-485, Application to Register Permanent Residence or Adjust Status;
  - Form I-765, Application for Employment Authorization;
  - Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure Records

I. Shaila Ashlyn da Silva's Identification Documents
- Shaila Ashlyn da Silva's Valid Passport;
- Shaila Ashlyn da Silva's Birth Certificate;

II. José Paulo da Silva Júnior's Identification Documents
- José Paulo da Silva Júnior's Valid Passport;
- José Paulo da Silva Júnior's Birth Certificate with English Translation;
- José Paulo da Silva Júnior's Copy of I-94;

III. Shaila Ashlyn da Silva and José Paulo da Silva Júnior's Marriage Certificate

IV. Evidence of Bona Fide Marriage
- Shaila Ashlyn da Silva's Personal Declaration;

- José Paulo da Silva Júnior's Personal Declaration;
- Chase Joint Bank Account from February to March 2026;
- Chase Joint Bank Account from January to February 2026;
- Chase Joint Bank Account from November to December 2025;
- Chase Joint Bank Account from October to November 2025;
- Shaila's Family Telephone Bill with José Paulo Included as Beneficiary;
- Shaila Ashlyn da Silva and José Paulo da Silva Júnior's Lease Contract;
- Shaila Ashlyn da Silva and José Paulo da Silva Júnior's Lease Contract;

V. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by Kerrin;
- Letter of Support Delivered by Susanne;
- Letter of Support Delivered by Ivy;
- Letter of Support Delivered by Melissa;
- Letter of Support Delivered by Desiree;
- Letter of Support Delivered by Megan;
- Letter of Support Delivered by Audrey;
- Letter of Support Delivered by Kim;
- Letter of Support Delivered by Hunter;
- Letter of Support Delivered by Christopher;
- Letter of Support Delivered by Juan;

VI. Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

- Photographic Evidence of Relationship - Wedding Photos;
- Photographic Evidence of Relationship - Photos;
- Photographic Evidence of Relationship – Social Media Activity;

VII. Shaila Ashlyn da Silva's Financial Information – Petitioner

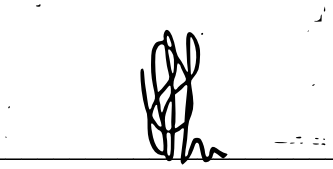
- Shaila Ashlyn da Silva's IRS Federal Income Tax Return - 2025;
- Shaila Ashlyn da Silva's W-2 and Earnings Summary - 2025;
- Shaila Ashlyn da Silva's IRS Federal Income Tax Return - 2024;
- Shaila Ashlyn da Silva's W-2 and Earnings Summary - 2024;
- Shaila Ashlyn da Silva's IRS Federal Income Tax Return - 2023;
- Shaila Ashlyn da Silva's W-2 and Earnings Summary - 2023;
- Shaila Ashlyn da Silva's Forms 1099-NEC;
- Shaila Ashlyn da Silva's Paystub from January 13, 2026;
- Shaila Ashlyn da Silva's Paystub from January 20, 2026;
- Shaila Ashlyn da Silva's Paystub from January 27, 2026;
- Shaila Ashlyn da Silva's Paystub from February 3, 2026;
- Shaila Ashlyn da Silva's Paystub from February 10, 2026;

VIII. José Paulo da Silva Júnior's Application to Extend/Change Nonimmigrant Status Approval Notice

IX. José Paulo da Silva Júnior's Application to Extend/Change Nonimmigrant Status Decision Denial

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,



05/21/2026

Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(510) 241-9336

SHAILA ASHLYN DA SILVA'S SIGNED FORMS

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 (*USPS ZIP Code Lookup*): 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, disbarring, 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.

I-130, I-864

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): DA SILVA

6.b. Given Name (First Name): Shaila

6.c. Middle Name: Ashlyn

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- N / A

Client's Contact Information

10. Daytime Telephone Number

9788525606

11. Mobile Telephone Number (if any)

9788525606

12. Email Address (if any)

shailacarney@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

➡ Shaula Cooney

2.b. Date of Signature (mm/dd/yyyy) 04/24/2026

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

1.b. Date of Signature (mm/dd/yyyy) 04/24/2026

2.a. Signature of Law Student or Law Graduate

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): DA SILVA

1.b. Given Name (First Name): Shaila

1.c. Middle Name: Ashlyn

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

- ☐ 201(b) Spouse - IR-1/CR-1
- ☐ 201(b) Child - IR-2/CR-2
- ☐ 201(b) Parent - IR-5
- ☐ 203(a)(1) Unm. S/D - F1-1
- ☐ 203(a)(2)(A) Spouse - F2-1
- ☐ 203(a)(2)(A) Child - F2-2
- ☐ 203(a)(2)(B) Unm. S/D - F2-4
- ☐ 203(a)(3) Married S/D - F3-1
- ☐ 203(a)(4) Brother/Sister - F4-1

Petition was filed on (Priority Date mm/dd/yyyy):

PDR request granted/denied - New priority date (mm/dd/yyyy):

- ☐ Field Investigation
- ☐ Previously Forwarded
- ☐ 203(g) Resolved
- ☐ Personal Interview
- ☐ Pet. A-File Reviewed
- ☐ Ben. A-File Reviewed
- ☐ 204(a)(2)(A) Resolved
- ☐ I-485 Filed Simultaneously
- ☐ 204(g) Resolved

Remarks

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

To be completed by an attorney or accredited representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0074926254 38

► **START HERE - Type or print in black ink.**

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information. Complete and submit as many copies of Part 9., as necessary, with your petition.**

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

- ☐ Child was born to parents who were married to each other at the time of the child's birth
- ☐ Stepchild/Stepparent
- ☐ Child was born to parents who were not married to each other at the time of the child's birth
- ☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
► A- N/A

2. USCIS Online Account Number (if any)
► N/A

3. U.S. Social Security Number (if any)
► 016802258

Your Full Name

4.a. Family Name (Last Name): DA SILVA

4.b. Given Name (First Name): Shaila

4.c. Middle Name: Ashlyn

Part 2. Information About You (Petitioner) (continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): CARNEY

5.b. Given Name (First Name): Shaila

5.c. Middle Name: Ashlyn

Other Information

6. City/Town/Village of Birth: Lowell, MA

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 06/15/1996

9. Sex ☐ Male ☒ Female

Mailing Address

(USPS ZIP Code Lookup)

10.a. In Care Of Name: Otavio Haverroth Silva

10.b. Street Number and Name: PO Box 90487

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

10.e. State: CA **10.f.** ZIP Code: 92169

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name: 5084 Del Monte Ave

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: San Diego

12.d. State: CA **12.e.** ZIP Code: 92107

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 08/15/2025

13.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

14.a. Street Number and Name: 1852 Locust St

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: San Diego

14.d. State: CA **14.e.** ZIP Code: 92106

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 12/01/2024

15.b. Date To (mm/dd/yyyy): 08/15/2025

Your Marital Information

16. How many times have you been married? ▶ 1

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

Part 2. Information About You (Petitioner) (continued)

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 10/22/2025

Place of Your Current Marriage (if married)

19.a. City or Town: San Diego

19.b. State: CA

19.c. Province: N/A

19.d. Country: USA

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name (Last Name): DA SILVA JUNIOR

20.b. Given Name (First Name): Jose Paulo

20.c. Middle Name: N/A

21. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

22.a. Family Name (Last Name): N/A

22.b. Given Name (First Name): N/A

22.c. Middle Name: N/A

23. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): CARNEY

24.b. Given Name (First Name): Sean

24.c. Middle Name: Patrick

25. Date of Birth (mm/dd/yyyy): 05/13/1966

26. Sex ☒ Male ☐ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Dracut, MA

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): CARNEY

30.b. Given Name (First Name): Laurie

30.c. Middle Name: Ann

31. Date of Birth (mm/dd/yyyy): 06/27/1968

32. Sex ☐ Male ☒ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: Dracut, MA

35. Country of Residence: USA

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):
☒ Birth in the United States
☐ Naturalization
☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number: N/A

39.b. Place of Issuance: N/A

39.c. Date of Issuance (mm/dd/yyyy): N/A

Part 2. Information About You (Petitioner) (continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy) N/A

Place of Admission

40.c. City or Town

N/A

40.d State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☒ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Upward Projects / Postino

43.a. Street Number and Name 3745 Paseo Pl

43.b. ☐ Apt. ☒ Ste. ☐ Flr. 800

43.c. City or Town San Diego

43.d. State CA **43.e.** ZIP Code 92130

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Bartender

45.a. Date From (mm/dd/yyyy) 09/21/2024

45.b. Date To (mm/dd/yyyy) PRESENT

Employer 2

46. Name of Employer/Company

Self-employed

47.a. Street Number and Name 5084 Del Monte Ave

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town San Diego

47.d. State CA **47.e.** ZIP Code 92107

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Contract Event Coordinator

49.a. Date From (mm/dd/yyyy) 02/01/2019

49.b. Date To (mm/dd/yyyy) PRESENT

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☐ Hispanic or Latino
☒ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height Feet 5 Inches 6

4. Weight Pounds 1 3 5

5. Eye Color (Select **only one** box)

☐ Black ☒ Blue ☐ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other

Part 3. Biographic Information (continued)

6. Hair Color (Select **only one** box)

- ☐ Bald (No hair)
- ☐ Black
- ☒ Blond
- ☐ Brown
- ☐ Gray
- ☐ Red
- ☐ Sandy
- ☐ White
- ☐ Unknown/Other

Part 4. Information About Beneficiary

1. Alien Registration Number (A-Number) (if any)

► **A-** N / A

2. USCIS Online Account Number (if any)

► N / A

3. U.S. Social Security Number (if any)

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): DA SILVA JUNIOR

4.b. Given Name (First Name): Jose Paulo

4.c. Middle Name: N/A

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): N/A

5.b. Given Name (First Name): N/A

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Balneario Camboriu

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 03/08/1995

9. Sex ☒ Male ☐ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name: 5084 Del Monte Ave

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: San Diego

11.d. State: CA **11.e.** ZIP Code: 92107

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

12.d. State: **12.e.** ZIP Code: N/A

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

13.a. Street Number and Name: N/A

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 8583021165

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
8583021165

16. Email Address (if any)
josezeep@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ▶ 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 10/22/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Diego

20.b. State: CA

20.c. Province: N/A

20.d. Country
USA

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name): DA SILVA

21.b. Given Name (First Name): Shaila

21.c. Middle Name: Ashlyn

22. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

23.a. Family Name (Last Name): N/A

23.b. Given Name (First Name): N/A

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): DA SILVA

25.b. Given Name (First Name): Shaila

25.c. Middle Name: Ashlyn

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 06/15/1996

28. Country of Birth
USA

Person 2

29.a. Family Name (Last Name): N/A

29.b. Given Name (First Name): N/A

29.c. Middle Name: N/A

30. Relationship: N/A

31. Date of Birth (mm/dd/yyyy): N/A

32. Country of Birth
N/A

Person 3

33.a. Family Name (Last Name): N/A

33.b. Given Name (First Name): N/A

33.c. Middle Name: N/A

34. Relationship: N/A

35. Date of Birth (mm/dd/yyyy): N/A

36. Country of Birth
N/A

Part 4. Information About Beneficiary (continued)

Person 4

37.a. Family Name (Last Name): N/A

37.b. Given Name (First Name): N/A

37.c. Middle Name: N/A

38. Relationship: N/A

39. Date of Birth (mm/dd/yyyy): N/A

40. Country of Birth: N/A

Person 5

41.a. Family Name (Last Name): N/A

41.b. Given Name (First Name): N/A

41.c. Middle Name: N/A

42. Relationship: N/A

43. Date of Birth (mm/dd/yyyy): N/A

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?

☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission): B2 - TEMPORARY VISITOR FOR PLEASURE

46.b. Form I-94 Arrival-Departure Record Number: ▶ 52717789 8A3

46.c. Date of Arrival (mm/dd/yyyy): 09/03/2023

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 03/02/2024

47. Passport Number: GB938254

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 10/04/2030

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable): Self-employed

51.b. Street Number and Name: Various addresses

51.c. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

51.d. City or Town: N/A

51.e. State: **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 09/03/2023

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)

Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name): N/A

57.b. Given Name (First Name): N/A

57.c. Middle Name: N/A

58.a. Street Number and Name: N/A

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name: 5084 Del Monte Ave

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: San Diego

59.d. State: CA **59.e.** ZIP Code: 92107

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 08/15/2025

60.b. Date To (mm/dd/yyyy): PRESENT

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town: San Diego

61.b. State: CA

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

4. Date Filed (mm/dd/yyyy): N/A

5. Result (for example, approved, denied, withdrawn): N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name): N/A

6.b. Given Name (First Name): N/A

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name): N/A

8.b. Given Name (First Name): N/A

8.c. Middle Name: N/A

9. Relationship: N/A

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined $250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to $10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.

1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.

2. ☒ At my request, the preparer named in **Part 8.**, Otavio Haverroth Silva, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 9788525606

4. Petitioner's Mobile Telephone Number (if any): 9788525606

5. Petitioner's Email Address (if any): shailacarney@gmail.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I provided or authorized all of the information contained in, and submitted with, my petition;

2) I reviewed and understood all of the information in, and submitted with, my petition; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink): Shaila Carney

6.b. Date of Signature (mm/dd/yyyy): 04/24/2026

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

3.a. Street Number and Name: N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: N/A **3.e.** ZIP Code: N/A

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, which is the same language provided in **Part 6.**, **Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

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

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case ☒ extends ☐ does not extend beyond the preparation of this petition.

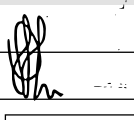
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Part 9. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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): DA SILVA

1.b. Given Name (First Name): Shaila

1.c. Middle Name: Ashlyn

2. A-Number (if any) ► A- N / A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 12.a

3.d.
825 Loring St, San Diego, CA, USA - 92109 - from 02/01/2022 to 11/30/2024.

1465 C St #3604, San Diego, CA, USA - 92102 - from 10/01/2020 to 02/01/2022.

4.a. Page Number: 4 **4.b.** Part Number: 2 **4.c.** Item Number: 42

4.d.
Counterflow Marketing
2466 Hancock St, San Diego, CA, USA - 92110
Content and Account Manager
from 04/01/2023 to 11/31/2024

Carbon Health
300 California Street, 7th Floor, San Francisco, CA, USA - 94104
Senior RN Support Specialist
from 10/01/2020 to 01/01/2023

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 46

5.d.
The petitioner is self-employed and provides services in multiple locations across various countries, in addition to the United States. For this reason, her current residential address was listed in this item.

6.a. Page Number: 7 **6.b.** Part Number: 4 **6.c.** Item Number: 51.a

6.d.
The beneficiary is self-employed, working as a driver and delivery person for app-based services, and also as a self-employed DJ.

7.a. Page Number: **7.b.** Part Number: **7.c.** Item Number:

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0074926254388

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☒ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my N/A

1.c. ☐ I have an ownership interest of at least 5 percent in N/A which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my N/A

1.d. ☐ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's N/A

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA	Shaila	Ashlyn

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

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

3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
5084 Del Monte Ave

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92107

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
06/15/1996

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 0 1 6 8 0 2 2 5 8

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A- N / A

11. USCIS Online Account Number (if any)
► N / A

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA JUNIOR	Jose Paulo	N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality

Brazil

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

03/08/1995

5. Alien Registration Number (A-Number) (if any)

► A-N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

8583021165

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)

► N/A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)
► N/A

6. Family Member 3

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)
► N/A

7. Family Member 4

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

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any)
► N/A

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) **0**

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **None**

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **None**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **None**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **None**

8. Add together **Part 5.**, **Item Numbers 1. - 7.** and enter the number here.

Household Size: **2**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an **Bartender**

2. Name of Employer 1 **Upward Projects / Postino**

3. Name of Employer 2 (if applicable) **N/A**

4. ☒ Self-Employed as a/an (Occupation) **Contract Event Coordinator**

5. ☐ Retired Since (mm/dd/yyyy) **N/A**

6. ☐ Unemployed Since (mm/dd/yyyy) **N/A**

7. My current individual annual income is: $ **50,445**

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ None

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ None

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ None

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ None

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 50,445

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year		Total Income
16.a. Most Recent	2025	$	58,565
16.b. 2nd Most Recent	2024	$	60,369
16.c. 3rd Most Recent	2023	$	59,257

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____ *The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*	

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1.	Enter the balance of all cash, savings, and checking accounts.	$	None
2.	Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $	$	None
3.	Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.**	$	None
4.	Add together **Item Numbers 1. - 3.** and enter the number here.	$	None

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5.	Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here.	**TOTAL:** $	None

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3.**, **Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6. Enter the balance of the principal immigrant's savings and checking accounts. $ None

7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) $ None

8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** $ None

9. Add together **Item Numbers 6. - 8.** and enter the number here. $ None

Total Value of Assets

10. Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here. **TOTAL: $** None

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

A. Becomes a U.S. citizen;

B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;

C. No longer has lawful permanent resident status and has departed the United States;

D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or

E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

   A. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

   B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in [ ], a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**, [Otavio Haverroth Silva], prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
   9788525606

4. Sponsor's Mobile Telephone Number (if any)
   9788525606

5. Sponsor's Email Address (if any)
   shailacarney@gmail.com

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature
   ➡ Shaila Carney

   Date of Signature (mm/dd/yyyy)
   04/24/2026

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

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

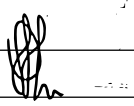
5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

04/24/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, 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 contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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): **DA SILVA** | Given Name (First Name): **Shaila** | Middle Name (if applicable): **Ashlyn**

2. A-Number (if any) ► **A-** **N / A**

3. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A
N/A

4. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A
N/A

5. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A
N/A

6. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A
N/A

JOSE PAULO DA SILVA JUNIOR'S SIGNED FORMS

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 (*USPS ZIP Code Lookup*): 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, disbarring, 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.

I-130A, I-485, I-765, I-131

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): DA SILVA JUNIOR

6.b. Given Name (First Name): Jose Paulo

6.c. Middle Name: N/A

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- N / A

Client's Contact Information

10. Daytime Telephone Number

8583021165

11. Mobile Telephone Number (if any)

8583021165

12. Email Address (if any)

josezeep@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

➡ José Paulo de Jesus Junior

2.b. Date of Signature (mm/dd/yyyy) 04/20/2026

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

1.b. Date of Signature (mm/dd/yyyy) 04/20/2026

2.a. Signature of Law Student or Law Graduate

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): DA SILVA JUNIOR

1.b. Given Name (First Name): Jose Paulo

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Supplemental Information for Spouse Beneficiary

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

To be completed by an attorney or accredited representative (if any).			
☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

The purpose of this form is to collect additional information for a spouse beneficiary of Form I-130, Petition for Alien Relative. If your spouse is a U.S. citizen, lawful permanent resident, or non-citizen U.S. national who is filing Form I-130 on your behalf, you must complete and sign Form I-130A, Supplemental Information for Spouse Beneficiary, and submit it with the Form I-130 filed by your spouse. If you reside overseas, you still must complete Form I-130A, but you do not need to sign the form.

Part 1. Information About You (Spouse Beneficiary)

1. Alien Registration Number (A-Number) (if any)
► **A-** N / A

2. USCIS Online Account Number (if any)
► N / A

Your Full Name

3.a. Family Name (Last Name): DA SILVA JUNIOR

3.b. Given Name (First Name): Jose Paulo

3.c. Middle Name: N/A

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name: 5084 Del Monte Ave

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: San Diego

4.d. State: CA **4.e.** ZIP Code: 92107

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 08/15/2025

5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 3156 Cowley Way

6.b. ☒ Apt. ☐ Ste. ☐ Flr. 3

6.c. City or Town: San Diego

6.d. State: CA **6.e.** ZIP Code: 92117

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 09/01/2024

7.b. Date To (mm/dd/yyyy): 08/15/2025

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name: Rua Hermann Bachmann, 26

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: Itajai

8.d. Province: Santa Catarina

8.e. Postal Code: 88303-155

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 03/08/1995

9.b. Date To (mm/dd/yyyy): 09/03/2023

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): DE MARIA DA SILVA

10.b. Given Name (First Name): Noemia

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 11/22/1969

12. Sex ☐ Male ☒ Female

13. City/Town/Village of Birth: Porto Belo

14. Country of Birth: Brazil

15. City/Town/Village of Residence: Itajai

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): DA SILVA

17.b. Given Name (First Name): Jose Paulo

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 12/30/1968

19. Sex ☒ Male ☐ Female

20. City/Town/Village of Birth: Florianopolis

21. Country of Birth: Brazil

22. City/Town/Village of Residence: Itajai

23. Country of Residence: Brazil

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Employment History

Employer 1

1. Name of Employer/Company: Self-employed

2.a. Street Number and Name: Various addresses

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: N/A

2.d. State: **2.e.** ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Driver / Delivery Man / DJ

4.a. Date From (mm/dd/yyyy): 09/03/2023

4.b. Date To (mm/dd/yyyy): PRESENT

Employer 2

5. Name of Employer/Company: Self-employed

6.a. Street Number and Name: Rua Hermann Bachmann, 26

6.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

6.c. City or Town: Itajai

6.d. State: **6.e.** ZIP Code: 88303-155

6.f. Province: Santa Catarina

6.g. Postal Code: N/A

6.h. Country: Brazil

Part 2. Information About Your Employment (continued)

7. Your Occupation: DJ

8.a. Date From (mm/dd/yyyy): 03/01/2017

8.b. Date To (mm/dd/yyyy): 09/03/2023

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: N/A

2.a. Street Number and Name: N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

2.d. State: 2.e. ZIP Code: N/A

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

4.a. Date From (mm/dd/yyyy): N/A

4.b. Date To (mm/dd/yyyy): N/A

Part 4. Spouse Beneficiary's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-130 and Form I-130A Instructions before completing this part.

Spouse Beneficiary's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this form and my answer to every question.

1.b. ☒ The interpreter named in **Part 5.** read to me every question and instruction on this form and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer name in **Part 6.**, Otavio Haverroth Silva, prepared this form for me based only upon information I provided or authorized.

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 8583021165

4. Spouse Beneficiary's Mobile Telephone Number (if any): 8583021165

5. Spouse Beneficiary's Email Address (if any): josezeep@gmail.com

Spouse Beneficiary's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

I further authorize release of information contained in this form, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I certify, under penalty of perjury, that I provided or authorized all of the information in this form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ José Paulo da Silva Junior

6.b. Date of Signature (mm/dd/yyyy): 04/24/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

Part 5. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

5. Interpreter's Mobile Telephone Number (if any)
4154252508

6. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

7.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)
HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the spouse beneficiary in this case ☒ extends ☐ does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the spouse beneficiary. The spouse beneficiary then reviewed this completed form and informed me that he or she understands all of the information contained in, and submitted with, his or her form, including the **Spouse Beneficiary's Certification**, and that all of this information is complete, true, and correct. I completed this form based only on information that the spouse beneficiary provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)



8.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Part 7. 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 and A-Number (if any) 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): DA SILVA JUNIOR

1.b. Given Name (First Name): Jose Paulo

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: N / A

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 4.a

3.d.
2380 Cardinal Drive, apt 11
San Diego, CA, USA - 92123
from 09/03/2023 to 09/01/2024

Rua Hermann Bachmann, 26, Itajai,
Santa Catarina, Brazil - 88303-155
from 03/08/1995 to 09/03/2023

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 1

4.d.
Prefeitura Municipal de Itajai.
Secretary at an Elementary School
Rua Suecia, 570, 88306-790, Itajai,
Santa Catarina, Brazil.
from 08/01/2017 to 08/01/2023

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

5.d. N/A

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

6.d. N/A

7.a. Page Number **7.b.** Part Number **7.c.** Item Number

7.d. N/A

Application to Register Permanent Residence or Adjust Status

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

☐ INA 209(a) ☐ INA 245(m)
☐ INA 209(b) ☐ INA 249
☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57
☐ INA 245(i) ☐ Cuban Adjustment Act
☐ INA 245(j) ☐ Other _____

To be completed by an Attorney or Accredited Representative (if any).

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0074926254338

► **START HERE - Type or print in black ink.** A-Number ► **A-** N/A

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

Part 1. Information About You (Person applying for lawful permanent residence)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA JUNIOR	Jose Paulo	N/A

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

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

3. Date of Birth (mm/dd/yyyy) 03/08/1995

Have you ever used any other date of birth? ☐ Yes ☒ No

If you answered "Yes," provide all other dates of birth (mm/dd/yyyy).

N/A
N/A

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

4. Do you have an Alien Registration Number (A-Number)? ☐ Yes ☒ No

If you answered "Yes," provide your A-Number.

A-Number (if any) ► A- N / A

5. Have you ever used, or been assigned, any other A-Number? ☐ Yes ☒ No

If you answered "Yes," provide the A-Numbers.

N/A

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Balneario Camboriu

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

9. USCIS Online Account Number (if any) ► N / A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: GB938254

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 10/04/2030

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): T4344597

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 05/12/2023

Place and Date of Last Arrival into the United States

City or Town: Miami

State: FL

Date of Last Arrival (mm/dd/yyyy): 09/03/2023

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): Visitor

☐ I was inspected at a Port of Entry and paroled as (for example, humanitarian parole, Cuban parole):

☐ I came into the United States without admission or parole.

☐ Other:

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

12. If you were issued a Form I-94 Arrival/Departure Record, provide the information from your most recent Form I-94 below:

Family Name (Last Name): DA SILVA JUNIOR

Given Name (First Name): Jose

Form I-94 Arrival/Departure Record Number ► 52717789 8A3

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 03/02/2024

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☒ Yes ☐ No

14. What is your current immigration status (if it has changed since your last arrival)? No status

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: N/A

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Shaila Ashlyn da Silva

Street Number and Name: 5084 Del Monte Ave

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92107

Date You First Resided at This Address (mm/dd/yyyy): 08/15/2025

Is this your current mailing address? ☐ Yes ☒ No

If you answered "No," provide your current mailing address.

Current Mailing Address (Safe or Alternate Mailing Address, if applicable)

In Care Of Name (if any): Otavio Haverroth Silva

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

Part 1. Information About You (Person applying for lawful permanent residence) (continued)

Have you resided at your current address for at least 5 years? ☐ Yes ☒ No

If you answered "No," provide your prior address(es) for the last 5 years. Use the space provided in **Part 14. Additional Information**, if necessary.

Prior Address

In Care Of Name (if any)

N/A

Street Number and Name | Apt. Ste. Flr. | Number

3156 Cowley Way | ☒ Apt ☐ Ste ☐ Flr | 3

City or Town | State | ZIP Code

San Diego | CA | 92117

Province | Postal Code | Country

N/A | N/A | USA

Dates of Residence

From (mm/dd/yyyy) 09/01/2024 To (mm/dd/yyyy) 08/15/2025

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name | Apt. Ste. Flr. | Number

City or Town | State | ZIP Code

Province | Postal Code | Country

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► N / A

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

Part 2. Application Type or Filing Category

1. Are you filing for adjustment of status with the Executive Office for Immigration Review (EOIR) while in removal, exclusion, rescission, or deportation proceedings? ☐ Yes ☒ No

2. Receipt Number of Underlying Petition (if any): N/A

Priority Date from Underlying Petition (if any) (mm/dd/yyyy): N/A

I am filing this Form I-485 as a (select **only one** box):

☐ Principal Applicant

☐ Derivative Applicant (Provide the following information about the principal applicant.)

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

Principal Applicant's A-Number (if any) ► A- N / A

Principal Applicant's Date of Birth (mm/dd/yyyy): N/A

I am applying based on the following category (You must select **ONLY ONE** category. If you are filing as a derivative applicant, select the appropriate box based on the category under which the principal applicant is applying or has applied. See the Form I-485 Instructions for more information, including any **Additional Instructions** that relate to the immigrant category you select.):

3.a. Family-based

Immediate relative of a U.S. citizen, Form I-130, I-129F, or I-360 (select your specific category below):

☒ Spouse of a U.S. Citizen.

☐ Unmarried child under 21 years of age of a U.S. citizen.

☐ Parent of a U.S. citizen (if the citizen is at least 21 years of age).

☐ Person admitted to the United States as a fiancé(e) or child of a fiancé(e) of a U.S. citizen (K-1/K-2 Nonimmigrant).

☐ Widow or widower of a U.S. citizen.

☐ Spouse, child, or parent of a deceased U.S. active-duty service member in the armed forces under the National Defense Authorization Act (NDAA).

Other relative of a U.S. citizen under the family-based preference categories, Form I-130 (select your specific category below):

☐ Unmarried son or daughter of a U.S. citizen and I am 21 years of age or older.

☐ Married son or daughter of a U.S. citizen.

☐ Brother or sister of a U.S. citizen (if the citizen is at least 21 years of age).

Relative of a lawful permanent resident under the family-based preference categories, Form I-130 (select your specific category below):

☐ Spouse of a lawful permanent resident.

☐ Unmarried child under 21 years of age of a lawful permanent resident.

☐ Unmarried son or daughter of a lawful permanent resident and I am 21 years of age or older.

VAWA self-petitioner (victim of battery or extreme cruelty), Form I-360 (select your specific category below):

☐ VAWA self-petitioning spouse of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning child of a U.S. citizen or lawful permanent resident.

☐ VAWA self-petitioning parent of a U.S. citizen (if the citizen is at least 21 years of age).

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

☐ Alien Investor, Form I-526 or Form I-526E

Alien Workers, Form I-140 (select your category below and answer the following questions below, as applicable):

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

☐ Member of the Professions Holding an Advanced Degree or Alien of Exceptional Ability (who is NOT seeking a National Interest Waiver)

☐ A Professional (at a minimum, requiring a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree)

☐ A Skilled Worker (requiring at least 2 years of specialized training or experience)

☐ Any Other Worker (requiring less than 2 years of training or experience)

☐ An Alien Applying For a National Interest Waiver (who IS a member of the professions holding an advanced degree or an alien of exceptional ability)

Did a relative file the associated Form I-140 for you (or for the principal applicant if you are a derivative applicant) or does a relative have a significant ownership interest (5 percent or more) in the business that filed Form I-140 for you (or for the principal applicant, if you are a derivative applicant)?

☐ N/A (I am adjusting on the basis of a Form I-140 self-petition)

☐ No

☐ Yes

If you answered "Yes," is this relative your (select **only one** box):

☐ Father ☐ Mother ☐ Child ☐ Adult Son ☐ Adult Daughter ☐ Brother ☐ Sister

☐ None of These

Is the relative above a:

☐ U.S. Citizen ☐ U.S. National ☐ Lawful Permanent Resident ☐ None of These

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

☐ Certain Afghan or Iraqi National, Form I-360 or Form DS-157

☐ Certain International Broadcaster, Form I-360

☐ Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360

☐ Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

☐ Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

Religious Worker, Form I-360 (select your specific category below):

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

☐ Asylum Status (Immigration and Nationality Act (INA) section 208), Form I-589 or Form I-730

If you selected asylum, date you were granted asylum (mm/dd/yyyy).

☐ Refugee Status (INA section 207), Form I-590 or Form I-730

If you selected refugee, date of initial admission as refugee (mm/dd/yyyy).

3.e. Human Trafficking Victim or Crime Victim

☐ Human Trafficking Victim (T Nonimmigrant), Form I-914 or Derivative Family Member, Form I-914A

☐ Victim of Qualifying Criminal Activity (U Nonimmigrant), Form I-918, Derivative Family Member, Form I-918A, or Qualifying Family Member, Form I-929

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Under the Cuban Adjustment Act

☐ Applicant Adjusting Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ A Victim of Battery or Extreme Cruelty as a Spouse or Child Applying Based on Dependent Status Under the Haitian Refugee Immigrant Fairness Act

☐ Lautenberg Parolees

☐ Diplomats or High-Ranking Officials Unable to Return Home (Section 13 of the Act of September 11, 1957)

☐ Nationals of Vietnam, Cambodia, and Laos Applying for Adjustment of Status Under section 586 of Public Law 106-429

☐ Applicant Adjusting Under the Amerasian Act (October 22, 1982), Form I-360

3.g. Additional Options

☐ Diversity Visa program

If you selected Diversity Visa program, provide your Diversity Visa Rank Number:

☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")

☐ Individual Born in the United States Under Diplomatic Status

☐ S Nonimmigrants and Qualifying Family Members (can only adjust in this category with an approved Form I-854B filed by a law enforcement officer)

☐ Other Eligibility

4. If you selected a family-based, employment-based, special immigrant, or Diversity Visa immigrant category listed above in **Item Numbers 3.a. - 3.g.** as the basis for your application for adjustment of status, are you applying for adjustment based on INA section 245(i)? ☐ Yes ☒ No

5. Are you 21 years of age or older and applying for adjustment based on classification as a child, under the provisions of the Child Status Protection Act (CSPA)? ☐ Yes ☒ No

NOTE: For more information to determine if you are eligible under CSPA, see the **Who May File Form I-485** section of these Instructions.

Part 3. Request for Exemption for Intending Immigrant's Affidavit of Support Under Section 213A of the INA

I am requesting an exemption from submitting an Affidavit of Support Under Section 213A of the INA (Form I-864 or Form I-864EZ) because (select **only one**):

1.a. ☐ I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)

1.b. ☐ I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.

1.c. ☐ I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.

1.d. ☐ I am applying as a VAWA self-petitioner.

1.e. ☐ None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.

1.f. ☒ None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

1. Have you ever applied for an immigrant visa to obtain permanent resident status at a U.S. Embassy or U.S. Consulate abroad? ☐ Yes ☒ No

If you answered "Yes," complete **Item Numbers 2. - 4.** below.

2. Location of U.S. Embassy or U.S. Consulate

City or Town: N/A

Country: N/A

3. Decision (for example, approved, refused, denied, withdrawn): N/A

4. Date of Decision (mm/dd/yyyy): N/A

5. Have you previously applied for permanent residence while in the United States? ☐ Yes ☒ No

6. Have you **EVER** held lawful permanent resident status which was later rescinded under INA section 246? ☐ Yes ☒ No

Employment and Educational History

7. Provide **ALL** of your employment and educational history for the last 5 years as indicated in the Instructions. Provide your current employment or school attended first. Include periods of self-employment, unemployment, or retirement. For each period of unemployment or retirement, list source of financial support. If you have additional employment or educational history, use the space provided in **Part 14. Additional Information**.

Employer or School (current or most recent): Employer

Name of Employer, Company, or School: Self-employed

Your Occupation (if unemployed or retired, so state): Driver / Delivery Man / DJ

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: Various Addresses | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: N/A | State: N/A | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 09/03/2023 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support: N/A

8. Provide your most recent employer or school outside of the United States (if not already listed above).

Name of Employer, Company, or School: Self-employed | Your Occupation (if unemployed or retired, so state): DJ

Address of Employer, Company, or School

Street Number and Name: Rua Hermann Bachmann, 26 | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Itajai | State: | ZIP Code: 88303-155

Province: Santa Catarina | Postal Code: N/A | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 03/01/2017 | To (mm/dd/yyyy): 09/03/2023

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): DA SILVA | Given Name (First Name): Jose Paulo | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

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

3. Date of Birth (mm/dd/yyyy): 12/30/1968

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
Noemia	DE MARIA DA SILVA	N/A

6. Parent 2's Name at Birth (if different than above)

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

7. Date of Birth (mm/dd/yyyy) 11/22/1969

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☒ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 1

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA	Shaila	Ashlyn

5. Current Spouse's A-Number (if any) ► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 06/15/1996

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name: 5084 Del Monte Ave

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: San Diego

State: CA

ZIP Code: 92107

Province: N/A

Postal Code: N/A

Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: San Diego

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 10/22/2025

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): N/A

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): N/A

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): N/A

18. How Marriage Ended with Prior Spouse (select one):

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain): N/A

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage. 0

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

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

A-Number (if any) ► A- N / A
Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- N / A
Date of Birth (mm/dd/yyyy): N/A

Country of Birth: N/A

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child): N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic 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 6 Inches 1 **4.** Weight Pounds 1 8 5

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 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

Partido Democrático Trabalhista (PDT)

3. City or Town

Itajai

State or Province

Santa Catarina

Country

Brazil

4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Political Party

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

Political affiliate, President of the Youth Wing

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) 01/01/2011 To (mm/dd/yyyy) 08/01/2023

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

N/A

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

N/A

9. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) N/A To (mm/dd/yyyy) N/A

10.	Have you **EVER** been denied admission to the United States?	☐ Yes	☒ No
11.	Have you **EVER** been denied a visa to the United States?	☐ Yes	☒ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☒ Yes	☐ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☐ Yes	☒ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☐ Yes	☒ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☒ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☒ Yes ☐ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☒ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. 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

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. 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 50.** or **51.**, 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**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 (“Registry”)
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. What is the size of your household? 2

58. Indicate your annual household income.

☐ $0-27,000 ☒ $27,001-52,000 ☐ $52,001-85,000 ☐ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☐ $1-10,100 ☒ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☒ 1 or more years of college credit, no degree

☐ Associate's degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Civil Engineering
Technical Degree in Business Processes

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? ☐ Yes ☒ No

64. Have you ever received long-term institutionalization at government expense? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

67. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 67.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

68. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

69. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? ☐ Yes ☒ No

72. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

73. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

74. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

78.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

78.b. Having been deported, excluded, or removed from the United States? ☐ Yes ☒ No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

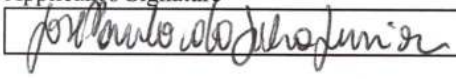
Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 8583021165
2. Applicant's Mobile Telephone Number (if any): 8583021165
3. Applicant's Email Address (if any): josezeep@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 11.**, 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 ➡ 
Date of Signature (mm/dd/yyyy): 04/24/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

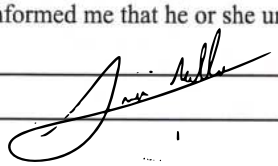
1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name: HS Law Corp

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): 04/24/2026

Part 12. 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)
04/24/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

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 I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and 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 (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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 (if any) 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): DA SILVA JUNIOR | Given Name (First Name): Jose Paulo | Middle Name (if applicable): N/A

2. Page Number: 3 | Part Number: 1 | Item Number: 12

Although the applicant's first name is listed as 'Jose Paulo' on all official documents, including his passport and nonimmigrant visa, Form I-94 reflects his first name only as 'JOSE.' Accordingly, this field has been completed to match the name exactly as it appears on the Form I-94 record.

3. Page Number: 3 | Part Number: 1 | Item Number: 18

Prior address:
2380 Cardinal Drive, apt 11,San Diego, CA, USA - 92123 - from 09/03/2023 to 09/01/2024.
Rua Hermann Bachmann, 26, Itajai, Santa Catarina, Brazil - 88303-155 - from 03/08/1995 to 09/03/2023.

4. Page Number: 8 | Part Number: 4 | Item Number: 7

Employer. Prefeitura Municipal de Itajai.
Secretary at an Elementary School
Rua Suecia, 570, 88306-790, Itajai, Santa Catarina, Brazil.
from 08/01/2017 to 08/01/2023

5. Page Number: 13 | Part Number: 9 | Item Number: 2

The applicant was affiliated with the political party Partido Democrático Trabalhista (PDT) during the period indicated in the form and also served as President of the party's Youth Wing. The Partido Democrático Trabalhista (PDT) is a Brazilian social democratic and labor party, legally registered with the Brazilian electoral authorities, including the Tribunal Superior Eleitoral (TSE) (Superior Electoral Court), under electoral number 12. It participates in municipal, state, and national elections and maintains party directories and members throughout the country.

Part 14. Additional Information

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 (if any) 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): DA SILVA JUNIOR | Given Name (First Name): Jose Paulo | Middle Name (if applicable): N/A

2. Page Number: 14 | Part Number: 9 | Item Number: 12

The applicant worked without authorization during his time in the United States to support himself financially.

3. Page Number: 14 | Part Number: 9 | Item Number: 13

The applicant entered the United States on a B-2 visa on September 3, 2023, and was granted an authorized period of stay until March 2, 2024. The applicant then requested an extension of stay, which was approved (Receipt Number: WAC2490055579), extending the authorized stay until September 2, 2024. The applicant subsequently applied for a second extension of stay, which was denied. As a result, the applicant remained beyond the authorized period of admission, from September 2, 2024, to the present and also worked without authorization.

4. Page Number: 15 | Part Number: 9 | Item Number: 35.a

The applicant worked as a secretary at an elementary school, where the employer was the Prefeitura Municipal de Itajai (Municipality of Itajai), the local government of the city of Itajai in the state of Santa Catarina, Brazil.

5. Page Number: 21 | Part Number: 9 | Item Number: 76

The applicant entered the United States on a B-2 visa on September 3, 2023, and was granted an authorized period of stay until March 2, 2024. The applicant then requested an extension of stay, which was approved (Receipt Number: WAC2490055579), extending the authorized stay until September 2, 2024. The applicant subsequently applied for a second extension of stay, which was denied. As a result, the applicant remained beyond the authorized period of admission, from September 2, 2024, to the present.

Application For Employment Authorization

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): DA SILVA JUNIOR

1.b. Given Name (First Name): Jose Paulo

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): N/A

2.b. Given Name (First Name): N/A

2.c. Middle Name: N/A

3.a. Family Name (Last Name): N/A

3.b. Given Name (First Name): N/A

3.c. Middle Name: N/A

4.a. Family Name (Last Name): N/A

4.b. Given Name (First Name): N/A

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

5.b. Street Number and Name: PO Box 90487

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

6. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 5084 Del Monte Ave

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: San Diego

7.d. State: CA **7.e.** ZIP Code: 92107

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A- N / A

9. USCIS Online Account Number (if any)
▶ N / A

10. Sex ☒ Male ☐ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
▶ N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Balneario Camboriu

15.b. State/Province of Birth

Santa Catarina

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 03/08/1995

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► 52717789 8A3

18. Passport Number of Your Most Recently Issued Passport

GB938254

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 10/04/2030

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 09/03/2023

23. Place of Your Last Arrival Into the United States

Miami, FL

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status - I-485 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

►

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

►

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.**, Otavio HAVERROTH SILVA, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
8583021165

4. Applicant's Mobile Telephone Number (if any)
8583021165

5. Applicant's Email Address (if any)
josezeep@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

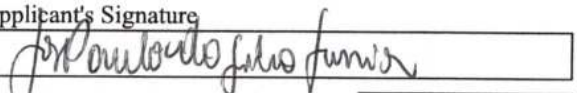
1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature


7.b. Date of Signature (mm/dd/yyyy) 04/24/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)
Andre Vinicius

2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

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

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

5. Interpreter's Mobile Telephone Number (if any): 4154252508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 04/24/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

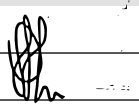
NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 04/24/2026

Part 6. Additional Information

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 (if any) 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): DA SILVA JUNIOR

1.b. Given Name (First Name): Jose Paulo

1.c. Middle Name: N/A

2. A-Number (if any) ► A-: N / A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
			☒ Fill in box if G-28 is attached to represent the applicant.

☐ **Document Hand Delivered**

By: _____ Date: ____/____/____

Document Issued

☐ Re-entry Permit *(Update "Mail To" Section)*
☐ Refugee Travel Document *(Update "Mail To" Section)*
☐ Single Advance Parole
☐ Multiple Advance Parole *Valid Until:* ____/____/____
☐ TPS Travel Authorization Documentation *Valid Until:*____/____/____/

Mail To ***(Reentry Permit and Refugee Travel Document Only)***

☐ Address in **Part 2.**
☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

► **START HERE - Type or print in black ink.**

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

`N/A`

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

`N/A`

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

K. ☐ An approved V Nonimmigrant Status, receipt number:

N/A

L. ☐ CNMI long-term residence, receipt number:

N/A

M. ☐ Other (provide explanation):

N/A

N/A

N/A

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

E. ☐ Other: (List specific parole program or process)

N/A

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

C. ☐ Other: (List specific program or process)

N/A

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

A. ☐ Family Reunification Parole Process

B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

C. ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

D. ☐ Filipino World War II Veterans Parole (FWVP) Program

E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

F. ☐ Central American Minors (CAM) Program

G. ☐ Family Reunification Task Force (FRTF) Process

H. ☐ Military Parole in Place (Military PIP)

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

I. ☐ Other Program or Process (List specific program or process):

N/A

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☐ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA JUNIOR	Jose Paulo	N/A

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

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

3. Current Mailing Address or Safe Address (if applicable) *(USPS ZIP Code Lookup)*

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
P.O. Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)
Shaila Ahslyn da Silva

Street Number and Name
5084 Del Monte Ave

Apt. ☐ Ste. ☐ Flr. ☐ Number
N/A

City or Town
San Diego

State
CA

ZIP Code
92107

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Alien Registration Number (A-Number) (if any)
► A-N / A

6. Country of Birth
Brazil

7. Country of Citizenship or Nationality
Brazil

8. Sex
☒ Male ☐ Female

9. Date of Birth (mm/dd/yyyy)
03/08/1995

10. U.S. Social Security Number (if any)
► N / A

11. USCIS Online Account Number (if any)
► N / A

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

12. Class of Admission (COA) (if any)
B2

13. Most Recent Form I-94 Arrival/Departure Record Number (if any)
527177898A3

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) 03/02/2024

15. eMedical U.S. Parolee ID (USPID) (if any) N/A

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

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

17. Their Other Names Used (if applicable)

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

18. Date of Birth (mm/dd/yyyy) N/A

19. Country of Birth N/A

20. Country of Citizenship or Nationality N/A

21. Daytime Phone Number N/A

22. Email Address (if any) N/A

23. Alien Registration Number (A-Number) (if any) ► A- N / A

24. Their Current Mailing Address

In Care Of Name (if any) N/A

Street Number and Name N/A | Apt. ☐ Ste. ☐ Flr. ☐ | Number N/A

City or Town N/A | State N/A | ZIP Code N/A

Province N/A | Postal Code N/A | Country N/A

25. Their Current Physical Address

In Care Of Name (if any) N/A

Street Number and Name N/A | Apt. ☐ Ste. ☐ Flr. ☐ | Number N/A

City or Town N/A | State N/A | ZIP Code N/A

Province N/A | Postal Code N/A | Country N/A

Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any)

N/A

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

N/A

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

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 6 Inches 1 **4.** Weight Pounds 185

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. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

2.b. Date Issued (mm/dd/yyyy)

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued (mm/dd/yyyy)

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

N/A

N/A

N/A

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

N/A

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

7.a. ☐ To the U.S. address shown in **Part 2.**, **Item Number 3.** of this application.

7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town **N/A** Country **N/A**

Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

8.a. ☐ To the address shown in **Part 2.**, **Item Number 3.** of this application.

8.b. ☐ To the address shown below in **Part 4.**, **Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Flr. ☐ ☐ ☐ Number

N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

9.b. Daytime Phone Number

N/A

9.c. Email Address

N/A

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

☐ Less Than 6 Months
☐ 6 Months to 1 Year
☐ 1 to 2 Years
☐ 2 to 3 Years
☐ 3 to 4 Years
☐ More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

N/A

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Number 6.a. - 6.c.**

6.a. Are you currently outside the United States? ☐ Yes ☐ No

6.b. If you answered "Yes," what is your current location (City or Town and Country)?

N/A

6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

N/A

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

1. Date of Intended Departure (mm/dd/yyyy) 11/08/2026

2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

To visit my family.

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

Brazil

4. How many trips do you intend to use this document?

☐ One Trip ☒ More than one trip

5. Expected Length of Trip (in days) 20

Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)

N/A

N/A

N/A

N/A

2. Expected Length of Stay in the United States: N/A

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy): N/A

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town: N/A

Country: N/A

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1.**, **Item Number 10.** or **11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

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: 8583021165

2. Applicant Mobile Telephone Number (if any): 8583021165

3. Applicant's Email Address (if any): josezeep@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 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), 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: José Ribeiro dos Santos Júnior

Date of Signature (mm/dd/yyyy): 04/24/2026

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

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 (if any)

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

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

4154252508

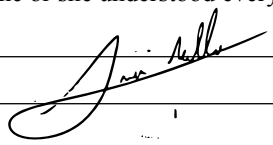
5. Interpreter's Email Address (if any)

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)

04/24/2026

Part 12. 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 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)

04/24/2026

Part 13. Additional Information

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, 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 (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the answer refers; and sign and date each sheet.

1. Family Name (Last Name): **DA SILVA JUNIOR** | Given Name (First Name): **Jose Paulo** | Middle Name: **N/A**

2. A-Number (if any) ► **A-** **N / A**

3. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

4. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

5. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

6. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

7. Page Number | Part Number | Item Number

N/A
N/A
N/A
N/A

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Exhibit 1 - Shaila Ashlyn da Silva's Identification Documents

We the People

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

Shaila Carney

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA



UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Codigo: USA
Passport No. / No. du Passeport / No. de Pasaporte: 559080297

Surname / Nom / Apellidos
CARNEY

Given Names / Prénoms / Nombres
SHAILA ASHLYN

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
15 Jun 1996

Place of birth / Lieu de naissance / Lugar de nacimiento
MASSACHUSETTS, U.S.A.

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
09 Jun 2017

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
08 Jun 2027

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USACARNEY<<SHAILA<ASHLYN<<<<<<<<<<<<<<<<<<<<

5590802971USA9606151F2706085107863342<104366

A TRUE COPY ATTEST

GARY W. McCARTHY
Town Clerk
DRACUT, MA

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY

185

3D. REGISTERED NUMBER: 1318

CHILD

3. PLACE OF BIRTH
- 3C. CITY/TOWN: LOWELL
- 3B. COUNTY: MIDDLESEX
- 3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: LOWELL GENERAL HOSPITAL

NAME: 4A. FIRST: SHAILA | 4B. MIDDLE: ASHLYN | 4C. LAST: CARNEY

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	8:59 PM	JUNE 15,1996

CERTIFIER

9A. SIGNATURE (I Certify that the Child was Born Alive at Date and Time and Place Stated.)	9B. TYPE OR PRINT NAME	9C. LICENSE NUMBER
	PURNIMA R. SANGAL	74098

9D. NO. & STREET	9E. CITY/TOWN	9F. STATE	9G. ZIP CODE	9H. DATE SIGNED (Month, Day, Year)
1 COURTHOUSE LN	CHELMSFORD	MA	01824	JUNE 23, 1996

9I. TYPE	9J. TITLE
AT-BIRTH	MD

MOTHER

NAME: 10A. FIRST: LAURIE | 10B. MIDDLE: ANN | 10C. LAST: CARNEY | 10D. MAIDEN SURNAME: MILINAZZO

BIRTHPLACE 11A. CITY/TOWN	11B. STATE/COUNTRY	12. DATE OF BIRTH (Month, Day, Year)
WICHITA	KANSAS	JUNE 27,1968

RESIDENCE (Do not use mailing address) 13A. NUMBER AND STREET	13B. CITY/TOWN	13C. COUNTY	13D. STATE	13E. ZIP CODE
70 C ST	DRACUT	MIDDLESEX	MA	01826

FATHER

NAME: 14A. FIRST: SEAN | 14B. MIDDLE: PATRICK | 14C. LAST: CARNEY

BIRTHPLACE 15A. CITY/TOWN	15B. STATE/COUNTRY	16. DATE OF BIRTH (Month, Day, Year)
LOWELL	MASSACHUSETTS	MAY 13,1966

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. ✓

17B. RELATIONSHIP TO CHILD: FATHER

17C. DATE SIGNED (Month, Day, Year)	17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET	CITY	STATE	ZIP CODE
JUNE 18,1996				

18. DATE OF RECORD (Month, Day, Year)	19. SUPPLEMENT FILED (Month, Day, Year)	20. CLERK/REGISTRAR
JUL 02 1996		

21. DPH USE ONLY

Exhibit 2 - José Paulo da Silva Júnior's Identification Documents

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roga-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 pasaporte 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 pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

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



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

GB938254

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

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GB938254

SOBRENOME / SURNAME: DA SILVA JUNIOR

NOME / GIVEN NAMES: JOSE PAULO

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 08 MAR/MAR 1995

IDENTIDADE Nº / PERSONAL No:

SEXO / SEX: M

NATURALIDADE / PLACE OF BIRTH: BALNEÁRIO CAMBORIÚ/SC

FILIAÇÃO / FILIATION: NOEMIA DE MARIA DA SILVA

JOSE PAULO DA SILVA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 05 OUT/OCT 2020

AUTORIDADE / AUTHORITY: DPF/IJI/SC

VÁLIDO ATÉ / DATE OF EXPIRY: 04 OUT/OCT 2030

BRA

P<BRADA<SILVA<JUNIOR<<JOSE<PAULO<<<<<<<<<<<<
GB938254<8BRA9503087M3010046<<<<<<<<<<<<<<06

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

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 for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, 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.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

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 menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

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


VISTOS VISAS
THE UNITED STATES OF AMERICA
VISA
Issuing Post Name
RIO DE JANEIRO
Surname
DA SILVA JUNIOR
Given Name
JOSE PAULO
Passport Number
GB938254
Sex
M
Birth Date
08MAR1995
Nationality
BRZL
Entries
M
Issue Date
12MAY2023
Expiration Date
10MAY2033
Control Number
20231307510038
Visa Type /Class
R
B1/B2
1011
T4344597
VNUSADA<SILVA<JUNIOR<<JOSE<PAULO<<<<<<<<<<<<
GB938254<8BRA9503087M3305108B3RDJ1N8NS621238


VISTOS 8 VISAS
VISTOS 9 VISAS

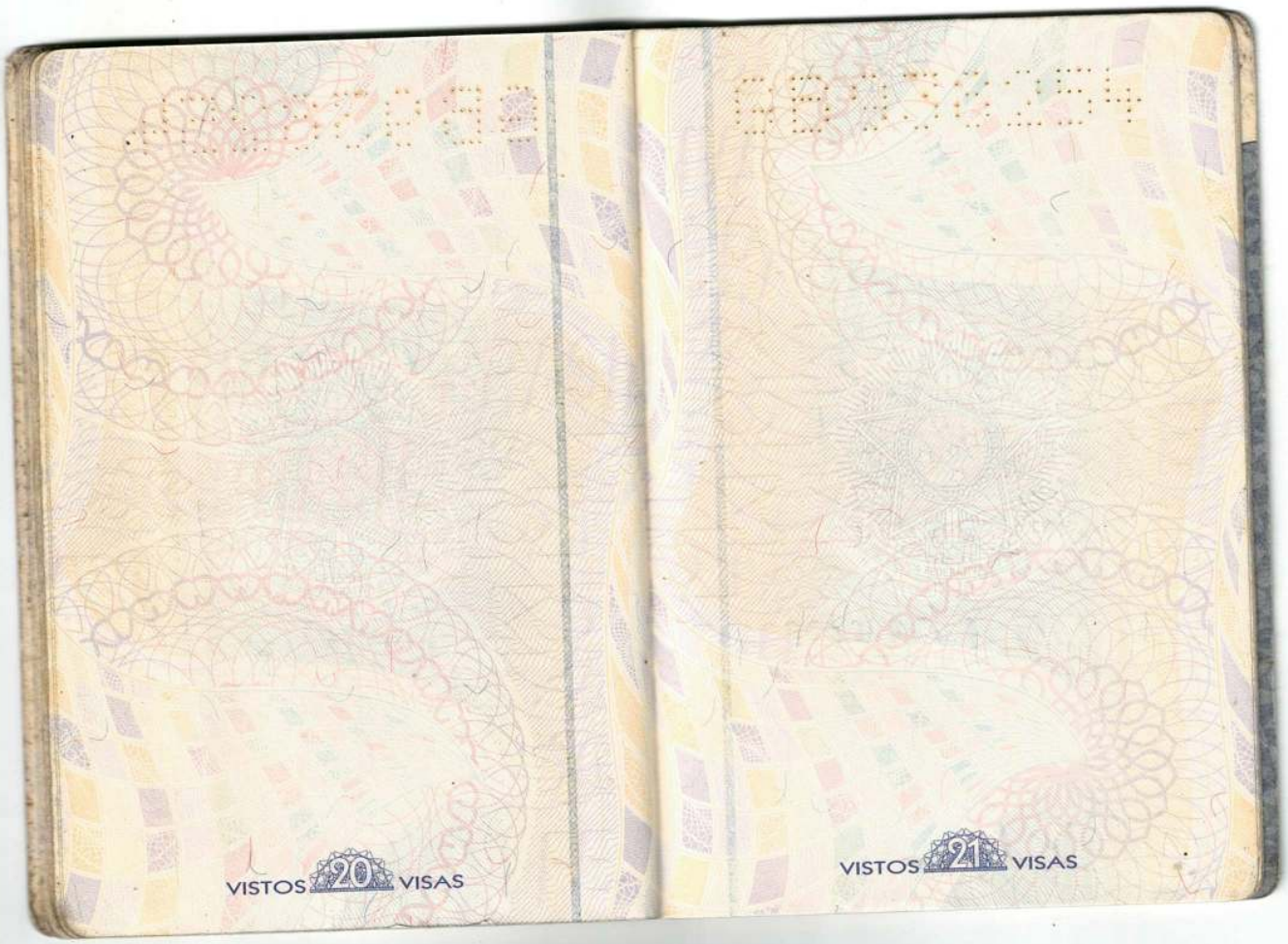

VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN 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 AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF SANTA CATARINA
CITY OF ITAJAÍ
JUDICIAL DISTRICT OF ITAJAÍ 5.013.901 -----//Signature//----

SAULO LIBERATO HEUSI
Registrar of the Civil Registry of Natural Persons
LUIZ ROBERTO DE OLIVEIRA
Deputy Registrar

BIRTH CERTIFICATE

I CERTIFY that under No. **50262**, on page **137**
of Book No. **59-A** of Birth Records, the record of **José Paulo da Silva Júnior** is recorded
Born on the **eighth (08)** of **March (03)**, **1995**, at 12:50 PM
at **Hospital Santa Inês S/A**, **Balneário Camboriú, Santa Catarina**
sex: **Male**
Son of **José Paulo da Silva**
Born in **Florianópolis, Santa Catarina,** Occupation: **Fisherman**
and **Noêmia de Maria da Silva**
Born in **Porto Belo, Santa Catarina,** Occupation: **Housewife**
PATERNAL GRANDPARENTS: **José Lino Jorvino da Silva**
and Mrs. **Rosemira Miranda da Silva**
MATERNAL GRANDPARENTS: **Maurino José de Maria**
and Mrs. **Salma Benta Santos de Maria**
The declarant was: **The father**
The witnesses are listed in the record
The record was made on the **fourteenth (14)** of **March (03)**, **1995.**
Notes: **For legal purposes.**

Dr. SAULO LIBERATO HEUSI
REGISTRAR OF CIVIL REGISTRY
TITLES, AND DOCUMENTS
CPF: 004.572.059-20
SANDRA LIBERATO HEUSI
Deputy Registrar
LUIZ ROBERTO DE OLIVEIRA
Sworn Clerk
Rua Olimpio Miranda Junior, No. 162
ITAJAÍ - SANTA CATARINA

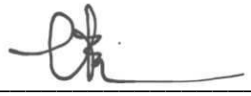
The above is true and I certify.

Itajaí, March (03), 14, 1995.

-----//Signature//----

Registrar

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: March 19, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE SANTA CATARINA
MUNICÍPIO DE ITAJAÍ
COMARCA DE ITAJAÍ

5.013.901

SAULO LIBERATO HEUSI
Oficial do Registro Civil das Pessoas Naturais
LUIZ ROBERTO DE OLIVEIRA
Oficial Maior

CERTIDÃO DE NASCIMENTO

CERTIFICO que, sob Nº **50262** às folhas **137**
do Livro Nº **59-A** de Registro de Nascimentos, encontra-se o assento de
José Paulo da Silva Júnior
Nascido(a) aos **oito (08)** de **março (03)** de **1995**, às **12:50** horas
em(no) **Hospital Santa Inês S/A, Balneário Camboriú SC**
do sexo: **Masculino**
Filho(a) de **José Paulo da Silva**
Natural **Florianópolis-SC**, Profissão **Pescador**
e de **Noêmia de Maria da Silva**
Natural **Pôrto Belo-SC**, Profissão **Do lar**
AVOS PATERNOS: **José Lino Jorvino da Silva**
e Dona **Rosemira Miranda da Silva**
AVOS MATERNOS: **Maurino José de Maria**
e Dona **Salma Benta Santos de Maria**
Declarante(s) **O pai**
As testemunhas constam no termo
O Assento foi feito no dia **quatorze (14)** de **março (03)** de **1995**
Observação: **Para fins de direito.**

Dr. SAULO LIBERATO HEUSI
OFICIAL DO REGISTRO CIVIL
TÍTULOS E DOCUMENTOS
CPF 004.572.059-20
SANDRA LIBERATO HEUSI
Oficial Maior
LUIZ ROBERTO DE OLIVEIRA
Escrevente Juramentado
Rua Olímpio Miranda Junior, nº 162
ITAJAÍ — SANTA CATARINA

O Referido é Verdade e Dou Fé

Itajaí, em 14 de março (03) de 1995

Oficial

CARTÓRIO HEUSI Rua Olímpio Miranda [illegible], 162 CENTRO FONE(0473) 44-1009

For: **JOSE DA SILVA JUNIOR**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 527177898A3

Arrival/Issued Date: 2023 September 03

Class of Admission: B2

Admit Until Date: 2024 March 02

Details provided on the I-94 Information form:

Last/Surname: DA SILVA JUNIOR

First (Given) Name: JOSE

Birth Date: 1995 March 08

Document Number: GB938254

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.

OMB No. 1651-0111
Expiration Date: 03/31/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GB938254**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2023-09-03	Arrival	MIA

OMB No. 1651-0111 Expiration Date: 03/31/2026

Exhibit 3 – Shaila Ashlyn da Silva and José Paulo da Silva Júnior's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER

4202537017235
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (☒ Groom ☐ Bride)

1A. FIRST NAME	1B. MIDDLE
JOSE PAULO	-

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
DA SILVA JUNIOR	-

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
03/08/1995	BRAZIL	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	-

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
5084 DEL MONTE AVE	SAN DIEGO	CA	92107

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
JOSE PAULO DA SILVA	BRAZIL

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
NOEMIA DE MARIA	BRAZIL

SECOND PERSON DATA (☐ Groom ☒ Bride)

12A. FIRST NAME	12B. MIDDLE
SHAILA	ASHLYN

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
CARNEY	-

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
06/15/1996	MA	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	-

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
5084 DEL MONTE AVE	SAN DIEGO	CA	92107

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
SEAN PATRICK CARNEY	MA

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
LAURIE ANN MILINAZZO	KS

AFFIDAVIT

WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ Jose Paulo da Silva Junior	▶ Shaila Carney

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
10/22/2025	01/20/2026	JORDAN Z. MARKS	BY ▶ ELVA STOPKE

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
2025-020454	SAN DIEGO	San Diego County Clerk, 1600 Pacific Hwy Ste 273, San Diego, CA 92101-2422

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
[signature]	SANDRO LUIS DA CRUZ JR

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
2370 CARDINAL DR APT 1, SAN DIEGO, CA 92123

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
10/22/2025	SAN DIEGO	SAN DIEGO

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ [signature]	-

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
Israel Sandoval	DEPUTY MARRIAGE COMMISSIONER

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
1600 PACIFIC HWY STE 260, SAN DIEGO, CA 92101

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
--	--	--

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
SHAILA	ASHLYN	DA SILVA

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
JORDAN Z. MARKS, Recorder/County Clerk	BY ▶ N. Agapito	OCT 23 2025

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Jordan Z. Marks

Apr 08, 2026

JORDAN Z. MARKS
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

006182363

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

Shaila Ashlyn da Silva

5084 Del Monte Ave

San Diego, CA 92107

978-852-5606

shailacarney@gmail.com

April 13, 2025

Personal Statement Regarding My Relationship

To Whom It May Concern,

I, Shaila Ashlyn da Silva, hereby declare under penalty of perjury under the laws of the United States of America that the following is true and correct to the best of my knowledge and belief:

Jose came into my life with divine timing on March 31, 2025. It felt as though all my prayers had been answered after a long period of unsuccessful dating and heartbreak. That morning, I had logged onto Hinge with the intention of deleting the app after several disappointing experiences that left me questioning the intentions of people on dating platforms. However, out of curiosity, I decided to take one last look—and that is when I saw Jose.

His photo immediately caught my attention, and I remember my heart skipping a few beats. As I looked through his profile, I saw a fun, active, and incredibly kind-looking man with the warmest smile. I also noticed he was Brazilian—a culture I have always deeply admired, especially through close Brazilian friends I cherish. Wanting to be playful, I sent him a flirty message in Portuguese: “gostoso”—although I later realized I had misspelled it. Jose responded quickly, appreciating my effort to speak his language, and kindly did not point out the mistake. That small moment spoke volumes about his character.

I will never forget our first date at Tajima later that same day. I remember feeling as though everyone was looking at us, not only because of how strikingly handsome he is, but because of

the immediate connection we shared. We bonded over our shared love of music—him as a DJ and me through my work in international music festivals. At one point, I joked that my Brazilian friends often came with drama. Jose laughed and said that he already felt like he loved me. It was bold, but somehow it didn't feel overwhelming—it felt sincere.

From that day forward, our relationship progressed quickly and naturally. We saw each other almost every day, often meeting just to watch the sunset or skate along the boardwalk. Even when our time together was brief, neither of us wanted to go a day without seeing each other. Before I left for a trip to Miami on April 16, 2025, Jose asked me to be his girlfriend. While I was incredibly excited, I was also cautious due to past heartbreak. I told him I needed time to think, but deep down, I already knew my answer.

While I was in Miami, Jose had access to Coachella through a friend who was performing. He told me that if I returned in time, we could attend together on Sunday. I fly standby and made the spontaneous decision to return early that morning—but I overslept and missed my flight. I called Jose in tears, and his response became a defining moment for me. He calmly reassured me that no party was worth my distress and promised he would wait for me. He helped me find another flight and, true to his word, waited all day until I landed at 4 PM.

This was a crucial turning point for me in realizing who Jose is as a person and the peace he brings me. When he picked me up from the airport, my anxiety immediately melted away. As I rushed to get ready, he quietly followed behind me, folding the clothes I had thrown everywhere in my panic. We left for Coachella later than planned, but the day unfolded perfectly.

On the drive, he was playing a DJ set—trying to play it cool, I was secretly attempting to Shazam some of the tracks. When I had no luck, I asked whose set it was because I needed to know the music, and I was surprised to learn it was him performing in Brazil. At that moment, I remember thinking, "I think I'm in love with this man."

The rest of the night was magic—just me, Jose, and Felippe having the time of our lives. I remember how secure he made me feel, surrounded by beautiful people, but like he only had

eyes for me. As my most anticipated DJ was coming on, Keinemusik, Jose asked Felippe to take a photo of us. As the music started, he asked me again to be his girlfriend. I felt that moment was one I would never forget. I said, “Of course, I would love to be your girlfriend.” I’ll never forget the next day how happy all of our friends were for us—“welcome to the family,” his best friend Sandro said. The day after was Easter, and we spent the day with my roommate Melissa, her sister, and our friend Julia. They called that day our “honeymoon,” and we spent the day at the beach.

From there, our lives intertwined effortlessly. Jose became an integral part of my daily life—cooking for me and my roommates, building meaningful relationships with my friends, and welcoming me into his circle with warmth and love. His friends and community spoke so highly of him, and it became clear how deeply he is loved and respected.

That summer, we created countless memories—hosting Brazilian barbecues, supporting his DJ performances, and simply enjoying life together. Excited to introduce Jose to my family, he flew home for my sister’s birthday on 8/1 in Boston. During our visit, my Grampy was in the hospital due to a sudden brain tumor. Jose went with my sister and her partner to the hospital, providing me emotional support during a difficult time. We also visited my uncle Michael at his new beach house and had a lobster bake at his house with my Grandma and other family members.

I knew then that I wanted to marry Jose. While the decision may have seemed quick to others, it felt entirely certain to me. I knew if I didn’t marry the man who would give me everything, it would be my biggest regret without a doubt. My only concern was that we hadn’t technically lived together yet. Even though we spent almost every night together, I wanted to see how it would be living as a unit, sharing finances and household responsibilities.

Divine timing struck again, and I got notice that the house I was renting was sold. We were given two months of free rent and a move-out date of September 5th. While my parents were in town, we went to OB Market on a Wednesday. I ran into an old sorority sister, Wesley, who also lives in San Diego. I told her I was looking for a place to live, and she mentioned her friend Korbin Kirk needed to find a sublease with the potential to take over. He had a mom in

Long Beach who wasn't doing well and needed to get out of his place immediately.

We toured the place while my family was in town and were immediately blown away by the views of the ocean in every room of the house. We knew this place was meant to be ours and quickly agreed to move in. Korbin moved out most of his belongings, not sure if he'd be back, and we moved into our dream beach shack together.

Living with Jose, all my previous concerns about living with a man disappeared. Living with Jose only reinforced what I already knew—our partnership was effortless, balanced, and filled with mutual respect. We shared responsibilities, supported one another's routines, and built a home centered around love and community. Most days, Jose would wake up at 6 a.m. to start taking deliveries for work and come back at 9 a.m. to make me coffee and have breakfast together. I cherished those moments and the love we both put into our home.

In September, when my grandfather passed away, Jose came with me to Boston and once again stood by my side during one of the most difficult times in my life. His unwavering support during that period confirmed that he is not only my partner, but my foundation.

When we returned, I told him I had never been more certain of anything. We decided to move forward with a courthouse wedding in San Diego before I left for a work trip to France in November. Due to the short timeline, our families could not attend, but we agreed this would be the beginning of our journey, with plans to celebrate in Brazil later with loved ones.

October 22, 2025, was the best day of my life. I wasn't expecting the day to feel as magical as it did, especially given how last-minute everything was and the absence of some of the most important people in our lives. However, I believe that the lack of pressure allowed the day to feel effortless, authentic, and entirely centered on our love for one another.

The way our friends came together to support us is something I will never forget. We had friends fly in from all over—including Maui, Mexico City, San Francisco, and Las Vegas. The night before the wedding, five of our closest friends from out of town were sleeping in the living room of our one-bedroom apartment, which made the experience feel even more intimate and special.

On the day of the wedding, I was completely surrounded by love. My friend Hunter did my hair and makeup, making me feel beautiful and calm. Manuela, Jose's friend from Brazil, photographed our day so we could capture every moment. My friend Kim, whom I have known since high school, created my floral arrangement, adding another personal and meaningful touch to the day.

Our closest friends joined us at the courthouse, where they cheered and shed tears as we said "I do" and committed to the rest of our lives together. After the ceremony, we went to a vintage photo booth in Little Italy and took candid photos that I already know will be so meaningful to look back on one day with our future children. We then went to the Lafayette Hotel, where Jose and I, along with a few of our friends, had rented poolside rooms for the night. We shared a meal together at the Oaxacan restaurant with our closest friends, continuing to celebrate such a meaningful day. Throughout the evening, nearly 50 of our friends came to celebrate with us, creating an atmosphere full of love, laughter, and community.

The day after our wedding, we wanted to express our gratitude to everyone who had shown up for us. It also happened to be Kim's 30th birthday, which made the day even more special. We hosted a Brazilian barbecue at sunset—bringing everyone together once again in the way that feels most natural to us. It was the perfect continuation of our wedding celebration and a true reflection of our relationship.

Since our wedding, Jose and I have continued to grow even closer, building a life filled with meaningful experiences and shared memories. He has spent Christmas with my family, seamlessly becoming part of our traditions, and has stood by my side through celebrations like my friend India's wedding. We've created special memories traveling together, from Mammoth to celebrating his birthday in Big Bear this past March. These experiences reflect not just moments, but a true partnership and a life we are intentionally building together.

Jose is my home, my partner, and my greatest source of peace and happiness. Our marriage is rooted in love, trust, and unwavering commitment to one another. I am certain in my choice to spend my life with him, and I wholeheartedly support his application. There is no doubt in my

mind that our relationship is genuine, lasting, and built for a lifetime together.

This green card approval represents more than just a legal process for us—it represents the ability to fully begin the next chapter of our lives together without barriers. Because I work in international music festivals and travel frequently for work, having stability in Jose's immigration status is especially important for us. It would allow us to move through the world together without uncertainty or separation, and open the door for Jose to expand his own opportunities internationally as well. It will allow us to travel freely as a family and build deeper connections across both of our worlds. I look forward to finally meeting Jose's family in Brazil, including his niece who recently turned one, whom he has not yet had the chance to meet in person. It is very important to both of us that I am able to become part of his family's life in the same way he has become part of mine. I am also excited to spend meaningful time in Brazil, learn Portuguese more fluently, and immerse myself further in his culture, which is already such an important part of our shared life.

Signature: Shaila Ashlyn da Silva

Printed Name: Shaila Ashlyn da Silva

Jose Paulo da Silva Junior

5084 Del Monte Ave

San Diego, California, 92107

+18583021165

josezeep@gmail.com

March 24, 2026

Personal Statement About My Relationship.

To whom it may concern,

I, Jose Paulo da Silva Junior, declare, under penalty of perjury, that the information below is true and correct to the best of my knowledge.

I met my wife, Shaila, on March 31, 2025, through the dating app Hinge. On the same day, we had our first date at the Tajima restaurant, where we immediately felt a strong connection.

Since that first meeting, our relationship evolved quickly and naturally. We began seeing each other almost every day, sharing simple moments such as watching the sunset and spending time together in our daily lives.

Before Coachella, we had already been discussing taking a more serious next step in the relationship, as we were getting along very well and were already spending practically every night together. On April 19, 2025, we went to the Coachella festival. Shaila made a great effort to be there, leaving a friend's wedding in Miami early to arrive on time. Despite facing difficulties and delays along the way, I waited for her until she arrived so that we could enter the event together. We ended up missing a show I really wanted to see, by the artist Boris Brejcha, but at that moment being with her was what mattered most. It was there that I became certain she would be my girlfriend, and we made our relationship official in a special way that day.

Since then, we started spending time with each other daily, sleeping together almost every night. Most of the time, I stayed at her place, where she lived with two friends, and our relationship has developed steadily, based on companionship and respect. We created a very close routine, and to this day, even after working in the early hours of the morning, I make sure to wake her up around 9 a.m. so we can have breakfast together, which is one of the most special moments of our day.

-----//Signature//----

Between August 1 and 5, 2025, we traveled to Boston for her sister's birthday. During this trip, I had the opportunity to meet her parents in person for the first time. During that period, her grandfather was hospitalized, and I was able to closely follow this delicate moment. Fortunately, he was discharged while we were still in the city, and we had the opportunity to gather the family for a barbecue in his honor. This was the last time I saw him, which made the experience even more meaningful to me.

On September 6, 2025, her grandfather passed away. We returned to Boston between September 11 and 14 for the funeral, where I stood by her side offering emotional support to her family. During this visit, I also met several close friends and relatives, further strengthening my integration into her personal circle.

During this same period, the opportunity arose for us to move in together when Shaila found a contact for an available house through an acquaintance named Korbin. We visited the place and fell in love with the house, which is located facing the ocean. After making the decision, I helped prepare the space for our move by doing a complete cleaning, as the place was still quite disorganized. We moved on August 15, 2025, officially beginning our life together.

On October 22, 2025, we got married in a civil ceremony scheduled for 1:00 p.m. at the San Diego Marriage Court, in the presence of approximately 20 close friends. Despite a small delay on Shaila's part, the ceremony took place smoothly and was very special.

On the same day, we held a celebration at the Hotel Lafayette, gathering around 50 friends, including guests who came from different places such as England and Hawaii. We rented a suite near the pool and celebrated until midnight.

The day after the wedding, we hosted approximately 30 friends at our home for a Brazilian barbecue, creating a moment of cultural exchange among our friends.

After the wedding, we continued building our life together. On November 22, 2025, we traveled to Mammoth for the opening of the snowboard season. Shortly after this trip, Shaila went to the French Alps for work.

Between December 23 and 30, 2025, we were in Boston for Christmas, where I was warmly welcomed by her family and treated as an integral part of the family.

Shaila has a routine of frequent travel due to her work with international festivals and also because of the possibility of traveling standby through a friend who is a flight attendant. During our relationship, she traveled to England, Costa Rica and France.

-----//Signature//----

Despite this, we maintain a solid, consistent, and committed relationship.

On March 7, 2026, we traveled together to Big Bear to celebrate my birthday on March 8. This trip also marked the end of our snowboard season, an activity we share and value as part of our life together.

Professionally, I have worked as a DJ for over 10 years, and Shaila has been a great partner in my career, helping to find opportunities through her network of contacts. One of our goals is to travel together to festivals where she works and where I can perform.

Since the beginning of our relationship, we have built a life based on love, respect, companionship, and mutual support, sharing our routine, responsibilities, and plans for the future.

I declare, under penalty of perjury, that the information above is true.

Signed on March 24, 2026, in San Diego, California.

Sincerely,

-----//Signature//----

Jose Paulo da Silva Junior

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: April 27, 2026.

Jose Paulo da Silva Junior

5084 Del Monte Ave

San Diego, California, 92107

+18583021165

josezeep@gmail.com

24 de marco de 2026

Declaração Pessoal Sobre Meu Relacionamento.

A quem possa interessar,

Eu, Jose Paulo da Silva Junior, declaro, sob pena de perjúrio, que as informações abaixo são verdadeiras e corretas de acordo com o meu melhor conhecimento.

Conheci minha esposa, Shaila, no dia 31 de março de 2025, por meio do aplicativo de relacionamento Hinge. No mesmo dia, tivemos nosso primeiro encontro no restaurante Tajima, onde sentimos imediatamente uma forte conexão.

Desde esse primeiro encontro, nossa relação evoluiu rapidamente de forma natural. Passamos a nos ver praticamente todos os dias, compartilhando momentos simples como assistir ao pôr do sol e conviver juntos no dia a dia.

Antes do Coachella, já vínhamos conversando sobre dar um próximo passo mais sério na relação, pois estávamos nos dando muito bem e já passávamos praticamente todas as noites juntos. No dia 19 de abril de 2025, fomos ao festival Coachella. Shaila fez um grande esforço para estar presente, saindo mais cedo do casamento de uma amiga em Miami para conseguir chegar a tempo. Apesar de ter enfrentado dificuldades e atrasos no trajeto, esperei por ela até sua chegada para que pudéssemos entrar juntos no evento. Acabamos perdendo um show que eu gostaria muito de assistir, do artista Boris Brejcha, mas naquele momento estar com ela era o mais importante. Foi ali que tive a certeza de que ela seria minha namorada, e formalizamos nosso relacionamento de forma especial nesse dia.

Desde então, passamos a conviver diariamente, dormindo juntos praticamente todas as noites. Na maioria das vezes, eu ficava na casa dela, onde ela morava com duas amigas, e nossa relação evoluiu de forma consistente, baseada em companheirismo e respeito. Criamos uma rotina muito próxima, e até hoje, mesmo após trabalhar nas primeiras horas da manhã, faço questão de acordá-la por volta das 9h para tomarmos café juntos, sendo esse um dos momentos mais especiais do nosso dia.



Entre os dias 1º e 5 de agosto de 2025, viajamos para Boston para o aniversário da irmã dela. Durante essa viagem, tive a oportunidade de conhecer os pais dela pessoalmente pela primeira vez. Nesse período, o avô dela estava hospitalizado, e pude acompanhar de perto esse momento delicado. Felizmente, ele recebeu alta enquanto ainda estávamos na cidade, e tivemos a oportunidade de reunir a família em um churrasco em sua homenagem. Esse foi o último momento em que o vi, o que tornou essa experiência ainda mais significativa para mim.

No dia 6 de setembro de 2025, o avô dela faleceu. Retornamos a Boston entre os dias 11 e 14 de setembro para o funeral, ocasião em que estive ao lado dela oferecendo apoio emocional à sua família. Durante essa visita, também conheci diversos amigos e familiares próximos, reforçando minha integração ao seu círculo pessoal.

Nesse mesmo período, surgiu a oportunidade de morarmos juntos quando Shaila encontrou um contato para uma casa disponível por meio de um conhecido chamado Korbin. Visitamos o local e nos apaixonamos pela casa, que fica em frente ao mar. Após a decisão, ajudei a preparar o espaço para nossa mudança, realizando uma limpeza completa, pois o local ainda estava bastante desorganizado. Realizamos a mudança no dia 15 de agosto de 2025, iniciando oficialmente nossa vida em conjunto.

No dia 22 de outubro de 2025, nos casamos em uma cerimônia civil marcada para as 13h na corte de casamento de San Diego, na presença de aproximadamente 20 amigos próximos. Apesar de um pequeno atraso por parte de Shaila, a cerimônia ocorreu de forma tranquila e especial.

No mesmo dia, realizamos uma celebração no Hotel Lafayette, reunindo cerca de 50 amigos, incluindo convidados vindos de diferentes locais, como Inglaterra e Havaí. Alugamos uma suíte próxima à piscina e celebramos até a meia-noite.

No dia seguinte ao casamento, recebemos aproximadamente 30 amigos em nossa casa para um churrasco brasileiro, promovendo um momento de integração cultural entre nossos amigos.

Após o casamento, continuamos construindo nossa vida juntos. No dia 22 de novembro de 2025, viajamos para Mammoth para a abertura da temporada de snowboard. Logo após essa viagem, Shaila seguiu para os Alpes Franceses para trabalho.

Entre os dias 23 e 30 de dezembro de 2025, estivemos em Boston para o Natal, onde fui recebido calorosamente pela família dela, sendo tratado como parte integrante da família.

Shaila possui uma rotina de viagens frequentes devido ao seu trabalho com festivais internacionais e também pela possibilidade de viajar em standby por meio de uma amiga aeromoça. Durante nosso relacionamento, ela viajou para Inglaterra, Costa Rica

e França. Apesar disso, mantemos um relacionamento sólido, constante e comprometido.

No dia 7 de março de 2026, viajamos juntos para Big Bear para celebrar meu aniversário, no dia 8 de março. Essa viagem também marcou o encerramento da nossa temporada de snowboard, atividade que compartilhamos e valorizamos como parte da nossa vida em conjunto.

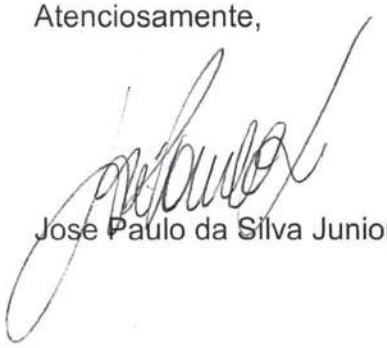
Profissionalmente, atuo como DJ há mais de 10 anos, e Shaila tem sido uma grande parceira na minha carreira, auxiliando na busca por oportunidades por meio de sua rede de contatos. Um dos nossos objetivos é viajar juntos para festivais onde ela trabalha e eu possa me apresentar.

Desde o início do nosso relacionamento, construímos uma vida baseada em amor, respeito, companheirismo e apoio mútuo, compartilhando nossa rotina, responsabilidades e planos para o futuro.

Declaro, sob pena de perjúrio, que as informações acima são verdadeiras.

Executado em 24 de março de 2026, em San Diego, Califórnia.

Atenciosamente,



Jose Paulo da Silva Junior

CHASE

JPMorgan Chase Bank, N.A.
P O Box 44959
Indianapolis, IN 46244 - 4959

February 25, 2026 through March 23, 2026
Account Number: **000002903283648**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00649420 DRE 703 219 08326 NNNNNNNNNNN 1 000000000 16 0000

SHAILA A CARNEY
OR JOSE DA SILVA JUNIOR
5084 DEL MONTE AVE
SAN DIEGO CA 92107-3211

0649420020100000022

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$583.82**
Deposits and Additions	2,971.00
ATM & Debit Card Withdrawals	-1,271.30
Electronic Withdrawals	-2,153.27
Fees	-15.00
Ending Balance	**$115.25**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$583.82**
02/25	Card Purchase 02/25 Tst*Taco Stand Downto 619-546-0570 CA Card 4098	-11.30	572.52
02/25	Card Purchase 02/24 Airbnb * Hmxcscw2Tt Airbnb.Com CA Card 4098	-511.97	60.55
02/26	Card Purchase With Pin 02/26 Target T-3303 San Diego CA Card 4098	-9.99	50.56
02/26	Card Purchase With Pin 02/26 Stars Pb Inc San Diego CA Card 4098	-44.10	6.46
03/02	Zelle Payment From Jose Da Silva Wfct0Zvlq2Vp	**900.00**	906.46
03/02	Zelle Payment From Jose Da Silva Wfct0Zvrwmm2	**100.00**	1,006.46
03/02	Card Purchase 02/26 Mcdonalds 25166 San Diego CA Card 4098	-6.46	1,000.00
03/05	Online Transfer From Chk ...5562 Transaction#: 28310580176	**500.00**	1,500.00
03/05	Online Transfer From Sav ...1251 Transaction#: 28310562002	**200.00**	1,700.00
03/06	Online Transfer From Chk ...5562 Transaction#: 28334885091	**400.00**	2,100.00
03/06	Zelle Payment To Claudia Cakes Jpm99C866Uh0	-58.00	2,042.00
03/09	Pl*Rginvestmentr Web Pmts W2Jfl8 Web ID: 9000349553	-1,975.00	67.00
03/09	Pl*Paylease Web Pmts N6Hfl8 Web ID: 9000287225	-3.27	63.73
03/09	Card Purchase With Pin 03/09 Ralphs Fuel # 12 1704 San Diego CA Card 4098	-19.73	44.00
03/10	Card Purchase 03/09 LA Perla Cocina Mexican San Diego CA Card 4098	-27.33	16.67
03/10	Card Purchase 03/10 Primo Water Corporatio Lakeland FL Card 4098	-3.10	13.57
03/10	Card Purchase 03/10 Primo Water Corporatio San Diego CA Card 4098	-3.10	10.47
03/11	Zelle Payment From Jose Da Silva Wfct0Zwq2S58	**45.00**	55.47

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
03/11	Online Transfer From Chk ...5562 Transaction#: 28391938658	**25.00**	80.47
03/11	Cox Comm San Purchase PPD ID: 1581620078	-80.00	0.47
03/16	Zelle Payment From Jose Da Silva Wfct0Zx84Nlp	**80.00**	80.47
03/17	Zelle Payment From Jose Da Silva Wfct0Zxfyqpz	**500.00**	580.47
03/18	Online Transfer From Chk ...5562 Transaction#: 28485414816	**50.00**	630.47
03/18	Card Purchase 03/18 Yousa Law Www.Yousalaw. CA Card 4098	-500.00	130.47
03/18	Card Purchase 03/17 Tst*LA Dona San Diego CA Card 4098	-46.57	83.90
03/19	Card Purchase 03/18 Apple Tree San Diego CA Card 4098	-31.55	52.35
03/20	Online Transfer From Chk ...5562 Transaction#: 28508126681	**100.00**	152.35
03/20	Card Purchase With Pin 03/20 Target T-3303 San Diego CA Card 4098	-13.79	138.56
03/20	Card Purchase With Pin 03/20 Grocery Outlet of Poin San Diego CA Card 4098	-14.35	124.21
03/23	ATM Cash Deposit 03/22 1000 Garnet Ave San Diego CA Card 4098	**50.00**	174.21
03/23	Zelle Payment From Jose Da Silva Wfct0Zxtc8Cj	**21.00**	195.21
03/23	Card Purchase 03/19 Ctlp*Launderland Ob CO Sandiego CA Card 4098	-12.00	183.21
03/23	Zelle Payment To Cristian 28519779220	-37.00	146.21
03/23	Card Purchase 03/22 Vons #2053 San Diego CA Card 4098	-15.96	130.25
03/23	Monthly Service Fee	-15.00	115.25
	Ending Balance		**$115.25**

A Monthly Service Fee was charged to your CHASE TOTAL CHECKING account. In the future, here is how to get a $0 Monthly Service Fee on your account each monthly statement period

- **$500.00+** in qualifying electronic deposits; or
  (You did not have a qualifying electronic deposit this statement period)
- **$1,500.00+** balance at the beginning of each day; or
- **$5,000.00+** average beginning day balance in this account, or in combination with any other linked qualifying personal deposits or investments; or
- **Link this account** to a qualifying checking account

For more information about the qualifying accounts, deposits, investments or transactions to waive the Monthly Service Fee on this account (if applicable), or if you have any questions, please refer to the Additional Banking Services and Fees at **chase.com/disclosures** or call us at the number listed on this statement.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

January 27, 2026 through February 24, 2026
Account Number: **000002903283648**

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00651979 DRE 703 219 05626 NNNNNNNNNNN 1 000000000 16 0000

SHAILA A CARNEY
OR JOSE DA SILVA JUNIOR
5084 DEL MONTE AVE
SAN DIEGO CA 92107-3211

0651979020100000022

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$36.40**
Deposits and Additions	4,427.00
ATM & Debit Card Withdrawals	-1,481.41
Electronic Withdrawals	-2,383.17
Fees	-15.00
Ending Balance	**$583.82**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$36.40**
01/27	Card Purchase 01/26 Chevron 0090519 San Diego CA Card 4098	-9.97	26.43
01/27	Card Purchase 01/27 Tst*Taco Stand Downto 619-546-0570 CA Card 4098	-11.30	15.13
01/29	Card Purchase 01/28 Vons #2359 San Diego CA Card 4098	-6.99	8.14
01/30	Online Transfer From Chk ...5562 Transaction#: 27885832377	**50.00**	58.14
01/30	Card Purchase With Pin 01/30 Victory Wine And Spiri San Diego CA Card 4098	-45.45	12.69
02/03	Online Transfer From Sav ...1251 Transaction#: 27930212459	**200.00**	212.69
02/03	Online Transfer From Sav ...1251 Transaction#: 27938744918	**100.00**	312.69
02/03	Zelle Payment To Korbin Kirk 27938737770	-265.00	47.69
02/05	ATM Cash Deposit 02/05 1881 Sunset Cliffs Blv San Diego CA Card 4098	**97.00**	144.69
02/05	ATM Cash Deposit 02/05 1881 Sunset Cliffs Blv San Diego CA Card 4098	**20.00**	164.69
02/05	Online Transfer From Chk ...5562 Transaction#: 27956127539	**850.00**	1,014.69
02/05	Zelle Payment From Jose Da Silva Wfct0Zry96St	**650.00**	1,664.69
02/05	Online Transfer From Sav ...1251 Transaction#: 27956160302	**300.00**	1,964.69
02/05	Zelle Payment From Jose Da Silva Wfct0Zrzmxkf	**200.00**	2,164.69
02/05	Online Transfer From Chk ...5562 Transaction#: 27964039202	**100.00**	2,264.69
02/05	Card Purchase With Pin 02/05 Ralphs # 0212 San Diego CA Card 4098	-15.28	2,249.41
02/06	Zelle Payment From Jose Da Silva Wfct0Zs4Yjqw	**200.00**	2,449.41
02/06	Zelle Payment To Jose Jpm99C4Pbob9	-10.00	2,439.41
02/09	Online Transfer From Sav ...1251 Transaction#: 27996901222	**90.00**	2,529.41

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
02/09	Zelle Payment From Jose Da Silva Wfct0Zs95Nfy	**40.00**	2,569.41
02/09	Cox Comm San Purchase PPD ID: 1581620078	-80.00	2,489.41
02/09	02/07 Online Transfer To Chk ...5562 Transaction#: 27989710486	-50.00	2,439.41
02/09	Card Purchase With Pin 02/07 Arco 908507 Los Angeles CA Card 4098	-59.38	2,380.03
02/09	Card Purchase With Pin 02/07 Supreme 8801 Sunset West Hollywoo CA Card 4098	-116.97	2,263.06
02/09	Card Purchase 02/08 Tst* Bar Flores Los Angeles CA Card 4098	-10.96	2,252.10
02/09	Card Purchase 02/08 Tst* Bar Flores Los Angeles CA Card 4098	-84.29	2,167.81
02/09	Card Purchase 02/08 Uber *Eats Help.Uber.Com CA Card 4098	-26.62	2,141.19
02/09	Card Purchase 02/08 Tst* Bar Flores Los Angeles CA Card 4098	-10.54	2,130.65
02/09	Card Purchase 02/09 Lyft *Ride Sat 9Pm Lyft.Com CA Card 4098	-21.57	2,109.08
02/09	Card Purchase 02/08 Tst* 4100 Bar Los Angeles CA Card 4098	-24.14	2,084.94
02/09	Card Purchase 02/07 Akbar Los Angeles CA Card 4098	-31.61	2,053.33
02/09	Card Purchase With Pin 02/08 Uber * Eats Pending San Francisco CA Card 4098	-39.72	2,013.61
02/09	Card Purchase 02/08 Tst*Ans Electronic Repa San Diego CA Card 4098	-10.79	2,002.82
02/09	Pl*Rginvestmentr Web Pmts Cy6Bh8 Web ID: 9000349553	-1,975.00	27.82
02/09	Pl*Paylease Web Pmts 4Q2Bh8 Web ID: 9000287225	-3.17	24.65
02/09	Card Purchase With Pin 02/09 Victory Wine And Spiri San Diego CA Card 4098	-4.41	20.24
02/12	Zelle Payment From Jose Da Silva Wfct0Zsn2Wtt	**50.00**	70.24
02/13	Card Purchase 02/12 Sunshine CO Saloon San Diego CA Card 4098	-14.01	56.23
02/17	Online Transfer From Chk ...5562 Transaction#: 28097398256	**300.00**	356.23
02/17	Zelle Payment From Jose Da Silva Wfct0Zt6Xbx5	**250.00**	606.23
02/17	Online Transfer From Chk ...5562 Transaction#: 28079119609	**200.00**	806.23
02/17	Online Transfer From Chk ...5562 Transaction#: 28109089115	**80.00**	886.23
02/17	Card Purchase 02/12 Ctlp*Launderland Ob CO Sandiego CA Card 4098	-15.75	870.48
02/17	Card Purchase 02/14 Tst*Jacumba Hot Spri Jacumba Hot S CA Card 4098	-20.44	850.04
02/17	Card Purchase 02/15 Vons Fuel4627 San Diego CA Card 4098	-57.37	792.67
02/17	Card Purchase 02/15 Jug Liquor San Diego CA Card 4098	-18.72	773.95
02/17	Card Purchase 02/15 Jug Liquor San Diego CA Card 4098	-28.91	745.04
02/17	Card Purchase With Pin 02/16 Sprouts Farmers Market San Diego CA Card 4098	-28.37	716.67
02/17	Card Purchase With Pin 02/16 Food4Less #0333 San Diego CA Card 4098	-12.54	704.13
02/17	Card Purchase With Pin 02/16 Costco Gas #0488 San Diego CA Card 4098	-30.07	674.06
02/17	Card Purchase With Pin 02/16 Target T-0201 San Diego CA Card 4098	-12.93	661.13
02/17	Card Purchase 02/17 Yousa Law Www.Yousalaw. CA Card 4098	-500.00	161.13
02/18	Card Purchase 02/17 Shell Oil 1283287300 Cardiff By th CA Card 4098	-20.42	140.71
02/20	Card Purchase 02/19 Vons #2116 San Diego CA Card 4098	-15.98	124.73
02/20	Card Purchase 02/19 Vons Fuel4627 San Diego CA Card 4098	-55.87	68.86
02/23	Zelle Payment From Jose Da Silva Wfct0Ztr8Mxd	**150.00**	218.86
02/23	Card Purchase 02/20 Silver Mnt Eatery Ss Big Bear Lake CA Card 4098	-27.60	191.26
02/24	Zelle Payment From Jose Da Silva Wfct0Ztxzkgc	**350.00**	541.26
02/24	Online Transfer From Chk ...5562 Transaction#: 28190624002	**100.00**	641.26
02/24	Zelle Payment From Jose Da Silva Wfct0Ztz6Zpj	**50.00**	691.26

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION	AMOUNT	BALANCE
02/24	Card Purchase With Pin 02/24 Fifth Avenue Dental AR San Diego CA Card 4098	-60.80	630.46
02/24	Card Purchase With Pin 02/24 Target T-3303 San Diego CA Card 4098	-31.64	598.82
02/24	Monthly Service Fee	-15.00	583.82
	Ending Balance		**$583.82**

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WANT TO AVOID PAYING A MONTHLY SERVICE FEE ON YOUR CHECKING ACCOUNT?

A Monthly Service Fee was charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow[SM] network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (You did not have an electronic deposit this statement period)
- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

Talk to a banker about transferring your balances to Chase today!

Stop in today and explore all Chase has to offer.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

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- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

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IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

November 26, 2025 through December 22, 2025
Account Number: 000002903283648

CUSTOMER SERVICE INFORMATION

Web site:	**Chase.com**
Service Center:	**1-800-935-9935**
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

00062644 DRE 703 141 35725 NNNNNNNNNNN T 1 000000000 16 0000

SHAILA A CARNEY
OR JOSE DA SILVA JUNIOR
5084 DEL MONTE AVE
SAN DIEGO CA 92107-3211

00626440201000000022

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$224.24**
Deposits and Additions	5,993.55
ATM & Debit Card Withdrawals	-1,520.35
Electronic Withdrawals	-2,068.17
Fees	-15.00
Ending Balance	**$2,614.27**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$224.24**
11/28	Zelle Payment To Jose Jpm99BW83Tzb	-50.00	174.24
11/28	Card Purchase 11/27 Pavillions #2784 San Diego CA Card 4098	-40.31	133.93
11/28	Card Purchase With Pin 11/28 Target T-3303 San Diego CA Card 4098	-13.06	120.87
12/01	Card Purchase 11/29 Tst*Taco Stand Downto 619-546-0570 CA Card 4098	-10.98	109.89
12/01	Card Purchase 11/28 Chevron 0357803 San Diego CA Card 4098	-20.17	89.72
12/03	Zelle Payment From Jose Da Silva Wfct0Zk9Sb9Y	**975.00**	1,064.72
12/04	Online Transfer From Chk ...5562 Transaction#: 27206854835	**1,000.00**	2,064.72
12/04	Card Purchase With Pin 12/04 Costco Gas #0488 San Diego CA Card 4098	-38.05	2,026.67
12/05	Card Purchase 12/05 Tst*Taco Stand Downto 619-546-0570 CA Card 4098	-10.98	2,015.69
12/05	Pl*Rginvestmentr Web Pmts 60Yj88 Web ID: 9000349553	-1,975.00	40.69
12/05	Pl*Paylease Web Pmts 76Wj88 Web ID: 9000287225	-3.17	37.52
12/05	Card Purchase With Pin 12/05 Target T-3303 San Diego CA Card 4098	-12.78	24.74
12/08	Zelle Payment From Jose Da Silva Wfct0Zkw2Dl4	**375.26**	400.00
12/08	Zelle Payment From Jose Da Silva Wfct0Zkq5Jpd	**100.00**	500.00
12/10	Remote Online Deposit 1	**2,869.60**	3,369.60
12/11	Card Purchase 12/11 Turo Inc.* Trip Dec 11 Turo.Com CA Card 4098	-167.00	3,202.60
12/11	Recurring Card Purchase 12/11 Turo Inc.* Trip Dec 11 Turo.Com CA Card 4098	-11.96	3,190.64
12/12	Card Purchase Return 12/11 Mcdonald's F11215 Barstow CA Card 4098	**6.19**	3,196.83
12/15	Zelle Payment From Jose Da Silva Wfct0Zlgql5X	**187.50**	3,384.33
12/15	Card Purchase 12/11 Mcdonalds 11215 Barstow CA Card 4098	-6.53	3,377.80

TRANSACTION DETAIL *(continued)*

DATE	DESCRIPTION		AMOUNT	BALANCE
12/15	Card Purchase	12/11 Mcdonalds 11215 Barstow CA Card 4098	-6.19	3,371.61
12/15	Card Purchase	12/12 Pp*International Brazil Irvine CA Card 4098	-20.00	3,351.61
12/15	Card Purchase 4098	12/12 IN-N-Outlv-Bluediamond Las Vegas NV Card	-15.06	3,336.55
12/15	Card Purchase With Pin	12/12 Wal-Mart #3655 Las Vegas NV Card 4098	-29.92	3,306.63
12/15	Card Purchase	12/13 Chevron 0384407 Las Vegas NV Card 4098	-29.24	3,277.39
12/15	Card Purchase 4098	12/13 Amangela`S Sandwich Big Bear Lake CA Card	-53.04	3,224.35
12/15	Card Purchase 4098	12/13 Amangela`S Sandwich Big Bear Lake CA Card	-4.35	3,220.00
12/15	Card Purchase 4098	12/13 Hotel At Booking.Com Wilmington, N De Card	-151.31	3,068.69
12/15	Card Purchase 4098	12/13 Silver Mnt Eatery Ss Big Bear Lake CA Card	-33.60	3,035.09
12/15	Card Purchase	12/14 Vons #2374 Big Bear Lake CA Card 4098	-5.59	3,029.50
12/15	Card Purchase	12/14 Vons #2374Sb Big Bear Lake CA Card 4098	-4.45	3,025.05
12/15	Card Purchase 4098	12/14 Sq *Snow Summit, LLC Big Bear Lake CA Card	-30.00	2,995.05
12/15	Card Purchase	12/14 Bear Mountain Big Bear Lake CA Card 4098	-28.56	2,966.49
12/15	Card Purchase With Pin Card 4098	12/15 Food4Less #0333 7730 H San Diego CA	-1.60	2,964.89
12/15	Recurring Card Purchase 4098	12/15 Turo Inc.* Trip Dec 11 Turo.Com CA Card	-6.18	2,958.71
12/16	Online Transfer From Chk ...5562 Transaction#: 27351151528		**30.00**	2,988.71
12/16	Card Purchase 4098	12/16 Tst*Taco Stand Downto 619-546-0570 CA Card	-10.98	2,977.73
12/17	Zelle Payment From Jose Da Silva Wfct0Zls8V3P		**450.00**	3,427.73
12/17	Card Purchase	12/16 Point Loma Cleaners San Diego CA Card 4098	-30.80	3,396.93
12/17	12/17 Online Transfer To Chk ...5562 Transaction#: 27363906405		-40.00	3,356.93
12/18	Card Purchase	12/17 Yousa Law Www.Yousalaw. CA Card 4098	-500.00	2,856.93
12/19	Card Purchase 4098	12/18 Ctlp*Launderland Ob CO Sandiego CA Card	-13.00	2,843.93
12/19	Card Purchase Card 4098	12/18 Ob Noodle House Bar 15 619-2559858 CA	-36.53	2,807.40
12/19	Card Purchase With Pin	12/19 Target T-3303 San Diego CA Card 4098	-110.73	2,696.67
12/22	Card Purchase	12/20 Target.Com * 800-591-3869 MN Card 4098	-27.56	2,669.11
12/22	Card Purchase 4098	12/19 Amc 0246 Mission Valle San Diego CA Card	-18.64	2,650.47
12/22	Card Purchase 4098	12/19 Amc 0246 Mission Valle San Diego CA Card	-10.79	2,639.68
12/22	Card Purchase 4098	12/20 Tst*Ans Electronic Repa San Diego CA Card	-10.41	2,629.27
12/22	Monthly Service Fee		-15.00	2,614.27
	Ending Balance			**$2,614.27**

WANT TO AVOID PAYING A MONTHLY SERVICE FEE ON YOUR CHECKING ACCOUNT?

A Monthly Service Fee was charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or FedNow℠ network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.**
  (You did not have an electronic deposit this statement period)

- **OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.**
- **OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.**

Talk to a banker about transferring your balances to Chase today!

Stop in today and explore all Chase has to offer.

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For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

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JPMorgan Chase Bank, N.A. Member FDIC

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CHASE

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

October 24, 2025 through November 25, 2025
Account Number: 000002903283648

00042167 DRE 703 141 33025 NNNNNNNNNNN T 1 000000000 16 0000
SHAILA A CARNEY
OR JOSE DA SILVA JUNIOR
5084 DEL MONTE AVE
SAN DIEGO CA 92107-3211

CUSTOMER SERVICE INFORMATION

Web site:	Chase.com
Service Center:	1-800-935-9935
Para Espanol:	1-877-312-4273
International Calls:	1-713-262-1679

We accept operator relay calls

CHECKING SUMMARY

Chase Total Checking

	AMOUNT
Beginning Balance	**$320.41**
Deposits and Additions	2,170.00
ATM & Debit Card Withdrawals	-2,266.17
Ending Balance	**$224.24**

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		**$320.41**
10/27	ATM Cash Deposit 10/26 1881 Sunset Cliffs Blv San Diego CA Card 4098	**220.00**	540.41
10/27	Card Purchase With Pin 10/27 Ralphs #0077 San Diego CA Card 4098	-66.72	473.69
10/31	Zelle Payment From Jose Da Silva Wfct0Zfsxdw9	**500.00**	973.69
11/03	Online Transfer From Sav ...1251 Transaction#: 26830274832	**500.00**	1,473.69
11/04	Zelle Payment From Jose Da Silva Wfct0Zg74G8M	**500.00**	1,973.69
11/04	Online Transfer From Chk ...5562 Transaction#: 26835526758	**50.00**	2,023.69
11/05	Card Purchase 11/04 Pyl*Rg Investment Real 866-7295327 CA Card 4098	-1,980.32	43.37
11/05	Card Purchase 11/04 San Diego Parking San Diego CA Card 4098	-4.85	38.52
11/13	Card Purchase With Pin 11/13 7-Eleven San Diego CA Card 4098	-3.87	34.65
11/18	Online Transfer From Chk ...5562 Transaction#: 27006655934	**400.00**	434.65
11/20	Card Purchase With Pin 11/20 Trader Joe S #18 2406 San Diego CA Card 4098	-84.99	349.66
11/24	Card Purchase 11/21 The Mill Mammoth Mammoth Lakes CA Card 4098	-86.53	263.13
11/24	Card Purchase With Pin 11/24 Target T-3303 San Diego CA Card 4098	-15.07	248.06
11/25	Card Purchase 11/24 Ctlp*Launderland Ob CO Sandiego CA Card 4098	-3.00	245.06
11/25	Card Purchase 11/24 Tst*Ans Electronic Repa San Diego CA Card 4098	-20.82	224.24
	Ending Balance		**$224.24**

A Monthly Service Fee was **not** charged to your Chase Total Checking account. Here are the three ways you can avoid this fee during any statement period.

- **Have electronic deposits made into this account totaling $500.00 or more, such as payments from payroll providers or government benefit providers, by using (i) the ACH network, (ii) the Real Time Payment or**

FedNow[SM] network, or (iii) third party services that facilitate payments to your debit card using the Visa or Mastercard network.
(You did not have an electronic deposit this statement period)

- OR, keep a balance at the beginning of each day of $1,500.00 or more in this account.
- OR, keep an average beginning day balance of $5,000.00 or more in qualifying linked deposits and investments.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:

Call us at 1-866-564-2262 or write us at the address on the front of this statement immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number;
- A description of the error or the transaction you are unsure about, and why you think it is an error or want more information; and
- The amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will provide provisional credit to your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

For business accounts, our practice is to follow the procedures described above as detailed in your Deposit Account Agreement or other applicable agreements, but we are not legally required to do so. For example, we require you to notify us no later than 30 days after we sent you the first statement on which the error appeared. We may require you to provide us with a written statement that the disputed transaction was unauthorized. We are also not required to give provisional credit.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC FUNDS TRANSFERS: Contact us immediately if your statement is incorrect or if you need more information about any non-electronic funds transfers on this statement. For more details, see your Deposit Account Agreement or other applicable agreements that govern your account.

JPMorgan Chase Bank, N.A. Member FDIC

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verizon
PO BOX 489
NEWARK, NJ 07101-0489

Account: 285245081-00001
Invoice: 4933370492
Billing period: Mar 5 - Apr 4, 2026

Questions about your bill?
verizon.com/support
800-922-0204

KEYLINE

SEAN CARNEY
47 HERITAGE RD
DRACUT, MA 01826-4300

Late fee policy

If you don't pay the total charges due by the due date, you'll be charged 5% of the unpaid balance or $7, whichever is greater, if allowed by law in the state of your billing address.

Snapshot of your bill

(details on page 3)

Balance from last bill	$0.00
This month's charges	$541.97
Total due on Apr 26	**$541.97**

You have Auto Pay scheduled for Apr 20, 2026.

verizon

SEAN CARNEY
47 HERITAGE RD
DRACUT, MA 01826-4300

Bill date	April 04, 2026
Account number	285245081-00001
Invoice number	4933370492

Total Amount Due

Deducted from bank account on 04/20/26
DO NOT MAIL PAYMENT

$541.97

Please see back for instructions on writing to us.

P.O. BOX 15062
ALBANY, NY 12212-5062

4933370492010285245081000010000005419700000541973

erizon

Your April bill is $541.97

Due Apr 26

Account: 285245081-00001
Invoice: 4933370492
Billing period: Mar 5 - Apr 4, 2026

Questions about your bill?
verizon.com/support
800-922-0204

Since your last bill

You paid $400.94.

Your bill increased by $141.03.

Review your bill online

An itemized bill breakdown of all charges and credits is available on the My Verizon app and online.

Scan the QR code with your camera app or go to go.vzw.com/bill.

Bill summary by line

Account-wide charges & credits	**$68.00**
Jose Paulo DA Silva Junior Apple iPhone 17 Pro Max (858-302-1165) New plan added · New device added	**$141.70**
Laurie a Carney Apple iPhone 16 (978-337-0648)	**$59.60**
Sean Carney Apple iPhone 16 Pro (978-337-6328)	**$49.32**
Sean Carney Apple iPhone 6S (978-758-9845)	**$31.72**
Sean Carney Apple Ipad 9.7 (978-770-1007)	**$24.32**
Shaila Carney Apple iPhone 15 (978-852-5606)	**$63.28**
Sean Carney Apple iPhone 15 Plus (978-866-3170)	**$51.93**
Remaining 1 lines	**$52.10**
Total:	**$541.97**

Surcharges, taxes and gov fees

The total amount due for this month includes surcharges of $47.14 and taxes and gov fees of $19.95. For an itemized list of taxes, fees and surcharges visit go.vzw.com/bill.

verizon

Account: 285245081-00001
Invoice: 4933370492
Billing period: Mar 5 - Apr 4, 2025

Charges by line details

Account-wide charges & credits — $68.00

Services & perks — $68.00

VZ MOBILE PROTECT MD 4-20 LINE — $68.00
Apr 5 - May 4

Jose Paulo DA Silva Junior — $141.70

Apple iPhone 17 Pro Max
858-302-1165
New plan added
New device added

One-time charges & credits — $66.13

Unlimited Plus (added)	$26.13
Partial charge for 18 days: Mar 18 - Apr 4	~~$45.00~~
Activation fee	$40.00

Plan — $45.00

Unlimited Plus Price lock guarantee Apr 5 - May 4	$55.00
Auto Pay and paper-free billing discount Apr 5 - May 4	-$10.00

Devices — $10.19

IP17 PM 256 DBL Payment 1 of 36 ($1,166.55 remaining) Agreement 1471381594	$33.44
Trade-In Device Promo Credit Credit 1 of 36	-$23.25

Surcharges — $13.61

Fed Universal Service Charge	$5.63
Regulatory Charge	$0.42
Admin & Telco Recovery Charge	$7.56

One-time charges & credits

This bill includes adjustments from account changes made during the last billing cycle.

Activation fee
We charge a one-time $40.00 fee per device activated on the Verizon network.For more information about this fee, visit https://go.vzw.com/activation-fee.

Plan

Plans are billed a month in advance.

Reminder: Your price lock guarantee expires on Mar 17,2029.

Includes the $10.00/month discount on your UNLIMITED PLUS plan for being enrolled in Auto Pay and paper-free billing.

LEASE CONTRACT

CERTIFIED LEASE CALIFORNIA

PARTIES AND LEASED PREMISES			
Owner DEL MONTE	**Address** 5074 DEL MONTE AVE, San Diego, CA 92107-3211		**Phone** (619) 791-9018
Residential Community DEL MONTE			
Street Address 5074-5084 DEL MONTE AVE	**City** San Diego	**State** California	**ZIP** 92107-3211
Residents Shaila Ashlyn Carney and Jose Paulo da Silva Junior			**Leased Premises** 5084
Street Address 5084 Del Monte Ave	**City** San Diego	**State** California	**ZIP** 92107

LEASE TERM			
Type ☒ Move-In ☐ Renewal	**Length** 1 year	**Start Date** 5/1/2026	**End Date** 4/30/2027

RENT			
Payable To DEL MONTE	**Address** 5074 DEL MONTE AVE, San Diego, CA 92107-3211		**Phone** (619) 791-9018
Usual Days and Hours When Rent May be Personally Paid Office hours vary - Mail slot available 24 hours	**Due On** 1st	**Late Fee On** 4th	**Fax** ( ) -

CHARGES					
Dishonored Payment (After 1st)	$35.00	Failure to Clean Animal Waste Charge	$50.00	Lease Buy-Out	$4,500.00
Key Replacement Charge	$1.00	Late Payment	$112.50	Dishonored Payment	$35.00
Smoke/CO Alarm Tampering Charge	$1.00	Failure to Clean Garbage Charge	$1.00		

TOTAL MOVE-IN COSTS					
Total Monthly Payment	$2,250.00	Total Deposits	$1,125.00	Total One-Time Fees	$90.00
TOTAL DUE ON OR BEFORE MOVE-IN					**$3,465.00**

MONTHLY PAYMENTS		DEPOSITS		ONE-TIME FEES	
Base Rent	$2,250.00	Security Deposit	$1,125.00	Application Fee(s)	$90.00
TOTAL MONTHLY PAYMENT	$2,250.00	**TOTAL REFUNDABLE SECURITY DEPOSITS**	$1,125.00	**TOTAL ONE-TIME FEES**	$90.00

THIS RESIDENTIAL LEASE CONTRACT (this "Agreement" or "Lease") is made and entered into as of the **13th** day of **April**, **2026**, by and between Owner of Residential Community ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, jointly and severally (hereinafter collectively "Residents"). Owner hereby leases to Residents the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), located within **DEL MONTE** (the "Residential Community"), for use exclusively as a private residence, and not for any other purpose, except as specifically mandated by applicable law. The Leased Premises may also include the right to rent additional features such as parking spaces, storage and garage spaces, which, if applicable, will be designated and included in a separate written agreement or addendum to this Agreement. Residents' performance of their obligations contained in this Agreement may be guaranteed by a third party. Any third-party guarantee agreements may be included with and attached to this Agreement, but such third party will not have a right to possession of the Leased Premises. Owner's representatives, agents, affiliates, successors, assigns, employees, officers, and directors ("Owner's Related Parties") are hereby incorporated by reference to benefit from any and all waivers, releases, and limitations of liability made by Residents hereunder, but are not personally responsible for any of Owner's obligations under this Agreement.

1. **OCCUPANCY OF THE LEASED PREMISES.** **The Leased Premises may be occupied solely by Residents.** No other persons have permission to occupy the Leased Premises unless such permission is in writing and signed by Owner

or its authorized agent. Owner's acceptance of rent from any other individual shall be deemed to be the payment of rent on behalf of the Residents named above and shall not constitute permission for the person making the payment to occupy the Leased Premises. Should any person not named above make any claim to right of possession of the Leased Premises, any such person shall be deemed to be the guest or invitee of the named Residents and their claim to right of possession shall be denied. Any person named above in this Section who is not also named above as a Resident and/or who is not a signatory to this Agreement shall be deemed to be invitees of the named Residents, who are signatories to this Agreement. Accordingly, if any such individual is not named in any unlawful detainer action to regain possession of the Leased Premises, and if any such individual thereafter makes a claim to right of possession of the Leased Premises, that claim shall be denied on the basis that said individual is the invitee of the named Residents and does not have an independent claim to right of possession of the Leased Premises. It is a material breach of this Agreement if any person other than Residents or occupants occupies the Leased Premises for more than **seven (7)** consecutive days or **fourteen (14)** total days in any **twelve (12)** month period, and shall entitle Owner to serve Residents with a notice terminating the tenancy, in addition to any other remedies Owner may have.

All changes in occupancy require Owner's prior written consent. If Owner consents to an occupancy change during the term of this Agreement, a new Residential Lease Contract or an amendment to this Agreement must be executed. To the greatest extent allowed by law, any assignment or subletting without Owner's prior written consent shall be void and shall, at Owner's sole discretion, terminate this Agreement.

2. TERM. This Agreement shall be for a fixed lease term of **1 year**. The initial term ("Initial Term") of this Agreement shall begin on **May 1, 2026** and end at **11:59 P.M.** on **April 30, 2027**.

2.1. Move-Out Notices and Procedures. Prior to moving out, Residents are required to provide Owner with advance written notice of at least thirty (30) days. The move out notice must comply with all applicable notice provisions of this Agreement and provide Residents' move out date. Residents must obtain written acknowledgment from Owner of receipt of Residents' move out notice. If Owner terminates this Agreement, Owner will provide Residents with the same notice unless Residents have breached the terms of this Agreement or a different notice period is required by law. Verbal move out notice is not an acceptable form of termination. The move out date provided for in the notice cannot be changed without additional written agreement signed by both parties. Each Resident must provide Owner with their forwarding address in writing. A move out notice does not release Residents from liability under the full term or any renewal terms of this Agreement except where Resident moves out pursuant to a Military Personnel Release or if Owner and Resident agree to such release in a written amendment signed by both parties. Residents may not withhold any portion or last month's rent under the assumption that the security deposit will cover rent due.

3. SECURITY DEPOSIT. Residents have deposited with Owner the sum of **$1,125.00**, the receipt of which is hereby acknowledged as a security deposit and which sum shall not exceed the maximum permitted by California Civil Code Section 1950.5. This sum shall be applied and accounted for in accordance with the provisions of California Civil Code Section 1950.5 and any other applicable statutes. The retention of the security deposit shall not limit Owner's right to proceed against Residents for claims above the amount of the security deposit. Owner shall not be obligated to pay Residents interest in connection with such security deposit, unless specifically required by applicable law.

It is understood that the security deposit is applicable to all Residents jointly, and Owner does not account for it until the passing of the permissible statutory period after all Residents have vacated the Leased Premises. Any refund due may be made payable jointly to all Residents and it shall be the responsibility of all Residents to work out between themselves the manner of dividing said security deposit. If Owner chooses to make the refund to any one of Residents individually (which need not be done until the statutory time has elapsed after all Residents have vacated the Leased Premises), in legal contemplation the payment shall be deemed to have been made to all Residents and Owner shall have no liability to any one or group of Residents for failure of any Resident to divide such refund equitably.

If the security deposit is later increased by agreement of the Parties for any reason (such as the installation of a satellite dish, a waterbed or relating to a pet), the additional security deposit will be disbursed by Owner in accordance with this section at the end of the statutory period following the end of Residents' tenancy. Removal of the pet, satellite dish or waterbed, or whatever caused the increase in the deposit, will not be grounds for early disbursement of the security deposit.

4. RENT. Residents agree to pay to Owner, as rent for the Leased Premises, the sum of **$2,250.00** per month. Except as otherwise provided, rent shall be paid in full and received in advance, with no grace period and without demand, on or before the **1st** day of each month ("Due Date") in the form of **online payment, debit, personal check or certified check**. Cash will not be accepted. Rent and all other sums due to Owner will be payable to **DEL MONTE**, **5074 DEL MONTE AVE, San Diego, CA 92107-3211**, **(619) 791-9018**. The usual days and hours when payments may be made personally are: **Office hours vary - Mail slot available 24 hours**, **5074-5084 DEL MONTE AVE, San Diego, CA 92107-3211**. Payments made will not be held at the request of anyone - all payments made will be directly deposited. It is Residents' responsibility to be certain that each payment is actually received by Owner on or before its due date. Use of a

rental payment drop box, if one is provided by Owner, is for Residents' convenience – the risk of receipt of funds by Owner when such box is used is Residents'risk, and not Owner's risk.

If in any month, rent is not paid before the **4th** day of the month, payment must be in the form of **certified check or money order**. If Owner serves Residents with a notice to pay rent or surrender possession, which Owner may do on any date after the Due Date, any payment tendered following service of said notice must be in the form of **certified check or money order**.

If Residents make any payment by check, it may be converted into an electronic funds transfer (EFT). This means Owner will copy the check and use the account information on it to electronically debit Residents' account for the amount of the check. The debit from Residents' account will usually occur within twenty-four (24) hours, and may occur as early as the same day as Owner receives payment. The debit will be shown on Residents' regular account statement. Residents will not receive the original check back. Owner will destroy your original check, but will keep a copy of it to the extent required by applicable laws. If the EFT cannot be processed for technical reasons, Residents authorize Owner to process the copy in place of the original check. If the EFT cannot be completed because of insufficient funds, Owner may require payment in certified funds.

4.1. First Payment. If Residents fail to pay the first month's rent on or before the date this Agreement begins, Owner may terminate this Agreement and recover damages including, but not limited to, future rents (less any mitigation) and other lawful charges. The first payment of rent must be payable in the form of **certified check or money order** only.

4.2. Online Payments. Residents are permitted to make rent payments via an online web-based service. Payment of rent online, while such service is provided by Owner, is for Residents' convenience - the risk of receipt of funds by Owner when such service is used is Residents', and not Owner's, risk. Furthermore, Residents hereby agree not to chargeback any rent payments made by credit card, debit card, EFT, ACH or any other electronic means to Owner. Owner and Residents agree that when Residents chargeback rent payments in such a manner, the actual cost to Owner is difficult or impossible to ascertain, but the Parties agree that Owner does, in the event of such chargebacks, incur certain costs, such as additional bookkeeping and administrative charges, and bank charges relating to the chargeback,. After making a reasonable endeavor to estimate accurately the approximate costs associated with such a breach, which the Parties agree is difficult or impossible to ascertain, the Parties agree that, any time Residents chargeback a payment made by electronic means, Residents shall pay Owner a sum of **$0.00** for the chargeback, as stipulated liquidated damages, as both Residents and Owner hereby agree that the amount of damages Owner will be forced to endure in the event of such a chargeback. In the event of such a chargeback, Residents shall pay the rent, liquidated damages and any other applicable charges and fees then due by **certified check or money order**. If **three (3)** or more payments submitted by Residents are charged back in any **two (2)** month period, Residents shall be required to pay all future rent and other charges by **certified check or money order**. Owner shall not require any form of electronic funds transfer to be the only form of payment.

4.3. Pro-Ration. In all instances where a pro-rated amount of rent is computed during this tenancy, **a thirty-day month shall be assumed irrespective of the actual number of days in the month for which the pro-ration is computed** will be used. In the event of unlawful detainer or other litigation where the court is called upon to determine the fair market rental value of the Leased Premises, the Parties agree that, unless alleged otherwise in the complaint and proved otherwise at trial, the rental value for any entire month shall be the then current contract rental rate for that month, and the pro-rated daily rental amount for any number of days less than one full month shall be the then current contract monthly rental rate divided by **thirty (30).**

5. LATE PAYMENTS AND FEES. Owner and Residents agree that it is and will be impracticable and extremely difficult to fix the actual damages suffered by Owner in the event Residents make a late payment of rent, or when Residents make a payment that is subsequently dishonored by the bank, but the Parties agree that Owner does, in the event of late payment or in the event of a dishonored check, incur certain costs, such as additional bookkeeping and administrative charges, bank charges, and lost opportunity costs of the late payment. After making a reasonable endeavor to estimate accurately the approximate costs associated with such a breach, the Parties agree that the below charges represent a reasonable approximation of the damages Owner is likely to suffer from a late or dishonored payment. Owner and Residents further agree that this provision does not establish a grace period of the payment of rent, and that Owner may give Residents a written notice to pay or quit the Leased Premises in accordance with State law at any time after the payment is due. Owner shall have all remedies under the law and this Agreement in the event Resident fails to timely pay the rent or other amounts owed. At Owner's sole discretion, Owner may report any delinquent rent or other amounts owed to a credit reporting agency.

5.1. Late Payments. If Residents have not paid the full rent payment within **3** day(s) after it is due under this Agreement, Residents shall pay a sum of **$112.50**, as stipulated liquidated damages for the amount of damages Owner will be forced to endure in the event of rent being paid late.

5.2. Dishonored Payments. Residents shall pay Owner a sum of **$35.00** for the first returned payment and a

sum of **$35.00** for any additional returned payments, as stipulated liquidated damages, as both Residents and Owner hereby agree that the amount of damages Owner will be forced to endure in the event of such returned payments. In the event of a dishonored payment, Residents may, at Owner's option, be required to pay the rent and applicable late charges by **certified check or money order**. If **three (3)** or more payments submitted by Residents are, for any reason whatsoever, dishonored by the financial institution upon which it is drawn in any **two (2)** month period, Residents shall be required to pay all future rent and other charges by **certified check or money order** plus any and all costs required in the collection of said payments.

6. PAYMENTS. Owner is not obligated to accept partial payments of rent or other charges after the expiration of a Notice to Pay Rent or Quit or Notice to Perform Covenant or Quit. Except for rent, all charges are due immediately and to be paid upon Owner's demand. To the extent allowed by law, Owner may first apply payments received to any unpaid amounts other than rent, and/or Owner may apply payments received to the oldest amounts due from Resident before applying any payments to current amounts due, all irrespective of any written or verbal requests by Residents or when the charges may have accrued. To the extent that payments are made by Residents that Owner first applies to prior to Residents' prior amounts due, and the payments are not in amount to also cover Residents' current amounts due, Residents are advised and acknowledge that such a shortfall in the amounts paid can be subject to the provisions regarding late payments as specified above.

6.1. Third-Party Payments. Owner or Owner's agent is not required to accept the rent payment tendered by a third party unless the third party has provided to Owner or Owner's agent a signed acknowledgment stating that they are not currently a resident of the Leased Premises for which the rent payment is being made and that acceptance of the rent payment does not create a new tenancy with the third party. Failure by a third party to provide the signed acknowledgment to Owner or Owner's agent shall void the obligation of Owner or Owner's agent to accept Residents' rent tendered by a third party. Owner may provide a form acknowledgment to be used by third parties for such payments and Owner will accept an acknowledgment which is substantially similar to the acknowledgment provided for by California Civil Code Section 1947.3. Owner or Owner's agent may require a signed acknowledgment for each rent payment made by the third party.

7. COMPLIANCE WITH RULES, LAWS, AND REGULATIONS. Residents acknowledge receipt of a copy of the Residential Community's Policies and Rules (the "Rules"), which are incorporated into and made a part of this Agreement. Residents agree to abide by said Rules in all respects. Owner may make reasonable changes to the Rules with a thirty (30) day notice, and Residents agree to abide by such. Owner and Residents agree that failure to comply with the Rules shall be deemed a material breach of this Agreement.

Residents further agree to comply with all signs posted by Owner in and around the common areas of the Residential Community including, but not limited to, parking areas and amenity areas. Owner may revoke the privilege of using any amenity by any Resident, household member, guest or invitee at the Residential Community if such persons fail to abide by posted signs or Rules relating to the amenity area and Residents shall not be entitled to any rent reduction or offset if the loss of amenity privileges is the result of the conduct of Residents, occupants, or of Residents' household members, guests, or invitees.

7.1. Compliance with Applicable Laws and Responsibility for Fines. Residents shall not put the Leased Premises, or any common areas associated therewith or the Residential Community to any use that violates local zoning ordinances or any other law applicable to and about the Leased Premises. Residents are responsible for being familiar with all such laws and government guidance governing Residents' conduct in the Leased Premises and the Residential Community, including, but not limited to laws, orders, and guidelines regarding "Spare the Air" limitations, social-distancing requirements, water conservation orders, noisy/unruly gatherings and social host responsibilities. Residents agree to reimburse and indemnify Owner for all fines or other penalties incurred by Owner as a result of the violation of any statute, ordinance, regulation or other governmental restriction by Residents, any members of their household, occupants, guests, licensees or invitees.

7.2. Conduct of Residents. Residents agree not to harass, assault, annoy, victimize, or endanger any other resident or person, or create or maintain a nuisance, or disturb the peace or solitude of any other resident, or commit waste in or about the Leased Premises. Residents are responsible for the conduct of any members of their household, occupants, guests, licensees or invitees while they are at the Residential Community. Residents further agree not to harass, verbally abuse, assault, denigrate or otherwise disrespect Owner, Owner's employees, agents and/or contractors or interfere with their lawful access to the Leased Premises and related common areas, or otherwise interfere with Owner's business operations. Owner and Residents agree that failure to abide by this policy can constitute a non-curable breach of this Agreement and may result in its termination.

Certain acts are considered to be contrary to the safety, well-being, peace, and enjoyment of the other residents of the Residential Community, and therefore, Owner and Residents agree that such acts will be considered to be a breach of this Agreement. These include, but are not limited to: the use, possession or sale of illegal drugs or controlled substances; operating drones, with cameras or other photograph or video capability, or any other flying remote-controlled

device with such capabilities in any common areas of the Residential Community; lighting fireworks, smoke bombs, firecrackers, flares, sparklers, or any other noise, smoke, flame or spark-creating item or novelty in or about the Leased Premises or the Residential Community; the carrying or exhibiting of firearms on the Residential Community; violating this Agreement, the Rules, or fire, safety, health, or criminal laws and regulations; being convicted for an offense involving actual or potential physical harm to a person or property, or involving possession, manufacture, or delivery of a controlled substance, or drug paraphernalia, including a misdemeanor, occurring at the Residential Community. These acts are prohibited and good cause for terminating this Agreement. The carrying or exhibiting of firearms may be permitted with written consent of Owner if doing so is required by law or job necessity.

8. MULTIPLE RESIDENTS OR OCCUPANTS. Owner and Residents agree that Residents will be in material breach of this Agreement if any Resident, Occupant, or guest (whether invited or uninvited) violate any of the terms of this Agreement or the Rules. Residents are jointly and severally liable for all obligations arising under this Agreement whether or not they remain in actual possession of the Leased Premises. Notices or demands from Owner that are served upon any Resident, Occupant or guest are deemed validly served upon all Residents. Each Resident agrees and is deemed to be an agent for service of process for all other Residents in eviction proceedings.

8.1. Replacements and Subletting. Without the prior written approval of Owner, replacing Residents, subletting the Leased Premises, or assigning this Agreement is strictly prohibited. A replacement of Residents or sublease will be subject to Owner's policies and rental criteria, reimbursement of Owner's expenses in connection with the replacement or sublease, and final approval by Owner of Residents' replacement or sublessee. Residents who are replaced or sublet the Leased Premises will continue to be liable for all of Residents' obligations of this Agreement unless specifically released by Owner. Replaced Residents and Sublessors relinquish their rights to a refund of the security deposit, and their right to possess or otherwise occupy the Leased Premises. Any attempt to replace any Residents or sublet the Leased Premises without Owner's prior written consent will be void. Residents shall not assign this Agreement.

8.2. Assignment by Owner. Owner may transfer or encumber Owner's interest in the Residential Community or the Leased Premises at any time during this tenancy. After Owner transfers their interest to the transferee, Residents must look solely to Owner's transferee for performance of Owner's obligations relating to the period after the transfer, including the accounting and/or return of any security deposit. Residents' obligations under this Agreement will not be affected by any transfer of Owner's interest in the Residential Community or the Leased Premises. Residents' rights in the Leased Premises are subject to and subordinate to any existing or future recorded deed of trust, easement, lien or encumbrance. If a lender forecloses on the Residential Community, Residents agree to recognize the purchaser as the owner under this Agreement if Residents are requested to do so.

8.3. Short Term Rentals. Residents are prohibited from offering all or part of the Leased Premises for short-term rental, such as through AirBNB, VRBO or other such sites. Use of short-term rentals includes advertising, and any and all other activities involved in locating short term renters and or disseminating information of, and regarding, the possible availability of the Residential Community for any apartment for the rental by short-term or transient occupants on sites such as Expedia, Priceline, hotels.com, booking.com, AirBNB or other similar locator websites, or web-based, electronic media, or private websites for individuals or companies. Any person who is not a Resident or a member of their household, who occupies any portion of the Leased Premises, for any period of time whatsoever, for any compensation or consideration whatsoever (including, without limitation, the payment of money and/or trade and/or barter of other goods, services, or property occupancy rights) is not an Occupant or guest or invitee. This constitutes attempted subletting or assignment under this Agreement.

9. USE OF LEASED PREMISES AND COMMON AREAS. Residents shall promptly notify Owner in writing of any defective or potentially defective conditions, in the Leased Premises, or in the Residential Community. Residents shall not store or leave about any unattended personal property in any common area associated with the Leased Premises at any time without the express written consent of Owner or Owner's authorized agents. Residents agree to not do anything directly or indirectly in or about the Leased Premises that would otherwise cause any of Owner's insurance premiums to increase or insurance policies to be canceled. Nothing set forth herein shall be deemed as disallowing any use of the Leased Premises that cannot legally be prohibited.

Residents further agree to the following: 1) Residents must keep the Leased Premises and areas reserved for private use clean and sanitary; 2) trash must be disposed of at least weekly in appropriate receptacles; 3) passageways may be used only for entry or exit; 4) amenity areas must be used with care in accordance with the Rules and posted signs; 5) glass is prohibited in all common areas; 6) conducting business of any kind in the Leased Premises or the Residential Community is prohibited without Owner's prior written consent--any lawful business conducted at home by computer, mail, or telephone is permissible if customers, clients, patients, or other business associates do not come to the Leased Premises for business purposes; 7) Businesses allowed in a home by State statute will be permitted to the extent mandated by applicable law with proper licensing and notification provided to Owner in advance of the operation of the business; and 8) Owner may exclude from the Residential Community guests or others, who in Owner's judgment, have been violating the law, violating this Agreement or any Rules, which includes anyone who is disturbing other residents, neighbors,

visitors, or Owner's representatives. Owner and Residents agree that any violation of these provisions shall be deemed a material breach of this Agreement and shall entitle Owner to serve Residents with notice to cure said breach and/or terminating the tenancy depending upon the severity of said breach.

10. LEASED PREMISES AND FURNISHINGS. Residents acknowledge that, prior to taking possession, Residents have been given the opportunity to inspect the Leased Premises. Residents acknowledge that the Leased Premises are in a clean and good condition including painted surfaces, carpets, flooring, all furniture, furnishings, fixtures, equipment and appliances. It shall be conclusively presumed that said Leased Premises and all items, appliances and fixtures contained therein are in good working condition, unless Residents deliver a contrary statement in writing to Owner prior to or on the starting date of this Agreement. Each new Resident has confirmed in writing the condition of the Leased Premises on the Move-in/Move-out inspection form. This form is designed to record the condition of the Leased Premises at the time of move-in and to help determine the final disposition of the security deposit after terminating residency. Residents agree to diligently maintain the Leased Premises, be responsible for the proper care of any and all furniture, furnishings, fixtures, appliances and equipment therein, and to keep the Leased Premises in a neat, clean and sanitary condition. Residents promise to return the Leased Premises and all furniture, furnishings, fixtures, equipment and appliances to Owner in the same condition at the time Residents vacate the Leased Premises as when first rented, less normal wear and tear.

All appliances are installed per manufacturers' specifications and may be anchored. Residents shall not move, un-hook, or relocate any appliance connected to a gas/water source or floor drain connection at any time. Residents agree to promptly notify in writing (service request form) or by electronic written notification to Owner any defects, dilapidations, dangerous conditions, or other needed repairs as said conditions become evident. Residents agree to immediately reimburse Owner for any sums incurred by Owner to repair the Leased Premises or any item, fixture, plumbing, appliance or appurtenance damaged by the misuse or neglect of Residents or any members of their household, occupants, guests, licensees or invitees.

10.1. Smoke Detectors. Residents acknowledge that the Leased Premises is equipped with operable smoke detector(s). Residents agree not to interfere with the presence or operability of such smoke detectors and to report immediately to Owner, in writing, any defects in the condition of any smoke detectors. Residents further agree that, if the smoke detector(s) is battery operated, pursuant to California Civil Code Section 1942.1, as part of the consideration of the rental, Residents assumes responsibility to: (a) ensure the battery is in operating condition at all times; and (b) replace the battery as needed. Under no circumstances shall Residents remove the battery of a smoke detector without immediately replacing the battery with a new one.

10.2. Carbon-Monoxide Devices. If a carbon-monoxide device has been installed within the Leased Premises, Residents acknowledge that the carbon-monoxide device was operable at the time Residents took possession of the Leased Premises. Residents are responsible for notifying Owner if Residents becomes aware of an inoperable or deficient carbon-monoxide device within the Leased Premises. Owner shall correct any reported deficiencies or inoperabilities in the carbon-monoxide device. Residents agree not to interfere with the presence or operability of any carbon-monoxide device. Residents further agree that, if the carbon-monoxide device(s) is battery operated, pursuant to California Civil Code Section 1942.1, as part of the consideration of the rental, Residents assumes responsibility to: (a) ensure the battery is in operating condition at all times; and (b) replace the battery as needed. Under no circumstances shall Residents remove the battery of a carbon-monoxide device without immediately replacing the battery with a new one.

10.3. Sprinklers. If the Leased Premises is equipped with fire sprinklers, Residents agree not to interfere with their operation in any way. The following actions are prohibited: throwing items at the sprinklers, hanging items on the sprinklers, blocking areas around sprinklers and tapping into or otherwise blocking water lines to sprinklers. Residents shall immediately report to Owner any broken or damaged sprinklers in the Leased Premises.

11. UTILITIES. Unless the following is modified by a separate addendum to this Agreement, Owner agrees, at Owner's expense, to furnish the following utilities to the Leased Premises: **Owner pays for gas to supply hot water**. Residents agree to pay all charges (including utility deposits) for utilities not supplied by Owner, assessed by the utility provider or Owner, or Owner's designated Billing Party in connection with Residents' use of utilities during the term of this Agreement, or the period of occupancy by Residents, whichever is longer. During the Initial Term or any renewal period of this Agreement, Residents shall not allow utilities to be disconnected - and shall pay all utility bills on time. Residents shall not waste utilities supplied by Owner. Residents shall properly use all electrical, gas and plumbing fixtures and appliances. Residents shall not install or operate any additional equipment or appliance including but not limited to additional refrigerators and freezers, a dishwasher, washing machine, clothes dryer or an air conditioning unit in the Leased Premises unless supplied by Owner or with Owner's prior written approval. Residents will be responsible for the following utilities: **SDG&E, Water, Sewer and Trash**.

Owner may modify the method by which the utilities are furnished to the Leased Premises or billed to Residents during the term of this Agreement. In the event of interruption or failure of utility services that Owner is required to furnish, Owner

shall use reasonable diligence in its efforts to restore such services. Owner shall not be liable for any damages directly or proximally caused by interruption or failure of utility service unless such interruption or failure of utility service is solely due to Owner's failure to pay to the service provider for the provision of such services to the Leased Premises.

Without waiving any rights with respect to application of payments set forth in Section 6 above, Owner reserves the right, at any time a past due balance is owing on the utilities, to apply any and all funds received from Residents, including funds paid as rent, first to the past due balance and then any remaining funds will be applied to Rent. Residents agree to this allocation of funds despite any limiting or restrictive endorsement contained on the payment. Further, if Residents fail to pay any utility charges that are to be paid by Residents, Owner may, at its option, pay such charges in full to retain continuing utility services and bill Residents such charges as additional rent together with the regular monthly rental payment on the **1st** day of the month next following the date of such billing. When Residents move from the Leased Premises, the utility charges will be charged to and deducted from the security deposit. It is understood and agreed between Owner and Residents that in the event submetered or allocation payments are not made when due, it shall be considered a default under this Agreement.

11.1. Connecting Utilities. If a utility is individually metered, it must be connected in Residents' names and Residents must notify the utility provider of Residents' move-out date so the meter can be timely read. If Residents delay getting it turned on in Residents' name by lease commencement or cause it to be transferred back into Owner's name before Residents surrender or abandon the Leased Premises, Residents will be liable for the cost of the utilities used while the utility should have been connected in Residents' names. Owner and Residents agree that it is and will be impracticable and extremely difficult to fix the actual damages suffered by Owner in the event Residents fail to connect utilities in their name at the inception of the tenancy or return the utilities into Owner's name after Residents surrender possession, but the Parties agree that Owner does, in the event of such delay, incur certain costs, such as additional bookkeeping and administrative time addressing and accounting for the breach. After making a reasonable endeavor to estimate accurately the approximate costs associated with such a breach, the Parties agree that the above damage charges represent a reasonable approximation of the damages Owner is likely to suffer from Resident failing to fail to connect utilities in their name at the inception of the tenancy or return the utilities into Owner's name after Residents surrender possession. If Residents are in an area open to competition and the Leased Premises is individually metered, Residents may choose or change Residents' retail electric provider at any time. If Residents qualify, Residents' provider will be the same as Owner's, unless Residents choose a different provider. If Residents choose or change Residents' provider, Residents'must give Owner written notice. Residents must pay all applicable provider fees, including any fees to change service back into Owner's name after Residents move out.

12. DAMAGES, ALTERATIONS AND REPAIRS. Residents agree not to destroy, damage, deface or remove any part of the Leased Premises or Residential Community or permit any persons or animals to do so and to assume all liability for damages, other than ordinary wear and tear, caused by Residents or any members of their household, occupants, guests, licensees or invitees. Residents shall make no alterations to the Leased Premises without the prior written consent of Owner. Any alteration made to the Leased Premises by Residents after that consent has been given, and any fixtures installed as a part of that work, will at Owner's option become Owner's property on the expiration or earlier termination of this Agreement, provided, however, that Owner shall have the right to require Residents to remove any fixtures at Residents' cost on termination of this Agreement. Residents shall notify Owner of any dilapidations or other defective conditions on the Leased Premises that require repairs. Residents agree not to install additional or different locks, gates or alarms on any doors or windows of the Leased Premises without written permission of Owner, or as expressly allowed by law. If Owner approves Residents' request to install such mechanisms, Residents agree to provide Owner with a key for each lock. Residents further agree not to install any cameras, including doorbell cameras, which must be affixed to an area outside the Leased Premises.

EXCEPT IN CASES OF EMERGENCIES, ALL NOTICES FROM RESIDENTS OR OCCUPANTS TO OWNER REGARDING REPAIRS, SERVICES, OR SECURITY MUST BE SIGNED BY RESIDENTS OR OCCUPANTS AND PROVIDED TO OWNER IN WRITTEN OR ELECTRONIC WRITTEN FORM ONLY, AS SPECIFIED BY OWNER. Verbal requests from Residents will not be considered proper notice under this provision, and Owner's compliance with Residents' verbal requests does not constitute waiver of the strict requirements of this Section. Incidents constituting emergencies include situations where persons or property are in danger of imminent harm, such as fire, smoke, flooding water or active criminal activity. Residents must immediately notify Owner of any repairs, service issues, or safety issues in the Leased Premises or at the Residential Community. In the event of active criminal activity, Residents should first call 9-1-1 and then notify Owner when it is safe for Residents to do so. Owner may terminate this Agreement upon reasonable notice to Residents if the Leased Premises are substantially damaged or the performance of services or repairs creates a danger to Residents. Owner may temporarily interrupt services as needed to prevent property damage or perform repairs, which will not constitute a reduction in services entitling Residents to an abatement of rent, unless required by law.

13. RISK OF LOSS OF RESIDENTS' PROPERTY. Residents are required to purchase and maintain personal

liability insurance with a coverage limit of no less than $100,000.00 for the Initial Term and any renewal periods. Residents will be in material breach of this Agreement if they fail to comply with the requirements of this provision. Residents shall bear the risk of loss of any and all of Residents' personal property whether located in the Leased Premises, in garage/carport, designated storage areas or anywhere on the Residential Community. Residents agree not to hold Owner, its agents and/or employees liable in any manner for or on account of any loss or damages to Residents' personal property sustained by reason of the acts or omissions of third parties, or arising from any casualty (including but not limited to fire, smoke, rain, flood, water and pipe leaks, hail, ice, snow, lightning, wind, explosions, earthquake, interruption of utilities, theft, hurricane, pandemic, negligence of other residents, occupants, or invited/uninvited guests or vandalism, unless otherwise required by law). Residents understand and agree that Residents, any members of their household, occupants, guests or invitees are not beneficiaries of any insurance policies held by Owner or Owner's agents. Residents will be in material breach of this Agreement if they fail to comply with the requirements of this provision.

14. ANIMALS. No animals are permitted without the prior written consent of Owner. Any such consent may be revoked at any time, with or without cause, by giving **three (3)** days written notice to Residents. Except to the extent written permission is given, animals may not be brought upon the Leased Premises, whether such animals belong to Residents or to any other person. The presence of any animals as to which written permission has not been given and is not currently in force, even if such animals are "just visiting," shall be deemed a material breach of this Agreement and shall be cause for the service of a notice terminating the tenancy. This policy does not apply to accommodation or service animals. A disabled individual who requires an animal in order to be able to use and enjoy the Leased Premises or the Residential Community should contact Owner, before bringing the animal into the Residential Community, and request an accommodation to this lease provision. All accommodation requests will be processed in accordance with applicable laws.

15. HOLD HARMLESS FOR GUESTS. To the extent allowed by law, Residents agree to defend, protect, indemnify, and hold harmless Owner and Owner's agents against and from any and all claims, suits, liabilities, judgments, costs, demands, causes of action, and expenses, brought by Residents' occupants, guests, invitees or any other person in the Leased Premises. If any action or proceeding is brought against Owner or Owner's agents by reason of any such claim, upon notice from Owner, Residents shall defend the same at Residents expense by counsel reasonably satisfactory to Owner.

16. DELIVERY OF LEASED PREMISES. If, for any reason, Owner is unable to provide occupancy to Residents by the scheduled first day of the Initial Term, this Agreement will continue to be in effect, and Residents may elect one of the following remedies: a) a prorated daily abatement of rent until the date that Owner delivers possession of the Leased Premises; or b) Residents may terminate this Agreement up until such time as Owner delivers possession. Owner will have no liability to Residents if there is a delay of possession other than to refund any amounts paid to Owner under this Agreement. Residents' failure to take occupancy of the Leased Premises due to allegations regarding cleanliness, repairs, or services, does not constitute a failure of Owner to deliver possession of the Leased Premises.

17. RESPONSIBILITIES OF OWNER. Owner will act with customary diligence in keeping common areas reasonably clean; maintaining fixtures and appliances; complying with applicable safety, sanitation, and fair housing laws; and making reasonable repairs, subject to payment of damages for which Residents are liable.

17.1. Safety Concerns. Owner makes no representations or guarantees to Residents concerning the security of the Leased Premises or the Residential Community. Owner is under no obligation to Residents to provide any security measure or take any action not required by statute. The presence of courtesy patrols, patrol cars, access gates, surveillance cameras or other deterrents do not guarantee that crime can or will be prevented. All such systems are subject to personnel absenteeism, human error, mechanical malfunctions and tampering. Residents are responsible for planning and taking action with respect to the safety of themselves, their, guests, their invitees, their licensees and their personal property as if such systems and deterrents did not exist.

17.2. Surveillance Cameras. Owner may install surveillance cameras in some of the common areas of the Residential Community. These cameras may or may not be monitored and the footage recorded by these cameras, if any, may or may not be kept by Owner for any length of time. Owner may remove such cameras, or install additional cameras, or cease recording with the cameras, at any time without notice to Residents. Footage from any cameras belongs to Owner and shall not be released to any resident although such footage may be released to law enforcement personnel, insurance adjusters or others with legitimate business needs for such footage in the sole discretion of Owner and without the consent of any individuals recorded by such footage.

17.3. Background Checks. Owner has no obligation to obtain criminal background checks on any Residents and bears no responsibility or liability related to the criminal background or actions (whether past, present or future) of any person, even if Owner has actually run a criminal background check on applicants. Residents shall not rely on the fact that Owner may have run a criminal background check on Residents or any other applicant when deciding whether to enter into this Agreement. Background checks are limited to the information that is publicly available, which varies greatly

from County to County, information that can be positively associated with a particular person based upon limited available identifiers in the public record, and information that is actually reviewed, and therefore are not a guarantee that a person with a criminal background does not reside at the Residential Community. Owner has not made and does not make any representations as to the background of any existing or future tenant and Owner is under no obligation to run background checks on any existing tenant or future applicant.

17.4. Report of Criminal Activity Residents agree to immediately report all suspected or actual criminal activity to the appropriate local law enforcement agencies and, after doing so, to Owner, and shall provide Owner with such law enforcement agency's incident report number upon request. If Residents receive a copy of any law enforcement agency's incident report for an incident that occurred on the Residential Community and said incident impacted the Leased Premises, the Residential Community or other residents at the Residential Community, Residents shall provide a copy of said incident report to Owner upon request.

18. ACCESS. Owner may enter the Leased Premises under the following circumstances: 1) in case of emergency; 2) to make necessary or agreed repairs, decorations, alterations, or improvements; 3) to supply necessary or agreed services; 4) to exhibit the Leased Premises to prospective or actual purchasers, mortgagees, tenants, workers, or contractors; 5) if Residents abandon or surrender the Leased Premises; 6) pursuant to court order; 7) to install, repair, test or maintain carbon monoxide detectors or smoke detectors, 8) to install, repair, test, or maintain water-conserving plumbing fixtures; or 9) under any other circumstances permitted by state law, including but not limited to Civil Code Sections 1954, 1954.211, 1950.5, 1940.10, 1940.5, and any other applicable statutes or amendments which might be enacted subsequent to the execution of this Agreement. Owner will give Residents reasonable notice to enter the Leased Premises unless: a) an emergency exists; b) Residents have abandoned or surrendered the Leased Premises; or c) Residents consent to the entry. Twenty-four (24) hours' notice shall be presumed reasonable, although Residents acknowledge that a shorter time period may also be reasonable under some circumstances. Further, Owner will enter only during regular business hours unless: i) an emergency exists; ii) Residents have abandoned or surrendered the Leased Premises; or iii) Residents consent, at the time of an entry that is not during normal business hours to the entry. Residents agree that if they deny Owner access to the Leased Premises when Owner is in compliance with statutory requirements and entitled to access, any such denial of access shall be a material breach of this Agreement, which shall entitle Owner to serve Residents with a notice terminating this Agreement.

19. TERMINATION, DEFAULT, AND REMEDIES. Owner and Residents agree that all provisions, obligations, and conditions of this Agreement are reasonable and material and that a breach by Residents of any provision, obligation, or condition constitutes a material breach thereof. Owner is entitled to all rights, remedies, and damages under this Agreement and by law, including, but not limited to, all rights and remedies for damages to the Leased Premises, cleaning charges, past and future rent due, or other amounts due under this Agreement. All rights and remedies provided in this Agreement and by law are cumulative. This Agreement shall be deemed terminated upon written notice of termination by Owner to Residents to the extent permitted by applicable law. No other action by Owner shall constitute termination of this Agreement, including, but not limited to: a) efforts to rent out the Leased Premises by Owner or on Owner's behalf; b) Owner's withholding of consent to assign or sublet the Leased Premises pursuant to the terms of this Agreement where such withholding is allowed by applicable law; c) Owner's termination of a sublet or assignment of the Leased Premises pursuant to the terms of this Agreement; or d) actions by Owner to procure the appointment of a receiver to secure Owner's interests under this Agreement.

In the event of a breach by Residents, if required by applicable law, Owner will provide to Residents written notice of the breach and demand for cure. In such cases, Owner may terminate this Agreement if a cure is not possible or if Residents do not cure the breach within the time period provided by the notice or state law. Owner has no obligation to provide Residents with an opportunity to cure except to the extent as required by applicable law.

Owner shall have the remedies set forth in California Civil Code Section 1951.2, including, but not limited to (1) the worth at the time of award of the unpaid rent which had been earned at the time of termination; (2) the worth at the time of award of the amount by which the unpaid rent which would have been earned after termination until the time of award exceeds the amount of such rental loss that Residents prove could have been reasonably avoided; (3) the worth at the time of award of the amount by which the unpaid rent for the balance of the term after the time of award exceeds the amount of such rental loss that Residents prove could be reasonably avoided; and (4) any other amount necessary to compensate Owner for all the detriment proximately caused by Residents' failure to perform their obligations under this Agreement or which in the ordinary course of things would be likely to result therefrom.

Residents and/or any occupants, invitees, or guests shall not hold over beyond the date contained in Residents' move-out notice or Owner's notice to vacate. In the event of a holdover by Residents, any occupants, or guests, in addition to all other damages to which the Owner shall be entitled under applicable law and this Agreement, Residents shall be liable to Owner for all rent for the full term of the previously signed Residential Lease Contract of a new resident who cannot occupy because of the holdover (subject to Owner's duty to mitigate damages).

20. CLEANING. Residents are required to return the Leased Premises to the same level of cleanliness it was in at the

inception of the tenancy which will generally require Residents to clean all areas of the Leased Premises, including but not limited to, living and dining rooms, kitchens, hallways, bedrooms, closets, bathrooms, floors, outdoor walkways, patios, balconies, and any leased or assigned parking or storage areas. Residents must also comply with move out and cleaning instructions provided by Owner. If Residents fail to adequately clean the Leased Premises, Owner reserves the right to hire a professional cleaning service and Residents will be liable for reasonable cleaning expenses.

21. RESIDENTS' PERSONAL PROPERTY. Residents shall remove all personal property from the Leased Premises when vacating the Leased Premises. If personal property is left in the Leased Premises, Owner shall deem it abandoned property and dispose of it in accordance with applicable law and recover costs of doing so from Residents to the greatest extent permitted by applicable law.

22. RELEASE OF RESIDENTS. Unless otherwise provided for by this Agreement or by law, Residents will not be released from this Agreement for any reason during the Initial Terms or any Renewal Terms.

22.1. Military Personnel Release. The Servicemembers Civil Relief Act ("SCRA") provides relief to U.S. servicemembers, as defined in the SCRA, who entered into certain real property leases. The SCRA allows for early termination of this Agreement in the following instances: a) the servicemember entered into this Agreement and thereafter enters active military service; b) the servicemember entered into this Agreement while on active duty and then receives permanent change of station orders; c) the servicemember entered into this Agreement while on active duty and then receives orders to deploy for a period of not less than ninety (90) days; d) the servicemember executed this Agreement upon receipt of military orders for a permanent change of station or to deploy for a period of not less than ninety (90) days and thereafter receives a stop movement order for a period of not less than thirty (30) days which prevents the servicemember or the servicemember's dependents from occupying the Leased Premises; e) the servicemember incurs a catastrophic injury or illness during a period of military service or while performing covered service as defined in the SCRA and desires to terminate within one (1) year of the injury or illness; or f) the spouse or dependent of the servicemember desires to terminate this Agreement within one (1) year of the death of the servicemember while in military service, full time active Guard or Reserve duty or inactive-duty training.

Residents seeking release pursuant to the SCRA (except for those terminating based on stop movement orders) are required to provide: 1) written notice to Owner; and 2) copies of Resident's military orders. After notice is delivered, this Agreement will be terminated thirty (30) days after the next date that rental payment is due. Residents seeking release based on stop movement orders must submit written notice of termination and a copy of their stop movement orders, and the termination is effective immediately upon submission. In order to be eligible for release under this section, this Agreement must be signed by or on the behalf of the servicemember. Release under this section does not apply to a co-resident who is not the spouse or legal dependent of the eligible Resident.

23. PESTS AND PEST CONTROL.

23.1. Contract for Pest Control Services. The Leased Premises and the Residential Community may be covered by a contract for regular pest control service. If so, pursuant to applicable law, concurrently with signing this lease, you are being provided with a copy of the legally required notice provided by the registered pest control company.

23.2. No Signs of Infestation. Owner and Residents have inspected the Leased Premises prior to leasing and acknowledge there is no visible evidence of the presence or infestation of insects or vermin including bedbugs in the Leased Premises. Residents agree to inspect all personal belongings for signs of bed bugs and other insects or vermin prior to bringing personal belongings into the Leased Premises and further agree not to bring into the Leased Premises any belongings which Residents suspect may be infested with bed bugs, insects or other vermin.

23.3. Infestations. Residents agree to maintain the Leased Premises in a manner that prevents the occurrence of an infestation of insects and vermin, including bedbugs, and comply with the Rules and other policies relating to the prevention of infestations. Residents further agrees to report any signs of bedbugs, ants, fleas, roaches, or other insects or vermin immediately to Owner. If Residents allow individuals or items carrying bed bugs, fleas, roaches or other insects or vermin into the Leased Premises, or has an infestation that cannot be traced to another source, such infestation will be deemed damage to the Leased Premises and Residents will be responsible for all costs of treatment to the Leased Premises, their personal belongings and surrounding units as necessary to eradicate the infestation. The choice of treatment shall be at the discretion of Owner in consultation with Owner's pest control vendor.

23.4. Cooperation. Residents agree to cooperate with all pest control efforts at and within the Leased Premises and the Residential Community. Residents shall follow all instructions from Owner and Owner's pest control company with respect to treatment and eradication whether infestation is in the Leased Premises, another unit or elsewhere in the Residential Community.

24. INFORMATION ABOUT BEDBUGS. Pursuant to California Civil Code Section 1954.603, Owner hereby provides the following general information about bed bug identification, behavior, biology, the importance of cooperation for prevention and treatment, and the importance of and for prompt written reporting of

suspected infestation to Owner:

Bed Bug Appearance: Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

Life Cycle and Reproduction: An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.

Survival: Bed bugs can survive for months without feeding.

Bed Bug Bites: Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.

Common Signs and Symptoms of a Possible Bed Bug Infestation:

- Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
- Molted bed bug skins, white, sticky eggs, or empty eggshells.
- Very heavily infested areas may have a characteristically sweet odor.
- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.

More Information: For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.

24.1. Reporting Infestations. Residents are required to report, in writing, any suspected infestations to Owner immediately after discovery. Residents shall report any signs of any infestations, including, but not limited to any household member experiencing any bites, seeing any insects or other vermin within the Leased Premises or seeing any feces or other detritus relating to insects.

25. MISCELLANEOUS. This Agreement, including all applicable exhibits, schedules, addenda, or forms, sets forth all of the promises, agreements, conditions, and understandings between Owner and Residents and may not be changed or modified except by an agreement in writing signed by all parties. Residents acknowledge that all representations and statements relied upon in executing this Agreement are contained herein and that Residents in no way relied on any other statements or representations, written or oral. This Agreement and all rights of Residents arising under it are expressly agreed to be subject and subordinate to present and future recorded mortgages which are or may be placed upon the Leased Premises and all other rights afforded to the holder of any such mortgages.

25.1. Zero Tolerance Crime Policy. Residents, occupants, guests, or other individuals under Residents' control: 1) shall not engage in criminal activity or engage in any act intended to facilitate criminal activity on or near the Residential Community; 2) shall not engage in drug-related criminal activity on or near the Residential Community, including but not limited to, the illegal manufacture, sale, distribution, use, or possession with the intent to manufacture, sell, distribute, or use of an illegal or controlled substance as defined in Section 102 of the Controlled Substance Act, 21 U.S.C. § 802; 3) shall not facilitate, use, or permit the Leased Premises to be used for criminal or drug-related criminal activity; and 4) shall not engage in any illegal activity which might negatively affect the health, safety, or welfare of the Owner, Owner's agents, other residents, the Leased Premises, or the Residential Community. Owner and Residents agree that these provisions are reasonable and material and that a violation by Residents of any such provision constitutes a material breach of this Agreement and is good cause for immediate termination of tenancy.

25.2. Satellite Dishes and Antennas. The Federal Communications Commission states that Residents have a limited right to install a satellite dish or receiving antenna within the Leased Premises. This Agreement must be amended to incorporate requirements and restrictions prior to any installation. Residents are responsible for making sure the Leased Premises is in a location to receive the satellite signal prior to requesting permission to install. For information on requirements and restrictions, contact Owner. Resident shall not install any external media device nor climb or have others climb upon the roof.

25.3. Domestic Violence, Sexual Assault, Human Trafficking, Abuse of an Elder or a Dependent Adult. Owner will comply with all applicable laws regarding the changing of locks and the termination of tenancies for survivors of domestic violence, sexual assault, human trafficking, elder abuse or dependent adult abuse. Please contact Owner if you desire to terminate your tenancy for any of these reasons to discuss the documentation required.

25.4. Attorney's Fees. In the event of any litigation relating to this Agreement or the rights or liabilities of any party arising hereunder, the prevailing party of such litigation shall be entitled to its costs, including reasonable attorney's fees, incurred in such litigation. In the event any such litigation is dismissed prior to trial, the parties agree that there shall be no prevailing party for purposes of an award of attorney's fees and/or costs. An eviction or unlawful detainer action shall be considered an action relating to this Agreement and thus subject to this provision.

25.5. Fair Housing. Owner shall comply with all applicable local, state, and federal non-discrimination and fair housing laws, including laws which prohibit discrimination on the basis of race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, or genetic information of that person.

25.6. Unpaid Balances. All unpaid balances bear ten percent (10%) interest per year from due date, compounded annually. Additionally, if Residents fail to pay all sums due as stated in the demand letter by the deadline stated in the demand letter, Residents shall be liable to pay all collection agency fees related to the collection of the unpaid balances.

25.7. Sale of Leased Premises. In the event of a sale or pending sale of the Residential Community or in the event Owner, new owner, lender, or lender's receiver must obtain possession of the Leased Premises in order to redevelop, renovate, or demolish the Leased Premises or any portion of the Residential Community, Residents agree that Owner, new owner, lender, or lender's receiver shall have the right to terminate this Agreement upon sixty (60) days written notice.

25.8. Photograph Release. Residents give permission to Owner to use any photograph or photographic image including video or video stills taken of Residents while in the common areas of the Residential Community or at any events sponsored by the Residential Community. Residents hereby grant Owner, and any of Owner's affiliates, successors or anyone else authorized by Owner, the irrevocable and unrestricted right and permission to copyright, in its own name or otherwise, the unlimited use of Residents' image, without restriction as to changes or alterations, made through any medium, for any legal purpose whatsoever. Residents also consent to the use of any printed matter in conjunction therewith. Residents hereby waive any right to inspect or approve the finished product and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied. Residents hereby release, discharge, and agree to hold harmless Owner and any of Owner's affiliates, successors or anyone else authorized by Owner, for all claims and demands arising out of or in connection with the use of the images taken of Residents, including without limitation any and all claims for libel, false light or invasion of privacy.

Initial: S.C. 536B2D33 J.D. 2116498C

25.9. Liquid Filled Furniture. Liquid filled furniture is allowed only with proper insurance coverage, and prior written approval of Owner. Residents must provide Owner with at least 24-hours written notice prior to the installation, removal or movement of any liquid-filled furniture and Owner has the right to be present at the time of such installation, removal or movement. Installation movement and removal must be done in accordance with standards set by the manufacturer, retailer or state law, whichever provides the higher degree of safety. No aquariums over **fifteen (15)** gallons are permitted without prior written consent of Owner. Any damages to the Leased Premises, community or other community residents' belongings as a result of leaks from liquid filled furniture will be replaced at the expense of Residents. Damages caused by the liquid filled furniture to other residents' belongings will give Owner permission to provide necessary Residents' information to all parties affected by the damage. **Residents agree to comply with all requirements and conditions of CAL. CIV. CODE 1940.5 in connection with the use of a waterbed or other furniture containing a liquid filling material on the Leased Premises.**

25.10. Notices. A notice served by Owner to Residents shall be deemed to be properly served if the service complies with Code of Civil Procedure Section 1162 (even if Residents do not actually receive the notice). If Residents receive a notice sent by Owner, the actual receipt of the notice shall cure any defects in the service and such notice shall be deemed to have been properly served-regardless if Owner failed to meet all of the requirements set forth in Code of Civil Procedure Section 1162. Service of any Resident of the Lease Premises shall be deemed as valid service upon all Residents. Unless otherwise required by law, Owner is not required to serve each Resident individually unless specifically required by law.

25.11. Megan's Law Database Notice. Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an internet web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides.

25.12. Proposition 65. WARNING: **Building materials such as insulation, pressed wood materials, finishes, or adhesives** in this Residential Community can expose you to chemicals including formaldehyde, which is known to the State of California to cause cancer. **Exhaust fumes on roadways and in parking areas** in this Residential

Community can expose you to chemicals including **carbon-monoxide**, which is known to the State of California to cause birth defects or other reproductive harm. Talk to your landlord or the building owner about how and when you could be exposed to these chemicals in your building. For additional information go to www.P65Warnings.ca.gov/apartments.

25.13. Information on Dampness and Mold. Residents acknowledge receipt of the Information on Dampness and Mold booklet by the provisions of this Agreement. [See RPI Form 550 and Form 55 1 §6.3(a)]

Initial: S.C. 536B2D33 J.D. 2116498C

25.14. Estoppel Certificate. Residents agree to sign and deliver to Owner an estoppel certificate, in a form provided by Owner, within **thirty (30)** days of receipt. The estoppel certificate acknowledges that: 1) this Agreement is in full force and effect and is unmodified (except as specifically set forth); and 2) Residents have no claims against Owner (except as specifically set forth). Failure to comply with this requirement shall be deemed to be an acknowledgment by Residents that the facts set forth in the estoppel certificate are true and may be relied on by a purchaser or lender.

25.15. Negative Credit Report Notice. As provided under California Civil Code Section 1785.26, Residents are notified that a negative credit report which negatively affects your credit record may be submitted by Owner to credit reporting agencies in the event Residents fail to perform all of their responsibilities under this Agreement. As set forth in the data privacy policy ("Privacy Policy") identified at the time of application, Owner may provide information on Residents or Residents' rental history to business affiliates or upon reasonable request from an authorized agent of state or federal government or law enforcement agency with or without a warrant. For additional information, please refer to the Privacy Policy.

25.16. Political Signs. A "political sign" is one that relates to any of the following: (i) an election or legislative vote, including an election of a candidate to public office; (ii) the initiative, referendum, or recall process; and (iii) issues that are before a public commission, public board, or elected local body for a vote. Resident(s) may only post political signs in the window or door of the Premises in accordance with the provisions of this Agreement. The signs may not be (i) more than six (6) square feet in size; (ii) posted or displayed in violation of any local, state, or federal law. Residents may not install or allow a political sign to be installed in a manner that causes any damage to or alteration of the Leased Premises such as drilling holes; nailing into outside walls, door frames, window sills, railings, etc.; or affixing tape or other sticky material in a way that will cause damage to paint or other finishes.

Residents shall post and remove any political signs in compliance with the time limits set by the ordinance for the jurisdiction where the Leased Premises is located. Residents shall be solely responsible for any violation of a local ordinance. If no local ordinance exists, or if the local ordinance does not include a time limit for posting and removing political signs on private property, political signs may be posted no earlier than ninety (90) days prior to the date of the election or vote to which the sign relates and must be removed within fifteen (15) days following the date of the election or vote. Residents are strictly liable for any damages or injury incurred as a result of such installation, and for the cost of repairs or repainting that may be reasonably necessary to restore the Leased Premises to its condition prior to the posting of the political sign(s).

25.17. Cash is not acceptable as a form of payment. All monthly payments must be made by one (1) check not multiple checks. Partial payment of rent is not acceptable at any time; all payments must be made in full to include all amounts due. Post-dated or third party payments will not be accepted.

25.18. California law limits the amount your rent can be increased. See California Civil Code section 1947.12 for more information. Local law also provides that a landlord shall provide a statement of cause in any notice to terminate a tenancy. In some circumstances, tenants who are seniors (62 years or older) or disabled may be entitled to additional tenant protections. See Chapter 9, Article 8, Division 7 of the San Diego Municipal Code for more information.

26. NON-DISCRIMINATION. There shall be no discrimination against or segregation of, any persons on account of race, color, national origin, ancestry, creed, religion, sex, gender, gender identity, gender expression, sexual orientation, genetic information, marital status, familial status, age, source of income, handicap, disability, citizenship status, immigration status, primary language spoken, veteran or military status, or any other protected classification under state or federal law, in the sale, lease, sublease, transfer, use, occupancy, tenure or enjoyment of the Leased Premises, nor shall the Owner or any person claiming under or through Owner, establish or permit any such practice or practices of discrimination or segregation with reference to the selection, location, number, use or occupancy of tenants, lessees, or vendees of the Leased Premises.

27. REQUESTS FOR ACCOMMODATIONS OR MODIFICATIONS. A disabled person, for all purposes under this Lease, shall be provided reasonable accommodations and reasonable modifications to the extent necessary to provide the disabled person with an opportunity to use and occupy the Leased Premises in a manner equal to that of a non-disabled person. If Residents believe Residents or a member of Residents' household requires an accommodation or modification as a result of a disability, Residents should contact Owner to begin the interactive process.

28. NO WAIVER. Owner's failure on any occasion to require strict compliance with any provision of this Agreement or to exercise any rights arising hereunder shall not be deemed a waiver of Owner's right to subsequently enforce any such provision or to insist upon any such right. The fact that Owner may have accepted late payment(s) on one (1) or more occasions shall not be deemed a waiver of Owner's right to insist upon timely payment of rent or to exercise any remedy available for late payment of rent. Acceptance of rent following a breach of this Agreement shall not be deemed to constitute a waiver of such breach. No custom or practice which may develop between the parties in the course of the tenancy shall be construed to waive the right of Owner to enforce any provision of this Agreement.

Owner's representatives (including management personnel, employees, and agents) have no authority to waive, amend, or terminate this Agreement or any part of it, unless in writing, and no authority to make promises, representations, or agreements that impose obligations on Owner or Owner's representatives unless in writing. Except when notice or demand is required by statute, Residents waive any notice and demand for performance from Owner of Residents' default. Written notice to or from Owner's agents, representatives, or managers constitutes notice to or from Owner.

29. SEVERABILITY. If a provision or paragraph of this Agreement is legally invalid, or declared by a court to be unenforceable, such provision or paragraph will be deemed deleted and the rest of this Agreement remains full force in effect. To the extent that any provision of this Agreement is in conflict with any provisions of applicable law, such provision is hereby deleted, and any provision required by applicable law which is not included in this Agreement is hereby inserted as an additional provision of this Agreement, but only to the extent required by applicable law and then only so long as the provision of the applicable law is not repealed or held invalid by a court of competent jurisdiction.

30. ATTACHMENTS TO THE AGREEMENT. Residents certify that he/she/they have received a copy of this Agreement and the below listed attachments to this Agreement and understand that these attachments are part of this Agreement.

- Addendum to Lease
- Animal Addendum
- Asbestos Notification Addendum
- Bedbug Addendum
- California Proposition 65 Warning
- Community Policies
- Flood Hazard Disclosure - CA
- Key, Permits & Access Device Addendum
- Lead-Based Paint Disclosure
- Lease Buy-Out Agreement
- Mobility Device Storage Agreement
- Mold Addendum
- Move In - Pre-Move Out - Move Out Inspection Form
- Notice of Right to Operate a Family Daycare Home
- Parking Storage Garage Addendum
- Pool Rules
- Proposition 65 Brochure
- Resident Contact Information
- Satellite Dish and Antenna Addendum
- Security Alarm Addendum
- Smoke Free Addendum
- Standard Cleaning Charges
- Tenant Protection Act Addendum - CA
- Utilities Addendum

31. SIGNATORIES. This Agreement expresses the complete understanding of the parties with respect to the subject matter set forth herein and supersedes all prior proposals, agreements, representations and understandings. The undersigned Residents, whether or not in actual possession of the Leased Premises, are jointly and severally responsible for all obligations arising hereunder. This Agreement shall not be considered to be in full force and effect until signed by Owner, and Owner has received any required Guaranty. Owner may, without liability, refuse to enter into this Agreement and may refuse to allow Residents to occupy the Leased Premises at any time prior to signing this Agreement. Anything to the contrary in this provision notwithstanding, Residents shall be fully liable for all obligations arising hereunder, and Owner may enforce the provisions of this Agreement against Residents if, for any reason or by any means, Residents obtain occupancy to the Leased Premises before such time as this Agreement has been signed by Owner or Owner's authorized agent.

31.1. Electronic Signatures. The parties agree that they may enter into this transaction by electronic means; although, traditional hard copies with ink signatures may be used instead at Owner's option or if required by law. Residents agree and acknowledge that if Residents are entering into this transaction with Owner by electronic means, doing so is not conditioned on Residents' agreement to conduct the leasing transaction electronically.

INTENDING TO BE BOUND, the parties hereto have executed this Agreement as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:40:41 PM PDT
Key: 536B2D33; IP Address: 23.38.164.82

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:34:47 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

ADDENDUM TO LEASE AGREEMENT

Resident(s): Shaila Ashlyn Carney and Jose Paulo da Silva Junior
Owner/Agent: DEL MONTE
Leased Premises: DEL MONTE **Unit #: 5084**
City: San Diego **State: CA Zip: 92107**

This Addendum to Lease Agreement is entered into as of the **13th** day of **April**, **2026**,

The Parties hereby agree to the following terms and conditions:

Except as expressly modified hereunder, the remaining terms and conditions of the Lease as previously amended shall remain in full force and effect.

Resident(s) hereby acknowledges that this addendum is incorporated into the rental agreement between the Resident(s) and Owner/Agent.

The parties hereto represent and acknowledge that in executing this Agreement they do not rely upon and have not relied upon any representation made by the other party with regard to the subject matter of this Addendum, or its effects, other than those representations specifically set forth herein. No supplement, modification, or amendment of this Addendum shall be binding unless executed in writing by both parties.

This Addendum may be executed in counterparts and facsimile copies of same shall be admissible for all purposes and shall be deemed an original.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:40:49 PM PDT
Key: 536B2D33; IP Address: 23.47.58.153

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:34:52 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

ANIMAL ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

1. No animals are permitted without the prior written consent of Owner. Any such consent may be revoked at any time, with or without cause, by giving **seven (7)** days written notice to Residents. Except to the extent written permission is given, animals may not be brought upon the Leased Premises, whether such animals belong to Residents or to any other person. The presence of any animals as to which written permission has not been given and is not currently in force, even if such animals are "just visiting," shall be deemed a material and incurable breach of this Addendum and shall be cause for the service of a notice terminating the tenancy. Service animals or companion animals are not subject to these provisions; however, Owner may require a written statement from a qualified professional verifying the need for the service or companion animal.

2. Subject to strict compliance with this Addendum, you are permitted to have the following **0** animal(s) on the Leased Premises:

No pets have been authorized at this time.

3. **RENT.** A total monthly animal rent of **$0.00** is required. The animal rent shall be due and payable with Residents' monthly rental payment.

4. **DEPOSIT.** An additional deposit of **$0.00** is required. Upon vacating the Leased Premises, Owner shall do an inspection of the Leased Premises and any sanitizing or damage attributable to the animal(s) shall be charged to Residents accordingly. The animal deposit will be considered part of the general security deposit and can be applied to all damages. This additional security deposit shall be deemed part of the general security deposit for all purposes. The security deposit amount set forth in this Addendum is in addition to, and not in lieu of, any other security deposit paid by Residents. Refund of the security deposit will be subject to the terms and conditions set forth in the Residential Lease Contract.

5. **COMMUNITY RESTRICTIONS.**
   - **A.** Residents shall be limited to a maximum of **1** animal(s) weighing not more than **15 pounds** per animal when fully grown, unless otherwise given written permission by Owner.
   - **B.** When animal is acquired, additional sums may be required to be paid by Residents. Service or emotional support animals are not subject to this provision nor the standard animal deposits and animal rent requirements; however, Owner may require a written statement from a qualified professional verifying the need for the assistive animal.
   - **C.** Residents are responsible for the immediate removal of animal's waste. Animal owners are required to purchase and carry scoopers and/or trash bags when walking dogs within community, including designated dog run areas. Some communities may be equipped with pet waste disposal stations.
   - **D.** Residents may not leave the animal on the patio, balcony or in the yard for extended periods of time.
   - **E.** Animals are not allowed on landscaped or grassy areas under any circumstances.
   - **F.** Patios should be kept clean of animal droppings. During hot weather, especially, odors from such can be extremely offensive to neighbors. No food is to be left outside.
   - **G.** Because of health regulations, non-service animals are not permitted in or around the pool area, laundry rooms, or other recreational facilities unless medically necessary for a disabled individual. Any mess on the grounds created by the animal shall immediately be cleaned up by the pet owner.
   - **H.** Owner is not obligated to make necessary or requested repairs while an animal is present in the Leased Premises.

6. **INOCULATION.** Said animal must be properly licensed and have current inoculations for the type of animal.

7. **DISTURBANCE.** Residents will be asked to remove any animal that regularly disturbs other residents, whether inside or outside, or constitutes a problem or obstruction to the agents and employees of the Owner from properly performing their functions, duties and responsibilities.

8. **REVOCATION.** If Residents fail to remove said animal following complaints from residents and requests from Owner, the Residents agree, on **seven (7)** days written notice, to remove animal from the Leased Premises permanently. Owner may revoke the consent given herein upon **seven (7)** days written notice, which revocation will require Residents to remove the animal from the Leased Premises within said **seven (7)** days.

9. **OWNER'S LIABILITY.** In the event of injury or death of an animal, Owner will not be liable to Residents, any member of

Residents' household, occupants, guests, invitees, or other persons for any indirect, incidental, consequential or special damages, whether foreseeable or not nor however caused, even if Owner is advised of the possibility of such damages.

10. **INDMNIFICATION BY RESIDENT.** Residents agree to indemnify, defend, and hold Owner harmless from and against any and all claims, actions, suits, judgments, and demands brought by any other party on account of or in connection with any activity of or damage caused by the Residents' animal.

11. **VIOLATION OF RULES/VIOLATION FEE.** If Residents, any member of Residents' household, occupants, guests, invitees, or other persons violate any rule or provision of this Animal Addendum, then Owner may demand that Residents remove the animal permanently from the Leased Premises. Owner also has all other rights and remedies set forth in the Residential Lease Contract, including but not limited to damages, termination, and eviction. If Residents fail to clean up animal waste from any part of the Residential Community and Owner, as a result of Residents' noncompliance, is required to make arrangements to have the waste cleaned up, Residents shall pay Owner a sum of **$50.00**, per occurrence, as a liquidated damage. Said sum shall not limit Owner's right to terminate the tenancy, force Residents to remove the animal, and/or evict Residents, based upon any violation of this Addendum.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:40:57 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:34:58 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

ASBESTOS NOTIFICATION ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

It is presumed that asbestos-containing construction materials may be present in the building where you live or work. The presence of asbestos-containing materials in buildings such as this is not unusual. Because of its excellent fire retardant and acoustical insulation qualities, asbestos was commonly used in buildings constructed prior to 1980. These asbestos-containing construction materials, **may be** located but not limited to the following areas:

1. Acoustic Ceiling
2. Drywall Taping Mud
3. Vinyl Flooring
4. Ceramic Tile Mastic
5. Roof Mastic
6. Stucco

The mere presence of asbestos-containing construction materials does not necessarily present a health hazard. Health hazards may exist when asbestos-containing materials are damaged and fibers are released into the air. Exposure to airborne asbestos fibers may cause lung disease, cancer and other serious illnesses. To prevent damage to asbestos-containing construction materials and minimize disturbance, release, and exposure to asbestos, the following precautions must be taken by all building occupants:

1. Do not cut, drill holes or make any penetrations into linoleum, floor tiles, drywall walls and ceilings, or shower enclosures. Should any areas containing asbestos become disturbed, do not vacuum or remove from the area. Immediately contact your on-site office for assistance.
2. Contact the on-site office before:
   a. Removing linoleum floor tiles; and
   b. Making repairs to drywall and shower enclosures or undertaking major rehabilitation work to the building structure.

Violation of these instructions are deemed a material breach and may subject the Resident to legal action.

ACKNOWLEDGED:

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:41:02 PM PDT
Key: 536B2D33; IP Address: 23.38.164.82

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:35:03 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

BED BUG ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

This Addendum is intended to provide information and instructions for preventing and controlling bed bugs in order to maintain and protect the quality of the living environment for all Residents.

Residents agree to maintain the Leased Premises in a manner that prevents the occurrence of a bedbug infestation in the Leased Premises. Residents further agree to uphold this responsibility in part by complying with the following list of responsibilities, and agree and understand that, in addition to any other remedies available to Owner under the Lease, Residents may be liable for any damages resulting from their failure to comply with the following:

1. **Prevention Recommendations.** Residents will practice good housekeeping, including the following:
   - Residents will check for hitch-hiking bedbugs. If Residents stay in a hotel or another home, inspect clothing, luggage, shoes, and belongings for signs of bed bugs before Residents enter the Leased Premises. Check backpacks, shoes, and clothing after visits to friends or family, theaters, and after using public transportation. After guests visit, inspect beds, bedding, and upholstered furniture.
   - Residents will remove clutter. Bed bugs like dark, concealed places, such as in and around piles of clothing, shoes, stuffed animals, laundry, especially under the bed and in closets. Reducing clutter also makes it easier to carry out housekeeping.
   - Residents will keep the Leased Premises clean. Vacuum and dust regularly, particularly in the bedroom, being especially thorough around and under the bed, drapes, and furniture. Use a brush attachment to vacuum furniture legs, headboard, and in and around the nightstand. While cleaning, look for signs of bed bugs, and report these immediately.
   - Residents will arrange furniture to minimize bed bug hiding places. If possible, keep beds and upholstered furniture several inches away from the walls. Bed bugs can jump as far as three inches.
   - It is highly recommended that Residents cover mattresses and box springs with zippered covers that are impermeable to bed bugs. These are relatively inexpensive, and can prevent bed bugs from getting inside the mattress, their favorite nesting spot. The covers will also prevent any bugs inside from getting out; they will eventually die inside the sealed cover (though this may take many months). Thicker covers will last longer.
   - Residents will avoid using appliances, electronics and furnishings that have not been thoroughly inspected for the presence of bedbugs. Make sure that the electronics, appliance, or furniture company has established procedures for the inspection and identification of bedbugs or other pests. This process should include inspection of trucks used to transport appliances, electronics, or furniture. Never accept an item that shows signs of bedbugs. Never take discarded items from the curbside or trash enclosures.

2. **Prompt Reporting.** Residents must immediately notify Owner, in writing, of any problems. A reasonable accommodation can be made for those unable to report in writing. Specifically, Residents will:
   - Report any signs of bed bugs. Do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from one dwelling unit to another.
   - Report any maintenance needs. Bed bugs like cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bed bugs from room to room.

3. **Cooperation with Pest Control.** Residents will cooperate with pest control efforts, including allowing Owner to access the Leased Premises, in accordance with applicable law, to inspect and provide necessary treatments. If the Leased Premises (or a neighbor's residence) is infested with bed bugs, a pest management professional may be called in to provide necessary treatments. The treatment is more likely to be effective if the Leased Premises is properly prepared. Residents will comply with the recommendations from the pest management professional, including:
   - Remove all bedding (bed skirts too), drapes, curtains, and small rugs; bag these for transport to the laundry or dry cleaner.
   - Check mattresses carefully; those with minimal infestation may be cleaned, encased in vinyl covers, and returned to service. Heavily infested mattresses are not salvageable; seal these in plastic and dispose of them properly.
   - Empty dressers, nightstands, and closets. Remove all items from floors and surfaces. Inspect every item for signs of bed bugs. Using sturdy plastic bags, bag all clothing, shoes, boxes, toys, stored goods, etc. Bag washable and non-washable items separately. Take care not to tear the bags, and seal them well. Used bags must be discarded

properly.

- Vacuum floors, including inside closets. Pay special attention to corners, cracks, and dark places.
- Vacuum all furniture, including inside drawers and nightstands. Vacuum mattresses, box springs, and upholstered furniture, being sure to remove and vacuum all sides of loose cushions, as well as the undersides of furniture.
- Carefully remove vacuum bags, seal bags in plastic, and discard.
- Clean all machine-washable bedding drapes, clothing, etc. Use the hottest water the machine provides, and dry at highest heat setting. Take other items to a dry cleaner, but be sure to advise the dry cleaner that the items are infested. Discard any items that cannot be decontaminated.
- Move furniture toward the center of the room, so that technicians can easily treat carpet edges where bed bugs congregate, as well as walls and furniture surfaces. Be sure to leave easy access to closets.

4. **Indemnification.** Residents agree to indemnify and hold harmless Owner from any actions, claims, losses, damages, and expenses, including, but not limited to, attorneys' fees the Owner may sustain or incur as a result of the negligence of Residents or any guest or other person living in, occupying, or using the Leased Premises.

5. **Information about Bed Bugs.**
   - **Bed bug Appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.
   - **Life Cycle and Reproduction:** An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.
   - Bed bugs can survive for months without feeding.
   - **Bed bug Bites:** Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
   - **Common signs and symptoms** of a possible bed bug infestation:
     - Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
     - Molted bed bug skins, white, sticky eggs, or empty eggshells.
     - Very heavily infested areas may have a characteristically sweet odor.
     - Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.
   - For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.
     - https://www.epa.gov/bedbugs
     - http://www.pestworld.org/all-things-bed-bugs/

Residents represent that all furnishings and other personal property that will be moved into the Leased Premises are free of bedbugs.

Initial: S.C. 536B2D33 _____ J.D. 2116498C _____

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:42:51 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:35:08 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

CALIFORNIA'S PROPOSITION 65 WARNING

California's Proposition 65 (Safe Drinking Water and Toxic Enforcement Act of 1986) requires businesses with 10 or more employees to provide warnings prior to exposing individuals to chemicals known to the State to cause cancer, and/or birth defects or other reproductive harm.

These types of chemicals are found within this establishment. This brochure provides you with information on what chemicals are present and what your exposures to them might be.

Warning

This Facility Contains Chemicals Known to the State of California To Cause Cancer and/or Birth Defects Or Other Reproductive Harm.

Second Hand Tobacco Smoke and Tobacco Products.

Tobacco products and tobacco smoke and its by-products contain many chemicals that are known to the State of California to cause cancer, and birth defects or other reproductive harm. Smoking is permitted in certain common and private areas.

Furnishings, Hardware, and Electrical Components.

Room furnishings and building materials contain formaldehyde, which is known to the State of California to cause cancer. Furniture, foams, brass keys, electrical power cords, carpeting, carpet padding, wall coverings, wood surfaces, and vinyl, contain a number of chemicals, including lead, and formaldehyde, known to cause cancer, and/or birth defects or other reproductive harm. Their presence in these materials can lead to exposures. Certain molds that may be present contain chemicals, including sterigmatocystin, known to the State of California to cause cancer.

Combustion Sources.

Combustion sources such as gas stoves, fireplaces, and barbeques contain or produce a large number chemicals, including acetaldehyde, benzene and carbon monoxide, known to the State of California to cause cancer, and/or birth defects or other reproductive harm which are found in the air of this complex. Any time organic matter such as gas, charcoal or wood is burned, Proposition 65-listed chemicals are released into the air.

Construction and Maintenance Materials.

Construction and maintenance materials contain Proposition 65-listed chemicals, such as roofing materials manufactured with vinyl chloride monomer, benzene and ceramic fibers, which are known to cause cancer, or birth defects or other reproductive harm. Construction materials used in walls, floors, ceilings and outside cladding contain chemicals, such as formaldehyde resin, asbestos, arsenic, cadmium and creosote, which are released as gases or vapors during normal degradation or deterioration, and as dust or particulate when disturbed during repairs, maintenance or renovation, all of which can lead to exposures.

Certain Products Used In Cleaning And Related Activities.

Certain cleaning products used for special cleaning purposes such as graffiti removal and spot and stain lifters contain chlorinated solvents including perchloroethylene and urinal odor cakes contain paradichlorobenzene which are Proposition 65-listed chemicals known to cause cancer or birth defects or other reproductive harm.

Swimming Pools and Hot Tubs.

The use and maintenance of a variety of recreational activities and facilities such as swimming pools and hot tubs where chlorine and bromine are used in the disinfecting process can cause exposures to chloroform and bromoform which are chemicals known to the State of California to cause cancer.

Paint and Painted Surfaces.

Certain paints and painted surfaces contain chemicals, such as lead and crystalline silica, that are known to the State of California to cause cancer, and/or birth defects or other reproductive harm. Lead-based paint chips may be ingested and crystalline silica may be released into the air and lead to exposures.

Engine Related Exposures.

The operation and maintenance of engines, including automobiles, vans, maintenance vehicles, recreational vehicles, and other small internal combustion engines are associated with this residential rental facility. Motor vehicle rental fuels and engine exhaust contain many Proposition 65-listed chemicals, including benzene, carbon monoxide and, for diesel engines, diesel exhaust, which are known to the State to cause cancer, and/or birth defects or other reproductive harm. In parking structures and garages, exhaust fumes can concentrate, increasing your exposure to these chemicals.

Pest Control and Landscaping.

Pests control and landscaping products used to control insects and weeds contain resmethrin, mycobutonil, triforine and arsenic trioxide which are known to the State to cause cancer and/or birth defects or other reproductive harm.

Sources of Chemical Exposures

California's Proposition 65 has identified hundreds of chemicals known to the State of California to cause cancer, and/or birth defects or other reproductive harm. The law requires that businesses with 10 or more employees warn you prior to knowingly and intentionally exposing you to any of these chemicals when the exposure is over a certain level. While many exposures are associated with industrial activities and chemicals, everyday items and even the air we breathe routinely contain many of these chemicals. This brochure provides warning and information regarding exposures to these chemicals that occur in this facility. In many instances, we do not have information specific to this facility. Instead we have relied upon experts in this field to tell us where and to which chemicals these exposures might occur. For other exposures to listed chemicals, enough is known to identify specific areas of exposure.

The regulations implementing Proposition 65 offer warnings for various circumstances. Some of those warnings you may see in this residential rental property include the following:

General - Warning: This Facility Contains Chemicals Known to the State of California To Cause Cancer, And Birth Defects Or Other Reproductive Harm.

Foods and Beverages - Warning: Chemicals Known To The State of California To Cause Cancer, Or Birth Defects Or Other Reproductive Harm May Be Present In Foods Or Beverages Sold Or Served Here.

Alcohol - Warning: Drinking Distilled Spirits, Beer, Coolers, Wine, And Other Alcoholic Beverages May Increase Cancer Risk, And, During Pregnancy, Can Cause Birth Defects.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:43:00 PM PDT
Key: 536B2D33; IP Address: 23.47.58.153

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:35:14 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

COMMUNITY POLICIES AND RULES

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

DEL MONTE, strives to make your living experience in our community pleasant and comfortable. The following policies and rules were designed for your comfort and convenience, as well as that of your neighbors. Residents are responsible for reviewing all policies and rules with all household occupants and guests. Please take time to thoroughly review this Addendum as it governs the use of the Leased Premises, Residential Community, its equipment and facilities. "Premises" as used in the Community Policies includes not only the Leased Premises, but all of the land and improvements including any parking lots, driveways and common areas privately owned by the Owner and generally referred to as the Community.

Property Telephone #: (619) 791-9018	**Emergency Maintenance #:** (858) 774-4927
Property Address: 5074-5084 DEL MONTE AVE, San Diego, CA 92107-3211	**Property E-mail Address:** terracesdm@sbcglobal.net
Usual Office Hours: **Office hours vary - Mail slot available 24 hours**	

SECTION A: PROPERTY/MOVE-IN INFORMATION

BUSINESS: Residents shall not use the Leased Premises or permit the Leased Premises to be used for any business purpose, without the prior written consent of Owner or as allowed by law.

EXTENDED ABSENCES: Residents should advise Owner of any planned absence for an extended period of time.

MAIL AND NEWSPAPERS: Only authorized Residents are to receive mail at the Community. All mail must contain the full address of your residence, which includes the number of the Leased Premises as well as the building number - if applicable. Unwanted or "throw-away" advertising should be disposed of properly.

MOVING HOURS: All moving is to occur **between the hours of 8 am and 8 pm**, and the service elevator, if one is available at the Residential Community, is to be used to move any objects of furniture, beds, appliances, carpets and any other large objects that are not permitted on the passenger elevator. Owner must be notified in advance of any moving to schedule the time and date of such move.

PARCELS/PACKAGES: Residents are responsible for making arrangements for parcel delivery that does not fit in the provided mail receptacle. This includes parcels from UPS, Federal Express, U.S. Postal Service or other mail and delivery services.

PREMISES INSPECTION: Each new Resident has confirmed in writing the condition of the Leased Premises on the Move-in/Move-out inspection form. This form is designed to record the condition of the Leased Premises at the time of move-in and to help determine the final disposition of the security deposit after terminating residency. Periodically, Owner may enter each Leased Premises to check the smoke and/or carbon monoxide detector(s), replace the air conditioner/heater air filter, and to properly maintain the equipment in the Leased Premises. Residents will be notified of the inspections with a written notice **24 hours** in advance. Inspection will be conducted during reasonable business hours. Upon vacating, Residents are entitled to an inspection of the Leased Premises to assess move-out charges.

QUIET HOURS: Quiet hours are established to be respectful of your neighbors. Residents shall not make nor permit any disturbing noises in their Leased Premises or on the grounds of the Community. Quiet hours apply to but are not limited to **entire community**, **between the hours of 10 pm and 8 am**. Residents are responsible for the actions of all household members, invitees, and guests. Radio, television, record players, musical instruments, or any other noise producing device shall not be played or permitted to be played so as to disturb neighbors during quiet hours. Vacuum cleaners, dishwashers, disposals, or other noise-producing appliances shall not be operated during quiet hours.

SECTION B: USE OF PREMISES

ALTERATIONS OR ADDITIONS: Residents shall not make any alterations or additions to the Leased Premises. If any repairs, alterations or additions are necessary, Residents shall notify Owner in writing. Residents shall make no repairs, alterations, exterior alterations including, but not limited to, posting of signs, flags, plants on ledges and wind chimes, additions to the dwelling structure inside or out without first obtaining written consent from Owner. American flags and religious or cultural items may be displayed within the laws of the state and proper flag etiquette. Interior alterations include

but are not limited to, changing light fixtures, painting, hanging wallpaper, etc.

BARBECUES: Unless included with the Leased Premises as an existing fixture or appliance, due to fire and other safety hazard concerns, no charcoal briquette barbecues grills, gas or propane grills, cooking/heating instruments, smokers, hibachi grills, portable gas stoves, etc. are to be stored or operated in the premises or on patios, balconies or breezeway areas. Any use of open flame is prohibited including but not limited to barbecues and torches.

OUTWARD APPEARANCE: Alterations that affect the outward appearance of the Community, such as installing personal window coverings, foil on windows, towels, blankets or clothing draped over balconies or partitions, are not permitted. Signs or advertising materials will not be permitted to be posted except for political signs as addressed in your lease. No foil, sign advertisements, poster, or similar display, shall be affixed to any door, window or exterior wall, that may be visible from the outside of the building by other residents.

ROOF ACCESS: The roof access is for emergency access only.

SMOKE DETECTOR: A smoke detection device has been installed in each Leased Premises. Residents acknowledge the smoke detector(s) was/were tested and its operation demonstrated by the Owner in the presence of Residents at the time of initial occupancy and the detector(s) in the Leased Premises was working properly at that time. Residents are not to disable the smoke detector for any reason. Disabled smoke detector puts life at risk. REMOVING OR TAMPERING WITH A SMOKE DETECTOR(S) will be considered cause for termination of residency. Residents will be assessed a charge of **$1.00** for tampering with or removing the smoke detector. In accordance with California Law, Resident shall allow Owner access to the Leased Premises for the purpose of correcting any such defect, malfunction or failure.

Initial: S.C. 536B2D33 J.D. 2116498C

SPRINKLER SYSTEMS: The Leased Premises you occupy may be equipped with an automatic sprinkler system. Residents agree to use caution when moving furniture and avoid hanging objects or clothes from the sprinkler heads. A simple depression of the sprinkler head will result in a total draining of the water from the sprinkler system. Do not hang clothing, hangers or other objects from the sprinkler heads. Residents will be held liable for all damages to the Leased Premises, flood clean up and personal property damage caused by triggering the sprinkler system by improper use or damage.

1. The Leased Premises **does** have a fire sprinkler system.
2. The Leased Premises **does** have a fire alarm system.
3. The Leased Premises **does** have an emergency notification plan for its occupants. The emergency notification plan, if any, has been provided to Residents.
4. The Leased Premises **does** have an emergency relocation plan. The emergency relocation plan, if any, has been provided to Residents.
5. The Leased Premises **does** have an emergency evacuation plan. The emergency evacuation plan, if any, has been provided to Residents.

CARE OF EQUIPMENT AND PREMISES

Drains: Proper use of the plumbing fixtures and drain systems is essential to prevent clogs and back up. Do not dispose of leftover grease or cooking oil down sink drains. Do not flush non-flushable items such as paper towels, rags, tampons or other feminine sanitary products, condoms, diapers, wipes or Q-tips in toilet. Preventing water back up of any kind will avoid damages to your personal belongings and the Leased Premises. Residents will be charged for costs due to improper disposal of items that results in drain clogs.

Emergency Water Shut-Off: If you need to turn off your water supply quickly, you will find a shut-off valve for the bathroom and kitchen in the cabinet below the sinks. The toilet shut-off valve is located underneath the toilet tank.

Equipment: The Leased Premises is provided with **Refrigerator, Stove/Oven, Garbage Disposal, and Dishwasher**. Some units also have **air conditioning, garbage disposals, dishwashers, and washers/dryers**. Residents assume responsibility for any misuse of this equipment. Owner will assist with any questions as to the procedures for proper operation of the equipment. No personal dish-washing machine, clothes washing machine, clothes dryer or other large appliance is permitted in the Leased Premises without prior written consent of Owner. Residents agree to utilize washers provided by the Community within the specifications of the manufacturer. Residents will not overload the washer. Residents agree to immediately inform Owner of repair needs. Residents understand that over a period of time, washer hoses can loosen or come free. Residents agree to regularly check hoses to make sure they are secure.

Garbage Disposal: Before turning on your disposal, make sure you have cold water running into the sink. Please keep in mind that your disposal is designed for food only. Never use to grind bones, egg shells, coffee grounds or other non-food items. Residents will be charged for costs due to drain clogs due to misuse.

Lighting Fixture: When replacing light bulbs, always check the correct amount of wattage. Installing a light bulb with improper wattage can be a fire hazard. Replacement of all bulbs within your Leased Premises is your responsibility after

move-in.

Locks: Residents shall not alter any lock or install a new lock or knocker on any door of the Leased Premises without the written consent of Owner, and if installed, they shall not be removed. In such case consent is given, Residents shall provide Owner with a key for the use of Owner, pursuant to Owner's right to access to the Leased Premises. Locks or chains must be left in place when Residents vacate. Residents locked out after hours may call a locksmith at resident's expense to open the door.

Patios: Residents shall not sweep, shake dust mops, or throw anything out of windows or onto patios. Residents may not hang laundry, clothing, towels, or bedding on balcony railings or windowsills. Residents are responsible for keeping their patio area cleaned, neatly arranged and free from unsightly or unused items. Patio areas are not considered storage areas. Personal patio furniture must be kept on private patios or balconies. Planting of flowers is permitted only in the fenced-in areas of private patios and on balconies.

Toilets: Water saving toilets may have been installed in your unit. Hold the handle down until you hear the water fully released. Partial flushes may cause overflow. If the water level starts to overflow, immediately shut off the valve at the base of the toilet and plunge. Residents are responsible for trying to clear toilet stoppages. If a stoppage is caused due to Residents misuse the cost of the repair will be billed to the Residents.

Windows and/or Screens: Residents are responsible for the safety of all members of Residents' household or guests in the use and opening of windows. Be aware of the danger of falls from windows. Keep your windows closed and locked when small occupants are around and no adults are around to supervise. When opening windows for ventilation, open windows that a small occupant cannot reach. Keep furniture away from windows. Move chairs, cribs, beds and other furniture away from windows. Window screen will not prevent a fall from a window. Residents must not remove or tamper with screens. Residents acknowledge all screens are intact and in good condition upon taking occupancy. Window screens found on the ground will be placed back in the window and a labor charge assessed to the Residents. Residents shall be responsible for replacement and/or repair of windows and/or screens damaged or removed by Residents', members of Residents' household or guests.

FACILITIES AT THE RESIDENTIAL COMMUNITY

Use of Facilities: All facilities provided by Owner are provided as a gratuity and are not a part of the Residential Lease Contract, and that Owner reserves the right to change or limit the hours of any such facilities, or to eliminate them completely without prior notice to Residents and that any such action by Owner shall not constitute a claim by Residents of any breach of Residential Lease Contract by Owner, nor be a basis for any reduction in rent or early termination of the Residential Lease Contract.

Fitness Center: Fitness Center hours may change without notice at any time. Fitness Center hours are **8am - 10pm**. Access to the fitness center is available by use of an amenity _____

1. Conduct of all persons using the Fitness Center must be professional, courteous and quiet.
2. Thank you for keeping voice levels low. Offensive and abusive language will not be tolerated. Radios/stereos/CD players require the use of headphones.
3. Refreshments other than a sports top water bottle are not allowed. Alcohol is not permitted.
4. Residents understand that the use of fitness equipment is unsupervised. Residents agree the use of the equipment is at their own risk. Persons with health concerns should consult a physician prior to using the fitness equipment.
5. For the safety of all persons, no one under the age of **16** years of age should use the fitness equipment without an adult in attendance.
6. Loitering in the Fitness Center is not allowed. Persons in the Fitness Center must be utilizing the provided equipment.
7. Use of the Fitness Center is for residents only. Please limit use of equipment to **30 (thirty)** minute intervals.
8. Please report any malfunctions with the fitness equipment to an Owner representative at the rental office immediately.
9. Privileges for use of the Fitness Center may be terminated by Owner for failure to comply with the Fitness Center Policies or abuse or damage to the equipment.

Pool Use: For your safety and pleasure, please observe the following rules and regulations. Your cooperation will be appreciated by all. Pool hours may be changed without notice at any time. Pool hours are **between the hours of 10 am and 8 pm**.

1. Guests must be limited to **2 guests** per Leased Premises. Residents must accompany their guests at all times while in the pool/spa area. There are no exceptions. Owner reserves the right to ask guests to leave should the occupancy of the pool exceed limits allowed by law.
2. Persons **14** years of age and younger should not use pool without an adult in attendance.
3. Residents, household occupants and guest agree to abide by all applicable health and safety laws regarding use of the pool.

4. Warning: Persons using the pool do so at their own risk. Owner is not responsible for accident or injury.
5. Pool safety equipment is not to be used except in case of emergency.
6. No alcoholic beverages allowed in the pool area. No person under the influence of alcoholic beverages is permitted in or near the pool area. Glass is not allowed in the Pool Area.
7. Food may not be served or eaten in or around the pool area without the Owner's consent. Refreshments must be in unbreakable containers.
8. Proper swim attire is required at all times, going to and from and in or around the pool area. Street clothes, thongs, or see through attire is unacceptable.
9. Animals/pets are not allowed in the pool area.
10. Flotation devices, i.e., air mattresses, boats, frogs, planes are not allowed in the pool/spa.
11. Radios, stereos and any musical instruments are not allowed in the pool areas. Radios/stereos with headphones are permitted.
12. Owner is not responsible for articles lost, damaged or stolen.
13. Throwing of items into the pool such as rocks, coins, and furniture is prohibited.
14. Horseplay, diving and splashing, running, fighting, boisterous or dangerous conduct, noisy behavior disturbing to other residents, pushing, is not allowed.
15. Residents, household occupants and guests will utilize a towel on all pool furniture when using suntan oils or lotions. Use of suntan oils requires a shower prior to entering the pool.
16. Please remember not to hang your towels and swimwear on your patio railing.
17. Owner reserves the right to restrict pool privileges to anyone not in compliance with these regulations.

SECTION C: PREMISES SERVICE

EMERGENCIES: Emergencies affecting the Leased Premises should be promptly reported to Owner. Please report emergencies occurring after office hours to the emergency number and leave a message with the answering service, pager system, on call personnel, etc. Residents are not authorized to call any service companies on their own. Owner will not be responsible for charges incurred for services not authorized by Owner.

MAINTENANCE/SERVICE REQUESTS: Residents are responsible for notifying Owner when maintenance or repair work needs to be performed in the Leased Premises. Requests for maintenance and repairs may be submitted by one of the following methods:

1. By going to the Owner's office during normal working hours, and completing a "Service Request" form.
2. Call the Owner's office during normal business hour to report a service request. Service requests can also be submitted by email, resident portal, or online maintenance system.
3. All non-emergency requests for repairs will be handled during normal business hours.
4. Employees cannot enter the Leased Premises to make repairs if there are persons under 18 years of age in the home without a responsible adult present. Service technicians may also elect not to enter the Leased Premises in the presence of an unattended animal.
5. Scheduled appointments will be addressed in an **8 hour** window.
6. Maintenance work performed due to neglect, abuse, misuse or direct fault of Residents, household occupants or guests will be billed to the Residents. This includes service work on garbage disposal and plumbing fixtures due to improper use and Residents caused clogging.

SEWER STOPPAGES: The sewer system is adequate to handle all normal waste, but the system will not handle disposable diapers, feminine products or other such refuse. Addition of toilet cleansing tabs can cause stoppage. Stoppages resulting from alterations to equipment, addition of a deodorizer or other action or inaction by the Resident, will be cleared at the Residents' expense.

UNSAFE CONDITIONS: Residents agree to report immediately to Owner any accident, injury, damage or loss, or need of service or repairs to water or gas pipes, electrical wiring, drains, toilets, fixtures, or any other property or equipment covered by the Residential Lease Contract, including all breakage, damage, or loss of any kind, including but not limited to, water intrusion, water leaks or moisture problems of any kind, damage from overflow of water from sinks, bathtubs, toilets, or other basins. Residents further agrees to immediately notify Owner of unsafe conditions in the common areas and grounds of the Leased Premises which may be a threat to health and safety or lead to damage or injury. Owner has the right to enter the Leased Premises if Owner believes an emergency exists. The following service needs constitute a

non-exclusive list of potential emergencies:

1. Main drains stopped up (kitchen, bath, shower) causing flooding or back-up
2. Stopped up toilet (one bathroom premises)
3. Electrical power outage in entire Leased Premises
4. Water leaking from water heater
5. Water leak from plumbing lines, windows, ceilings, or utility rooms causing flooding or damage
6. Exterior flooding from sprinkler systems or pool
7. Water which is running and cannot be shut off
8. Broken window where the Leased Premises is not secure
9. Door locks which will not function and the Leased Premises is not secure
10. Malfunctioning or disabled smoke/carbon monoxide detectors.
11. Fire (Call 911 first)
12. Calls made after office hours that are not deemed emergencies may result in a charge to the Resident.

SECTION D: HOUSEKEEPING

HEALTH & SAFETY: Residents agree to comply with all obligations imposed upon Residents by applicable provisions of State and local building and housing codes materially affecting health and safety, including maintaining adequate housekeeping standards.

HOUSEHOLD ODORS: Residents acknowledge that odors caused by cooking or use of strong chemicals or from any other source should not interfere with other residents' rights to the quiet enjoyment of the Leased Premises. Residents agree to utilize proper fans and ventilation when cooking. Owner will make all reasonable efforts to minimize a disturbance but due to close proximity of living it is not possible to prevent such odors completely.

PEST CONTROL: Residents shall report the need for pest control to Owner in writing. Residents agree to cooperate with the pest control service and abide by guidelines given by the pest control service or Owner. State Codes may require notification of chemicals to be sprayed and days of services.

MOISTURE PREVENTION: Moisture problems must be prevented and treated immediately to prevent mold. Proper ventilation is essential for preventing mold. If you should have mold develop on windows, walls or ceilings, or a musty odor is present in the carpeting, report these conditions to Owner immediately. To prevent moisture buildup, utilize stove and bathroom vent fans and leave on until steam is gone. Condensation, which develops on windows from indoor moisture, must be wiped down immediately including the window tracks. Condensation on windows indicates that fresh air is not being circulated in the home to prevent moisture buildup. Open your windows and air out your home for short periods of time to keep fresh air present. Excessive running of your heater will cause condensation in your home. Report any running or dripping faucets, plumbing leaks, roof leaks, discoloration of walls or water intrusion immediately to the rental office. Residents acknowledge receipt of the "Mold/Moisture Disclosure Statement".

SMOKING: If smoking is permitted in the Leased Premises or on the grounds of the Residential Community, Residents acknowledge that damage caused by smoking will not be considered ordinary wear and tear. Households having one or more smokers, or guests that smoke, will be held responsible for additional costs related to smoke related damages. Smoke related damages can be, but are not limited to, yellowed walls and ceilings; mini blinds and draperies, painting or treatment required due to smoke odor, burns to counters, sinks or extra cleaning of carpets due to smoking. Residents will be considerate of other residents by minimizing the patterns of smoke and/or smell which may be a sensitivity or allergy to other residents. Interference with other residents' rights to the quiet enjoyment of the premises as a result of second hand smoke may be grounds for termination of tenancy. Residents will comply with all local ordinances for smoking in common areas, Leased Premises and exposure to other residents.

STANDARDS: Residents shall keep the interior of the Leased Premises clean according to good housekeeping standards. This includes maintaining all utility services. Residents will assume full responsibility for keeping their patio, entry doors, entrance walkways, porches, patios and balconies area cleaned, neatly arranged and free from unsightly or unused items. Residents shall keep the Leased Premises and such other areas as may be assigned for Residents' exclusive use, including but not limited to, the Leased Premises fixtures, appliances, entry doors, windows and screens, sidewalks, parking space(s) and grounds, in a clean, safe and sanitary condition.

STORAGE: Garbage cans, bottles, brooms, mops, toys, bicycles, fitness equipment, cardboard boxes, household furniture, and similar personal property are to be kept inside the Leased Premises or appropriately designated storage areas and out of view. Patios and/or balconies are to be used for patio furniture only. Areas located outside front doors or on stairway landings are part of the common area and cannot be used for storage.

TRASH: Residents shall deliver and place all garbage and trash in proper bins at designated locations. If the bin you normally use is full, please use another bin. To maximize available space, please break down large objects to fit in the designated bins. Trash bins and/or enclosures are NOT to be used for large items such as furniture, etc. Removal of large items, such as furniture, from the Leased Premises is Resident's responsibility. Residents will be charged the costs to

remove any large items placed in the trash enclosures or bins. Residents are responsible for any/all unacceptable items placed in the trash receptacles, such as; toxic waste or other possible harmful items. Residents will be assessed a charge of **$1.00** for the clean-up of any garbage or trash not properly disposed. Trash shall be wrapped and deposited in designated areas between the hours **between 8:00 am and 10:00 pm**. Caution must be taken not to put any flammable material in garbage. Garbage and trash may not be left in hallways or stairwells.

RECYCLABLES: Residents shall separate from trash traditional recyclables including plastic bottles and containers, food and beverage cans, glass bottles and containers and cartons, paper flattened cardboard, and paperboard ("**Recyclables**"). Resident shall deliver and place all Recyclables in the proper bins at designated locations. Resident shall not disposed of trash and other non-Recyclables in the bins and/or enclosures designated for Recyclables. Recyclables may not be left in hallways or stairwells.

ORGANIC WASTE: Residents shall separate from trash and Recyclables any solid and organic waste including food waste, food soiled paper, yard waste, produce, meat, fish, poultry, dairy, bread, pasta, rice, grains, and coffee grounds ("**Organic Waste**"). Resident shall deliver and place all Organic Waste in the proper bins at designated locations. Organic Waste may not be left in hallways or stairwells.

UNIVERSAL WASTE: Disposal of universal waste is prohibited in general trash receptacles in the Community. Disposal of universal waste in the trash receptacles by Residents may result in a fine for Owner, and therefore will be deemed a violation of the Residential Lease Contract. Universal waste includes electronic devices (televisions, computer monitors, computers, printers, VCRs, cell phones, telephones, radios and microwaves), common batteries (AA, AAA, C Cells, D cells and button batteries), Fluorescent Tubes and Bulbs and Other Mercury-Containing Lamps (fluorescent light tubes and bulbs, high intensity discharge (HID), metal halide, sodium and neon bulbs), Mercury added Novelties (greeting cards, athletic shoes and mercury maze games), Non-Empty Aerosol cans (aerosol cans can be flammable).

SECTION E: SUPERVISION HOUSEHOLD MEMBER/VISITORS/GUESTS

GUESTS: Guests staying in excess of **72 hours** MUST register with the office. Residents may be permitted to have **7** guest(s) visit their household. However, any person(s) making REOCCURRING visits of **seven (7)** consecutive days or **fourteen (14)** total days in any **twelve (12)** month period shall be deemed to reside in the Leased Premises in violation of the Residential Lease Contract. Persons receiving mail to the Leased Premises will be considered occupants. All adult household members must submit a completed application and qualify for residency.

SUPERVISION: Residents agree that Residents are responsible for the conduct of any member of their household, visitors and guests, and agree to pay for any damage to the Leased Premises caused by members of the household or guests.

WALKWAYS: Residents shall not store nor allow any personal household property outside the Leased Premises in a manner that may be detrimental to the appearance of the premises or interfere with free passage upon any street or sidewalk in the Leased Premises. Walkways are for pedestrian use. No bicycling, roller skating or in-line skating, skateboarding, coaster riding, drawing with chalk, etc., is allowed on walkways.

SECTION F: CONDUCT

ACTS OF VIOLENCE: Residents or members of the household or guests shall not engage in any acts of violence including but not limited to the display of, brandishing, or using in a threatening manner, any dangerous weapons or objects in or about the Leased Premises. Residents shall not keep or use on or about the Leased Premises or project any explosive, flammable, or repellent device, or otherwise dangerous device, and to take every care and precaution to prevent fires.

ALCOHOL/PUBLIC INTOXICATION: Residents shall not engage in, and Residents shall take reasonable action to prevent all members of Residents' household and guests from, drinking alcoholic beverages or using illegal substances in or on common areas, walkways or streets of the Community, or in vehicles parked or moving on the Community.

ILLEGAL ACTIVITY: Residents, any member of the Residents' household, or a guest or other person under the Residents' control shall not engage in illegal or criminal activity, nor in any act intended to facilitate illegal or criminal activity, including gang or drug-related illegal or criminal activity, on or near the premises. Residents, all members of the Residents' household and guests shall not engage in the manufacture, sale, or distribution of illegal drugs or be under the influence of any controlled or illegal substance at any location, whether on or near the premises or otherwise, nor permit the Leased Premises to be used for, or to facilitate, any illegal or criminal activity. While the usage of marijuana may have been legalized in many jurisdictions, for the purposes of this Lease and any Addenda thereto, the sale, manufacturing, purchasing, smoking, vaping, and aerosolizing of marijuana is prohibited as if the same were an “illegal activity.” Any marijuana-related activity is similarly prohibited to the extent Owner may prohibit the same.

LOITERING: Residents, household members, or guests shall not loiter outside the Leased Premises, after **10:00 p.m.**. Residents shall conduct themselves, and cause other persons who are on the Leased Premises with their consent to conduct themselves in a manner, which will be conducive to maintaining the Leased Premises in a decent, safe, and

sanitary condition; and to promote the quiet enjoyment of the premises for all residents. Residents will not make, or cause to be made, or permit any disturbance or loud noises in or on the premises, street, or common areas.

NOISE: Residents, household members and guests shall not make or allow to be made any disturbing noises upon the Leased Premises by Residents, household members or guests, etc., nor permit anything to be done by such persons that will interfere with the rights, comforts, or convenience of other Residents. Residents, household members and guests are advised to take care when approaching and leaving their Leased Premises during the quiet time, **between the hours of 10 pm and 8 am** and to show consideration of other residents at all times. Residents shall not play upon or allow to be played upon, any musical instrument or operate or allow to be operated audio equipment, radio, or television in or on the premises **between the hours of 10 pm and 8 am**, if the same shall disturb or annoy other occupants of the Community.

THREATS/OFFENSIVE CONDUCT: To assist in ensuring the safety and quiet enjoyment of all Residents, household members and guests shall not engage in offensive conduct or language on or about the premises. Residents, all members of the Residents' household and guests shall not cause or threaten to cause serious physical injury to another person on the premises, or be involved in a fight while on the premises; commit abuse upon any person on the premises, and will abstain from any activity which impairs the physical or social environment of the premises.

SECTION G: VEHICLES

INOPERABLE VEHICLES: All vehicles must be currently registered, licensed and in operating condition. Any vehicle in violation of this provision may be towed at vehicle owner's expense in compliance with the vehicle codes of the state. Repair work, oil changes and similar work is not permitted in the parking lots. Such work must be done off the property. Residents agree that any vehicles that are inoperable for more than 72 consecutive hours without written permission of Owner may be removed at the expense of the vehicle's owner. Vehicles not moved in excess of 7 days will be considered inoperable. Extra vehicles cannot be stored on the property. Vehicle maintenance on the premises is prohibited. Residents and/or guests shall not park vehicles in a state of disrepair on the premises. This includes operational vehicles leaking on parking surfaces. Leaks and spills and/or damages caused by Residents' vehicles are the responsibility of Residents. The owner of any vehicle that leaks oil in the parking lot will be held responsible for clean-up and/or damage charges.

PARKING/SPEED LIMITS: Residents shall observe, and cause all members of Residents' household and guests to observe, the posted speed limits on drives in the premises, to park and cause members of Residents' household and guests to park only in assigned parking areas; not to block access to other parking spaces, garages or for emergency vehicles, or to other residences, and not drive, or park any vehicle on the lawn, driveway, or other areas for common use in the premises. Vehicles parked within 15 feet of a fire hydrant or in a fire lane may be towed without warning. Vehicles which create a nuisance due to excessive music or activation of a car alarm shall be removed from the property at the vehicle owner's expense. Parking designated for the office is not to be used during operating business hours. Vehicles parked in designated handicapped spaces without display of handicap placard or handicap plates are subject to immediate towing. Some communities may require parking stickers for all cars parked on the premises. Cars without required parking stickers will be considered unauthorized and may be towed without warning. Residents agree that any vehicle that is improperly parked, or in violation of vehicle or parking policies without written permission of Owner may be removed at the expense of the vehicle's owner. Owner is the only authorized agent for the towing of vehicles. Owner, in its sole discretion, reserves the right to reassign any designated parking space(es) during the term of the Residential Lease Contract, subject to any applicable requirements under applicable fair housing laws.

UNASSIGNED PARKING: *Communities with unassigned parking, the following applies:* Parking is on a first come/first serve basis and a parking space is not guaranteed. Residents having more than one vehicle per household are requested to be considerate of other residents when parking second vehicles. Infrequently used vehicles (any vehicle not used or moved every 72 hours) are to be parked in more remote parking areas as designated by Owner. Additional vehicles (more than 2 per household) are to be parked off the premises.

RECREATIONAL VEHICLES: Recreational vehicles such as trailers, motor homes and boats are not allowed to be parked on the premises. Motorcycles are subject to the same rules as automobiles. They must be operated in a safe manner at all times. Motorcycles are considered vehicles and must be parked in an appropriately designated parking space. Motorcycles may not be parked on sidewalks, in stairwells, on patios, on porches or in any other area not designated for the parking of vehicles. No recreational vehicles, trailers or boats are allowed on the premises except with written consent of Owner.

VEHICLE REGISTRATION: Residents shall register **all** household vehicles with Owner. Residents agree to provide vehicle information (license number, make, model, etc.) and provide updated information in the event of changes. Vehicles on the premises must be currently registered and properly insured according to state law.

WASHING VEHICLES: Residents may wash or spray off vehicles only in designated areas of the premises. Residents will make every effort to not waste water if a designated area exists. Owner will advise Residents if a specific area exists on the property. If no designated area exists, Residents may not wash or spray off vehicles anywhere on the premises.

THESE COMMUNITY POLICIES NOW BECOME A PART OF YOUR RESIDENTIAL LEASE CONTRACT.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:43:51 PM PDT
Key: 536B2D33; IP Address: 23.47.58.133

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:36:33 PM PDT
Key: 2116498C; IP Address: 23.47.58.133

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

FLOOD HAZARD DISCLOSURE

Address of Leased Premises: **5084 Del Monte Ave #5084, San Diego, CA 92107**

Owner's Disclosure (check which of the following applies):

☐ Owner does not have knowledge as to whether the Leased Premises may be located in a special flood hazard area or an area of potential flooding.

☒ The Leased Premises is located in a special flood hazard area or an area of potential flooding and/or Owner currently carries flood insurance.

Residents may obtain information about hazards, including flood hazards, that may affect the Leased Premises from the Internet Website of the Office of Emergency Services at http://myhazards.caloes.ca.gov/.

Residents are hereby advised that Owner's insurance does not cover the loss of Residents' personal possessions and it is recommended that Residents consider purchasing renter's insurance and flood insurance to insure personal possessions from loss due to fire, flood, or other risk of loss.

Residents are further advised that Owner is not required to provide additional information concerning the flood hazards to the Leased Premises and that the information provided here, pursuant to California Government Code Section 8589.45, is deemed adequate to inform Residents.

Acknowledgement of Receipt by Resident(s)

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:44:02 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:36:36 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

KEYS, PERMITS, AND ACCESS DEVICES ADDENDUM

This is an Addendum to the Residential Lease Contract dated **April 13, 2026** between **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior** ("Residents") for the residence located at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises").

Residents acknowledge that they have been provided with keys and access devices listed below:

Residents will be liable for the below listed charges for replacing keys, permits, tags, and access devices.

Deposit Amounts	Replacement Costs

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:44:12 PM PDT
Key: 536B2D33; IP Address: 23.47.58.133

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:36:39 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

IMPORTANT!

Lead From Paint, Dust and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).







Protect Your Family From Lead in Your Home

United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

January 2026

English

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint?** Lead from paint, chips and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires sellers, landlords, agents and rental property managers to:

- Disclose known information about the presence of lead-based paint or lead-based paint hazards (or state there is none)
- Provide all available records and reports on lead-based paint and lead-based paint hazards (or state there are none)
- Include a specific warning statement about lead-based paint
- Give buyers up to 10 days to have a certified inspector or risk assessor check for lead

If undertaking renovation, repair, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities,and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC
4330 East-West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Its Office of Lead Hazard Control and Healthy Homes' (OLHCHH's) lead hazard reduction grants, healthy homes grants, and guidance and enforcement of the Lead Disclosure Rule and Lead Safe Housing Rule, protect families from lead and other housing hazards.

HUD OLHCHH
lead.regulations@hud.gov
hud.gov/lead

This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

U.S. EPA
U.S. CPSC
U.S. HUD

EPA-747-K-25-001
January 2026

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs: epa.gov/lead/contacts.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont and 10 federally recognized Tribes)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands and 8 Tribes)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia and 7 Tribes)

Regional Lead Contact
U.S. EPA Region 3
Four Penn Center
1600 JFK Blvd
Philadelphia, PA 19103-2029

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee and 6 Tribes)

Regional Lead Contact
U.S. EPA Region 4
61 Forsyth Street, SW
Atlanta, GA 30303

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin and 37 Tribes)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1201 Elm Street, Suite 500
Dallas, TX 75270
(214) 665-7577

Region 7 (Iowa, Kansas, Missouri, Nebraska and 9 Tribes)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
LCRD/TTPB
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming and 28 Tribes)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6189

Region 9 (Arizona, California, Hawaii, Nevada, Guam, American Samoa, Northern Marianas, Palau, Micronesia, Marshall Islands and 148 Tribes)

Regional Lead Contact
U.S. EPA Region 9 (LNC-2-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-8000

Region 10 (Alaska, Idaho, Oregon, Washington and 271 Tribes)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified risk assessor at cdxapps.epa.gov/leadpro.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills and other surfaces using wet methods.
- Take precautions to avoid exposure to lead dust when remodeling.
- Hire only EPA-, Tribal- or state-approved Lead-Safe Certified renovation firms when renovating, repairing or painting. Find an EPA-certified firm using cdxapps.epa.gov/leadpro.
- Have your home checked for lead-based paint by a certified inspector or risk assessor before buying, renting or renovating your home.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers and toys often.
- Make sure children eat a well-balanced diet with foods high in iron, calcium and vitamin C as these nutrients may help prevent the absorption of lead.
- Remove shoes or wipe soil and other dirt off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs or painting that disturb painted surfaces)
- Swallow lead dust that has settled on food, food preparation surfaces and other places
- Eat paint chips or soil that contains lead

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have dust that may contain lead on them.



Lead is dangerous to a developing fetus.

- Lead can build up in the body over time, settling in the bones. This stored lead can be transferred during pregnancy to a fetus or after birth to an infant through breast milk.

Please see pages 13 and 14 for more information on sources of lead exposure.

For More Information

The National Lead Information Center
Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call toll-free **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline
For information about lead in drinking water visit epa.gov/safewater or use EPA's Safe Drinking Water online form at epa.gov/safewaterhotline.

Consumer Product Safety Commission (CPSC) Hotline
For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call toll-free **1-800-638-2772,** or visit CPSC's website at cpsc.gov or saferproducts.gov.

Food and Drug Administration
For information on lead in food and foodwares visit www.fda.gov/food/environmental-contaminants-food/lead-food-and-foodwares.

Centers for Disease Control and Prevention
For information on childhood lead poisoning prevention visit: www.cdc.gov/lead

State and Local Health and Environmental Agencies
Some states, Tribes, counties and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state, Tribal or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center toll-free at **1-800-424-LEAD (5323)**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling **711**.

Other Sources of Lead, continued

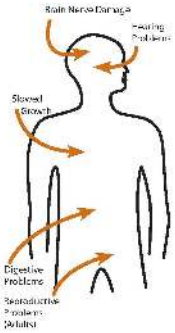
- **Lead smelters** or other industries that release lead into the air.
- **Your job.** Working in certain jobs may increase adults' potential exposure to lead, such as: renovation or repair of older homes and buildings, painting, construction, refinishing furniture, smelting, mining, auto repair, handling firearms and working at hazardous waste sites. If you work with lead, lead dust or soil could get onto your skin, in your hair and clothes, which can be transferred to the inside of your car or home. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, fishing, shooting at a gun range or refinishing furniture that has lead-containing paint or varnish. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint or varnish. Older toys and other children's products may have parts that contain lead.[1]
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Items made in other countries and imported into the United States may have lead including toys, painted furniture, metal or plastic jewelry, health remedies, foods, spices, candies, cosmetics, powders, make-up used in religious and cultural practices and folk remedies, such as **"greta"** and **"azarcon,"** used to treat an upset stomach.
- **Older playground equipment** can contain old lead-based paint, and **artificial turf and playground surfaces** made from shredded rubber can contain lead. Take precautions to ensure young children do not eat shredded rubber or put their hands in their mouth before washing them.

[1] In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead above 100 ppm by weight in most children's products.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that no safe blood lead level has been identified and even exposure to low levels of lead can harm children.

In children, exposure to lead can cause:



- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder and decreased intelligence
- Speech, language and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness and in some cases, death.

In adults, exposure to lead can cause an increased risk of:

- Miscarriage during pregnancy
- The baby being born too early or too small
- Harm to a developing fetus' brain, kidneys and nervous system
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels (BLLs) tend to increase rapidly from 6 to 12 months of age, and BLLs tend to peak at 18 to 24 months of age.

A simple blood test is the best way to find out if a child has been exposed to lead. A child who has been exposed to lead may not have visible signs or symptoms and may look and act healthy. Consult your doctor for advice on getting your children tested.

Blood lead tests are required for the following groups:

- Children at 12 and 24 months enrolled in Medicaid
- Children between 24 and 72 months enrolled in Medicaid with no record of a previous blood lead test
- Children who should be tested under your Tribal, state or local health testing plan

Blood lead tests are recommended for the following groups:

- Children at 12 and 24 months living in areas that are at higher risk* or who belong to populations that are at higher risk
- Children or other family members who have been exposed to lead

Your doctor can explain what the test results mean and if more testing will be needed.

* Some children are more likely to be exposed to lead than others. These include children who live or spend time in a house or building built before 1978, are from low-income households, live or spend time with someone who works with lead or are immigrants, refugees or recently adopted from less developed countries.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water in homes are lead pipes, fixtures, brass or chrome-plated brass faucets and plumbing with lead solder.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested (See below).

Remember that older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please use EPA's Safe Drinking Water online form at epa.gov/safewaterhotline.

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:



- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state or Tribal program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*

RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. These prohibited methods are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods and then checked to confirm adequate cleanup.
- **Dispose of waste properly.** Collect and seal waste in a heavy-duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.[1]

Many homes and childcare facilities built before 1978 may have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.[2]

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country or suburbs
- In private and public single-family homes and apartments
- On surfaces inside and outside of the house
- In soil around a home (soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars)

Learn more about where lead is found at epa.gov/lead.

[1] "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm^2), or more than 0.5% by weight.

[2] "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters and porches

Lead-based paint is usually not a hazard if it is in good (intact) condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines any reportable level of lead dust measured by an EPA-recognized lead laboratory as hazardous.

If you suspect your home has lead-based paint, you should clean regularly to minimize dust using the information on pages 9 and 11, especially when young children live in the home. EPA does not recommend lead abatements based on lead dust unless the lead dust is at or above the action levels listed on page 11.

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead in dust or soil—which you may not be able to see—can both be hazards.

The only way to find out if paint, dust or soil lead hazards exist is to test for them. The next page describes how to do this.

Reducing Lead Hazards, continued

If your home has had a lead abatement, dust cleanup activities must be conducted once the work is completed. Dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following action levels:

- 5 micrograms per square foot (µg/ft²) for floors, including carpeted floors
- 40 µg/ft² for interior window sills
- 100 µg/ft² for window troughs

Abatements are designed to permanently address lead-based paint hazards. However, when an abatement is complete, lead dust may still remain above reportable levels (see page 6) and can also be reintroduced into an abated area. Steps to keep lead dust low after an abatement include:

- Using a HEPA vacuum on all furniture and other items returned to the area
- Regularly cleaning floors, window sills, troughs and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state, Tribal or local agency (see pages 15 and 16), visit cdxapps.epa.gov/leadpro, or call toll-free 1-800-424-LEAD [5323].

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.



- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing or painting by hiring an EPA-, Tribal- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead–safe work practices in your home.
- To remove lead hazards, you should hire a certified lead abatement contractor. Abatement methods (which are designed to permanently address lead-based paint hazards) include removing, sealing or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint will not permanently address the lead-based paint hazards.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair or painting (RRP) projects that disturb painted surfaces.
- Hire a certified lead abatement contractor to permanently address lead hazards. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.
- Certified contractors will employ qualified workers and follow strict safety rules set by their state or Tribe or by the federal government.

Checking Your Home for Lead

Hire a certified lead professional to get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards or how to deal with them. A trained and certified lead-based paint inspector will inspect the paint using:
  - A portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples collected by the inspector to be tested in an EPA-recognized lead laboratory



- A **risk assessment** tells you if your home currently has any lead hazards from paint, dust or soil, and what actions to take to address any hazards. A trained and certified lead-based paint risk assessor will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust and soil samples
- A **combination inspection and risk assessment** tells you if your home has any lead-based paint, if it has any lead hazards and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed and ask questions about anything you do not understand. Closely monitor areas that are known to have lead-based paint.

Checking Your Home for Lead, continued

In preparing for renovation, repair or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may do any of the following:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis
- Use EPA-recognized tests kits to determine if lead-based paint is absent
- Presume that lead-based paint is present and use lead-safe work practices

There are state, Tribal and federal programs in place to ensure that testing is done safely, reliably and effectively. Contact your state, Tribal or local agency for more information, visit epa.gov/lead, or call toll-free **1-800-424-LEAD [5323]** for a list of contacts in your area.[3]

[3] Hearing- or speech-challenged individuals may access this number through TTY by calling 711.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bedtime.
- Keep play areas clean. Wash bottles, pacifiers, toys and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing or painting, hire only EPA-, Tribal- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat a well-balanced diet of fruits, vegetables, grains, dairy and protein-rich foods. Foods that are higher in iron, calcium and vitamin C may help reduce the body's absorption of lead. Children with empty stomachs absorb more lead than children with food in their stomachs.

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting housing built prior to 1978, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a copy of a federally approved pamphlet on lead poisoning prevention.

LESSOR'S DISCLOSURE

1. Presence of lead-based paint and/or lead-based paint hazards:

☒ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

☐ Known lead-based paint and/or lead-based paint hazards are present in the housing: _____ .

2. Records and reports available to the lessor:

☒ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

☐ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing: _____ .

LESSEE'S ACKNOWLEDGEMENT

Lessee has received copies of all information listed above, if any, and has received the pamphlet *Protect Your Family from Lead in Your Home*.

Initial: S.C. 536B2D33 _____ J.D. 2116498C _____

AGENT'S ACKNOWLEDGEMENT

Agent has informed the lessor of the lessor's obligations under 42 U.S.C. § 4852d and is aware of his/her responsibility to ensure compliance.

Initial: _____

CERTIFICATION OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Initial: S.C. 536B2D33 _____ J.D. 2116498C _____ _____

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:45:10 PM PDT
Key: 536B2D33; IP Address: 23.47.58.133

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:23 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

LEASE BUYOUT AGREEMENT

This Lease Buy-Out Agreement (this "Agreement") dated the **13th** day of **April**, **2026**, is hereby entered into by and between Owner of **DEL MONTE**("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior** ("Residents") in connection with the lease of the premises located at **DEL MONTE** in **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"). All capitalized terms used but not defined herein shall have the meaning set forth in the Residential Lease Contract (the "Lease").

This Agreement provides Residents an opportunity to buy out early from the Residential Lease Contract. Residents must comply with all provisions and conditions of this Agreement in order to terminate liability under the full length of the Residential Lease Contract.

WHEREAS the parties to this Agreement seek to terminate the Lease between Owner and all Residents;

NOW THEREFORE, in consideration of the foregoing, the mutual covenants herein contained and other good and valuable considerations, the parties agree as follows:

1. **Lease Buy-Out Conditions.**
   a. **Notice.** Residents must provide Owner with written notice of buy-out at least **60** days prior to the Residents' intended termination/move-out date; such date **may be during the month**. This notice must be signed by all signatories to the Residential Lease Contract. Owner has the right to begin showing the Leased Premises to prospective residents upon receiving notice of the buy-out and termination date from Residents.
   b. **Good Standing.** Residents must not be in default under the Residential Lease Contract on the date Residents provide notice to Owner about the buy-out or through the intended termination/move-out date. Residents must also be current for all rent payments and all other amounts due and owing under the terms of the Residential Lease Contract through the termination/move-out date.
   c. **Move Out.** Residents must vacate the Leased Premises on or before the intended termination/move-out date.
   d. **Consideration.** In consideration for early termination of the Residential Lease Contract, Residents must pay Owner a buy-out fee of **$4,500.00**. Owner must receive the buy-out fee at the time the buy-out notice is provided to Owner by Residents. Residents may also be liable to Owner for the total dollar amount of any concessions received upon signing or during the term of the Residential Lease Contract depending on the terms of such concessions and any other monetary obligations due. No refund of the buy-out fee is due to Residents regardless of when the unit is re-rented.
2. Owner's deposit of the amounts detailed above constitutes Owner's acceptance of the intended termination/move-out date contained in Residents' buy-out notice. The buy-out will automatically be voided if Residents fail to comply with all the provisions and conditions of this Agreement or the Residential Lease Contract, or if Residents make any false statements or provide false documentation to Owner. If the buy-out is voided (1) the Residential Lease Contract will continue through its full term; and (2) Residents will be subject to all available remedies under the Residential Lease Contract.
3. Residents are not permitted to hold over after the intended termination/move-out provided on the buy-out notice. Residents should contact the Owner about any anticipated problems with moving out by or before the intended termination/move-out date from the buy-out notice. Any extension to the intended termination/move-out date will only be effective if agreed to and signed by all parties in writing.

INTENDING TO BE BOUND, the parties hereto have executed this Agreement as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:45:18 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:26 PM PDT
Key: 2116498C; IP Address: 23.47.58.133

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

MICROMOBILITY DEVICE STORAGE AGREEMENT

California Civil Code Section 1940.41

Resident(s): Shaila Ashlyn Carney and Jose Paulo da Silva Junior		
Owner/Agent: DEL MONTE		
Leased Premises: 5084 Del Monte Ave		**Unit #:** 5084
City: San Diego	**State:** CA	**Zip:** 92107

State law, Civil Code Section 1940.41 provides residents with the limited right to own personal micromobility devices and to store and recharge up to one personal micromobility device in their dwelling unit for each person occupying the unit, provided the device meets one of the following:

(i) Is not powered by an electric motor.

(ii) Complies with the following safety standards:

(I) For e-bikes, UL 2849, the Standard for Electrical Systems for E-bikes, as recognized by the United States Consumer Product Safety Commission, or EN 15194, the European Standard for electrically powered assisted cycles (EPAC Bicycles).

(II) For e-scooters, UL 2272, the Standard for Electrical Systems for Personal E-Mobility Devices, as recognized by the United States Consumer Product Safety Commission, or EN 17128, the European Standard for personal light electric vehicles (PLEV).

(iii) Is insured by the tenant under an insurance policy covering storage of the device within the tenant's dwelling unit. The owner may prohibit the tenant from charging a device in the unit if the device does not meet the standards in subclauses (I) and (II) of clause (ii).

Owner/Agent is not prohibited from doing any of the following:

(1) (A) Prohibiting repair or maintenance on batteries and motors of personal micromobility devices within a dwelling unit. (B) Subparagraph (A) does not prohibit a tenant from changing a flat tire or adjusting the brakes on a personal micromobility device within the unit.

(2) Requiring a tenant to store a personal micromobility device in compliance with applicable fire code.

(3) Requiring a tenant to store a personal micromobility device in compliance with the Office of State Fire Marshal Information Bulletin 23-003 regarding lithium-ion battery safety, issued April 3, 2023, or any updated guidance issued by the Office of the State Fire Marshal regarding lithium-ion battery safety, if such bulletin or guidance is provided to the tenant by the landlord.

❑ **Owner/Agent has provided the tenant with the Office of State Fire Marshal Information Bulletin 23-003.**

The above is a material term of the lease and failure to comply is a substantial breach. Should Resident(s) fail to comply with any part of this Agreement, the Owner/Agent reserves the right to revoke permission to store and/or charge micromobility devices. In such event, Resident(s) agrees to remove devices from the premises within 72 hours of receiving written notice thereof from the Owner/Agent; failure to comply with same shall be grounds for immediate termination of the Rental Agreement.

Residents(s) hereby acknowledge that this Addendum is incorporated into the rental agreement between the resident(s) and Owner/Agent, and may be executed in counterparts and facsimile copies of same shall be admissible for all purposes and shall be deemed an original.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:45:26 PM PDT
Key: 536B2D33; IP Address: 23.47.58.153

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:29 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

The unauthorized copying, duplicating, downloading, display or any other use of this form is not permitted. This form does not constitute legal advice. For legal advice, please consult your attorney.

MOLD ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

Owner has inspected the Leased Premises prior to Residents' occupancy, and Owner knows of no damp or wet building materials and knows of no mold or mildew contamination. Residents are hereby notified that mold, however, can grow if the Leased Premises are not properly maintained or ventilated. If moisture is allowed to accumulate in the Leased Premises, it can cause mold and mildew growth. There are no established guidelines for unacceptable air quality caused by mold. Mold is a naturally occurring phenomenon. Mold and/or mildew should be cleaned as soon as it appears. Mold and/or mildew growth can often be seen in the form of discoloration. The different colors of mold range from white to black, including, but not limited to, green, gray, brown, orange, yellow and other colors.

Residents agree to maintain the Leased Premises in a manner that prevents the occurrence of mold or mildew growth within the Leased Premises. In furtherance of such obligation, Residents agree to perform the following:

1. Keep the Leased Premises free from moisture, dirt and debris that can harbor mold.
2. Inspect the Leased Premises regularly for the indications and sources of indoor moisture.
3. Immediately notify Owner, in writing of any discoloration evidenced on walls, floors, or ceiling and/or any water intrusion, such as roof leaks, window leaks, plumbing leaks, drips, flooding, or "sweating" walls or pipes.
4. Immediately notify Owner, in writing, of overflows from bathroom, kitchen or any other water source facilities, especially in cases where the overflow may have permeated walls, flooring or cabinets.
5. Immediately notify Owner, in writing, of the presence of any mold growth on surfaces inside the Leased Premises.
6. Allow Owner to enter the Leased Premises to inspect and make necessary repairs, in the event mold or water intrusion is present.
7. Utilize bathroom fans while showering or bathing, and notify Owner of any nonworking fans.
8. Utilize stove hood vents/exhaust fans whenever cooking, dishwashing, or cleaning.
9. Use all reasonable care to close all windows and other openings in the Leased Premises to prevent outdoor water from penetrating into the interior of the Leased Premises.
10. Clean and dry any visible condensation/moisture on windows and window tracks, walls, and any other surfaces, including personal property, as soon as reasonably possible.
11. Notify Owner of any problems with air conditioning or heating systems that are discovered by Residents.

NOTE: Mold can grow on damp surfaces within 24 to 48 hours. Condensation on windows indicates that fresh air is not being circulated in the Leased Premises. To prevent condensation/moisture buildup, open windows and air out the Leased Premises for short periods of time to keep fresh air present. Maximize the circulation of air by keeping furniture away from walls and out of corners. Residents may add a little dish soap to the water mixture to cut any dirt and oil on the surface that Residents are cleaning that may contain mold. Do not add other cleaning chemicals, especially ammonia. Dispose of any rags or sponges used to clean the mold in a sealed bag.

Residents agree to indemnify and hold harmless Owner and Owner's Agent from any suits, actions, claims, losses, damages, and expenses and any liability whatsoever that Owner and/or Owner's Agent may sustain or incur as a result of Residents' failure to comply or perform with the obligations set forth above or as the result of intentional or negligent action or failure to act on the part of Residents or any other person living in, occupying, or using the Leased Premises, except if the liability is based upon a negligent act or omission of Owner and/or Owner's Agent.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:46:27 PM PDT
Key: 536B2D33; IP Address: 23.38.164.82

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:36 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

MOVE-IN - PRE-MOVE-OUT - MOVE-OUT INSPECTION FORM

Community Name: DEL MONTE
Resident's Name: Shaila Ashlyn Carney and Jose Paulo da Silva Junior
Resident's Address: 5084 Del Monte Ave #5084, San Diego, CA 92107

LIVING ROOM	LIVING ROOM	LIVING ROOM			LIVING ROOM		
Room / Item	Move In Condition is Clean, No damage except as noted	Pre-Move Out Condition	Cleaning Charge	Damage Charge	Move Out Condition	Cleaning Charge	Damage Charge
Floor/Carpet							
Fireplace							
Lights							
Window/Screens							
Paint/Walls							
Other							
DINING ROOM	**DINING ROOM**	**DINING ROOM**			**DINING ROOM**		
Room / Item	Move In Condition is Clean, No damage except as noted	Pre-Move Out Condition	Cleaning Charge	Damage Charge	Move Out Condition	Cleaning Charge	Damage Charge
Floor/Carpet							
Lights							
Windows/Screens							
Paint/Walls							
Other							
ENTRY & HALL	**ENTRY & HALL**	**ENTRY & HALL**			**ENTRY & HALL**		
Room / Item	Move In Condition is Clean, No damage except as noted	Pre-Move Out Condition	Cleaning Charge	Damage Charge	Move Out Condition	Cleaning Charge	Damage Charge
Floor/Carpet							
Lights							
Windows/Screens							
Paint Walls							
Other							
KITCHEN	**KITCHEN**	**KITCHEN**			**KITCHEN**		
Room / Item	Move In Condition is Clean, No damage except as noted	Pre-Move Out Condition	Cleaning Charge	Damage Charge	Move Out Condition	Cleaning Charge	Damage Charge
Floor/Carpet							
Cabinets							
Range Top/Oven							
Hood, Filter, Fan							
Refrigerator							
Dishwasher							
Microwave							
Lights							
Sink							
Counters/ Countertops							
Pantry Doors							
Windows/Screens							
Paint/Walls							
Other							

BATHROOMS	Bath 1	Bath 2		Bath 1	Bath 2			Bath 1	Bath 2		
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Floors											
Cabinets											
Sink/Vanity/Mirror											
Tub/Shower											
Toilet											
Lights											
Windows/Screens											
Paint/Walls											
Other											
Resident Initials	Move In			Pre-Move out				Move Out			

BEDROOMS	Brdm 1	Brdm 2		Brdm 1	Brdm 2			Brdm 1	Brdm 2		
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Floors/Carpet											
Lights											
Windows/Screens											
Closets/Doors											
Paint/Walls											
Other											
BEDROOMS	**Brdm 3**	**Brdm 4**		**Brdm 3**	**Brdm 4**			**Brdm 3**	**Brdm 4**		
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Floors/Carpet											
Lights											
Windows/Screens											
Closets/Doors											
Paint/Walls											
Other											
LAUNDRY	**LAUNDRY**			**LAUNDRY**				**LAUNDRY**			
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Washer/Dryer											
Floors											
OTHER	**OTHER**			**OTHER**				**OTHER**			
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Smoke/Carbon Detectors											
Alarms											
Locks											
Window Coverings											
Other											
PATIO/BALCONIES	**PATIO/BALCONIES**			**PATIO/BALCONIES**				**PATIO/BALCONIES**			
Room / Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Walls											
Floors											
Other											
PARKING/STORAGE	**PARKING/STORAGE**			**PARKING/STORAGE**				**PARKING/STORAGE**			
Item	Move In Condition is Clean, No damage except as noted			Pre-Move Out Condition		Cleaning Charge	Damage Charge	Move Out Condition		Cleaning Charge	Damage Charge
Garage/Parking Space											
Doors											
Walls											
Other											
Resident Initial	Move In			Pre-Move Out				Move Out			

KEYS/REMOTE	KEYS/REMOTE	KEYS/REMOTE
Key FOB	# Issued	# Received
Garage Remote	# Issued	# Received
Keys	# Issued	# Received

Move In Comments:

Pre-Move Out Comments:

Move Out Comments:

By signing below, Residents acknowledge that Residents have inspected the Leased Premises, and that all items within the Leased Premises will be assumed to be in good condition unless otherwise noted on this form. Furthermore, Residents acknowledge that no signs of bedbugs or other pests are present, and that the Leased Premises are in a decent, safe and sanitary condition. Residents hereby accept this form as part of the Residential Lease Contract and agree that it accurately reflects the condition and cleanliness of or existing damages to the Leased Premises. For Move-In inspections, the Resident will have 5-days from the day of move-in to report any additional damages not already listed. This form is not deemed received by Owner unless it is signed by Owner or an authorized agent of Owner.

After giving or receiving notice of termination of this Agreement, Residents have the right to request that an inspection of the Leased Premises take place prior to termination of this Agreement. If Residents request such an inspection, Residents shall be given an opportunity to remedy identified deficiencies prior to termination, consistent with the terms of this Agreement. Any repairs or alterations made to the Leased Premises as a result of this inspection (collectively, "Repairs") shall be made at Residents' expense. The work shall comply with applicable law, including governmental permit, inspection and approval requirements. Repairs shall be performed by Residents or through others, who have adequate insurance and licenses and are approved by Owner. Repairs shall be performed in a good, skillful manner with materials of quality and appearance comparable to existing materials. Residents shall: (a) obtain receipts for Repairs performed by others; (b) prepare a written statement indicating the Repairs performed by Residents and the date of such Repairs; and (c) provide copies of receipts and statements to Owner prior to termination. This subparagraph does not apply when the tenancy is terminated pursuant to California Code of Civil Procedure Section 1161 (2), (3), or (4).

(Resident) *Date*

(Resident) *Date*

(Owner/Agent) *Date*

CITY OF SAN DIEGO NOTICE OF RIGHT TO OPERATE A FAMILY DAYCARE HOME

Resident(s): Shaila Ashlyn Carney and Jose Paulo da Silva Junior
Owner/Agent: DEL MONTE
Leased Premises: 5084 Del Monte Ave **Unit #:** 5084
City: San Diego **State:** CA **Zip:** 92107

Notice of Right to Operate a Family Daycare Home: Use of this rental property as a family daycare home is protected by state law in California Health and Safety Code sections 1597.30 – 1597.622. A family daycare home is where the daycare provider lives and provides care, protection, and supervision for 14 or fewer children for periods of less than 24 hours per day while the parents or guardians are away. The property owner or manager may not refuse to rent, or refuse to allow you to use, the rental property as a family daycare home. You may be required to provide notice to the property owner or manager that you operate or plan to operate a family daycare home. The property owner or manager may require an increased security deposit. If you believe your rights under this state law have been denied, you may file a complaint with the California Civil Rights Department.

Except as expressly modified hereunder, the remaining terms and conditions of the rental agreement as previously amended shall remain in full force and effect.

Resident(s) hereby acknowledges that this addendum is incorporated into the rental agreement between the Resident(s) and Owner/Agent.

The parties hereto represent and acknowledge that in executing this Agreement they do not rely upon and have not relied upon any representation made by the other party with regard to the subject matter of this Addendum, or its effects, other than those representations specifically set forth herein. No supplement, modification, or amendment of this Addendum shall be binding unless executed ***in writing*** by both parties.

This Addendum may be executed in counterparts and facsimile copies of same shall be admissible for all purposes and shall be deemed an original.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:47:21 PM PDT
Key: 536B2D33; IP Address: 23.47.58.153

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:46 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

Southern California Rental Housing Association

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Form 240 © 2023

PARKING/STORAGE/GARAGE ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

Vehicle Information					
Year:	**Make:**	**Model:**	**Color:**	**Plate #:**	**State:**
2012	subaru	Forester	Silver	9wze718	CA

Parking/Storage Information				
Parking Space #(s):	**Garage #(s):**	**Carport #(s):**	**Parking Permit #(s):**	**Storage #(s):**
N/A	N/A	N/A	N/A	N/A

Parking Rent:	**Garage Rent:**	**Carport Rent:**	**Storage Rent:**
$0.00	$0.00	$0.00	$0.00

1. Residents agree to pay the monthly fee for the parking and/or storage premises described above at the rate of **$0.00** per month. The monthly fee is due and payable on or before the **1st** of the month in conjunction with payment of rent for the Lease Premises. Rent paid after the **3rd** of the month will be considered delinquent and assessed a **$0.00** late fee.
2. Residents agree to pay an additional Security Deposit in the amount of **$0.00**, prior to taking occupancy of the above-listed item. This additional deposit effectively increases an existing or pre-existing Security Deposit, and, at Owner's sole option, may be retained by Owner to offset any Residents' default in and/or non-compliance with the Residential Lease Contract, the Parking/Storage/Garage ADDENDUM or any applicable law termination.
3. Failure to pay rent before the **4th** of the month will result in a **3** Day Notice to Pay Rent or Quit for any unpaid balance.
4. Any items shall be deemed abandoned if not removed within eighteen (18) days after proper notification. Upon such abandonment, Owner may remove all personal property therein and, depending on the value of the abandoned property, either dispose of it or sell it at public sale and the proceeds from the sale thereof may be applied to the expenses for removal, advertisement of sale, and for lost rental revenues.
5. This Addendum will be concurrent with the term of the Residential Lease Contract and terminates upon the termination of occupancy of the Leased Premises unless earlier terminated by agreement of the parties or as a result of breach.
6. To the extent allowed by applicable law, Owner shall not be liable for any damage or loss to personal property, motor vehicles of, or the contents of motor vehicles of, Residents, any member of Residents' household, occupants, guests, invitees, or other persons. Failure of Residents, any member of Residents' household, occupants, guests, invitees, or other persons to follow Community Policies and Rules and/or posted signs relating to parking and operation of vehicles will result in the towing of the offending vehicle at the cost of the vehicle owner. The location and number of any parking space(s) assigned to Residents may be changed at any time at the sole discretion of Owner.

STANDARD STORAGE POLICIES

1. Residents agree to use the storage space for the storage of personal belongings. The storage space may not be used for occupancy, entertainment, conducting business, or storage of a motor or recreational vehicle. Loitering is prohibited in the storage space.
2. Residents agree to keep the door to the storage space closed and secure when not present.
3. Items that pose an environmental hazard or a risk to the safety or health of other residents, occupants, or neighbors in Owner's sole judgment or that violate any government regulation may not be stored in the storage space. Prohibited items include fuel (other than a properly capped fuel tank of a vehicle), fireworks, rags, piles of paper, or other material that may create a fire or environmental hazard. Owner may remove from such areas, without prior notice, items that Owner believes might constitute a fire or environmental hazard.
4. Storage of food or other recyclable goods which could attract vermin is prohibited.
5. Residents agree not to store or cage animals in the premises.
6. Owner assumes no responsibility for damage caused by insects or weather conditions to items stored in the premises.
7. Residents acknowledge that Owner does not provide insurance to cover Residents' belongings. Owner has no liability whatsoever for loss or damage to Residents' property whether by fire, theft, vandalism or while items are within the premises.
8. Residents agree to obtain renters insurance for all items stored in the premises.
9. No improvements or alterations shall be made without written consent of Owner. To protect the walls of the premises, use of screws, nails or hooks upon the floors, doors, cabinets or walls are prohibited without Owner's prior written permission.
10. Residents acknowledge that the storage space does not include a smoke/carbon monoxide detector unless required by law.

11. Owner reserves the right to inspect the storage space at any time for emergency or for the purpose of compliance with the terms and conditions of this Addendum.

STANDARD PARKING POLICIES

1. Residents agree vehicle(s) must be registered and insured as required by state and local law. Inoperable and/or illegally parked vehicles will be towed at vehicle owner's expense.
2. Vehicles must be operating on a **weekly basis**. Inoperable vehicles are considered but not limited to those vehicles not driven regularly, those with flat tires, not mechanically fit or properly registered.
3. Auto repairs are not permitted on the premises.
4. Music and noise from vehicles must be kept at a minimum to avoid disturbing other residents.
5. Residents are responsible for maintaining the parking stalls free of oil spills or other fluid leaks.
6. Parking spaces may not be used for storage of any kind.
7. Guest parking is limited to: **Open uncovered spaces, Street Parking, Off Premises, Designated Guest Parking, Parking Garage, and By Permit**.
8. Vehicles stopped, parked or double parked in handicap spaces (without displaying appropriate permits), fire hydrant restricted areas, non-designated parking areas, red zones, other residents' assigned spaces or rental office parking may be subject to citations and/or towing at the vehicle owner's expense, as allowed by applicable law.
9. Assigned spaces can be changed at any time at the discretion of the Owner.
10. Speed limits are **5 miles per hour** miles per hour throughout the community.
11. Residents acknowledge that Owner does not provide insurance to cover vehicles or their contents.

STANDARD GARAGE POLICIES

1. Residents agree to utilize the premises for the parking of **one automobile(s)**.
2. The garage door is to be secured closed and locked when Residents are not present.
3. The premises may not be used as a place of occupancy, for loitering, entertaining or the consumption of alcoholic beverages.
4. Residents must maintain premises in a safe and clean condition.
5. Residents acknowledge that the garage does not include a smoke/carbon monoxide detector unless required by law.
6. Items that pose an environmental hazard or a risk to the safety or health of other residents, occupants, or neighbors in Owner's sole judgment or that violate any government regulation may not be stored in the garage area. Prohibited items include fuel (other than a properly capped fuel tank of a vehicle), fireworks, rags, piles of paper, or other material that may create a fire or environmental hazard. Owner may remove from such areas, without prior notice, items that Owner believes might constitute a fire or environmental hazard.
7. Owner reserves the right to inspect the premises at any time for emergency or for the purpose of compliance with the terms and conditions of this agreement.
8. This agreement can be terminated by either party with a thirty (30) day written notice.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:47:28 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:52 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

DEL MONTE Pool Rules

1. The Pool is to be used only between the hours of 8 am and 10 pm.
2. The Pool is reserved exclusively for use of residents of the building. Guests can use the pool only with express prior permission from Management.
3. Children under the age of fourteen (14) shall not use the pool without a parent in attendance. There must be at least one (1) supervising adult per four (4) children AT ALL TIMES.
4. Any person known to be, or suspected of being afflicted with an infectious disease, suffering from a cough, cold, sores or wearing band-aid/bandages shall be excluded from using all pool facilities unless such a person submits a written statement, signed by a licensed physician, confirming the person does not present a health hazard to other pool users, or permission is given by Management.
5. No food may be served or eaten in or around the Pool area at any time without manager's consent. Refreshments must be served in unbreakable containers.
6. No alcoholic beverages shall be served or consumed in or around the Pool area at any time. No person under the influence of alcoholic beverages is permitted in or near the pool.
7. Running and jumping, "horseplay", fighting, boisterous or dangerous conduct, and/or any noisy behavior disturbing to the other residents, is forbidden in or around the Pool area.
8. No radios, record players, or any other musical instruments may be used in or around the Pool area without the consent of Management.
9. Residents and their guests are required to be properly attired at all times, going to and from and in or around the Pool area. Proper attire is swimming suits only! No cut-off jeans, t-shirts or shorts will be allowed as swim wear.
10. Showering is required prior to using the Pool. Those using the Pool shall dry themselves off before leaving the Pool area.
11. Residents and guests will place their own towels over Pool furniture when using suntan oil or other lotions.
12. No toys, inner tubes or any other objects whatsoever will be allowed in the Pool at any time.
13. Pool safety equipment is not to be used except in case of emergency.
14. Pool safety line is to remain attached to pool sides at all times. If swimming laps, it may be removed temporarily but must be put back in place once laps are completed.
15. Resident agrees to abide by all applicable health and safety laws regarding use of the pool.
16. NO LIFEGUARD WILL BE ON DUTY.
    - Persons using pool facilities do so at their own risk.
    - Owner/Agent is not responsible for accident or injury.
    - Owner/Agent is not responsible for articles lost, damaged, or stolen.

NOTE: This does not waive Owner's duty of care to prevent personal injury or property damage where that duty is imposed by law.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:47:33 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:37:55 PM PDT
Key: 2116498C; IP Address: 23.47.58.133

Jose Paulo da Silva Junior *(Resident)* *Date*

PROPOSITION 65 BROCHURE

Warning

This Facility Contains Chemicals Known to the State of California To Cause Cancer and/or Birth Defects Or Other Reproductive Harm.

California's Proposition 65 Warning

California's Proposition 65 (Safe Drinking Water and Toxic Enforcement Act of 1986) requires businesses with 10 or more employees to provide warnings prior to exposing individuals to chemicals known to the State to cause cancer, and/or birth defects or other reproductive harm.

These types of chemicals are found within this establishment. This brochure provides you with information on what chemicals are present and what your exposures to them might be.

Sources of Chemical Exposures

California's Proposition 65 has identified hundreds of chemicals known to the State of California to cause cancer, and/or birth defects or other reproductive harm. The law requires that businesses with 10 or more employees warn you prior to knowingly and intentionally exposing you to any of these chemicals when the exposure is over a certain level. While many exposures are associated with industrial activities and chemicals, everyday items and even the air we breathe routinely contain many of these chemicals. This brochure provides warning and information regarding exposures to these chemicals that occur in this facility. In many instances, we do not have information specific to this facility. Instead we have relied upon experts in this field to tell us where and to which chemicals these exposures might occur. For other exposures to listed chemicals, enough is known to identify specific areas of exposure.

The regulations implementing Proposition 65 offer warnings for various circumstances. Some of those warnings you may see in this residential rental property include the following:

- **General - Warning:** This Facility Contains Chemicals Known to the State of California To Cause Cancer, And Birth Defects Or Other Reproductive Harm.
- **Foods and Beverages - Warning:** Chemicals Known To The State of California To Cause Cancer, Or Birth Defects Or Other Reproductive Harm May Be Present In Foods Or Beverages Sold Or Served Here.
- **Alcohol - Warning:** Drinking Distilled Spirits, Beer, Coolers, Wine, And Other Alcoholic Beverages May Increase Cancer Risk, And, During Pregnancy, Can Cause Birth Defects.

Second Hand Tobacco Smoke and Tobacco Products.

Tobacco products and tobacco smoke and its by-products contain many chemicals that are known to the State of California to cause cancer, and birth defects or other reproductive harm. Smoking may occur in certain common and private areas.

Furnishings, Hardware, and Electrical Components.

Room furnishings and building materials contain formaldehyde, which is known to the State of California to cause cancer. Furniture, foams, brass keys, electrical power cords, carpeting, carpet padding, wall coverings, wood surfaces, and vinyl, contain a number of chemicals, including lead, and formaldehyde, known to cause cancer, and/or birth defects or other reproductive harm. Their presence in these materials can lead to exposures. Certain molds that may be present contain chemicals, including sterigmatocystin, known to the State of California to cause cancer.

Combustion Sources.

Combustion sources such as gas stoves, fireplaces, and barbeques contain or produce a large number of chemicals, including acetaldehyde, benzene and carbon monoxide, known to the State of California to cause cancer, and/or birth defects or other reproductive harm which are found in the air of this complex. Any time organic matter such as gas, charcoal or wood is burned, Proposition 65-listed chemicals are released into the air.

Construction and Maintenance Materials.

Construction and maintenance materials contain Proposition 65-listed chemicals, such as roofing materials manufactured with vinyl chloride monomer, benzene and ceramic fibers, which are known to cause cancer, or birth defects or other reproductive harm. Construction materials used in walls, floors, ceilings and outside cladding contain chemicals, such as formaldehyde resin, asbestos, arsenic, cadmium and creosote, which are released as gases or vapors during normal degradation or deterioration, and as dust or particulate when disturbed during repairs, maintenance or renovation, all of which can lead to

exposures.

Certain Products Used In Cleaning And Related Activities.

Certain cleaning products used for special cleaning purposes such as graffiti removal and spot and stain lifters contain chlorinated solvents including perchloroethylene and urinal odor cakes contain paradichlorobenzene which are Proposition 65-listed chemicals known to cause cancer or birth defects or other reproductive harm.

Swimming Pools and Hot Tubs.

The use and maintenance of a variety of recreational activities and facilities such as swimming pools and hot tubs where chlorine and bromine are used in the disinfecting process can cause exposures to chloroform and bromoform which are chemicals known to the State of California to cause cancer.

Paint and Painted Surfaces.

Certain paints and painted surfaces contain chemicals, such as lead and crystalline silica, that are known to the State of California to cause cancer, and/or birth defects or other reproductive harm. Lead-based paint chips may be ingested and crystalline silica may be released into the air and lead to exposures.

Engine Related Exposures.

The operation and maintenance of engines, including automobiles, vans, maintenance vehicles, recreational vehicles, and other small internal combustion engines are associated with this residential rental facility. Motor vehicle fuels and engine exhaust contain many Proposition 65-listed chemicals, including benzene, carbon monoxide and, for diesel engines, diesel exhaust, which are known to the State of California to cause cancer, and/or birth defects or other reproductive harm. In parking structures and garages, exhaust fumes can concentrate, increasing your exposure to these chemicals.

Pest Control and Landscaping.

Pests control and landscaping products used to control insects and weeds contain resmethrin, mycobutonil, triforine and arsenic trioxide which are known to the State to cause cancer and/or birth defects or other reproductive harm.

RESIDENT CONTACT INFORMATION

ADDRESS: 5084 Del Monte Ave San Diego, CA92107	**LEASE PREMISES #:** 5084
RESIDENT: Shaila Ashlyn Carney	
PREFERRED METHOD OF CONTACT: ❑ Telephone ❑ Email ❑ Text	
E-MAIL ADDRESS: shailacarney@gmail.com	
DAY TIME CONTACT NUMBER: (978) 852-5606	**EVENING TIME CONTACT NUMBER:**
EMERGENCY CONTACT	
EMERGENCY NAME: Sean Carney	**CONTACT NUMBER:** (978) 866-3170
EMERGENCY NAME:	**CONTACT NUMBER:**

It is imperative that whenever you make a change to your contact information that you let us know so that we can update our records. Thank you for your cooperation.

Signed by Shaila Ashlyn Carney
Mon Apr 13 2026 01:48:13 PM PDT
Key: 536B2D33; IP Address: 23.38.164.81

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:01 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

RESIDENT CONTACT INFORMATION

ADDRESS: 5084 Del Monte Ave San Diego, CA92107	**LEASE PREMISES #:** 5084
RESIDENT: Jose Paulo da Silva Junior	
PREFERRED METHOD OF CONTACT: ❑ Telephone ❑ Email ❑ Text	
E-MAIL ADDRESS: josezeep@gmail.com	
DAY TIME CONTACT NUMBER: (858) 302-1165	**EVENING TIME CONTACT NUMBER:**
EMERGENCY CONTACT	
EMERGENCY NAME: Sandro	**CONTACT NUMBER:** (619) 300-8123
EMERGENCY NAME:	**CONTACT NUMBER:**

It is imperative that whenever you make a change to your contact information that you let us know so that we can update our records. Thank you for your cooperation.

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:09 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

SATELLITE DISH AND ANTENNA ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

Federal Communications Commission ("FCC") rules allow Residents limited rights to install, maintain, or use a satellite dish or receiving antenna subject to reasonable restrictions by Owner. Residents are required to comply with the restrictions for the installation and use of such equipment set forth below.

1. **Size and Location.** Satellite dishes or antenna may not exceed one meter, or 39.37 inches, in diameter. Residents may install only one satellite dish or antenna in an area of the Leased Premises over which Residents have exclusive use or control. "Exclusive use" refers to an area of the Leased Premises that only the Resident and their guests may enter or use. Residents are prohibited from installing a satellite dish or antenna in restricted and common areas, including but not limited to the roof, exterior walls, windows, or fences.

2. **Installation.** Residents may install a satellite dish or antenna after the following conditions are met: (1) Owner receives this signed addendum; (2) Owner receives applicable written evidence of liability insurance, as detailed below; (3) Owner receives applicable additional security deposit, as detailed below; and (4) Residents receive written confirmation from Owner that the installation materials and the person or company who will do the installation comply with the terms of this addendum.

   a. **Placement.** Residents are prohibited from making physical modifications to the Leased Premises and installing the satellite dish, antenna, or other equipment in a manner which causes physical or structural damage to the Leased Premises, including but not limited to drilling holes in exterior or interior walls, doors, or windowsills.

      If Residents install the satellite or antenna in a permissible exterior area of the Leased Premises, Residents must ensure that any cable or equipment used to transmit a signal into the interior of the Leased Premises does not physically modify or alter the Leased Premises or interfere with the proper function of any doors or windows.

   b. **Safety.** The satellite dish or antenna must comply with reasonable safety standards and be safely secured within the Leased Premises under exclusive use of Residents by (1) clamping it to a part of the building exterior; (2) securely attaching it to a small slab of concrete or other portable heavy object; or (3) any other method approved in advance by Owner in writing.

   c. **Noninterference.** The satellite, antenna, and related equipment may not (1) interfere with Owner's or other neighboring properties' electrical, telephone, or cable systems; (2) be connected to Owner's telecommunications system; and (3) be connected to Owner's electrical system other than in a manner determined by Owner. Owner is not responsible for the ability to receive or transmit a signal within the Leased Premises.

3. **Workmanship.** For safety purposes: Residents must obtain Owner's approval of (1) strength and type of materials to be used for installation, and (2) the person or company who will perform the installation. A qualified person or company that has workers compensation insurance and adequate public liability and property damage insurance must do the installation and evidence of licensing and insurance must be provided to Owner. Residents must obtain any permits required by local governmental authorities for the installation and comply with any applicable laws or ordinances.

4. **Maintenance.** Residents are solely responsible for all maintenance of the satellite dish, antenna, and all related equipment. If necessary, Owner may temporarily remove the satellite dish, antenna, or related equipment for maintenance or repairs of the building.

5. **Removal and damages.** The satellite dish, antenna, and all related equipment must be removed when Residents move out of the Leased Premises. Residents are liable for any damage to the Leased Premises and must pay for reasonably necessary costs to repair and repaint the Leased Premises.

6. **Liability insurance and indemnity.** Residents are fully responsible for any satellite dish or antenna and related equipment. Owner **does** require evidence of liability insurance. If Owner does require insurance, prior to installation, Residents must provide Owner with evidence of liability insurance to protect Owner against claims of personal injury to others and property damage related to Residents' satellite dish, antenna, or related equipment. A personal liability policy in the amount of **$1,000.00** must be provided prior to installation and must remain in force while the satellite dish or antenna remains installed. To the extent permitted by applicable law, Residents agree to defend, indemnify and hold Owner harmless from the above claims by others.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:17 PM PDT
Key: 2116498C; IP Address: 23.38.164.81

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

SECURITY ALARM ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

1. A security alarm is provided in the Leased Premises; however, the existence of such alarm does not guarantee the safety or security of the Leased Premises or Residents. Residents are responsible for the safety and security of themselves, their Occupants, and guests. Residents should always take reasonable measures and precautions in securing the Leased Premises and their personal property, including but not limited to purchasing casualty insurance.

Use of the security alarm is _____ in the Leased Premises. Residents are responsible for false alarm charges resulting from the use of the security alarm in the Leased Premises.

2. Residents _____ required to obtain a permit from the city before activating and using the security alarm.

3. Residents agree to exercise reasonable care in the operation of the security alarm and any related equipment. Residents will follow all written instructions related to the operation of the alarm as provided by Owner.

4. Residents **will not** have to activate and maintain the security alarm with an independent alarm company. Residents may choose which alarm company to use to operate and maintain the security alarm.

It is the Residents' responsibility to contact the security alarm company immediately for repair if the security alarm malfunctions. _____ will pay for the cost to repair the security alarm.

5. Residents are required to provide Owner with the security code and any special instructions relating to the operation of the security alarm once it has been activated. Pursuant to the terms of lawful entry in the Residential Lease Contract, Owner may enter the leased Premises to turn off the alarm in situations described below. If Residents fail to provide such information, Residents are responsible for reimbursing Owner for any expenses incurred to enter the Leased Premises to turn off the alarm.

6. In the event of a crime or emergency, call 911, then contact Owner. While Owner is not required to respond to the security alarm, Owner reserves the right to enter the Leased Premises in order to turn off the security alarm in situations where the alarm malfunctions, is not timely turned off, or in order to minimize disruption.

7. Unless otherwise specified in this Addendum, Owner makes no warranties or guarantees, express or implied, concerning the use or operation of the security alarm. All warranties and guarantees not specified in this Addendum are expressly disclaimed.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:20 PM PDT
Key: 2116498C; IP Address: 23.47.58.133

Shaila Ashlyn Carney *(Resident)* *Date*

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

SMOKE-FREE ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

Residents and Owner acknowledge that smoking negatively effects the health of the community at large and contributes to an increased risk of fire and maintenance and cleaning costs of the Leased Premises. In order to help minimize these issues, Residents and Owner agree to the following terms:

1. **Definition of Smoking:** "Smoking" means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, vapor smoking product, or other tobacco product or similar lighted product, including marijuana, in any manner or in any form. Designated smoking areas are as follows: **Designated Smoking Areas1 Designated Smoking Areas2**.

2. **Smoke-Free Areas:** Residents, Occupants, guests, or other individuals may not smoke anywhere in the designated smoke-free areas.

   Smoking is prohibited at the Residential Community, including the Leased Premises, private outdoor spaces associated with the Leased Premises, including but not limited to balconies, patios and decks, and common areas: clubhouse, rooftop decks, business centers, media rooms, laundry facilities, fitness center, office and **20** feet of the exit, entrance, or operable window of any private building or structure designated as non-smoking.

3. **Compliance.** Residents must comply with the terms and provisions of this Addendum and inform all Occupants and guests of the Smoke-Free Areas. Residents shall promptly provide written notice to Owner of any incident of smoking or migrating secondhand smoke into the Leased Premises.

4. **Disclaimer by Owner.** Owner's adoption and enforcement of Smoke-Free Areas is not a warranty or guarantee of the Residents' health, habitability, or smoke-free condition of the Leased Premises or other Smoke-Free Areas. Owner will take reasonable steps to enforce Smoke-Free Areas, however Owner is not required to take any steps unless Owner has actual knowledge or has received written notice about violations to the Smoke-Free Areas policy.

5. **Effect of Breach:** Residents agree that the provisions, obligations, and conditions of this Addendum are reasonable and material and that a breach by Resident of any such provision, obligation, or condition constitutes a material breach thereof and may be grounds for immediate termination of the Residential Lease Contract by Owner.

6. **Complaint Policy:** Complaints must be submitted in writing to Owner. Owner shall take the following actions upon receipt: 1) place a courtesy call to the resident that is smoking; 2) send a letter to the resident confirming the no smoking policy; 3) send a notice to perform or quit to the resident for repeated violations of the no smoking policy; and 4) if the resident fails to comply with the no smoking policy, Owner reserves the right to terminate the Residential Lease Contract.

Violations of Owner's smoke-free policies will be considered grounds to terminate the Residential Lease Contract to the extent permitted by applicable law.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:28 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

ESTIMATED STANDARD CLEANING AND REPAIR CHARGES

This is an Addendum to the Residential Lease Contract dated **April 13, 2026** between **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior** ("Residents") for the residence located at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises").

The following information is provided to assist you in your move-out and assist in assessing any charges that may be applicable. A full inspection of the Leased Premises will be made only after you have moved out. If the move-out occurs during regular business hours, a property representative should be scheduled to walk the Leased Premises with you. If the Leased Premises are in need of cleaning or repair, the following estimated charges will be used as a guide to assess amounts to be deducted from the security deposit and charged to you, if the amount assessed exceeds the security deposit. In the event that Residents are charged for amounts above the security deposit, Owner requires the sums due be paid via certified funds. Please note that this is not a complete list of all possible estimated charges that you may incur when the Leased Premises are inspected. **Please also note that these charges are estimates only to give you an idea of the charges you may incur for particular items. You may be charged more than the maximum, depending upon the costs or charges we incur.** Please leave a forwarding address on file with the office.

KITCHEN CLEANING	
Oven	$15.00 - $50.00
Drip Pans	$5.00 - $50.00
Stove and Vent-a-Hood	$10.00 - $15.00
Refrigerator/Freezer	$10.00 - $50.00
Dishwasher/Microwave	$10.00 - $25.00
Cabinets and Countertops	$10.00 - $30.00
Floors	$15.00 - $75.00
BATHROOM CLEANING	
Toilet	$10.00 - $30.00
Tub/Shower	$10.00 - $80.00
Sinks/Counters/Mirrors	$10.00 - $40.00
MISCELLANEOUS	
Blinds (Windows/Patio)	$15.00 to Estimate
Carpet Repair	Estimate
Tile Floor Repair or Waxing/Cleaning	$15.00 to Estimate
Sheetrock Repairs	$10.00 to Estimate
Furniture Cleaning (if applicable)	Actual Cost
Window Cleaning - Window	$10.00 each
Window Cleaning - Sliding Glass Doors	$15.00 each
Graffiti Removal	$5.00 per letter
Carpet Cleaning/Stain Removal	$25.00 to Estimate
Standard Trash Removal	$10.00 per bag
Appliance Damage	Actual Cost
Smoking - Carpet and Painting	Actual Cost
Animals - Carpet and Painting	Actual Cost

REMOVING PROPERTY

Cost of removing property (such as furniture pieces), including storage	$25.00-100.00 each piece

ESTIMATED REPLACEMENT CHARGES

If any items are missing/damaged to the point that they must be replaced when you move out, you will be charged for the cost of the item in addition to possible labor services. The following list represents, but is not limited to, various replacement charges. You may be charged more than the maximum, depending upon the cost or charges we incur.

Window Glass	Estimate
Patio Door Glass	Estimate
Window Screens	$10.00-35.00
Patio Screens	$30.00-65.00
Mail Box Keys	$10.00 per key
Furniture Replacement (if applicable)	Actual Cost
Keys Not Returned/New Lock	$25.00-125.00
Ice Maker Tray	$10.00
Refrigerator Shelves/Rack	$35.00 - $60.00
Disposal Damage	$65.00 - $125.00
Window Coverings Replaced	$12.00-150.00
Interior Door/Door Jam	$45.00-75.00
Fire Extinguisher	$35.00 each
Mirrors	$40.00-200.00
Light Fixtures (if original is not available in unit)	$15.00-100.00
Parking Tag	$20.00 each
Counter Top Repairs	Estimate
Broiler Pans	$25.00-$50.00
Smoke Detectors/Carbon Monoxide Detectors	$25.00-$95.00
Access Cards	$10.00 each
Access Remotes/Key Fobs	$75.00 each
Wall Damage/Sheet Rock Repair	Actual Cost
Full Painting	Actual Cost
Carpet Replacement	Actual Cost

Blinds, carpet, vinyl, appliance, replacements will be based on actual cost including labor and installation.

I have reviewed the Estimated Charge Rate Sheet and understand the potential costs associated with the turnover of the Leased Premises if cleaning, repairs or replacements are necessary at the time of move-out. The above price list will be used in determining the standard costs to bring the Leased Premises back to its original condition, with exception of wear and tear.

Shaila Ashlyn Carney *(Resident)* *Date*

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:34 PM PDT
Key: 2116498C; IP Address: 23.47.58.153

Jose Paulo da Silva Junior *(Resident)* *Date*

TENANT PROTECTION ACT OF 2019 ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

In 2019, California enacted the Tenant Protection Act of 2019 ("Act") implementing statewide rent control and just cause eviction protections at rental properties subject to the Act. This Addendum relates to the provisions of the Act and remains in force until the repeal of the Act or the termination of Residents' tenancy at the Leased Premises, whichever occurs first.

1. Residents hereby acknowledge receipt of the following Notice from Landlord as required by the Act:

☒ California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all of the tenants have continuously and lawfully occupied the property for 12 months or more or at least one of the tenants has continuously and lawfully occupied the property for 24 months or more, a landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information.

Initial(s): _____ J.D. 2116498C

❑ This property is not subject to the rent limits imposed by Section 1947.12 of the Civil Code and is not subject to the just cause requirements of Section 1946.2 of the Civil Code. This property meets the requirements of Sections 1947.12(d)(5) and 1946.2(e)(8) of the Civil Code and the owner is not any of the following: (1) a real estate investment trust, as defined by Section 856 of the Internal Revenue Code; (2) a corporation; or (3) a limited liability company in which at least one member is a corporation.

❑ This property is not currently subject to the rent limits imposed by Section 1947.12 of the Civil Code and is not subject to the just cause requirements of Section 1946.2 of the Civil Code because the Leased Premises received its certificate of occupancy less than fifteen years ago; however, the Property will become subject to the provisions of the Act during the term of the tenancy. Beginning on _____, 20___ Owner advises:

> California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all of the tenants have continuously and lawfully occupied the property for 12 months or more or at least one of the tenants has continuously and lawfully occupied the property for 24 months or more, a landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information.

❑ The Property and/or the Premises is exempt from the requirements of the Act under Civil Code Sections 1946.2(e)(9) and 1947.12(d)(1) because the housing is restricted by deed, regulatory restriction contained in an agreement with a government agency, or other recorded document as affordable housing for persons and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code, or subject to an agreement that provides housing subsidies for affordable housing for persons and families of very low, low, or moderate income, as defined in Section 50093 of the Health and Safety Code or comparable federal statutes.

2. To the extent permitted by applicable law, Owner may terminate this Agreement if the owner, or the Owner's spouse, domestic partner, children, grandchildren, parents or grandparents unilaterally decide to occupy the Leased Premises.

3. The Act limits the amount of annual rent increases at covered properties to five (5) percent plus the "percentage change in cost of living" as defined by the Act. The percentage change in cost of living is determined by reference to information published by government agencies as of April 1 of each year. The timing of the publication of the information used in the calculation is beyond the control of Owner. To the extent allowed by applicable law, during the initial or any subsequent

term of the Residential Lease Contract, if the amount of an allowable rent increase changes as a result of the publication of information used to calculate the “percentage change in cost of living” under the Act, the parties agree Owner may change the rent due Owner under the Residential Lease Contract to any amount up to and including the maximum rent increase allowed under the Act on thirty days’ written notice to Residents. The new rent may be higher or lower than the monthly rent amount under the Residential Lease Contract, but shall in no event exceed the maximum rent increase allowed by the Act. Owner acknowledges that any increase in rent under this paragraph will be considered one of the two rent increase increments allowed by the Act in any twelve-month period.

4. If any provision of this Addendum is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this Addendum. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged.

INTENDING TO BE BOUND, the parties hereto have executed the Addendum as of the day and year first above written.

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:44 PM PDT
Key: 2116498C; IP Address: 23.47.58.133

Shaila Ashlyn Carney *(Resident)* *Date*

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*

UTILITIES ADDENDUM

This Addendum ("Addendum") is made part of the Residential Lease Contract ("Agreement") dated **April 13, 2026**, and is between the Owner of **DEL MONTE** ("Owner") and **Shaila Ashlyn Carney and Jose Paulo da Silva Junior**, (collectively and individually "Residents"), for the premises at **5084 Del Monte Ave #5084, San Diego, CA 92107** (the "Leased Premises"), which is located within **DEL MONTE** (the "Residential Community"). All capitalized terms used but not defined herein shall have the meaning set forth in the Agreement. Where the terms and conditions of this Addendum vary or conflict with the terms and conditions of the Agreement, the terms and conditions of this Addendum shall control.

1. **Conservation.** When utility bills are paid 100 percent by Owner, Residents have no incentive to conserve. This results in a waste of our state's natural resources and adds to the overhead of the property and that usually means higher rents. Utility billing saves money for Residents because it encourages them to conserve. We as Owner also have incentive to conserve because we pay a portion of the total utility bill(s) for the entire property.

2. **Repairs.** Owner agrees to use its best efforts to repair any water and sewer leaks inside or outside the Leased Premises no later than seven (7) days after receiving written notice from Residents. Reporting water and sewer leaks inside the Leased Premises is the responsibility of Residents. Water and sewer leaks may impact the monthly water and sewer utility costs and must be reported to Owner immediately.

3. **Residents' Responsibilities.** Residents are responsible for the payment of utilities and the billing method of metering or otherwise measuring the cost of the utility, as specified herein:

UTILITIES BILLING METHOD KEY

1. Sub metering of all applicable utilities listed in Section 3.
2. Calculation of your total water use based on sub-metering of cold water.
3. Calculation of your total water use based on sub-metering of hot water.
4. Flat rate per month.
5. Allocation based on number of occupants residing in the Leased Premises.
6. Allocation based on the number of persons residing in the Leased Premises using a ratio occupancy formula:

Number of Occupants	Occupancy Factor
1	1
2	1.6
3	1.9
4	2.2
5	2.5
6	2.8

7. Allocation based on square footage of the Leased Premises.
8. Allocation based on a combination of square footage of the Leased Premises and the number of occupants residing in the Leased Premises.
9. Allocation based on the number of bedrooms in the Leased Premises.

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4. **Billing Entity.** For and in consideration of this section, the billing entity and payment location from which Residents shall receive monthly utility bills and as designated by Owner is: **N/A**.

5. **Other Charges.** Residents hereby understand and agree to pay a monthly service charge of **$0.00** and other administrative fees as billed by the billing entity, which may be added to the Residents' utility bill. Additional fees include new account initialization charge of **$0.00** a final move-out bill fee of **$0.00** and a vacancy cost recovery fee of **$0.00**.

6. **Late Fees.** Residents hereby understand and agree that payment for the utility bill shall be **21** days from the date charges are posted to Residents' account. Residents agree to mail or deliver payment to the place indicated so that payment is received no later than the date specified on the utility bill. Residents agree that the actual cost to Owner and/or Billing Provider when Residents fail to pay the utility bill on time is difficult or impossible to ascertain, but the parties agree that Owner and/or Billing Provider does, in the event of a late payment, incur certain costs, such as additional bookkeeping and administrative charges, additional charges from the Billing Provider, costs in printing and mailing late notices, lost opportunity costs of the payment, etc. Accordingly, Owner and Residents agree that if the payment is not received by the due date, Residents shall immediately pay a late fee in the amount of **$0.00**.

7. **Returned Checks.** Owner and Residents agree that the actual cost to Owner or Billing Provider when Residents pay

the utility bill by a check or credit card which is subsequently dishonored by the financial institution, is difficult or impossible to ascertain, but the parties do agree that Owner or Billing Provider does, in the event of a dishonored payment, incur certain costs, such as additional bookkeeping and administrative charges, bank charges, lost opportunity costs of the missed payment, etc. The parties accordingly agree that Residents will pay a **$0.00** processing fee for each payment submitted by Residents that are returned by the financial institution for any reason, including insufficient funds and closed account. If a payment submitted by Residents is in fact returned, Owner reserves the right to require that all future payments by Residents be tendered by **certified check or money order**. The return payment processing fee shall be added to any utility bill in addition to the foregoing late charges for payments returned due to insufficient funds.

8. **Payments.** Payments received will be applied to outstanding balances first. To the extent provided by law, any unpaid utility service and related charges for utilities at the time of move out from or transfer within the property may, at discretion of the Owner, be deducted from the security deposit being held by Owner.

9. **Failure to Pay.** It is understood and agreed between the Owner and Residents that, in the event that payment is not made when due, it shall be considered a default for non-payment of rent under the Residential Lease Contract. Residents agree that the Owner may bring summary proceedings for eviction as if rent were not paid. When Residents move from the property, the water, sewer and trash charges must be paid through the move-out date. Final bill will be estimated and due as of the move out date.

10. **Change of Terms.** During the lease term or any renewal period, Owner is authorized to bill Residents for, and Residents hereby agree to pay, a portion of the monthly bills for the utilities for the Residential Community as stated above. Owner shall give Residents at least thirty (30) days written notice before requiring Residents to commence paying for any change, including but not limited to change in billing entities, methodology, service charges, or other conditions in the manner or method of allocation of utility costs.

11. **Collection Agency.** Residents acknowledge that Owner may turn over Residents' account to a collection agency in the event that Residents fail to pay utility bills on time, and in such event, Residents agree to pay the service fees that are charged to the Owner by the utility billing provider or collection agency for collection activities.

12. **Limitation of Liability.** Owner shall not be liable for any losses or damages that result from outages, interruptions, or fluctuations in utilities provided to the Leased Premises, unless such loss or damage was the direct result of the willful conduct or gross negligence of Owner or Owner's agents relating to such outages, interruptions or fluctuations. Residents hereby waive any and all claims for offset, rent reduction or diminished value of the Leased Premises due to such outages, interruptions or fluctuations to the extent allowed by state and local ordinance.

13. **Billing Method.** Allocation formulas will calculate your allocated share of the utility services in accordance with state and local laws. Allocation billing will be adjusted with adjustments in usage and billing rates.

INTENDING TO BE BOUND, the parties hereto have executed this Addendum as of the day and year first above written.

Signed by Jose Paulo da Silva Junior
Mon Apr 13 2026 02:38:55 PM PDT
Key: 2116498C; IP Address: 23.38.164.82

Shaila Ashlyn Carney *(Resident)* *Date*

Jose Paulo da Silva Junior *(Resident)* *Date*

Luis Gutierrez *(Owner/Agent)* *Date*







Protect Your Family From Lead in Your Home

United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

June 2017

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right,* to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

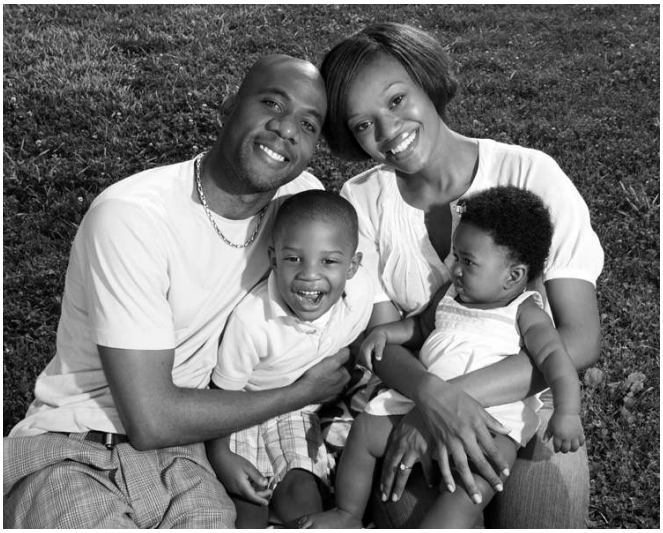
Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



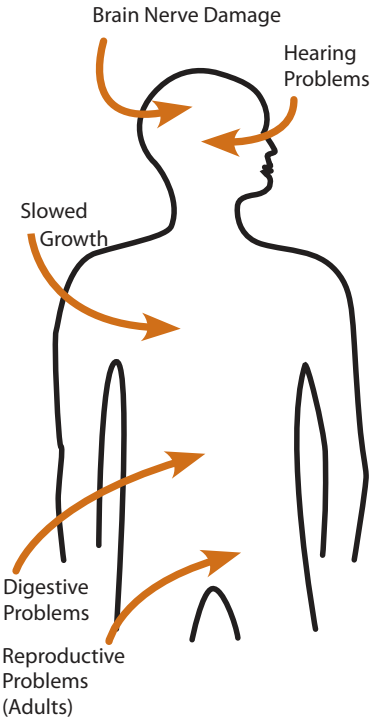
Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:



- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.[1]

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.[2]

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

[1] "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm), or more than 0.5% by weight.

[2] "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorating lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 40 micrograms per square foot (µg/ft^2) and higher for floors, including carpeted floors
- 250 µg/ft^2 and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples



- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.[3]

[3] Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.



- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead–safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement professional. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 40 micrograms per square foot (µg/ft^2) for floors, including carpeted floors
- 250 µg/ft^2 for interior windows sills
- 400 µg/ft^2 for window troughs

For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 14 and 15), or visit epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800 877-8339.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.[4]
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as **"greta"** and **"azarcon,"** used to treat an upset stomach.

[4] In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

For More Information

The National Lead Information Center
Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323).**

EPA's Safe Drinking Water Hotline
For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline
For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772,** or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies
Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD.**

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 321-6671

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (DT-8J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 886-7836

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
WWPD/TOPE
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10
Solid Waste & Toxics Unit (WCM-128)
1200 Sixth Avenue, Suite 900
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC
4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact HUD's Office of Healthy Homes and Lead Hazard Control for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD
451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/offices/lead/

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U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
June 2017

IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

SDGE™

ACCOUNT NUMBER 2100 0195 3397 7
SERVICE FOR
SHAILA CARNEY
5084 DEL MONTE AVE
SAN DIEGO, CA 92107

DATE MAILED Jan 26, 2026
sdge.com

ake budgeting easier with our Level Pay Plan. Get predictable energy bills by rolling at sdge.com/LPP.

tay informed! Sign up for SDGE alerts and update your contact info at dge.com/alert.

DATE DUE	Feb 14, 2026
AMOUNT DUE	$28.45

Bill Discount: You can save 30% or more on your monthly energy bill. Eligibility is based on articipation in certain public assistance programs or current household income and the number of people ring in your home. To apply, call 1-877-646-5525 or visit sdge.com/CARE.

Descuento en la factura: Puede ahorrar un 30% o más en su factura mensual de energía. Los equisitos del programa se basan en la participación en ciertos programas de asistencia pública, o el ngreso anual y el número de personas que viven en el hogar. Para aplicar, llame al 1-877-646-5525 o isite sdge.com/CARE.

We would like to welcome you as a new SDG&E customer. Whenever you need assistance with your energy needs, please call 1-800-411-7343.

Welcome to your new Time-of-Use pricing plan. To save on Time-of-Use, remember to shift some nergy use away from the higher-priced hours between 4 p.m. and 9 p.m. Find more information and nergy-saving tips at www.sdge.com/whenmatters.

Debt forgiveness: SDG&E's Arrearage Management Payment (AMP) plan can help income-ualified customers reduce past-due account balances. For details, call 1-800-411-SDGE (7343) or visit dge.com/AMP.

ccount Summary

evious Balance	$.00
yment Received	-.00
rrent Charges	+ 28.45
tal Amount Due	**$28.45**

(Continued on next page)

SE KEEP THIS PORTION FOR YOUR RECORDS. (FAVOR DE GUARDAR ESTA PARTE PARA SUS REGISTROS.)
SE RETURN THIS PORTION WITH YOUR PAYMENT. (FAVOR DE DEVOLVER ESTA PARTE CON SU PAGO.)

SDGE™

ACCOUNT NUMBER
2100 0195 3397 7

PAY ONLINE
MyEnergyCenter.com

DATE DUE	Feb 14, 2026
AMOUNT DUE	$28.45

ERVICE ADDRESS: 5084 DEL MONTE AVE SD 92107

Please enter amount enclosed.
$

Write account number on check and make payable to San Diego Gas & Electric.

063269.2 2889.46669.1850970 2 AV 0.593 oz 1.22

SHAILA CARNEY
5084 DEL MONTE AVE
SAN DIEGO, CA 92107-3211

SAN DIEGO GAS & ELECTRIC
PO BOX 25111
SANTA ANA CA 92799-5111

CY 13

7 2 700210001953397000000000000002845

Exhibit 5 - Evidence of Bona Fide Marriage: Letters of Support

Kerrin Carney
7 Vine Ave. Winthrop, MA 02152
978-337-6328
kerrinecarney@gmail.com
March 25, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I, Kerrin Carney, am writing this affidavit in support of my sister, Shaila Da Silva (Carney), and her husband, Jose Da Silva, in connection with their family-based immigration petition.

As Shaila's sister, I have had the unique perspective of watching her relationship with Jose grow from the very beginning. I first met Jose in August 2025 when he came to Boston to visit my family. During that visit, he immediately made an effort to spend meaningful time with all of us, and it was the first time we were able to get to know him in person. What stood out most was how naturally he fit into our family, it never felt forced. He was present, kind, and genuinely interested in building relationships with each of us. It quickly became clear how much he cared for my sister.

During that same visit, Jose joined us in visiting our grandfather in the hospital, who was very ill at the time. That moment alone spoke volumes about his character and his willingness to be there for not just Shaila, but our entire family. Just a few weeks later, in September, our grandfather passed away unexpectedly. Jose returned and was there for all of us during an incredibly difficult time, supporting Shaila, attending the wake and funeral, and standing beside our family throughout it all. Seeing him so present, emotional, and supportive during such a painful moment meant so much to us, and it truly showed how deeply he cares, not only for my sister, but for our entire family.

Since then, he has continued to show that same level of commitment and care, making the effort to spend time with us during holidays and family gatherings whenever possible. Each time we are together, it reinforces the same feeling, that he is not just part of Shaila's life, but truly part of our family.

It has been incredibly meaningful to watch their relationship grow, and I fully support their petition. I believe wholeheartedly that their marriage is genuine and built on love, respect, and a true partnership.

Please feel free to contact me if any further information is needed.

Sincerely,

Kerrin Carney

Kerrin Carney


SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT / PASAPORTE
THE UNITED STATES OF AMERICA
Type/Type/Tipo
P
Code/Code/Código
USA
Passport No./No. du Passeport/No. de Pasaporte
A03778878
Surname/Nom/Apellidos
CARNEY
Given names/Prénoms/Nombres
KERRIN ELIZABETH
Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA
Date of birth/Date de naissance/Fecha de nacimiento
04 AUG 1994
Sex/Sexe/Sexo
F
Place of birth/Lieu de naissance/Lugar de nacimiento
MASSACHUSETTS, U.S.A.
Date of issue/Date de délivrance/Fecha de expedición
30 OCT 2022
Date of expiration/Date d'expiration/Fecha de caducidad
29 OCT 2032
Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE
E PLURIBUS UNUM
USA
04 08 94
P<USACARNEY<<KERRIN<ELIZABETH<<<<<<<<<<<<<<<
A037788786USA9408045F3210293694370329<403174

Susanne (Suzi) Hays

4376 Bancroft St.

San Diego, CA 92104

408-892-4296

Sreed0516@mac.com

March 26, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Susanne (Suzi) Hays, and I have the pleasure of working with Shaila Ashlyn (Carney) da Silva at Postino WineCafe in San Diego. I have worked with Shaila since September 2024, and during that time I have gotten to know her very well. I can confidently say she is a kind, genuine, and caring person.

I have also had the opportunity to meet her husband, Jose Paulo da Silva Junior, who comes into the restaurant often. It is always a joy to see Jose and Shaila together. They have such a natural, loving connection, and you can truly feel how much they care for one another. They are always happy, respectful, and fun to be around, and their relationship feels very real and sincere.

From what I have personally witnessed, their relationship is built on love, support, and mutual respect. Jose and Shaila clearly enjoy each other's company and have a strong partnership. It is evident to me that they share a meaningful and committed relationship.

I fully support Shaila Ashlyn (Carney) da Silva and Jose Paulo da Silva Junior and believe in the authenticity of their marriage. I have no doubt they will continue to build a happy life together. Please feel free to contact me if any additional information is needed.

Sincerely,

Suzi Hays

Susanne Hays


California USA DRIVER LICENSE
DL B6780983
EXP 02/28/2030
LN HAYS
FN SUSANNE REED
4376 BANCROFT ST
SAN DIEGO, CA 92104
DOB 02/28/1964
RSTR CORR LENS
CLASS C
END NONE
02281964
SEX F
HGT 5'-10"
HAIR BLN
WGT 170 lb
EYES BLU
ISS 05/08/2025
DD 04/29/2025519G2/CCFD/30

Ivy Amann

2730 Treat St

San Diego, California, 92102

(541) 531-3339

ivyramann@gmail.com

3/17/2026

Zee = José Paulo da Silva Junior nickname

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Ivy and I used to live with Shaila (and Zee for a little while). I've known Shaila for a couple years now, and she's always had a yearning for adventure, connection, and love. When Zee came into her life, I remember her coming home and telling me about the amazing date they had just had. Sitting at ramen, Zee told Shaila that she was undeniably special and listened to him with kindness and patience, which people often didn't show him since he was taking English classes to learn a new language. Right away, their connection was undeniable and fun. They were immediately inseparable and Zee would spend many nights in a row incorporating himself into Shaila's life, which included myself and our third roommate, Melissa. Likewise, we were quickly absorbed into Zee's life as well, meeting his friends and sharing food and stories around the BBQ and our homes.

I didn't question or doubt Shaila for one second when she soon brought up marriage, and I knew that she would feel secure and loved in a relationship with Zee for the rest of time.

Their wedding was beautiful and intimate, with friends surrounding them in support and hope that true love can stand time.

All three of us had to move out of our home when it was sold, but I continue to frequently see Zee and Shaila, always smiling in their unspoken connection.

It is my pleasure to offer these words about Shaila and Zee, and I truly wish them happiness and adventure for all the years to come.

Please feel free to contact me if further information is needed.

Sincerely,

Ivy Amann




California USA DRIVER LICENSE
DL W8865405
CLASS C
EXP 09/11/2028
END NONE
LN AMANN
FN IVY RAIN
1852 LOCUST ST
SAN DIEGO, CA 92106
DOB 09/11/1999
RSTR NONE
09111999
DONOR
SEX F
HAIR BRN
EYES HZL
HGT 5'-07"
WGT 150 lb
ISS 02/28/2024
DD 02/28/2024519A3/BBFD/28

Melissa Bischoff
4952 Muir Ave
San Diego, CA 92107
201-669-2878
bischoffmelissa1@gmail.com
March 16, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I've known Shaila for over four years, and when I moved to San Diego, I found a lifelong friend who has brought so much love and light into my life. For over a year, we lived together, which gave me a front-row seat to the kind of person she truly is—someone who leads with generosity, warmth, and an incredible ability to create a sense of home for everyone around her.

One of the many reasons I'm so grateful to have her in my life is her zest for travel and her natural gift for bringing people together. Whether it's sharing her time, her home, or a meal she's prepared, Shaila has always created a space where people feel welcomed and cared for. Her generosity and the way she builds community wherever she goes is something I've always deeply admired.

When she met Jose and they found each other, I immediately knew their connection was something truly special. During the time Shaila and I lived together, Jose was welcomed into our home often—joining us for meals, spending quality time together, and becoming someone we trusted and enjoyed having in our daily lives. Watching their relationship grow so naturally during that time made it clear how aligned they were in their values of family, friendship, and creating meaningful connections with the people around them.

Later, seeing them move into their own home together and begin building their life side by side has been incredibly special. It's been such a joy to watch them create a space that reflects who they are as a couple—warm, welcoming, and full of love for the people around them.

I was beyond grateful to be at their wedding and to witness their love grow into the beautiful life they are continuing to build together. Seeing them welcome new people into their world, share traditions, and support each other through every season has brought so much happiness to all of us who know them.

I feel incredibly lucky to have been part of their journey and can't wait to see all the wonderful things they continue to create together.

Sincerely,
Melissa Bischoff
Melissa Bischoff


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y9351479
CLASS C
EXP 10/08/2026
END NONE
LN BISCHOFF
FN MELISSA ANNE
3871 MIDWAY DR APT 101
SAN DIEGO, CA 92110
DOB 10/08/1995
RSTR NONE
10081995
DONOR
Melissa Bischoff
SEX F
HAIR BRN
EYES GRN
HGT 5'-08"
WGT 170 lb
ISS 06/10/2022
DD 06/10/202250646/CCFD/26

Desiree Eck
891 Turquoise St
San Diego, CA 92109
916-801-2044

April 14, 2026

To Whom It May Concern,

I have known Shaila for approximately 11 years. We first met in 2014 while attending Arizona State University, where we were initially roommates in the dorms and later continued living together in shared apartments through 2017. During that time, we developed a close and lasting friendship that has continued well beyond our college years.

Over the years, I have had the opportunity to get to know Shaila's family well and have visited and stayed with them at their home in Massachusetts. Similarly, Shaila has spent time with my family and even attended my family's 25th reunion in Lake George, New York, in 2015. Shaila has been one of the most supportive and dependable people in my life. She stood by me during some of the most difficult moments, including my mother's brain aneurysm rupture in 2014 and the passing of my father in 2021. Her presence during those times speaks deeply to her character, compassion, and loyalty.

I moved to San Diego, California in 2024, where I had the pleasure of meeting her husband, Jose. From the beginning, it was clear how much care and respect they have for one another. Since then, I have spent time with them together and have had the opportunity to see their relationship firsthand. Their relationship is full of warmth, support, and genuine partnership. Whether in everyday moments, while spending time with friends, or when hosting gatherings, they consistently show up as a team.

I have also grown close to Jose, who has become a good friend. He has brought so much positivity and enjoyment into our lives, from setting a new standard for barbecues to helping my fiancé and me step outside our comfort zone and overcome our fear of the ocean, allowing us to finally pursue snorkeling together.

It is very clear that Shaila and Jose share a sincere, loving, and committed marriage. The way they support each other, communicate, and build a life together reflects a strong and authentic partnership. I am happy to provide any additional information if needed, and please do not hesitate to reach out.

Sincerely,



Desiree Eck


Arizona
DRIVER LICENSE
USA
NOT FOR FEDERAL IDENTIFICATION
9 CLASS D
9a END NONE
12 RESTR NONE
4d DLN R18927827
3 DOB 08/12/1996
1 ECK
2 DESIREE NICOLE
8 2323 E HIGHLAND AVE
UNIT 1543
PHOENIX, AZ 850165221
4b EXP 08/12/2061
4a ISS 08/10/2021
15 SEX F
16 HGT 5'-05"
17 WGT 140 lb
18 EYES BRO
19 HAIR BRO
08/12/96
DONOR
5 DD 004402D65E031205

Megan Ray

350 Nautilus St.

La Jolla, CA 92037

(706)593-7128

Meganray808@gmail.com

3/23/2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I am writing this letter in support of the marriage between Shai and Jose. I have had the privilege of knowing Shai as a close friend since 2022, and I have also come to know Jose through their relationship. I remember Shai telling me all about Jose after the first date, she was smitten. From the beginning, it was clear that they had a very strong connection. As their relationship developed, I had the opportunity to spend time with them together and observe their dynamic firsthand.

Before meeting Jose, I always considered Shai to be one of the most selfless and kind-hearted people I knew. After meeting Jose, I was struck by how similar they are in that regard. Together, they create an environment that is warm, welcoming, and full of generosity. Jose often hosts barbecues, where everyone is made to feel at home. When you are around them, you can immediately sense the love and care they extend not only to each other, but to everyone in their presence.

Their relationship is grounded in mutual respect, kindness, and genuine affection. They are consistently supportive of one another, and it is evident in the way they communicate and show appreciation for each other daily. What stands out most to me is the quality of their relationship. They have built something that is steady, loving, and uplifting. It is the kind of relationship that others admire and hope to find, one rooted in compassion, support, and shared values.

Since their marriage, I have continued to witness the strength and authenticity of their bond. I respectfully offer my full support for Shai and Jose's relationship. Please feel free to contact me if any additional information is needed.

Sincerely,

Megan Ray


California USA DRIVER LICENSE
DL Y5917549
CLASS C
EXP 05/05/2028
END NONE
LN RAY
FN MEGAN ELIZABETH
1139 HERMES AVE
ENCINITAS, CA 92024
DOB 05/05/1992
RSTR CORR LENS
05051992
DONOR
SEX F
HAIR BLK
EYES HZL
HGT 5'-02"
WGT 115 lb
ISS 12/18/2024
DD 05/17/2023519G3/AAFD/28

Audrey de Guzman
5470 Camino Santander #6
San Diego, CA 92130
(602) 881-3537
audreyldeguzman@gmail.com
March 16, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

I am the manager of Shaila Carney da Silva, and this letter is written to validate the legitimacy of the marriage and love between Shaila and José Paulo da Silva. I have known Shaila since becoming her manager last year, and met José soon after.

When I first met Mr. da Silva, it was at Postino Del Mar, while he was visiting Mrs. da Silva. I was fortunate enough to have already been close in friendship to Mrs. da Silva, and even more fortunate to see how their relationship blossomed to where it is now. After Mrs. da Silva had spoken numerous times about the love she has for her significant other, as well as the love he has for her, and had regaled us with her favorite stories time and again, I had the pleasure of meeting him.

Mr. da Silva has since been a constant patron of Postino Del Mar, while Mrs. da Silva is working, coming to visit her on days that are not busy, to show his love, support, and care he has for her, while also causing a close friendship with her coworkers and management alike.

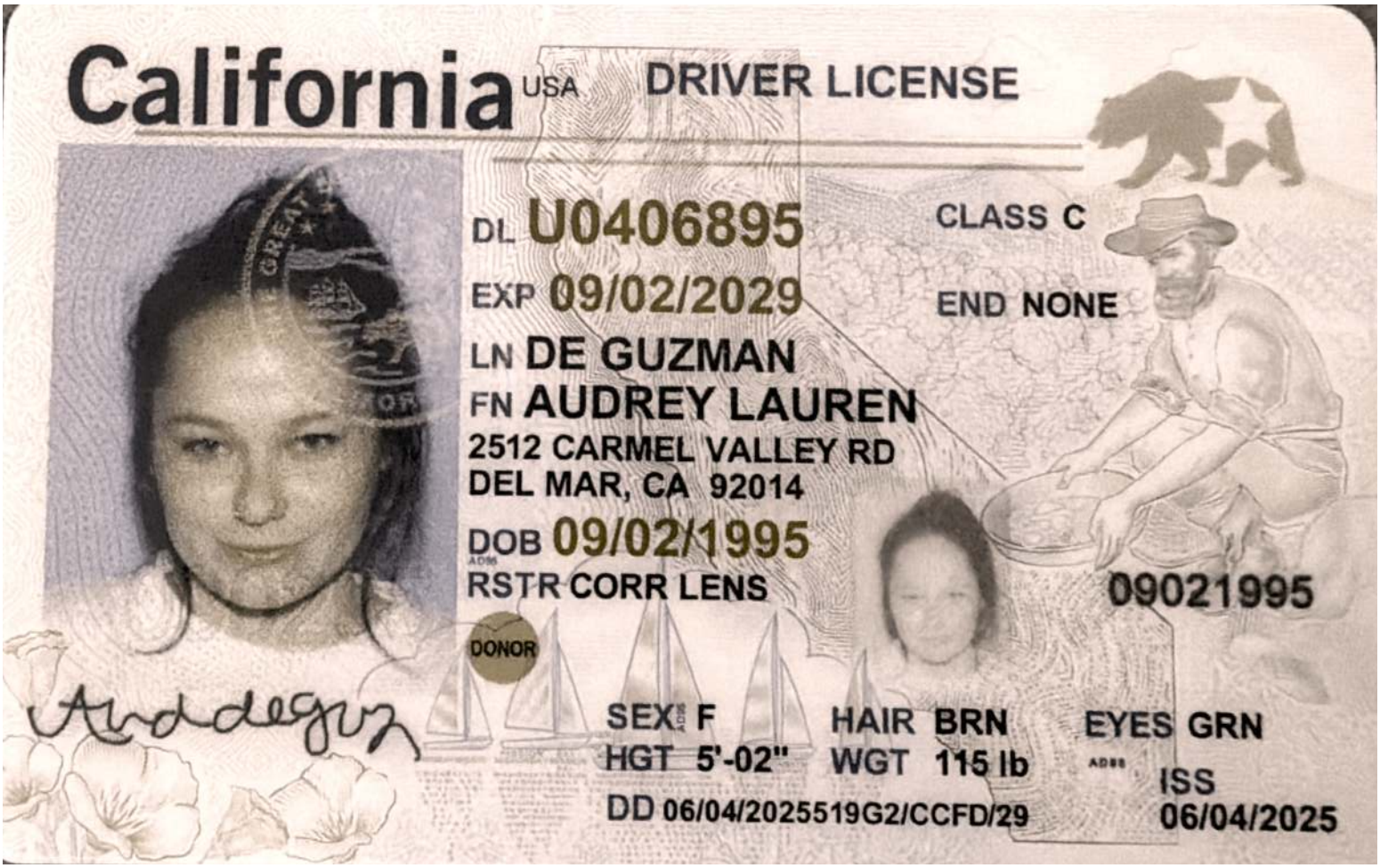
They are both committed to making each other better in every way, as a relationship should, even making their mundane daily routines seem lovely, because they have their person by their side. They continue to have great pride and true connection in talking about each other, cherishing every second they are together, and causing many of us to hope to attain a relationship like theirs.

I know Mrs. da Silva is one of the kindest, hard-working, and most nurturing people I have met and have the pleasure to work with. She has helped me in many situations at work, while also showing the loyalty she has for anything she commits to. All in all, Shaila and José have a legitimate, gorgeous, mutually satisfying marriage relationship, benefiting not only them, but the others they are surrounded by.

Sincerely,



Audrey de Guzman


California USA DRIVER LICENSE
DL U0406895
CLASS C
EXP 09/02/2029
END NONE
LN DE GUZMAN
FN AUDREY LAUREN
2512 CARMEL VALLEY RD
DEL MAR, CA 92014
DOB 09/02/1995
RSTR CORR LENS
09021995
DONOR
SEX F
HAIR BRN
EYES GRN
HGT 5'-02"
WGT 115 lb
ISS 06/04/2025
DD 06/04/2025519G2/CCFD/29

Kim St Phard
4135 Park Blvd, Unit 609
San Diego, CA 92103

4/2/2026

To Whom It May Concern,

I am writing this letter to formally support the marriage of my dear friends, Shaila and Jose.

Shaila and I go all the way back to high school, circa 2013. She has been a part of my core friend group for over a decade, and our friendship has only grown stronger since we both moved to San Diego. I met Jose shortly after they started dating last year, right after the magical time they had at Coachella. These days, I see them for barbecues or just to hang out around the house and catch up. My partner and I are actually moving into their neighborhood this month, so I expect we will be seeing them even more often now that we will be within walking distance.

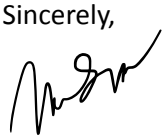
I have had many opportunities to see how well they have blended their lives. At their barbecues, I often meet Jose's friends, who are always so kind, welcoming, and easy to talk to. Beyond our time in California, I even spent time with them back home in Massachusetts over the holidays. It was so funny seeing Jose in the freezing cold weather since he is definitely not used to it, but he handled it well.

I was so happy when Shaila told me they were getting married. Shaila actually gave me the opportunity to incorporate one of my favorite hobbies, flower arrangement, into their special day by letting me do the flowers for the ceremony and the after-party. It was a beautiful sunny day in San Diego, and it was so great seeing all of the people in Shaila's life that I've met throughout the years come together to celebrate her and Jose's love. One of our friends from high school even flew down from San Francisco to stay with me for the occasion. It was also wonderful to get to know more of Jose's people, who are just as kind, fun, and full of life as he is. Since the wedding was the day before my 30th birthday, they even went out of their way to throw me a barbecue party the very next day.

Seeing them together, it is clear how much they care for one another. Jose is incredibly patient. He is always the one "throwing down" in the kitchen to feed us while the girls chat or sing along to YouTube music videos. He is a truly supportive partner to Shaila. Whether it's waiting in line for 45 minutes to get her favorite poke when she is dealing with period cramps or just being there for her in the small ways, his devotion is obvious.

I have no doubt that Shaila and Jose's marriage is genuine and built on real love. They are a wonderful couple, and I am proud to call them my friends. If you have any questions, please feel free to reach out to me.

Sincerely,



Kim St Phard


California USA DRIVER LICENSE
DL Y1655285
CLASS C
EXP 10/23/2026
END NONE
LN ST PHARD
FN KIM OLINNE
1941 EMERALD ST
SAN DIEGO, CA 92109
DOB 10/23/1995
RSTR CORR LENS
10231995
DONOR
SEX F
HAIR BLK
EYES BRN
HGT 5'-03"
WGT 160 lb
ISS
11/07/2022
DD 11/17/2021519OD/AAFD/26

Hunter Geter
807 Loring St
San Diego, CA, 92109
(909)-900-9970
hgeter1@gmail.com
3.31.26

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Hunter Geter and I am a resident of San Diego, CA and have been for about eight years now. I have known Shaila Da Silva (Carney) for about 3 and a half years. We met because she was my neighbor, but also through a mutual friend named Megan. Through being neighbors, we began to hang out in 2023 and have grown a friendship ever since. I consider Shaila one of my best friends. We have celebrated birthdays, we workout together, and see each other at least once a week if not more, and with that, I was introduced to Jose Da Silva and have since then developed a friendship with him as well. I recall over a year ago now, when Shaila first met Jose. I have been able to witness their relationship from the start and have had the opportunity to watch it flourish. I am writing this letter to confirm that their relationship is very committed, full of love, and built on mutual respect for one another as a couple. My first encounter with Jose- when we officially met in person- was for a barbeque that Shaila invited me to. I met him as well as some of his friends. As a friend, I was “vetting” him out, and he gave me a strong first impression and seemed genuinely interested and invested in Shaila, based on his attentiveness to her during the barbeque and how welcoming he was to me as well. I continued to witness their relationship grow over the past year, going from strength to strength. When Shaila told me they were getting married, I was so happy for them because of how special their love is. I did Shaila’s hair and makeup for their wedding and attended the celebration as well. All of our friends were at their celebration, and it was such a lovely night filled with love and laughter, just another testament to their relationship. Aside from that, we have done double dates with Shaila, Jose, myself, and my partner Cristian, to Julian. They attended my birthday celebration in January, we were just in Big Bear for Jose’s birthday as well. My boyfriend and I regularly hang out with Shaila and Jose for barbecues, movie nights, and game nights as well. Jose has been nothing but nice to both me and my boyfriend and we consider him a close friend.

I declare under penalty of perjury that the foregoing is true and correct.

Please feel free to contact me if further information is needed.

Sincerely,
[Hand Signature]
Hunter M Geter




California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y3432172
EXP 01/17/2030
LN GETER
FN HUNTER MARIE
807 LORING ST
SAN DIEGO, CA 92109
DOB 01/17/2000
RSTR NONE
CLASS C
END NONE
01172000
SEX F
HAIR BRN
EYES BRN
HGT 5'-06"
WGT 140 lb
ISS 08/23/2025
DD 01/08/2020532RB/DDFD/30

Christopher Tembeck

6861 Camino De Amigos

Carlsbad, CA 92009

347-461-7326

christembeck@gmail.com

April 1, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Christopher Tembeck, and I am writing this letter in support of the petition filed by Shaila Carney for Jose Paulo da Silva Junior (“Zee”).

I was introduced to Shaila and Zee over a year ago through my girlfriend, Teddi Kramer, who is one of Shaila’s closest friends. Before meeting Zee, I often heard Shaila speak about the “wonderful guy she had met,” and when I eventually had the opportunity to meet him, he was every bit as kind, genuine, and thoughtful as she had described.

Since that first meeting, I have had the chance to spend time with them together on many occasions, including beach outings, barbecues, hikes, and movie nights. Through these experiences, I have been able to witness their relationship develop and grow firsthand. It has been clear to me that their connection is sincere, supportive, and built on genuine affection.

One particular moment that stands out was when Shaila’s grandfather unexpectedly passed away. During that difficult time, I saw the immense care and emotional support Zee provided to her. His compassion and attentiveness demonstrated the depth of his commitment to her and her well-being.

I have also enjoyed seeing the influence of Zee’s Brazilian/Latin culture within their relationship. That culture places a strong emphasis on family, togetherness, love, and shared experiences. Since Shaila’s own family lives across the country in Massachusetts, it has been meaningful to see her embrace and experience these values through her relationship with Zee as they continue building their life together.

When my girlfriend and I learned that Shaila and Zee were getting married, we felt nothing but excitement for them. We had the pleasure of attending their wedding, which began with a

courthouse ceremony, followed by photos around San Diego, and concluded with drinks and dancing at the Lafayette Hotel. Although it was a typical Wednesday evening, it was made extraordinary by the genuine love and happiness that surrounded them. It was truly special to witness both of their worlds come together to celebrate their commitment.

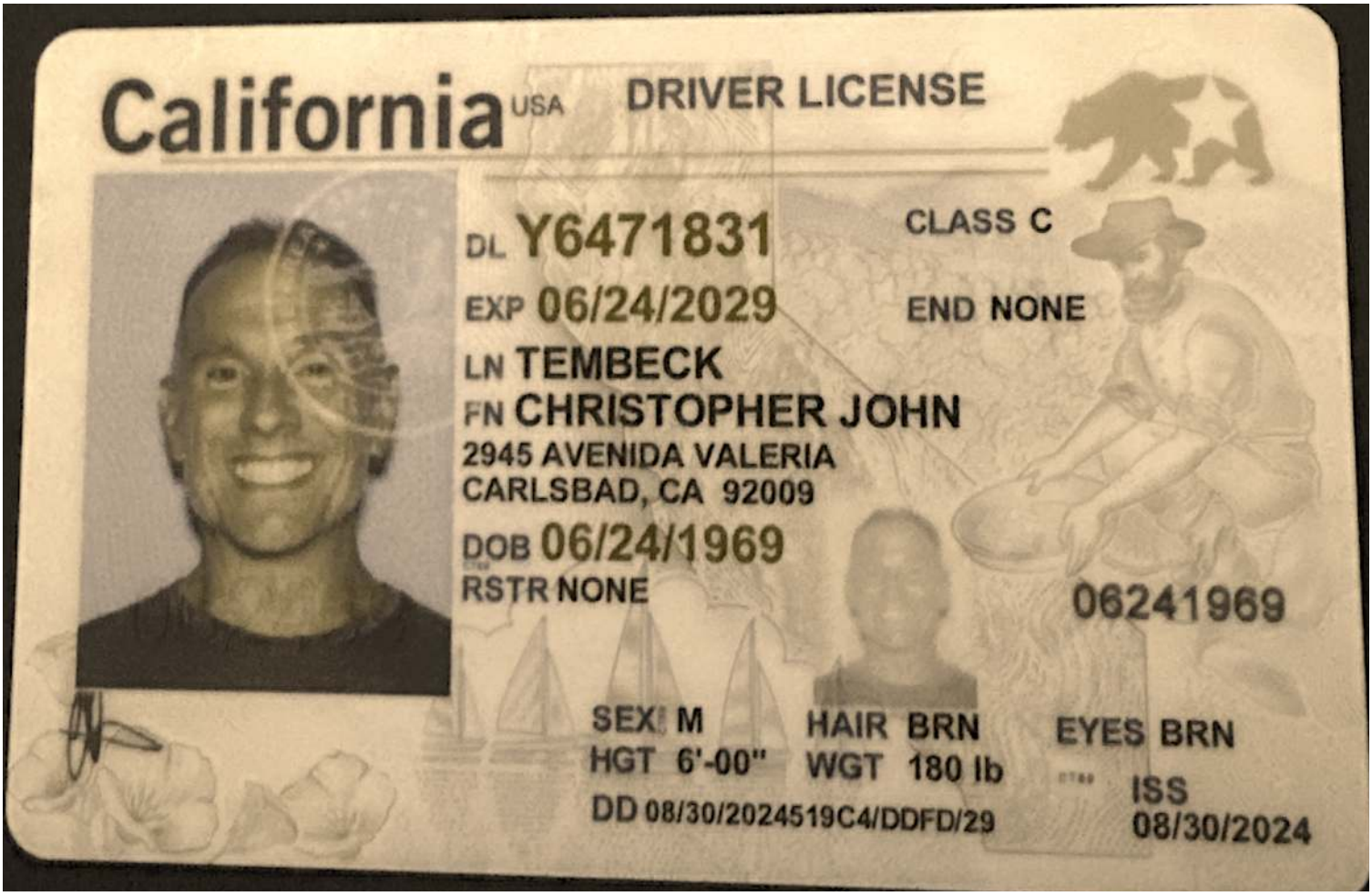
Based on everything I have observed, I have no doubt about the authenticity of their relationship, their love for one another, and their dedication to building a life together. Their partnership is sincere, supportive, and deeply rooted in mutual respect and care.

I wholeheartedly support Shaila Carney's petition for Jose Paulo da Silva Junior and respectfully offer this statement as affirmation of their genuine relationship.

Sincerely,

Christopher Tembeck

Christopher Tembeck


California USA DRIVER LICENSE
DL Y6471831
CLASS C
EXP 06/24/2029
END NONE
LN TEMBECK
FN CHRISTOPHER JOHN
2945 AVENIDA VALERIA
CARLSBAD, CA 92009
DOB 06/24/1969
RSTR NONE
06241969
SEX M
HAIR BRN
EYES BRN
HGT 6'-00"
WGT 180 lb
ISS
08/30/2024
DD 08/30/2024519C4/DDFD/29

Juan Diego Ordonez
Assistant General Manager
Postino Del Mar – Upward Projects
jordonez@upwardprojects.com
562-581-9205

2/19/2026

To Whom It May Concern,

I am writing this letter in support of Shaila Carney Da Silva for immigration-related purposes. I am the Assistant General Manager at Postino Del Mar, a restaurant operated by Upward Projects. In my role, I oversee daily operations, staff development, and service standards. I have worked directly with Ms. Carney Da Silva since the beginning of her employment and can confidently speak to her professionalism, character, and reliability.

Ms. Carney Da Silva has been employed with Postino Del Mar since September 21, 2024. She was initially hired as a server and, due to her strong performance and professionalism, was promoted to bartender shortly after joining our team. This early promotion reflects the trust our leadership team has in her abilities and the consistency of her work.

Throughout her time with us, Ms. Carney Da Silva has demonstrated exceptional hospitality, integrity, and dedication to her work. She is known within our team as a kind, respectful, and dependable individual who consistently supports both her coworkers and our guests. She has a natural sense of hospitality and professionalism that makes guests feel welcomed and valued, and she contributes positively to the overall culture of our workplace.

In addition to working with Ms. Carney Da Silva professionally, I have also had the opportunity to personally meet her husband and witness their relationship. Over time, I have seen them interact together and have observed the genuine care, respect, and support they have for one another. Based on my personal observations, I believe their relationship and marriage are sincere and built on a strong foundation.

Ms. Carney Da Silva works in a fast-paced, tip-based hospitality environment that requires teamwork, communication, and strong attention to detail. She consistently meets these expectations and conducts herself with honesty, accountability, and professionalism. As her manager, I can confidently say she is a reliable and valued member of our team. Please feel free to contact me should any additional information be required.

Sincerely,
Juan Diego Ordonez
Juan Diego Ordonez

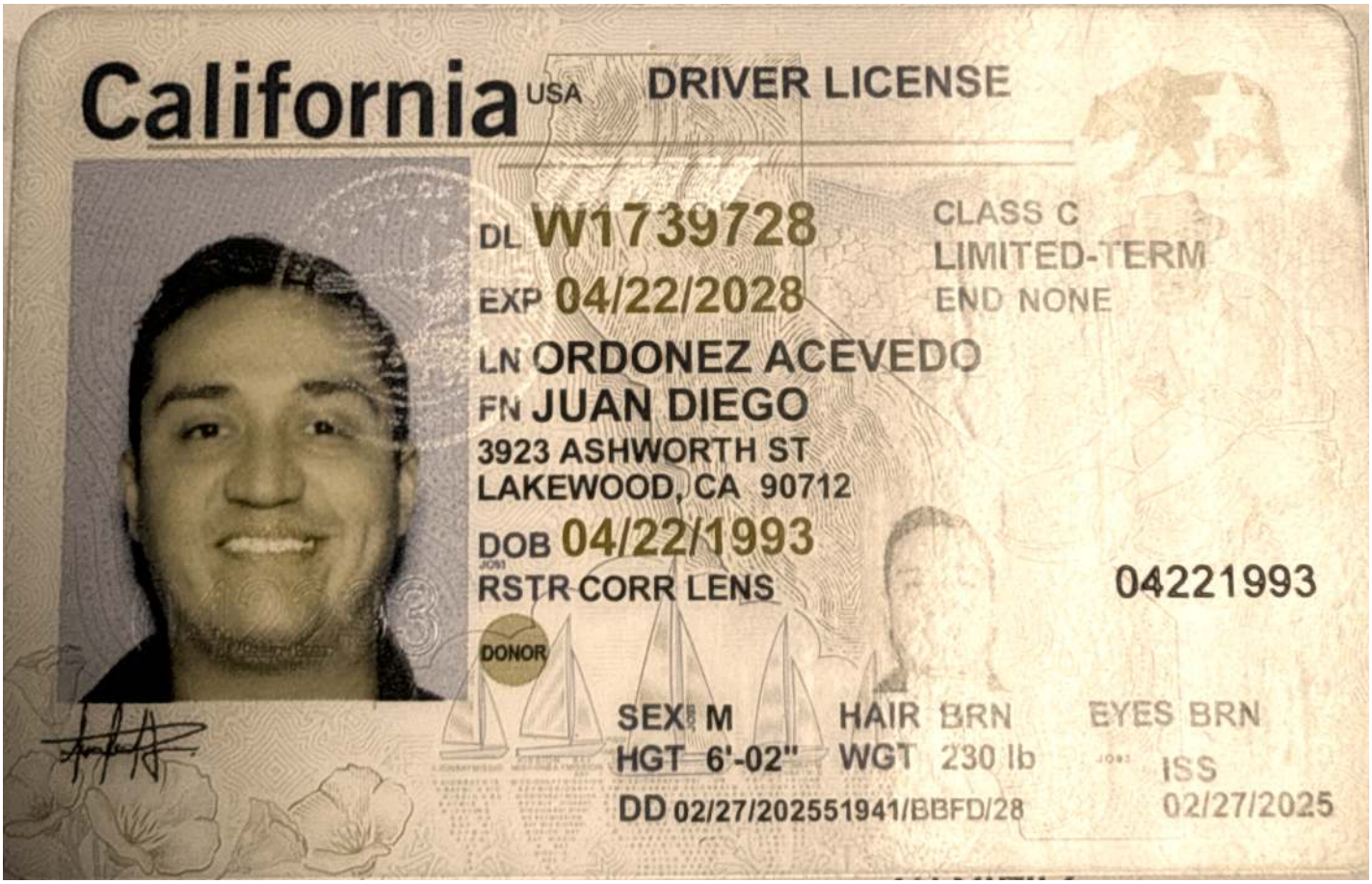

California USA DRIVER LICENSE
DL W1739728
EXP 04/22/2028
LN ORDONEZ ACEVEDO
FN JUAN DIEGO
3923 ASHWORTH ST
LAKEWOOD, CA 90712
DOB 04/22/1993
RSTR CORR LENS
DONOR
CLASS C
LIMITED-TERM
END NONE
04221993
SEX M
HAIR BRN
EYES BRN
HGT 6'-02"
WGT 230 lb
ISS
02/27/2025
DD 02/27/202551941/BBFD/28

Exhibit 6 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

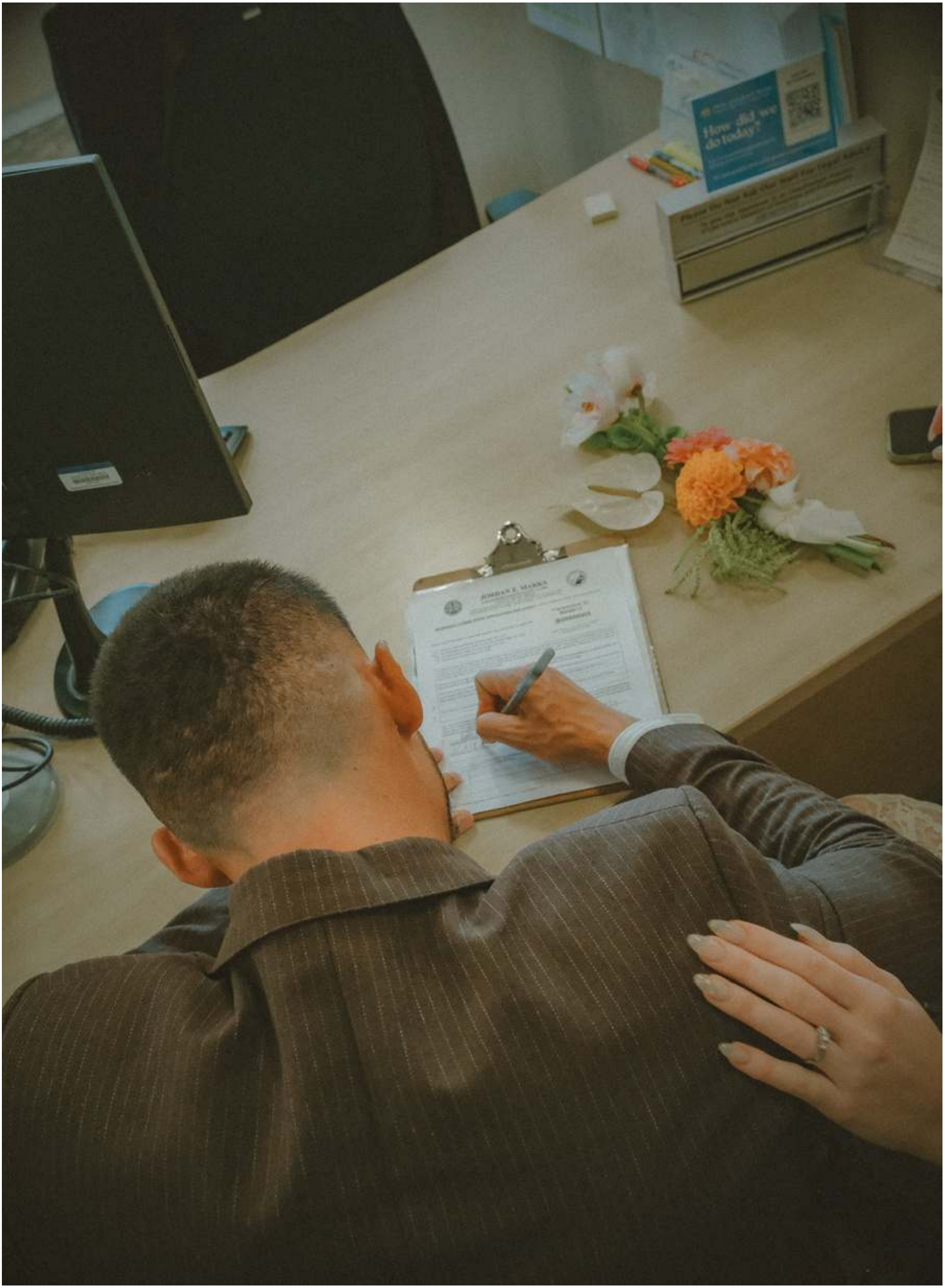
José Paulo da Silva Júnior and Shaila Ashlyn da Silva wedding photos

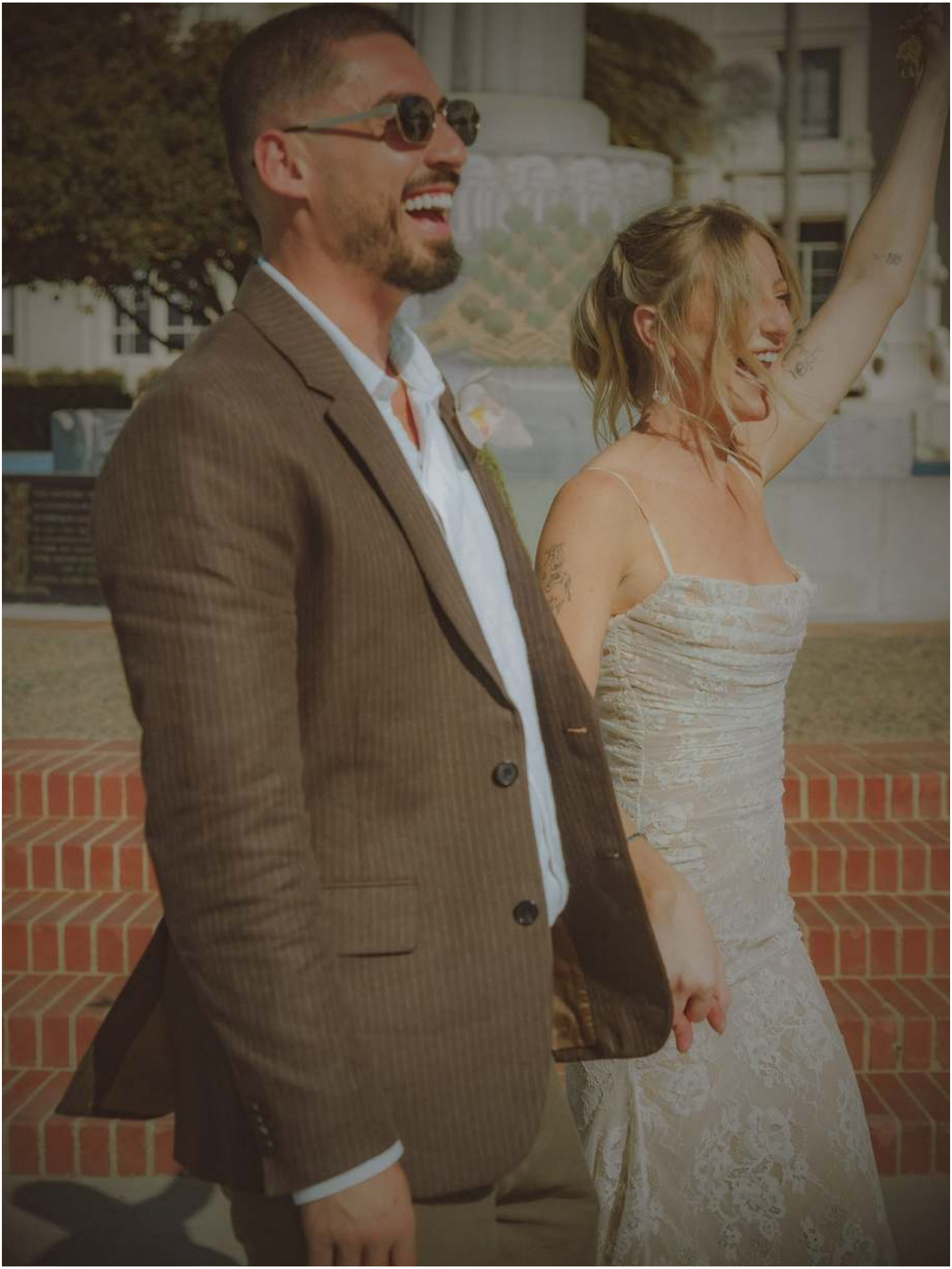







Getting Married
Starts Here


How did we do today?











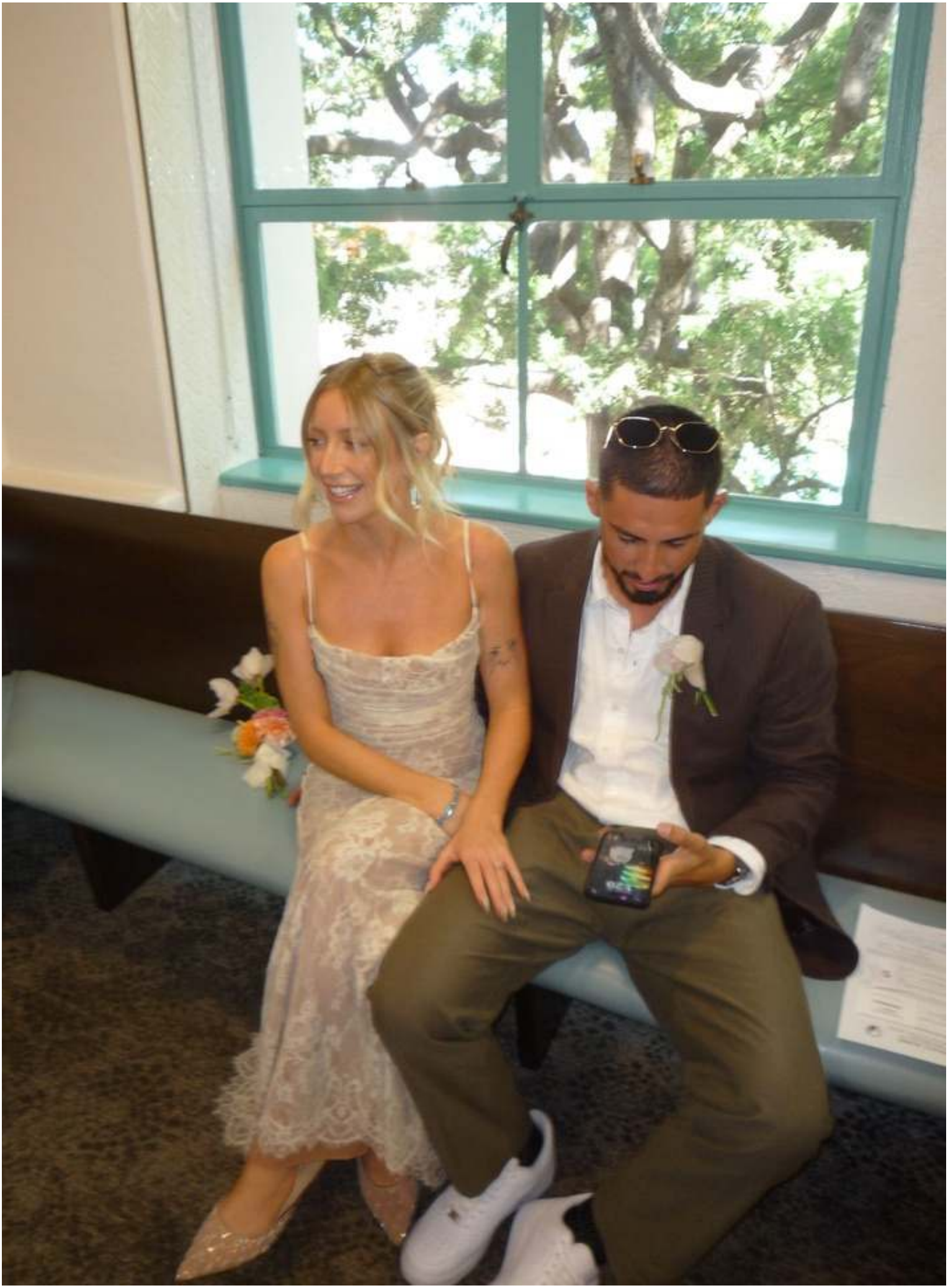


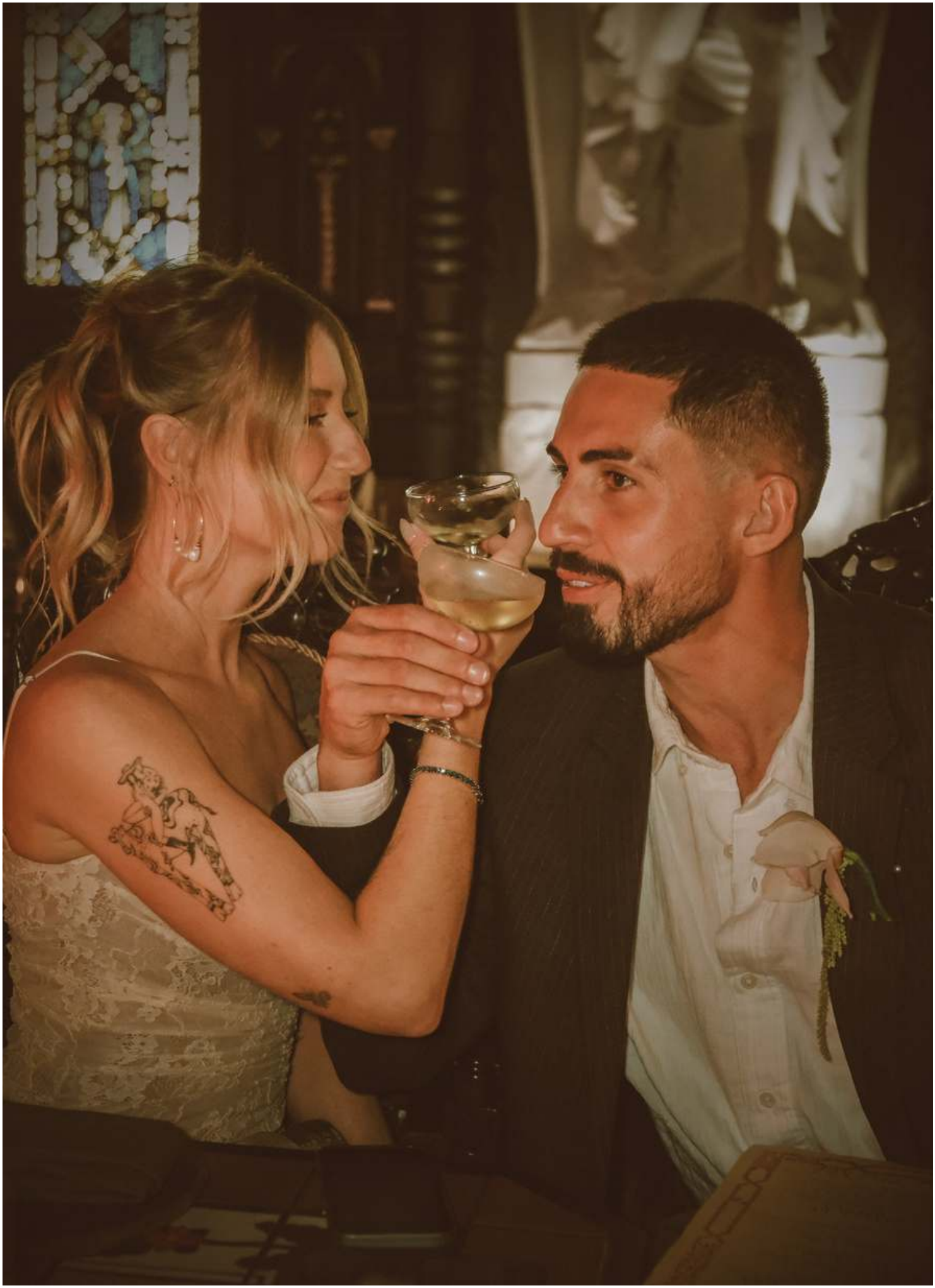



Omnia






































4
poses
3
minutes
$5.00


PHOTOS



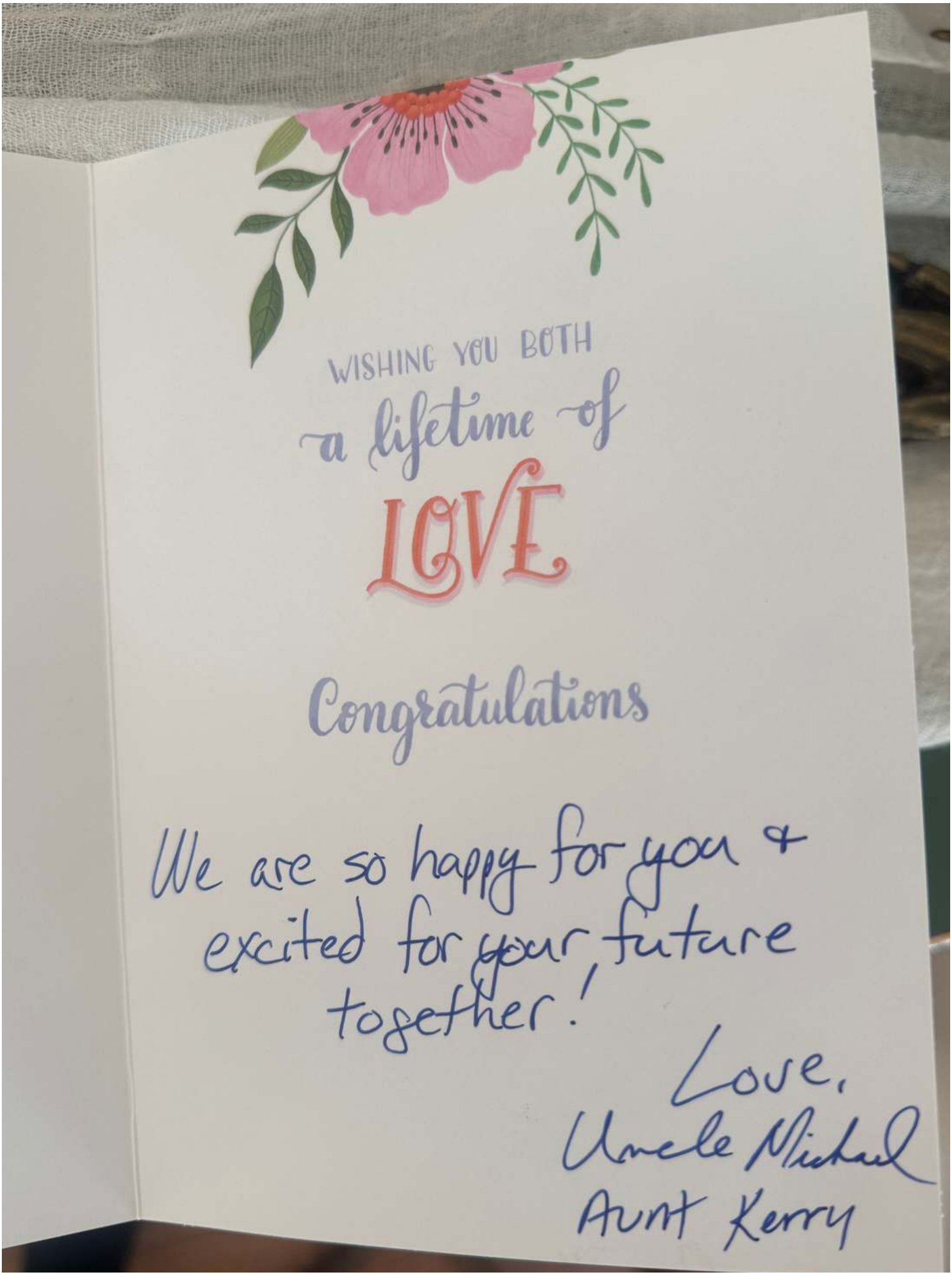








Letters sent by friends and family about José and Shaila's wedding.


WISHING YOU BOTH
a lifetime of
LOVE
Congratulations
We are so happy for you &
excited for your future
together!
Love,
Uncle Michael
Aunt Kerry

Shaila & José ~

Wishing you both
much happiness, adventure
and many years of
love ♡. We are so happy
for you both. You both
look so incredibly
HAPPY!

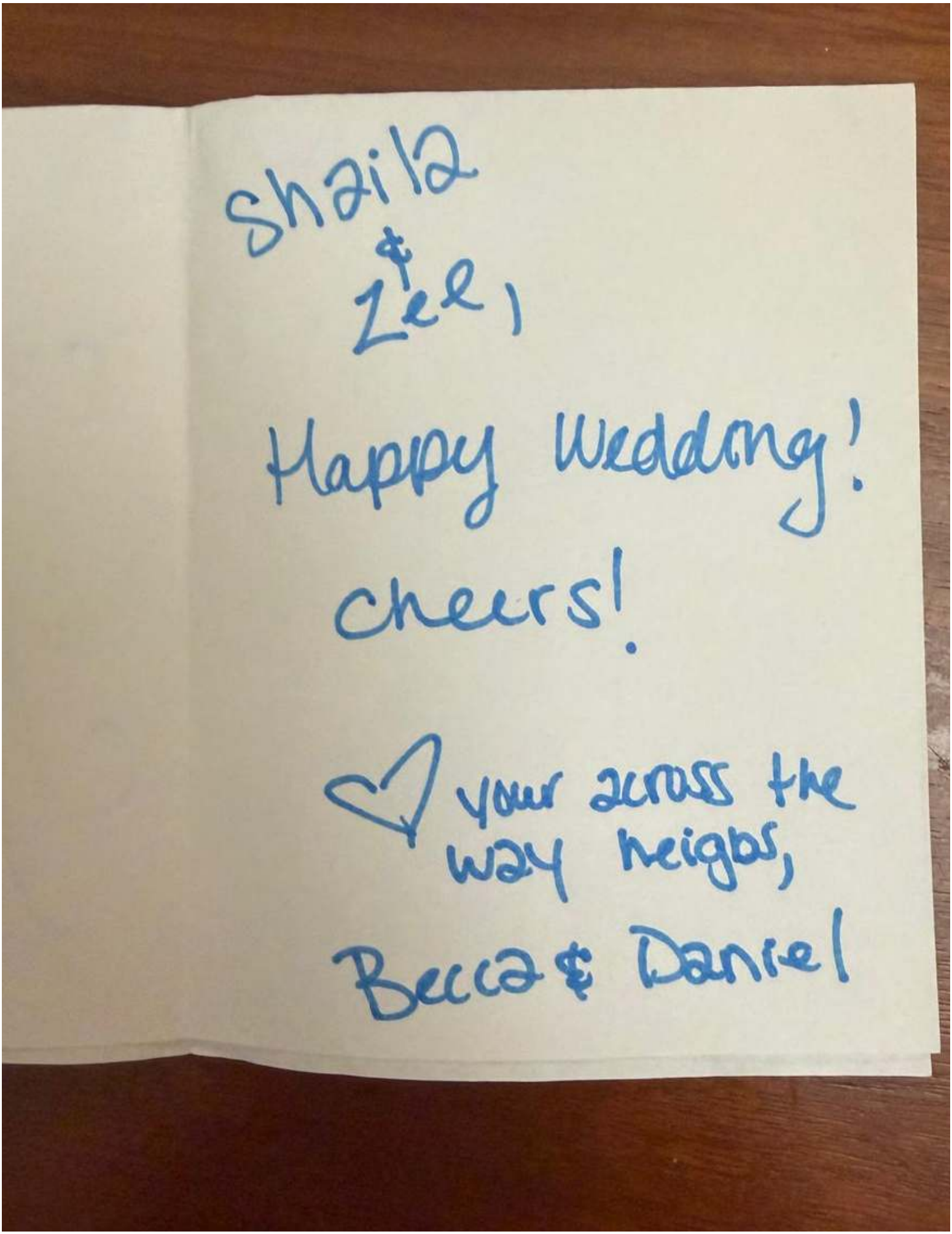
Love, Uncle Carl
& Auntie
Erin

Shai + Zec,

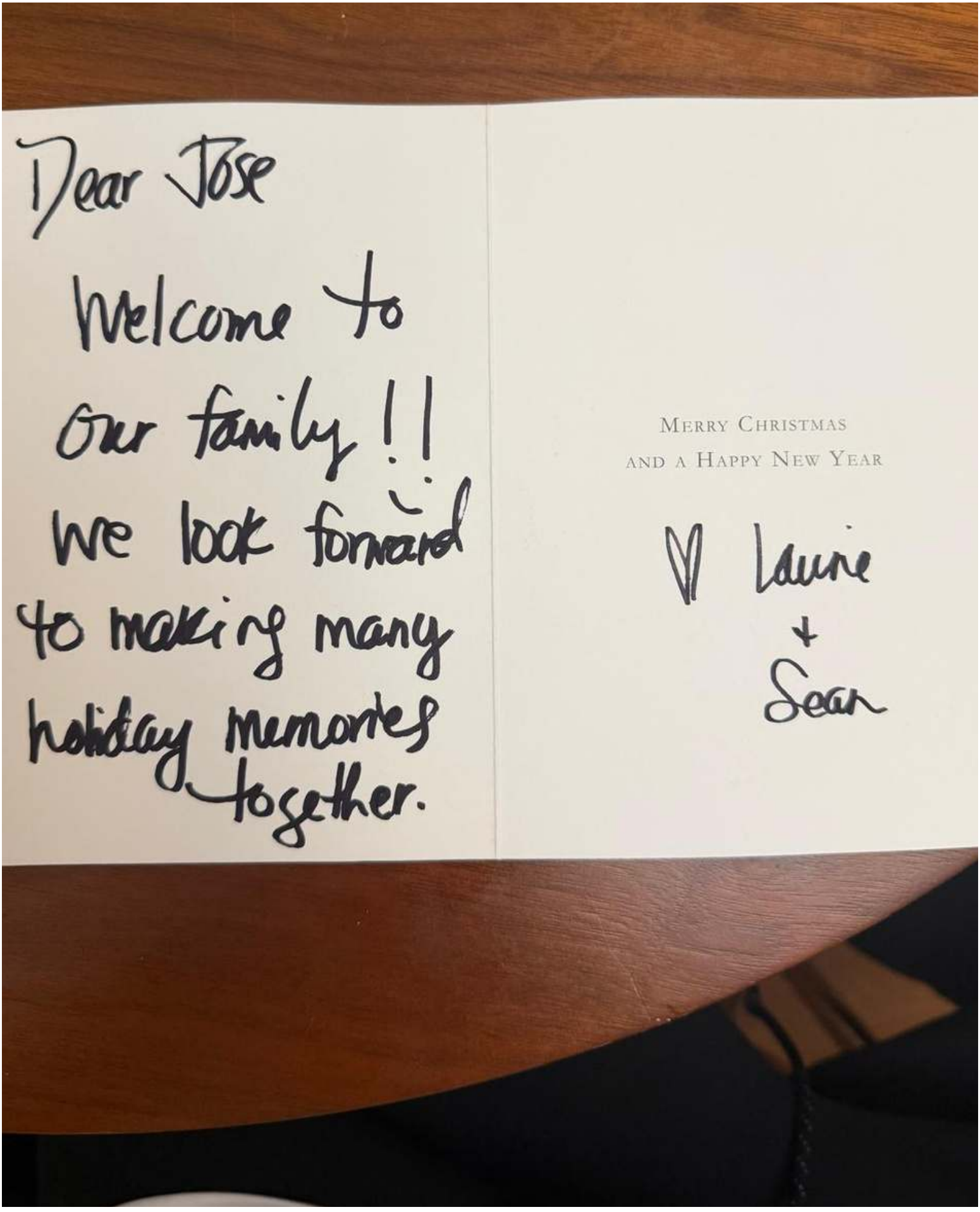
Happy wedding day!!
Can't wait to celebrate
your love today and a
lifetime of happiness and
infinite love. We'll cheers
with a Chambong!!

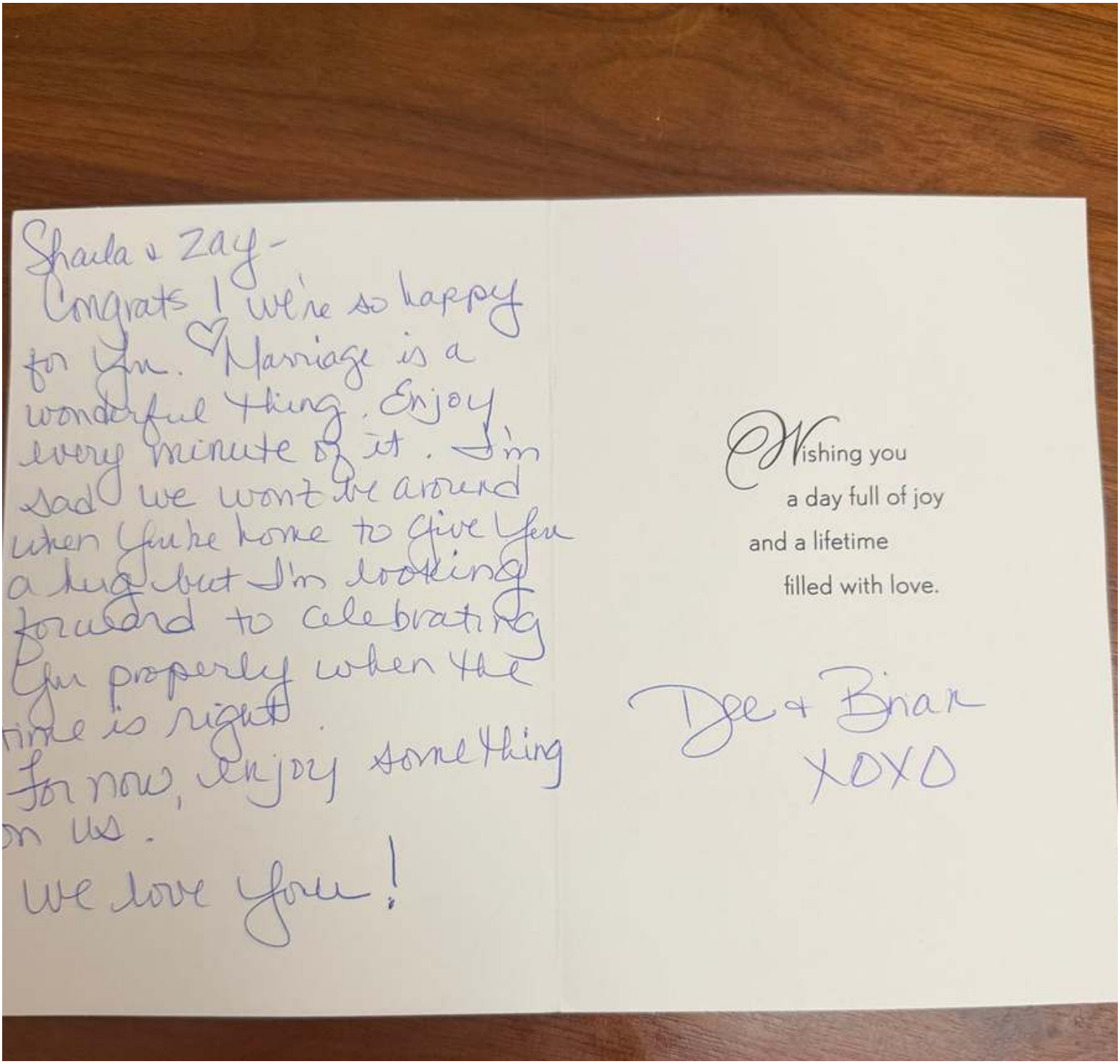
XOXO,

Thea


Shaila
&
Zeel,
Happy Wedding!
cheers!
your across the
way neigbs,
Becca & Daniel

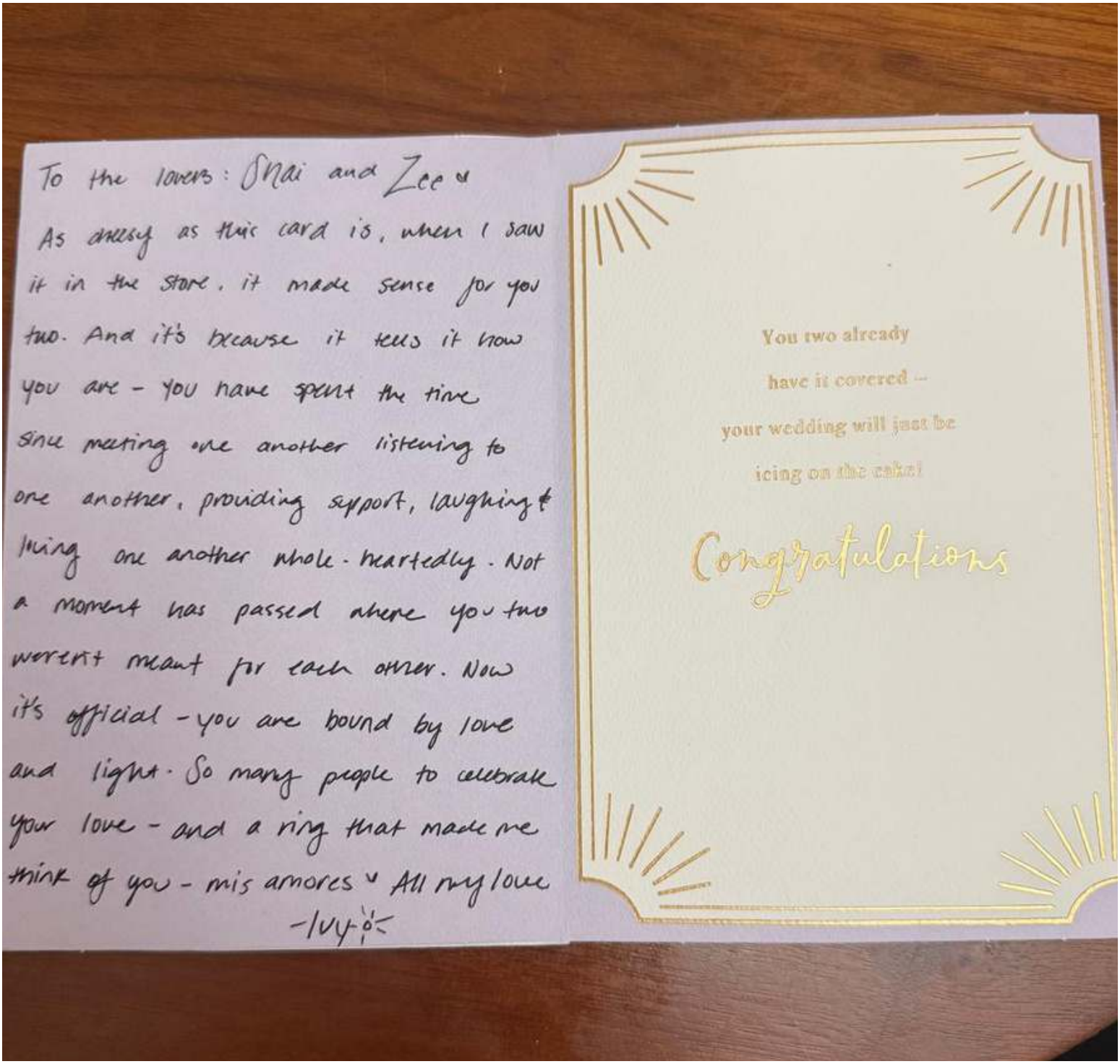

Congrats
Neighbors!

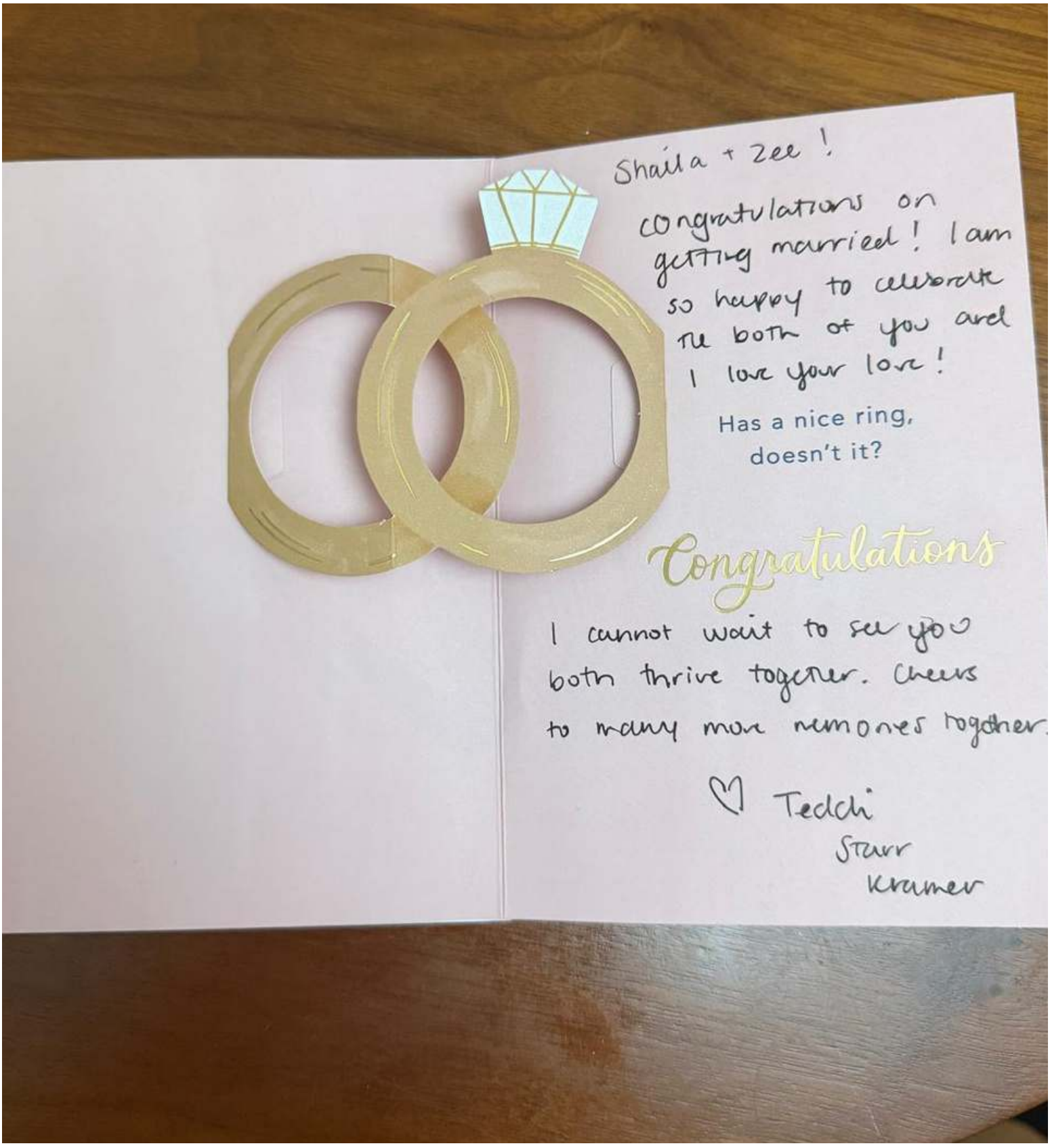

Dear Jose
Welcome to
our family!!
we look forward
to making many
holiday memories
together.
MERRY CHRISTMAS
AND A HAPPY NEW YEAR
Laurie
+
Sean


Shaula + Zay -
Congrats! We're so happy for you. ♡ Marriage is a wonderful thing. Enjoy every minute of it. I'm sad we won't be around when you're home to give you a hug but I'm looking forward to celebrating you properly when the time is right.
For now, enjoy something on us.
We love you!

Wishing you
a day full of joy
and a lifetime
filled with love.

Dee + Brian
XOXO


To the lovers: Shai and Zee ♥
As cheesy as this card is, when I saw it in the store, it made sense for you two. And it's because it tells it how you are - you have spent the time since meeting one another listening to one another, providing support, laughing & living one another whole-heartedly. Not a moment has passed where you two weren't meant for each other. Now it's official - you are bound by love and light. So many people to celebrate your love - and a ring that made me think of you - mis amores ♥ All my love
-Ivy
You two already
have it covered –
your wedding will just be
icing on the cake!
Congratulations


Shaila + Zee!
congratulations on getting married! I am so happy to celebrate the both of you and I love your love!
Has a nice ring, doesn't it?
Congratulations
I cannot wait to see you both thrive together. Cheers to many more memories together.
Teddi
Starr
Kramer

tt & zee,



Congrats to my newlyweds! Soooo grateful to have been with yw both to celebrate. one thing about my t. is she has always brought the best people into her life & ours and I am so excited to have zee in it ♡ LOVE YOU GUYS.

José Paulo da Silva Júnior
and
Shaila Ashlyn da Silva
photos.



12/28/25 - Jose and my brother after playing darts at Flight Club in Boston



12/28/25 - Jose wearing his Christmas gifts from my family in Boston



12/25/2025 - José and Shaila, on Christmas morning, walking with the dogs in Massachusetts.



12/23/25 - Christmas market in Boston with my sister



11/2025 - Brazilian restaurant



11/7/25 - Wedding of Shaila`s friend India's



Shaila`s friends wedding in Sunset Cliffs



11/5/25 - Exploring the tide pools at Sunset Cliffs



11/2/25 - Us on a hike in Julian, CA with friends



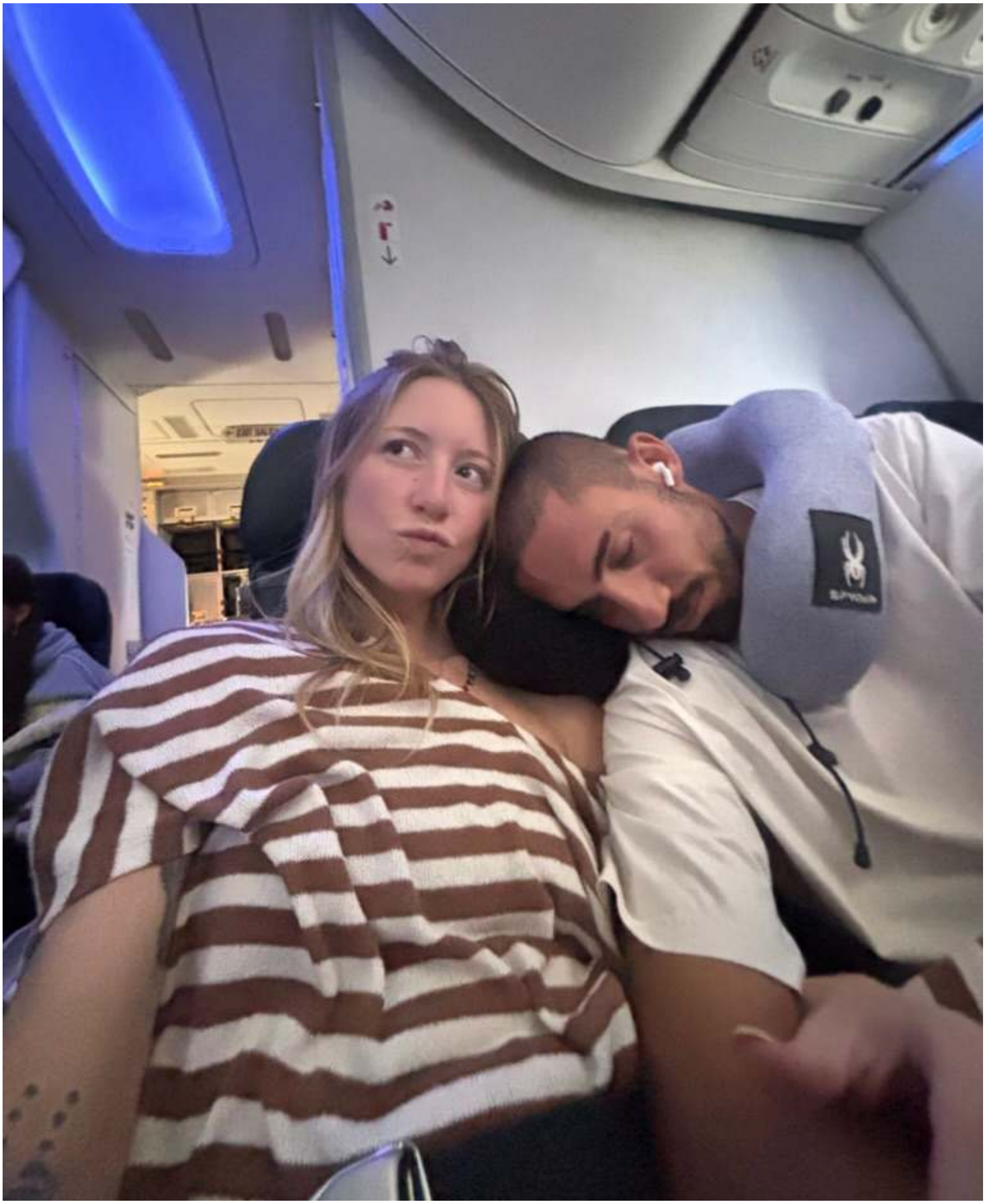
10/2025 - Skin care before sleep



10/1/25 - Jose coming home with flowers for Shaila



9/22/2025 - José and Shaila’s trip to Six Flags after Jose picked her up at Los Angeles International Airport (LAX).



9/11/25 - Flight back to Boston for Shaila's grandfather funeral



9/6/25 - BBQ for friends at their house



8/28/25 - Watching sunset at their house with friends after the beach



8/9/25 - Padres game with the Carney family when they were in town for a visit



8/5/25 - Walk in Winthrop, MA while staying at Shaila's sisters house



8/4/25 Dracut, MA - Jose and Shaila's dad in the garden in Shaila's home town



8/4/25 Jose and Shaila’s father cleaning his truck together on a trip to MA to visit my family



8/25 Saint Anthony's Feast in the North End Boston



8/3/25 - Shaila and Jose with the Carney family at the beach in NH



8/4/25 - Boston trip for Shaila's sisters birthday party



8/3/25 - Jose with Shaila's family at Shaila's Uncle's beach house



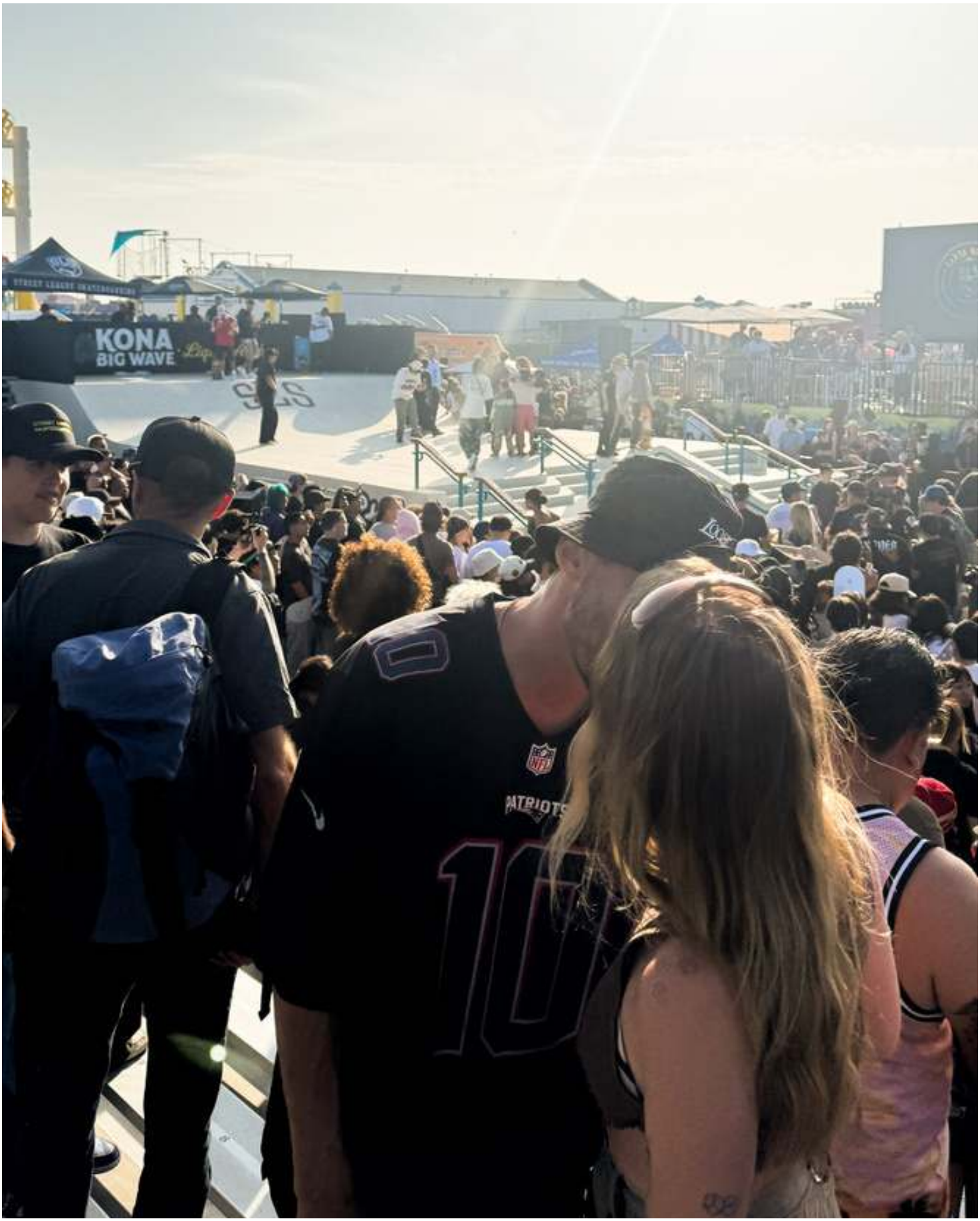
7/20/25 - Watching sunset in PB



6/11/25 - Trip to Trestles beach for surfing competition



5/26/25 - Jose BBQing for Shaila`s friends friends in Bird Rock, San Diego



5/23/25 - Trip to LA to watch SLS competition with friends



5/21/25 - Beach day near their house



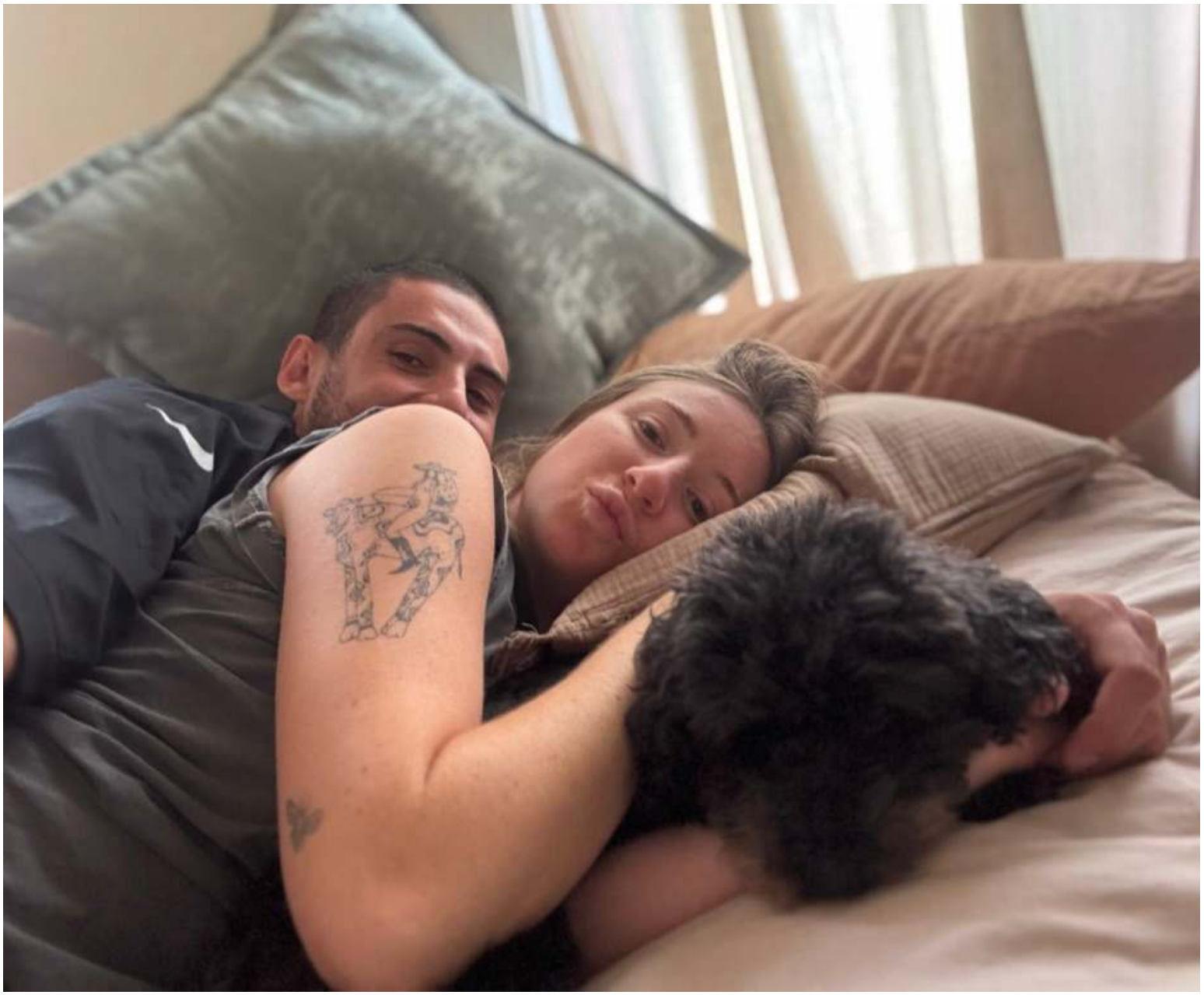
5/20/25 - Bike ride on the boardwalk



5/17/25 - Jose designing his house robe



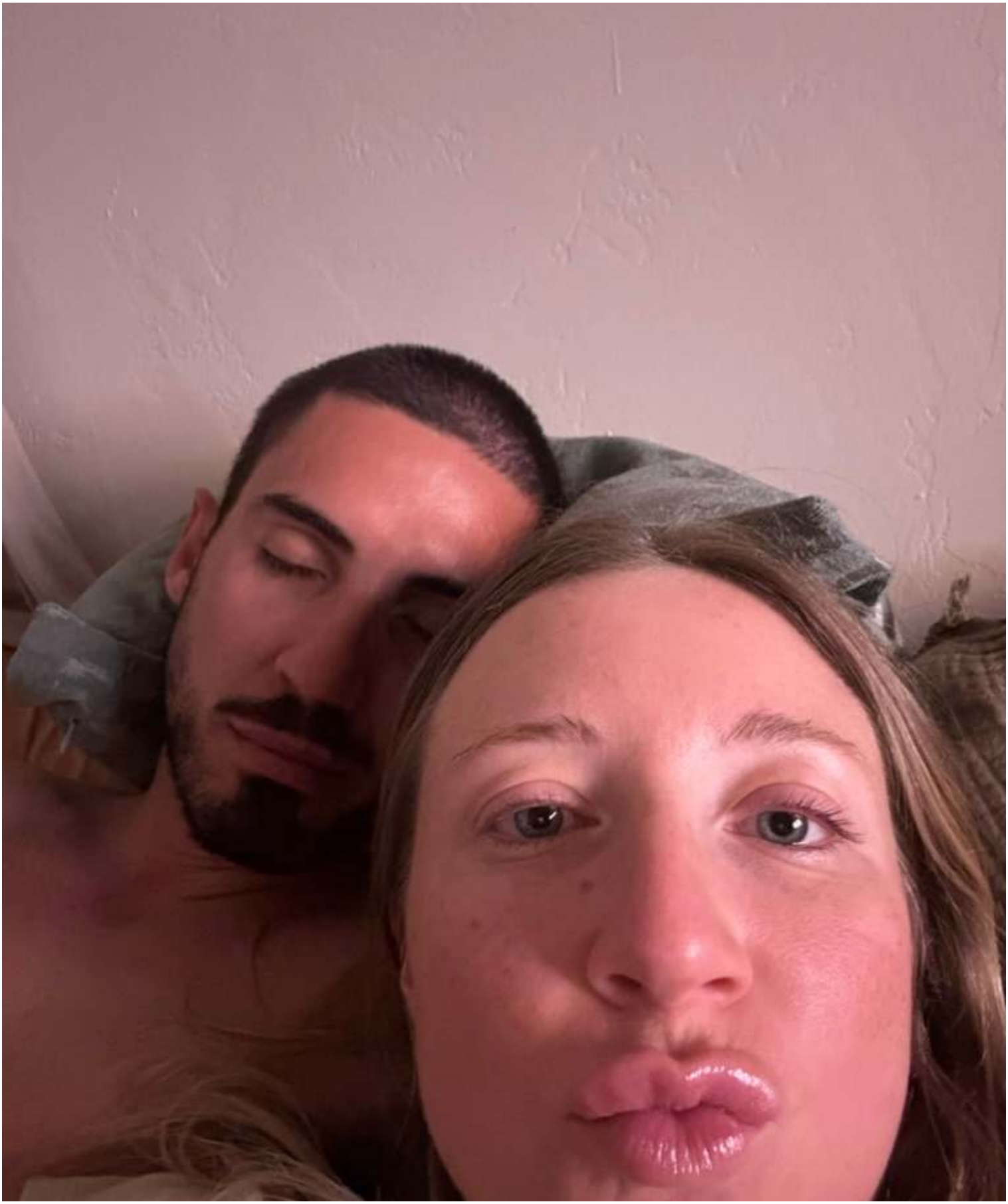
5/10/25 - Jose being Shaila`s hair stylist



5/4/25 - Dog watching for Shaila's friend Hunter while she was on vacation



4/20/25 - Breakfast at Shaila`s old house with Jose and roommates



4/9/25 - Cuddling

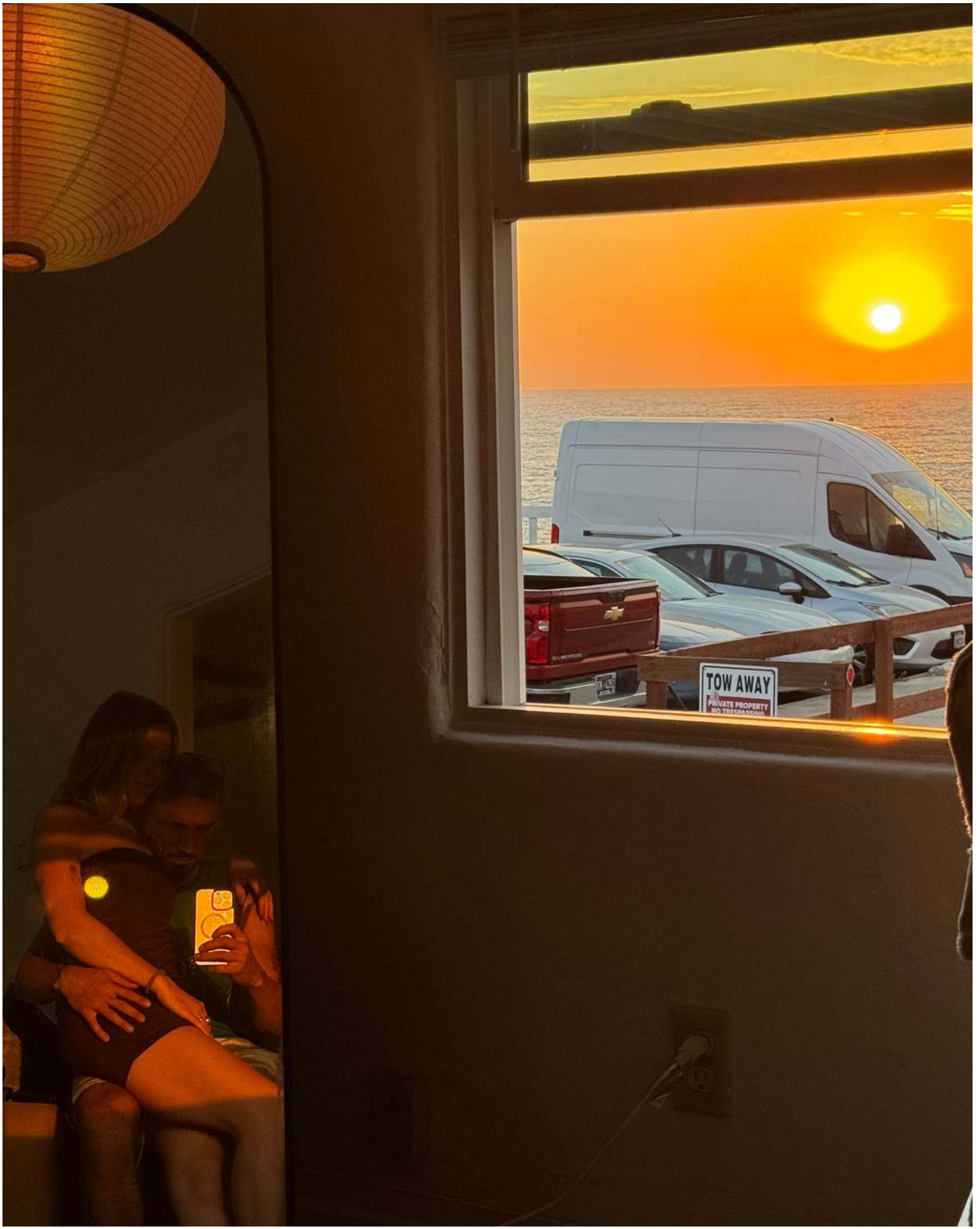


Bike ride in Mission beach ocean front





On the way to the horse race with the Shaila`s family



Sunset at their home



Sunset rooftop party at Downtown San diego



Ocean Beach holidays



First sunset together at Windansea



Walk at windansea

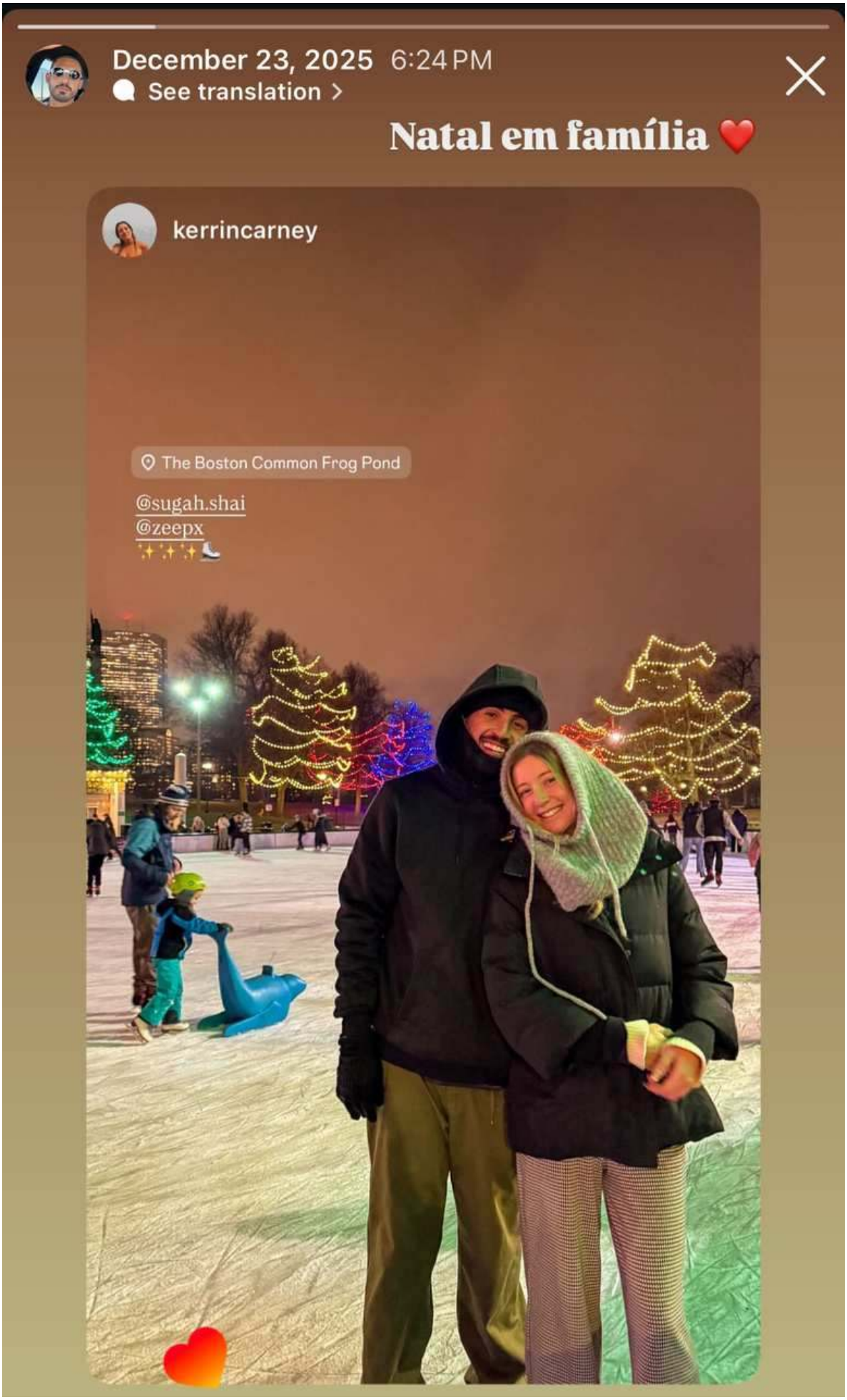
José Paulo da Silva Júnior
and
Shaila Ashlyn da Silva
social media activity.



Post caption: "I love you guys 🤍"


5:49
53
December 28, 2025 3:18 PM
sugah.shai
BOSTON
the new
BOSTON
PATRIOTS
10
game day energy
@zeepx
Activity
Facebook
Share
Highlight
More


5:50
53
December 25, 2025 10:11 AM
kerrincarney
my christmas angels
@zeepx @sugah.shai
@chris_dioguardi
Activity
Facebook
Share
Highlight
More



Post caption: "Christmas with family ❤️"

December 21, 2025 10:25 AM

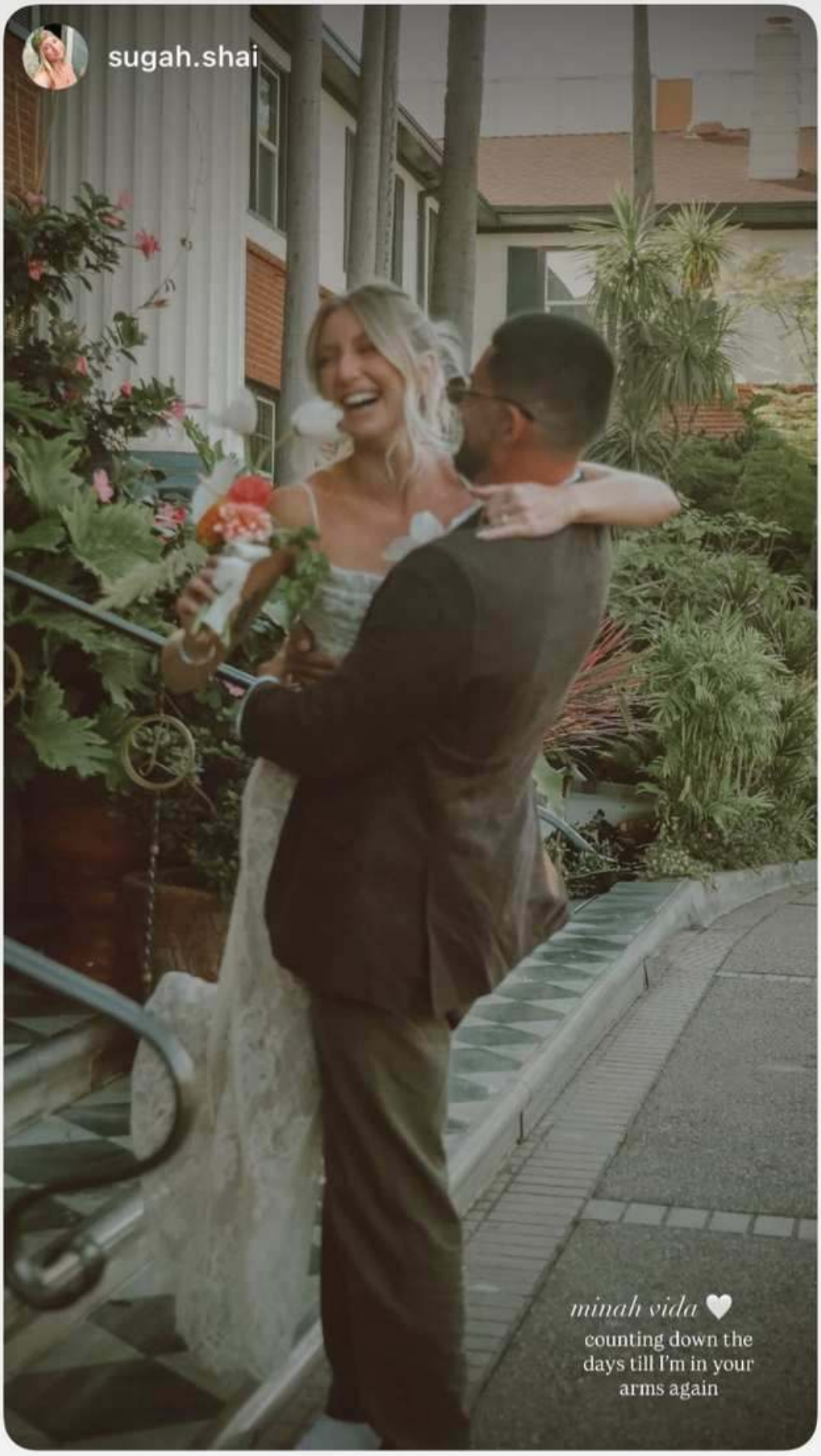
sugah.shai





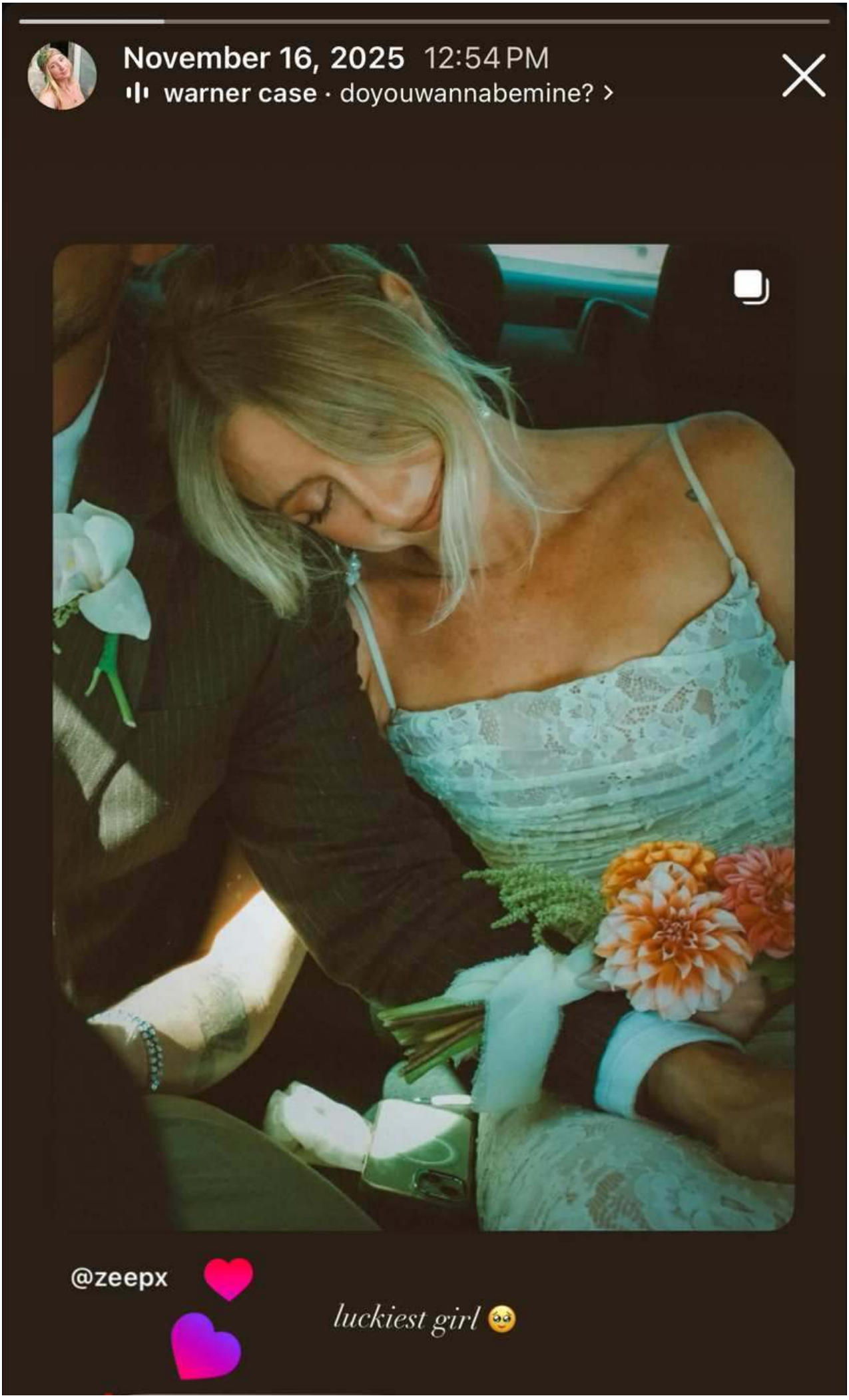
Activity Facebook Share Highlight More

December 16, 2025 12:50 PM




5:48
SOS
59
December 1, 2025 11:29 PM
berlioz · nyc in 1940 >
@zeepx
saudades muito hojie 🥲
Activity
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More


5:50
52
November 21, 2025 2:26 PM
Jazzy, KILIMANJARO, Jayda G · No Bad Vibes >
sugah.shai
Opening day happy dance!!
MAMMOTH LAKES, CALIFORNIA
Activity
Facebook
Share
Highlight
More


November 16, 2025 12:54 PM
warner case · doyouwannabemine? ›
@zeepx
luckiest girl 🥹


10:29
25
Posts
sugah.shai
sugah.shai
Saraga · Thinking About You
Tag a friend...
493
56
1
2
Liked by sandrocruzjr and others
sugah.shai Forever yours ·˙✧ sneak peak / 10.22
photos @manuellaguasti / flowers @kimbotronix / glam @huntergeter/ tan @theritzymist 🤍 dream team
November 12, 2025

10:28

Posts
sugah.shai

sugah.shai
Saraga · Thinking About You



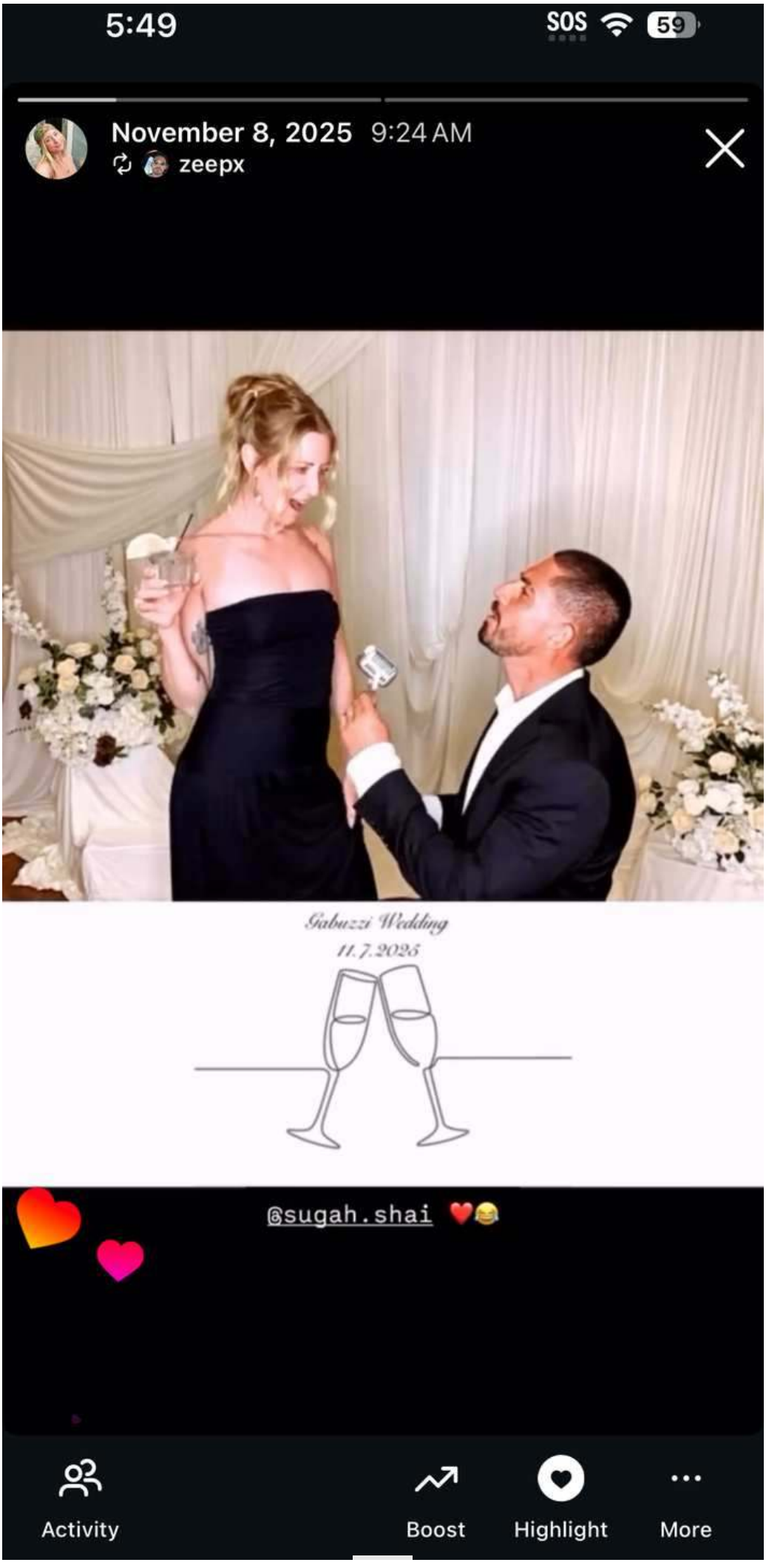
493 56 1 2

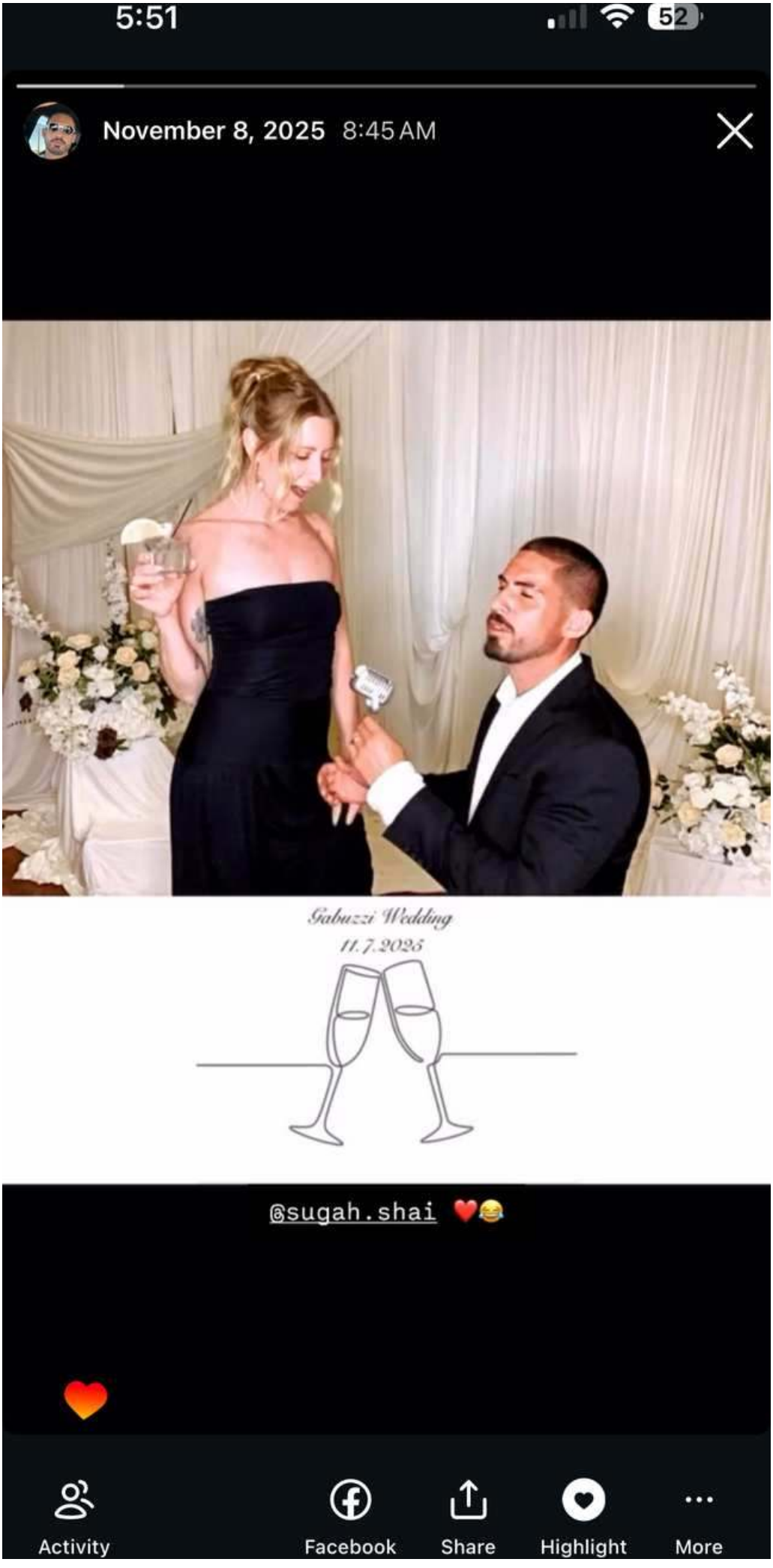
Liked by **sandrocruzjr** and **others**

sugah.shai Forever yours ·˙✧ sneak peak / 10.22

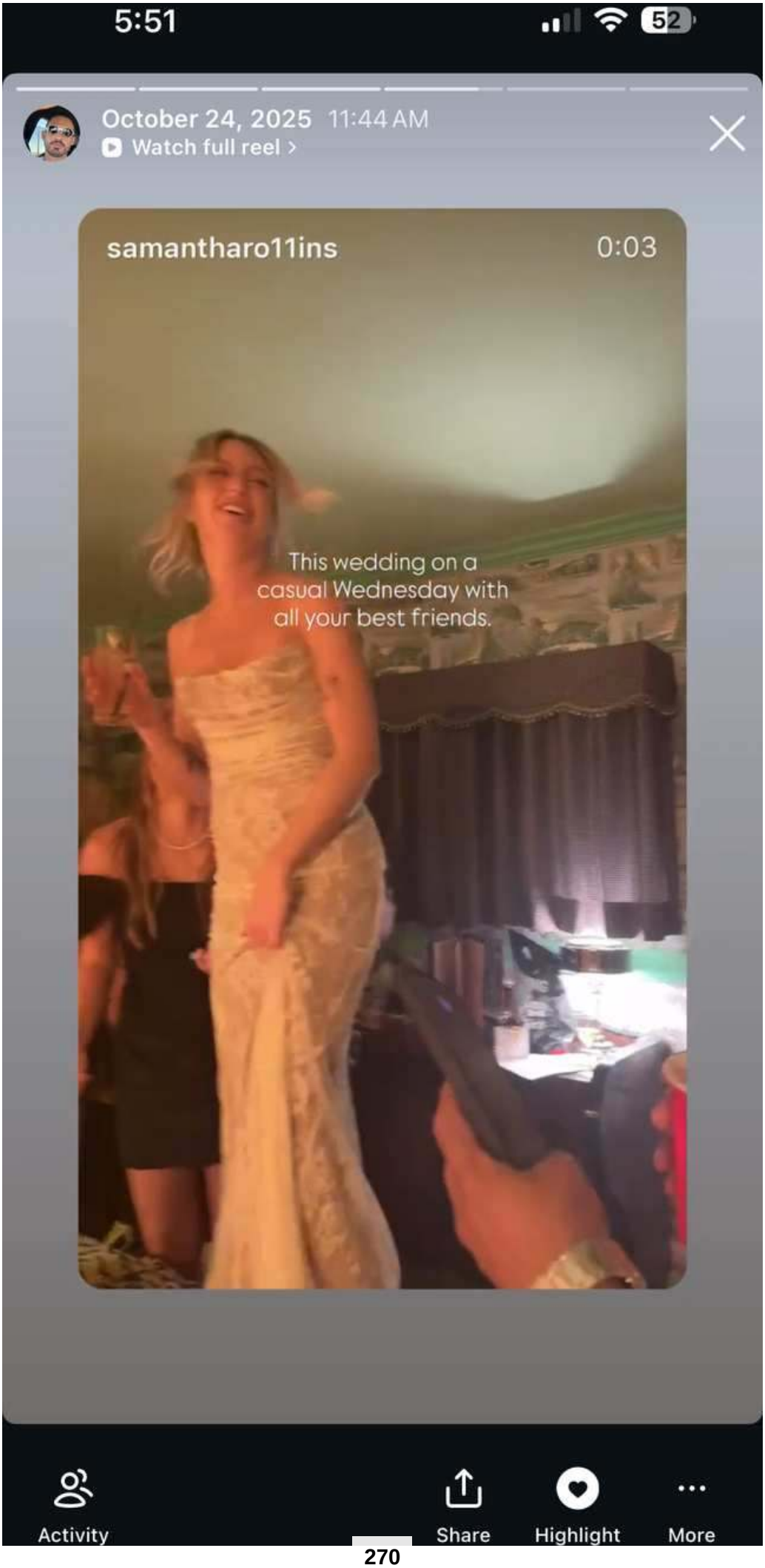
photos @manuellaguasti / flowers @kimbotronix / glam @huntergeter/ tan @theritzymist 🤍 dream team

November 12, 2025


5:49
SOS
59
November 8, 2025 9:24 AM
zeepx
Gabuzzi Wedding
11.7.2026
@sugah.shai
Activity
Boost
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More


5:51
52
November 8, 2025 8:45 AM
Gabuzzi Wedding
11.7.2025
@sugah.shai ❤️😂
Activity
Facebook
Share
Highlight
More


October 28, 2025 9:58 PM
sugah.shai
spooky night w/ my boo
@zeepx


5:51
October 24, 2025 11:44 AM
Watch full reel ›
samantharo11ins
0:03
This wedding on a
casual Wednesday with
all your best friends.
Activity
Share
Highlight
More


5:52
52
October 23, 2025 10:48 PM
Activity
Facebook
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5:52
52
October 23, 2025 7:02 AM
rhudllysoulsis
Activity
Facebook
Share
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More


October 23, 2025 12:01 AM
gabrielemarcal


5:52
52
October 23, 2025 12:01 AM
gabrielemarcal
congrats to sweet
@sugah.shai & @zeepx
Activity
Facebook
Share
Highlight
More


5:52
51
October 23, 2025 12:01 AM
meganray8
Congrats to our
favorite couple
@sugah.shai @zeepx
Activity
Facebook
Share
Highlight
More


October 23, 2025 12:01 AM
samantharo11ins
@clemsonsunny
@sugah.shaj
@zeepx


5:52
October 23, 2025 12:01 AM
samantharo11ins
@sugah.shai
@zeepx
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Activity
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Post caption: "October 22, 2025. The day I said yes to the love of my life, and I continue saying it every day. It has been more than a dream to share life by your side, and I can't wait for the beautiful future that awaits us, together."



Post caption: "October 22, 2025. The day I said yes to the love of my life, and I continue saying it every day. It has been more than a dream to share life by your side, and I can’t wait for the beautiful future that awaits us, together."

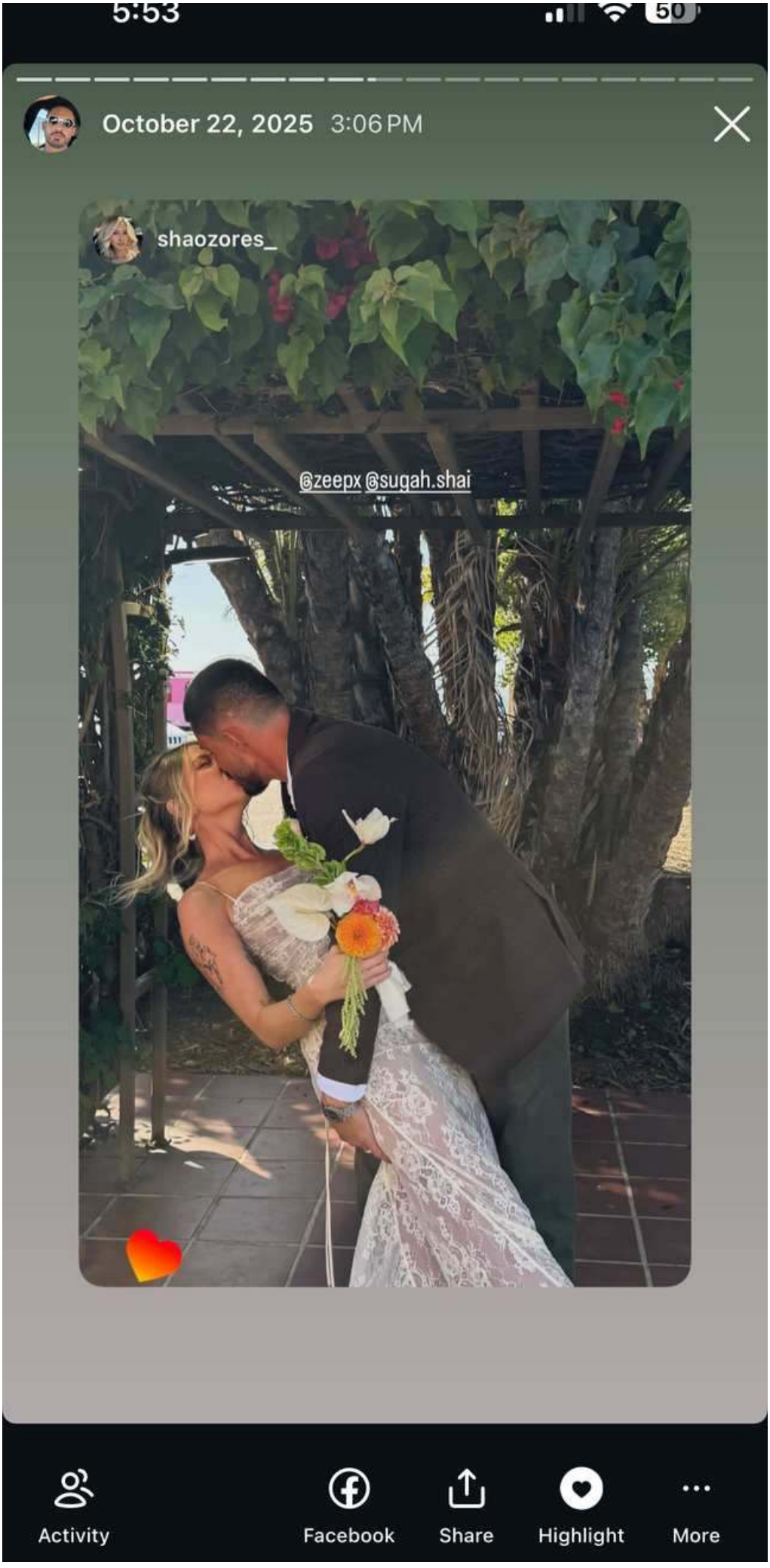
October 22, 2025 8:08 PM




5:52
51
October 22, 2025 8:08 PM
shaozores_
@jeanrmattos @sugah.shai @zeepx @felipe.allday @dennisgvieira
Activity
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More

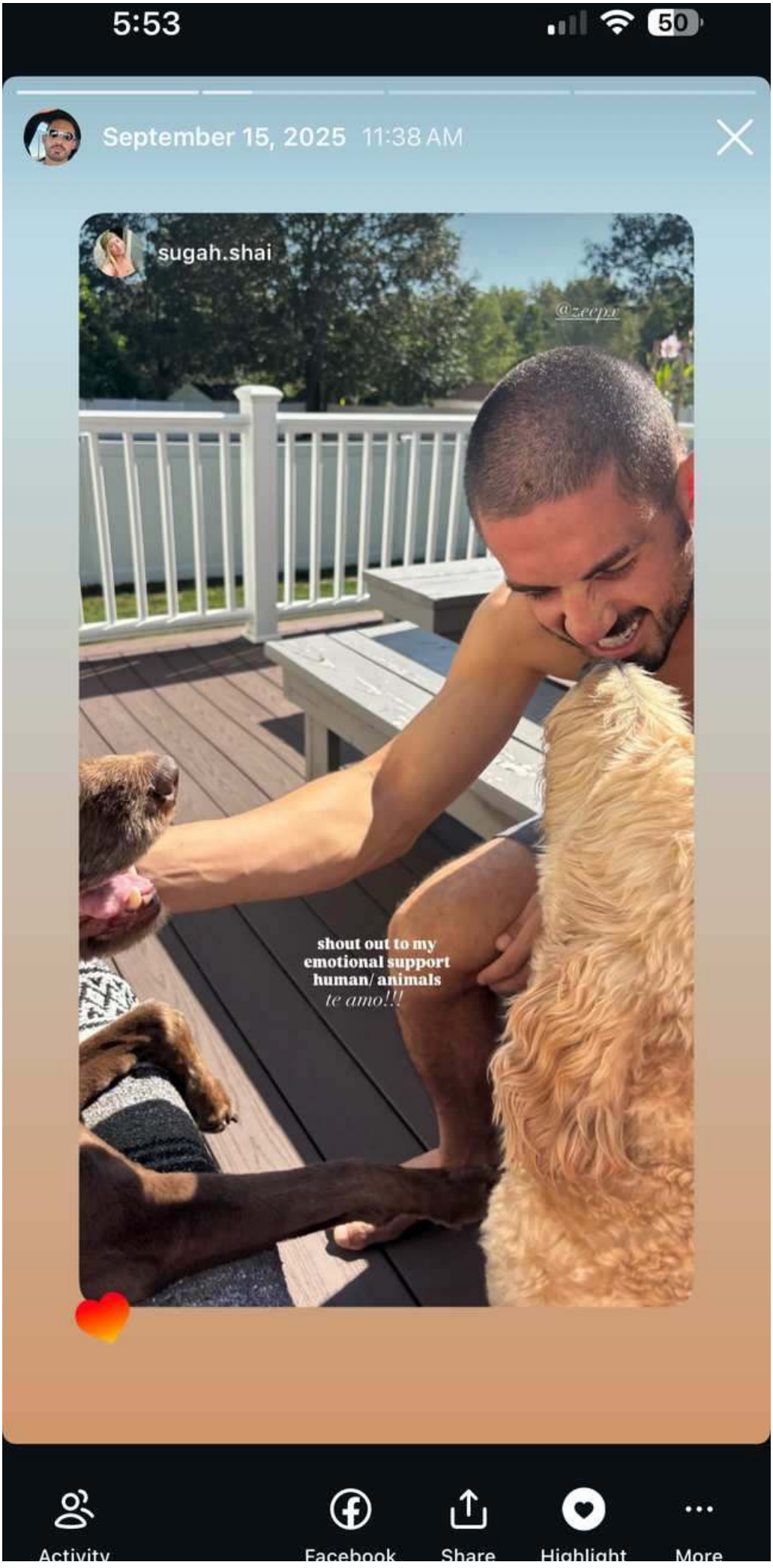

October 22, 2025 3:31 PM
kerrincarney
my sissy's a married woman!!!!! and another bro gained😍😍😍ily guys!!!! 🥹

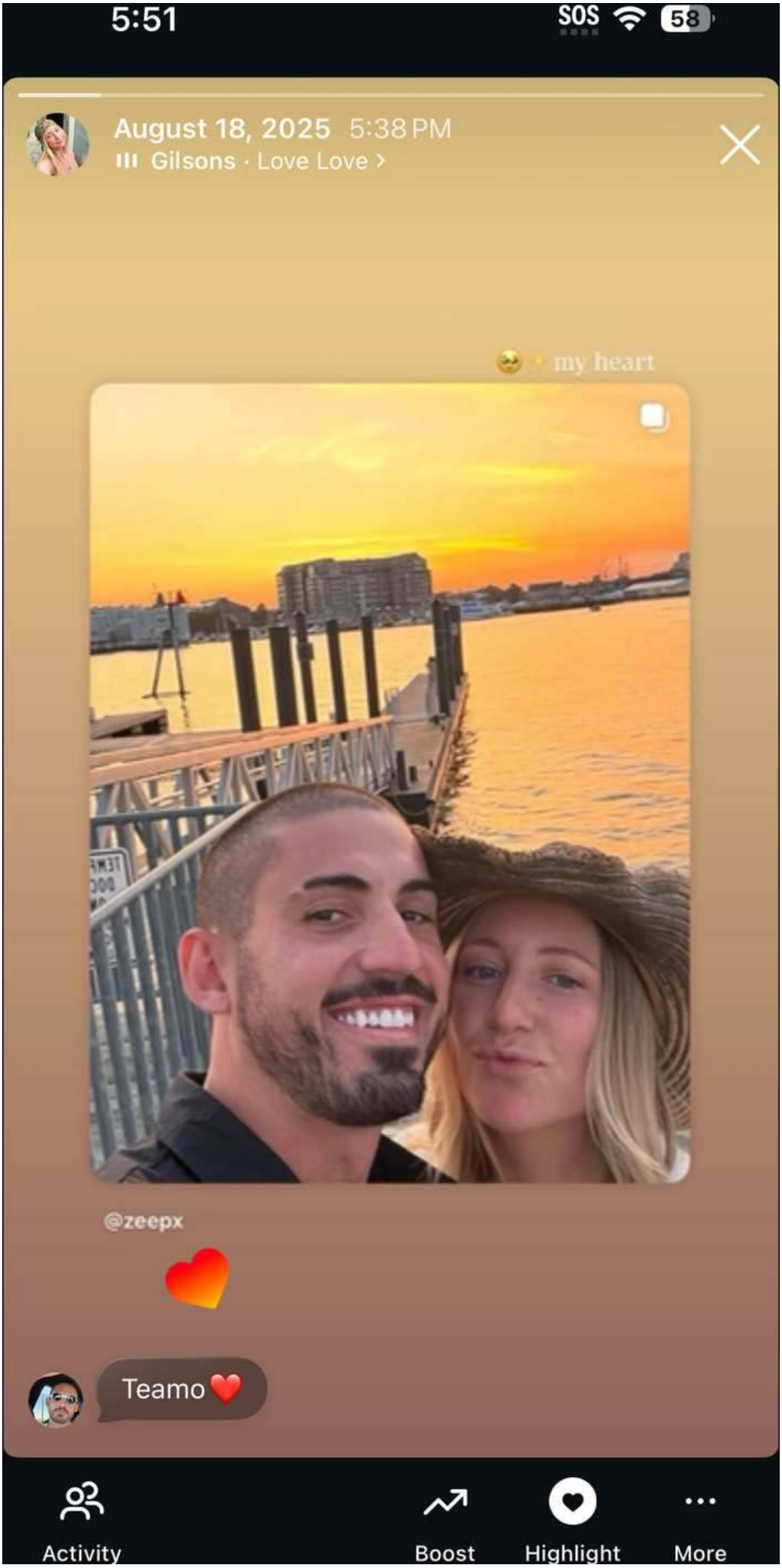

October 22, 2025 3:30 PM
sandrocruzjr
Activity
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Share
Highlight
More


5:53
October 22, 2025 3:06 PM
shaozores_
@zeepx @sugah.shai
Activity
Facebook
Share
Highlight
More


October 22, 2025 2:57 PM
Natalie Cole · This Will Be (An Everlasting Love) ›
shaozores_
@sugah.shai @zeepx


September 20, 2025 8:11AM
sugah.shai
pre airport ritual ♥
@zeepx
AZUKI
AZUKI SU
DAILY SPEC
ASARI MISO SOUP
SHIMA AJI


5:53
September 15, 2025 11:38 AM
sugah.shai
@zeepx
shout out to my
emotional support
human/ animals
te amo!!!
Activity
Facebook
Share
Highlight
More


5:51
August 18, 2025 5:38 PM
Gilsons · Love Love
my heart
@zeepx
Teamo
Activity
Boost
Highlight
More



Post caption: "Living infinite blessings by your side, my love ❤️"



Post caption: "Living infinite blessings by your side, my love ❤️"


5:54
August 9, 2025 2:44 PM
kerrincarney
Activity
Facebook
Share
Highlight
More


5:54
August 2, 2025 4:23 PM
sugah.shai
home ♥!!
Boston, Massachusetts
Activity
Facebook
Share
Highlight
More



Post caption: "Mine"

May 21, 2025 8:28 PM

sugah.shai

sunshine makes me
wanna dance & play in
the ocean all day




5:54
SOS
57
May 21, 2025 2:55 PM
Kaz James · Sun Is Shining
that's my baby !
Activity
Boost
Highlight
More


April 29, 2025 1:26 PM
FBC, VHOOR · Rap da UFFÉ >
sugah.shai


5:55
50
April 21, 2025 10:26 PM
@felipe.allday
Activity
Facebook
Share
Highlight
More

10:28

Posts
sugah.shai

May 15, 2025

sugah.shai
Coachella Music Festival

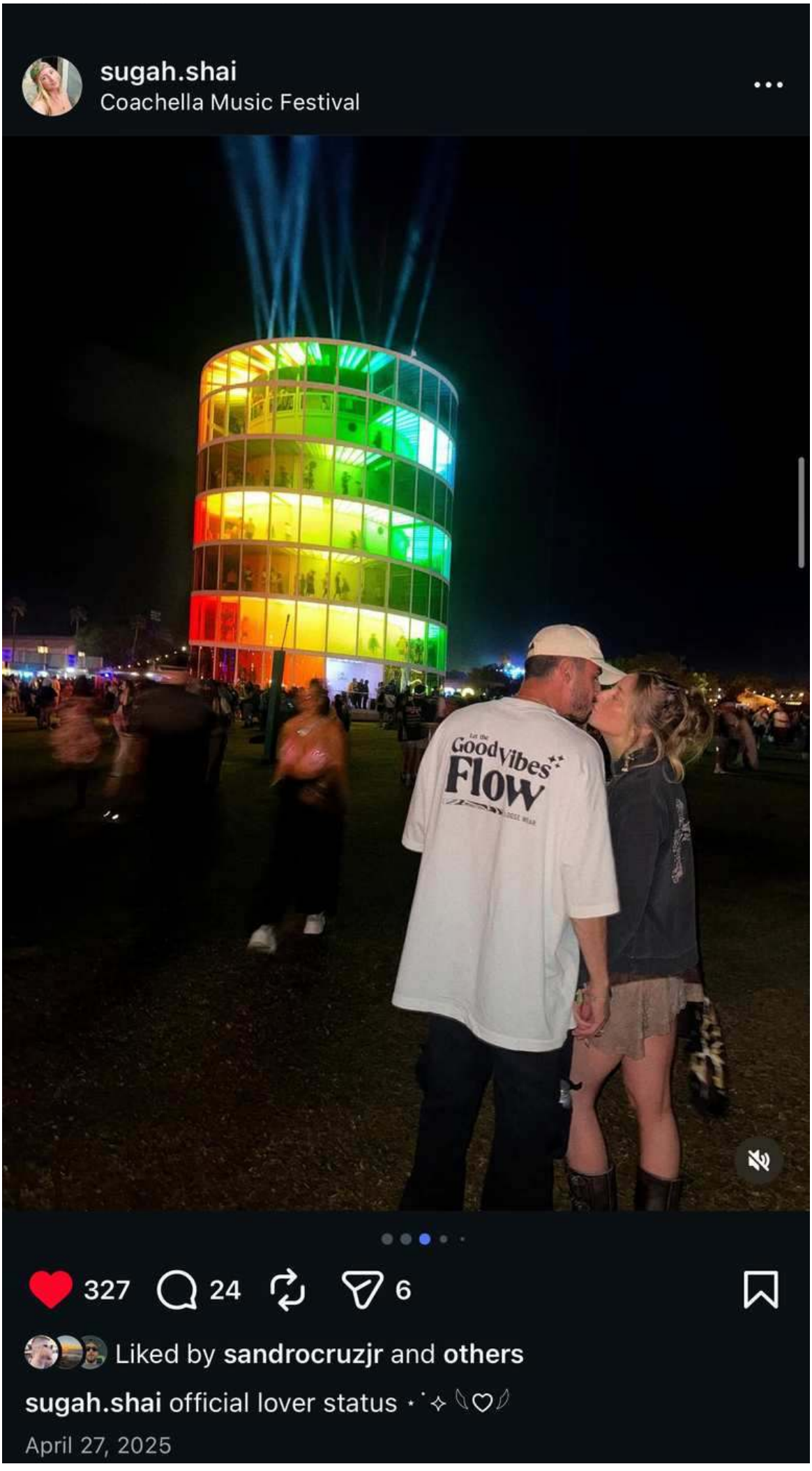


327 24 6

Liked by **sandrocruzjr** and **others**

sugah.shai official lover status ⋆｡˚✧ ♡

April 27, 2025


sugah.shai
Coachella Music Festival
Let the Good Vibes Flow
327
24
6
Liked by sandrocruzjr and others
sugah.shai official lover status ⋆｡˚✧ ♡
April 27, 2025


April 27, 2025 10:38 AM
Rampa, Adam Port, &ME, Keinemusik · Lover >
sugah.shai
Good Vibes Flow
sugah.shai official lover status


3:53
3:39
85
kerrincarney 52m
sunday funday ❣️❣️
@sugah.shai
@zeepx
@chris_dioguardi
@_carneypatrick
Add to your story
Send message...

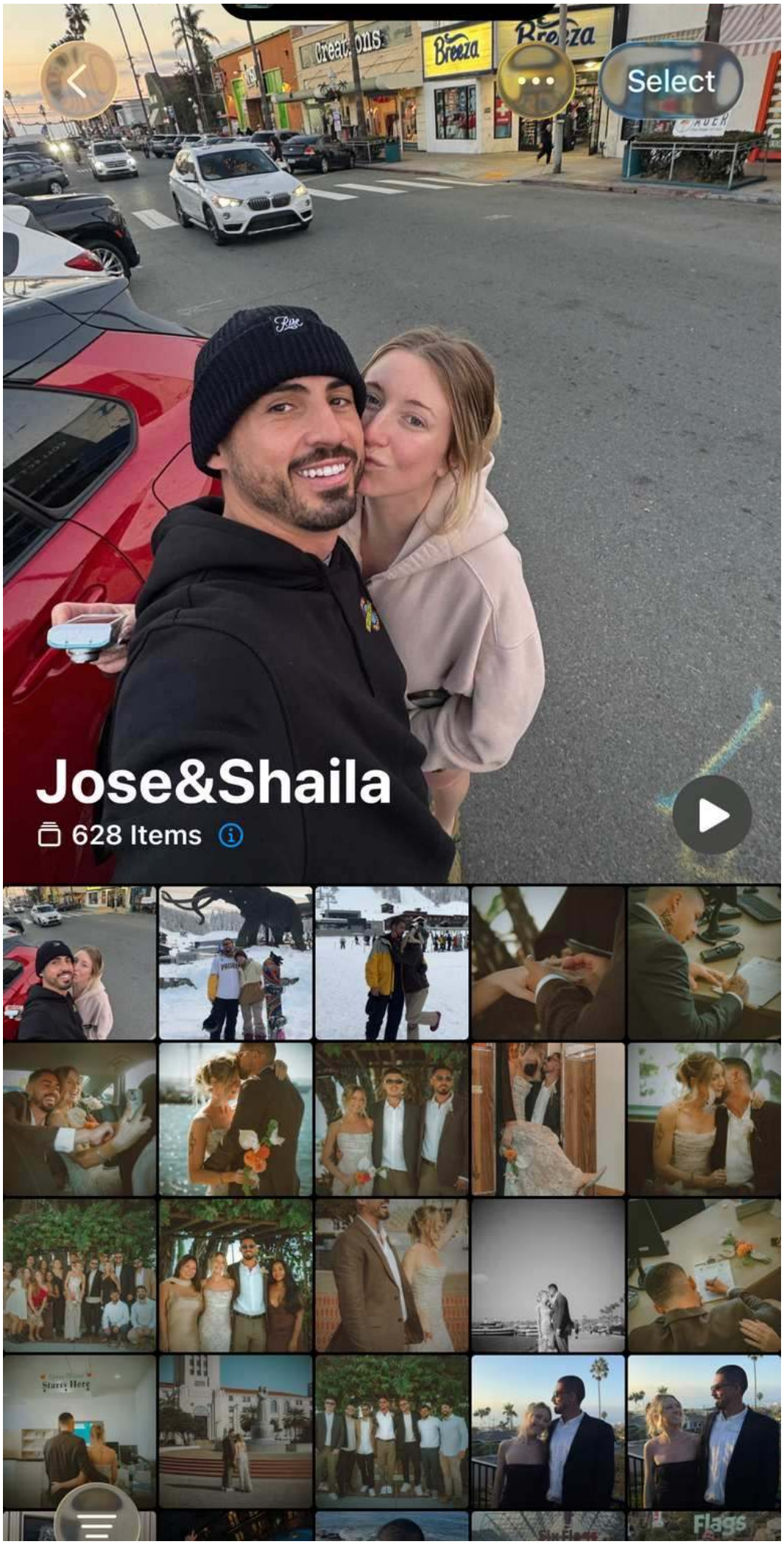

Select
Jose&Shaila
628 Items

Exhibit 7 - Shaila Ashlyn da Silva's Financial Information – Petitioner

1040 | Federal Return Summary | 2025

ame	Taxpayer Identification Number
Shaila A Carney	***-**-2258

Tax Form 1040

Tax Method Used Tax Table

Filing Status SGL

Dependents

Income

Salaries & wages	50,445
Taxable interest income	
Tax exempt interest	
Dividend income	
Qualified dividends	
Taxable state/local refunds	
Alimony received	
Business income/-loss	8,738
Capital gain/-loss	
Other gain/-loss (Form 4797)	
Taxable IRA distributions	
Taxable pension distributions	
Rental, royalty, partnership, etc. income/-loss	
Farm income/-loss	
Unemployment compensation	
Taxable social security benefits	
Other income	
Total income	59,183

Adjustments

Moving expenses	
Deductible part of self-employment tax	618
SEP, SIMPLE, and qualified plan deduction	
Self-employed health insurance deduction	
Alimony paid	
IRA deduction	
Student loan interest deduction	
Other adjustments	
Total adjustments	618
Adjusted gross income	58,565

Deductions

Medical and Dental expenses	
Taxes paid	
Interest paid	
Charitable contributions	
Other itemized deductions	
Total itemized deductions	
or, Standard deduction	15,750
Additional deductions (Schedule 1-A)	25,007
Taxable income before QBID	17,808
Qualified Business Income Deduction (QBID)	1,624
Taxable income	16,184

Tax Computation

Regular tax	1,703
Excess advance premium tax credit	
Repayment clean vehicle transfers and other	
Alternative minimum tax	
Total tax before credits	1,703
Child and dependent care credit	
Education credits	
Other credits	
Total credits	
Tax after credits	1,703
Self-employment tax	1,235
Additional tax on IRAs, etc.	
Other taxes	
Total tax	2,938

Payments

Federal income tax withheld	7,830
Estimated payments	
Other payments/credits	
Total payments	7,830

Refund/Amount Due

Amount overpaid	4,892
Overpayment applied	
Form 2210 penalty	
Amount due/-refund	-4,892
Failure to file penalty	
Failure to pay penalty	
Late filing interest	
Net amount due/-refund	-4,892

2026 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total Estimates	

Tax Rates

Marginal tax rate - Ordinary income*	12.0	%
Marginal tax rate - Capital income*		%
Effective tax rate	18.0	%

*** Marginal Tax Rate displayed may not reflect the true tax rate for Schedule J or Form 8615.**

Filing Instructions

Electronically Filed
Form 1040 US Individual Income Tax Return

With
Form 8879 IRS e-file Signature Authorization

Taxable Year Ended December 31, 2025

Name: Shaila A Carney

Date Due: April 15, 2026

Remittance: None is required. The return shows a total overpayment of $4,892, which is to be refunded in its entirety.

Your refund will be direct deposited into your Chase Bank checking account no. *****5562.

Signature: You have already signed Form 8879 IRS e-file Signature Authorization**.** Your signature authorizes your electronically filed return to be signed with a Personal Identification Number (PIN), and indicates your agreement that the Part I amounts are from your tax return. No further signature action is required.

Form 8879 with your original signature was previously received by this office. A copy of Form 8879 with a conformed signature is attached for your records.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

orm **8879**
ev. January 2021)
epartment of the Treasury
ernal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

ubmission Identification Number (SID) ▶ **********

axpayer's name	Social security number
Shaila A Carney	***-**-2258
pouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

nter whole dollars only on lines 1 through 5.

ote: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	58,565
2	Total tax	2	2,938
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	7,830
4	Amount you want refunded to you	4	4,892
5	Amount you owe	5	

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

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

ıxpayer's PIN: check one box only

☒ I authorize **Florence Hardy, PLC** (ERO firm name) to enter or generate my PIN **92106** (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

our signature ▶ **Signed. Retain for your records.** Date ▶ **03/18/26**

pouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

pouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

RO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **********
(Don't enter all zeros)

ertify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now uthorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the equirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

RO's signature ▶ **Justin L Hardy CPA** Date ▶ **03/18/26**

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

or Paperwork Reduction Act Notice, see your tax return instructions. Form **8879** (Rev. 01-2021)

AA

Taxpayer Name Shaila A Carney
Spouse Name

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN **********

Taxpayer Declarations

Perjury Statement

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

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 03/18/26

Taxpayer's PIN (enter five numbers, other than all zeroes) 92106

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

1040 U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service | 2025 | OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

or 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	Last name	Your social security number
Shaila A	Carney	***-**-2258
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. | 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.

1852 Locuts St

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

San Diego | CA | 92106

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

Filing Status Check only one box.

- [X] 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 [X] 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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	50,445
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	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	50,445
2a	Tax-exempt interest 2a	b Taxable interest	2b
3a	Qualified dividends 3a	b Ordinary dividends	3b
c	Check if your child's dividends are included in 1 [ ] Line 3a 2 [ ] Line 3b		
4a	IRA distributions 4a	b Taxable amount	4b
c	Check if (see instructions) 1 [ ] Rollover 2 [ ] QCD 3 [ ]		
5a	Pensions and annuities 5a	b Taxable amount	5b
c	Check if (see instructions) 1 [ ] Rollover 2 [ ] PSO 3 [ ]		
6a	Soc. sec. ben. 6a	b Taxable amount	6b
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	8,738
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	59,183
10	Adjustments to income from Schedule 1, line 26	10	618
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	58,565

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	58,565
	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		
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 instr.	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	1,624
	b	Additional deductions from Schedule 1-A, line 38	13b	25,007
	14	Add lines 12e, 13a, and 13b	14	42,381
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	16,184
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972		
		3 ☐ _____	16	1,703
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,703
	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	1,703
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,235
	24	Add lines 22 and 23. This is your **total tax**	24	2,938
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 7,830		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	7,830
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____		
	27a	Earned income credit (EIC) — 27a:		
	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	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	7,830
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	4,892
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	4,892
Direct deposit? See instructions.	b	Routing number 122100024 c Type: ☒ Checking ☐ Savings		
	d	Account number *****5562		
	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: Justin L Hardy CPA Phone no.: 480-310-7319 Personal identification number (PIN): 22211

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 instr.)
		Account Manager	
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 instr.)

Phone no. _____ Email address _____

Print your return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Justin L Hardy CPA	Justin L Hardy CPA	03/18/26	********	☐ Self-employed

Firm's name: Florence Hardy, PLC Phone no.: 480-310-7319

Firm's address: 230 E Baylor Lane Gilbert AZ 85296 Firm's EIN: 45-2405965

CHEDULE 1
Form 1040)
epartment of the Treasury
ternal 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**

ame(s) shown on Form 1040, 1040-SR, or 1040-NR
Shaila A Carney

Your social security number
***-**-2258

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

ote: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the ature 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	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	8,738
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	8,738

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	618
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	618

CHEDULE 1-A
Form 1040)

epartment of the Treasury
ternal Revenue Service

Additional Deductions

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. **1A**

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

Shaila A Carney

Your social security number

***-**-2258

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			1	58,565
2a	Enter any income from Puerto Rico that you excluded	2a			
b	Enter the amount from Form 2555, line 45	2b			
c	Enter the amount from Form 2555, line 50	2c			
d	Enter the amount from Form 4563, line 15	2d			
e	Add lines 2a, 2b, 2c, and 2d			2e	
3	Add lines 1 and 2e			3	58,565

Part II No Tax on Tips

aution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *RS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to aim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.				
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes	4a	33,319		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b			
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			4c	33,319
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			5	
6	Add lines 4c and 5			6	33,319
7	Enter the smaller of the amount on line 6 or $25,000			7	25,000
8	Enter the amount from line 3			8	58,565
9	Enter $150,000 ($300,000 if married filing jointly)			9	150,000
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			10	
11	Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			11	
12	Multiply line 11 by $100			12	
13	**Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0-			13	25,000

Part III No Tax on Overtime

aution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified vertime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this eduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	7		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b			
c	Add lines 14a and 14b			14c	7
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			15	7
16	Enter the amount from line 3			16	58,565
17	Enter $150,000 ($300,000 if married filing jointly)			17	150,000
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			18	
19	Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			19	
20	Multiply line 19 by $100			20	
21	**Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0-			21	7

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan: **(ii)** Deducted on Schedule C, Schedule E, or Schedule F	Interest for this loan: **(iii)** Schedule 1-A
a			
b			

23	Add lines 22a and 22b, column (iii)	**23**	
24	Enter the smaller of the amount on line 23 or $10,000	**24**	
25	Enter the amount from line 3	**25**	
26	Enter $100,000 ($200,000 if married filing jointly)	**26**	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	**27**	
28	Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	**28**	
29	Multiply line 28 by $200	**29**	
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	**30**	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	**31**	
32	Enter $75,000 ($150,000 if married filing jointly)	**32**	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	**33**	
34	Multiply line 33 by 6% (0.06)	**34**	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	**35**	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	**36a**	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	**36b**	
37	**Enhanced deduction for seniors.** Add lines 36a and 36b	**37**	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	**38**	25,007

CHEDULE 2
orm 1040)
epartment of the Treasury
ternal 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**

ame(s) shown on Form 1040, 1040-SR, or 1040-NR
Shaila A Carney

Your social security number
***-**-2258

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 (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**	1,235
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**	
0	Reserved for future use		**10**	
1	Additional Medicare Tax. Attach Form 8959		**11**	
2	Net investment income tax. Attach Form 8960		**12**	
3	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		**13**	
4	Interest on tax due on installment income from the sale of certain residential lots and timeshares		**14**	
5	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		**15**	
6	Recapture of low-income housing credit. Attach Form 8611		**16**	

(continued on page 2)

Shaila A Carney ***-**-2258

Part II Other Taxes *(continued)*

7	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		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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	1,235

CHEDULE C
orm 1040)
epartment of the Treasury
ternal 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**

ame of proprietor: **Shaila A Carney**

Social security number (SSN): ***-**-2258

Principal business or profession, including product or service (see instructions): **Bartending**

B Enter code from instructions: 722300

Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

Business address (including suite or room no.) 1852 Locuts St
City, town or post office, state, and ZIP code San Diego CA 92106

Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses	[X] Yes	[ ] No
If you started or acquired this business during 2025, check here	[ ]	
Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions	[ ] Yes	[X] No
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	8,924
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	8,924
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	8,924
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	8,924

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		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	Int. (see instr.):			24	Travel and meals:		
16a	a Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
16b	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	186

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	186
29	Tentative profit or (loss). Subtract line 28 from line 7	29	8,738
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	8,738
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.	

Shaila A Carney ***-**-2258

Schedule C (Form 1040) 2025 Bartending

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)

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 b Commuting (see instructions) c Other

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.

Parking	80
Mileage Reimbursement	106

48	**Total other expenses.** Enter here and on line 27b	48	186

CHEDULE SE
Form 1040)
epartment of the Treasury
ternal 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**

ame of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
Shaila A Carney

Social security number of person with **self-employment** income *****-**-2258**

Part I Self-Employment Tax

ote: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income nd 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 ☐

kip 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	( )
kip 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	8,738
3	Combine lines 1a, 1b, and 2		3	8,738
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	8,070
	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	8,070
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	8,070
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 50,902		
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	50,902
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	125,198
0	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,001
1	Multiply line 6 by 2.9% (0.029)		11	234
2	**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	1,235
3	**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**	13 618		

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

arm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than 10,860, **or (b)** your net farm profits[2] were less than $7,840.

4	Maximum income for optional methods	**14**	7,240
5	Enter the **smaller** of: two-thirds (⅔) of gross farm income[1] (not less than zero) **or** $7,240. Also, include this amount on line 4b above	**15**	

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

6	Subtract line 15 from line 14	**16**	
7	Enter the **smaller** of: two-thirds (⅔) 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.

orm **8995**

epartment of the Treasury
ternal Revenue Service

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. 1545-0074

2025

Attachment Sequence No. **55**

ame(s) shown on return

Shaila A Carney

Your taxpayer identification number

*****-**-2258**

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

se this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married ing 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	Bartending	***-**-2258	8,120
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	8,120	
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	8,120	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5 1,624
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	0	
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 1,624
11	Taxable income before qualified business income deduction (see instructions)	11	17,808	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	17,808	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 3,562
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 1,624
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 ( )

Form 1040 | Tax Return Reconciliation Worksheet | 2025

Filing Status: [X] 1 Single [ ] 2 Married filing jointly [ ] 3 Married filing separately [ ] 4 Head of household* [ ] 5 Qualifying widow(er)*

MFS spouse name: *Qualifying person that is a child but not a dependent:

Taxpayer first name and initial	Last name	Taxpayer social security number
Shaila A	Carney	***-**-2258
If a joint return, spouse's first name and initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Presidential Election Campaign
1852 Locuts St		Taxpayer [ ] Spouse

City, town or post office, state, and ZIP code.
San Diego CA 92106

Foreign country name	Foreign province/state/county	Foreign postal code

At anytime during 2025, did you receive, sell, send, exchange, or otherwise acquire financial interest in any digital assets? Yes [ ] No [X]

6a [X] **Taxpayer.** If someone can claim you as a dependent, **do not** check box 6a
b [ ] **Spouse**

Boxes checked on 6a and 6b	1
Children on 6c who lived with you	
Children on 6c who did not live with you	
Dependents on 6c not entered above	
Total. Add lines above	1

6c Dependents:

(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for: Child tax credit	Other dependents
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]
			[ ]	[ ]

If more than four dependents, ✓ here [ ]

Income (Schedule 1)	7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	50,445
	8a	**Taxable** interest. Attach Schedule B if required		8a	
	b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
	9a	Ordinary dividends. Attach Schedule B if required		9a	
	b	Qualified dividends	9b		
	10	Taxable refunds, credits, or offsets of state and local income taxes		10	
	11	Alimony received		11	
	12	Business income or (loss). Attach Schedule C or C-EZ		12	8,738
	13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]		13	
	14	Other gains or (losses). Attach Form 4797		14	
	15a	IRA distributions — 15a — b Taxable amount		15b	
	16a	Pensions and annuities — 16a — b Taxable amount		16b	
	17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
	18	Farm income or (loss). Attach Schedule F		18	
	19	Unemployment compensation		19	
	20a	Social security benefits — 20a — b Taxable amount		20b	
	21	Other income. List type and amount		21	
	22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	59,183
Adjusted Gross Income (Schedule 1)	23	Educator expenses	23		
	24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
	25	Health savings account deduction. Attach Form 8889	25		
	26	Moving expenses. Attach Form 3903	26		
	27	Deductible part of self-employment tax. Attach Schedule SE	27	618	
	28	Self-employed SEP, SIMPLE, and qualified plans	28		
	29	Self-employed health insurance deduction	29		
	30	Penalty on early withdrawal of savings	30		
	31a	Alimony paid b Recipient's SSN ▶	31a		
	32	IRA deduction	32		
	33	Student loan interest deduction	33		
	34	Reserved for future use	34		
	35	Reserved for future use	35		
	36	Add lines 23 through 35		36	618
	37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	58,565

Form **1040** | **Tax Return Reconciliation Worksheet, Page 2** | **2025**

ame **Shaila A Carney** | Tp TIN ***-**-2258

	38	Amount from line 37 (adjusted gross income)		38	58,565
ax and redits (chedules 2, 3)	39a	Check if: ☐ **You** were born before January 2,1961, ☐ Blind. ☐ **Spouse** was born before January 2,1961, ☐ Blind. } **Total boxes checked** ▶	39a		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶	39b ☐		
Standard Deduction for— • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $15,750 Married filing jointly or Qualifying widow(er), $31,500 Head of household, $23,625	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	15,750
	a			40b	
	41	Subtract line 40 and 40b from line 38		41	42,815
	42	Qualified business income deduction (see instructions) Sch 1-A 25,007		42	1,624
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	16,184
	44	**Tax** (see instr.). Check if any from: **a** ☐ Form(s) 8814 **b** ☐ Form 4972 **c** ☐		44	1,703
	45	**Alternative minimum tax** (see instructions). Attach Form 6251		45	
	46	Additions to tax (Excess advance premium tax credit repayment and clean vehicle repayment)		46	
	47	Add lines 44, 45, and 46 ▶		47	1,703
	48	Foreign tax credit. Attach Form 1116 if required	48		
	49	Credit for child and dependent care expenses. Attach Form 2441	49		
	50	Education credits from Form 8863, line 19	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Child tax credit/credit for other dependents	52		
	53	Residential energy credits. Attach Form 5695	53		
	54	Other credits from Form: **a** ☐ 3800 **b** ☐ 8801 **c** ☐	54		
	55	Add lines 48 through 54. These are your **total credits**		55	
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	1,703
ther Taxes (chedule 2)	57	Self-employment tax. Attach Schedule SE		57	1,235
	58	Unreported social security and Medicare tax from Form: **a** ☐ 4137 **b** ☐ 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	
	b	Reserved for future use		60b	
	61	Taxes from: **a** ☐ Form 8959 **b** ☐ Form 8960 **c** ☐ Instructions; enter code(s)		61	
☐	62	Section 965 net tax liability installment from Form 965-A	62		
	63	Add lines 56 through 61. This is your **total tax** ▶		63	2,938
	64	Federal income tax withheld from:			
	a	Form(s) W-2	64a	7,830	
	b	Form(s) 1099	64b		
	c	Other forms	64c		
	65	2025 estimated tax payments and amount applied from 2024 return	65		
ayments (chedule 3)	66	**Earned income credit (EIC)**	66		
	67	Additional child tax credit. Attach Schedule 8812	67		
	68	American opportunity credit from Form 8863, line 8	68		
	69	Recovery rebate credit	69		
	70	Net premium tax credit. Attach Form 8962	70		
	71	Amount paid with request for extension to file	71		
	72	Excess social security and tier 1 RRTA tax withheld	72		
	73	Credit for federal tax on fuels. Attach Form 4136	73		
	74	Other payments and refundable credits	74		
	75	**Total pymts.** Add lines 64 - 74.		75	7,830
efund	76	If line 75 is more than line 63, subtract line 63 from line 75. This is the amount you **overpaid**		76	4,892
	77a	Amount of line 76 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		77a	4,892
	▶ b	Routing number 122100024 ▶ c Type: ☒ Checking ☐ Savings			
	▶ d	Account number *****5562			
	78	Amount of line 76 you want **applied to your** 2026 estimated tax ▶	78		
nount u Owe	79	**Amount you owe.** Subtract line 75 from line 63. For details on how to pay, see instructions ▶		79	
	80	Estimated tax penalty (see instructions)	80		

t/Pen	Date filed	Int	Fail to file	Fail to pay	Total

hird Party esignee	Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ **Yes.** Complete below. ☐ **No**	Personal identification no. (PIN) ▶	22211
	Designee's Name ▶ Justin L Hardy CPA	Phone no. ▶	480-310-7319

ther Info			
	Taxpayer Daytime phone number	Taxpayer: Occupation Account Manager	IRS Identity Protection PIN
		Spouse: Occupation	IRS Identity Protection PIN
	☐ **Taxpayer** ☐ **Spouse**	Email address	

Schedule **C** | **Qualified Business Income Calculation Worksheet** | **2025**

ame: **Shaila A Carney** | Taxpayer Identification Number: ***-**-2258

Principle business or profession: **Bartending** | Form/Schedule: **C** | Unit: **1**

1.	Schedule C, Line 31, Net profit or (loss)	**1.**	8,738
	Additions for qualified business income:		
2.	Form 4797, Ordinary income	**2.**	
	Prior suspended losses utilized this year		
3.	Passive suspended losses	**3.**	
4.	At-Risk suspended losses	**4.**	
5.	Section 179 carryover	**5.**	
6.	Total additions to net profit or (loss). Add lines 2 through 5.	**6.**	
	Subtractions for qualified business income		
7.	Form 4797, Ordinary loss (includes share of Net section 1231 losses)	**7.**	
8.	Deductible portion of self-employment taxes	**8.**	618
9.	Self-employed SEP, SIMPLE, and qualified plans	**9.**	
10.	Self-employed health insurance deduction	**10.**	
11.	Tip income excluded from net profit under Section 224	**11.**	
12.	Reserved	**12.**	
13.	Total subtraction to net profit or (loss). Add lines 7 through 12.	**13.**	618
14.	Qualified business income for this activity. Line 1 plus line 6 less line 13.	**14.**	8,120

	Beginning of Year			End of Year		
Carryovers:	**Pre -2018**	**After 2017**	**Allowed loss**	**Pre -2018**	**After 2017**	**QBI Portion of**
Passive activity:	**(A)**	**(B)**	**(C)**	**(D)**	**(E)**	**Allowed Losses**
Operating						
Form 4797, Part II						
Section 1231 loss						
At-Risk:						
Operating						
Form 4797, Part II						
Section 1231 loss						
Section 179						
Section 179 - COGS						
Other:						
Section 179						
Section 179 - COGS						

Amount to Form 8995, line 3 or Schedule C (Form 8995-A), line 2 qualified business loss carryforward

Form **1040** | **Net Earnings from Self-Employment Worksheet** | **2025**

ame | Taxpayer Identification Number

Shaila A Carney | ***-**-2258

	Taxpayer	Spouse
arm profit or (loss)		
Schedule F		
Farm Partnerships - Schedule K-1, box 14, code A		
Auto expense from farm partnerships	( )	( )
Amortization from farm partnerships	( )	( )
Depreciation & Section 179 from farm partnerships	( )	( )
Depletion from farm partnerships	( )	( )
Intangible drilling costs from farm partnerships	( )	( )
Other expenses from farm partnerships	( )	( )
Home office expenses from farm partnerships	( )	( )
Unreimbursed partnership expenses from farm partnerships	( )	( )
Debt financed acquisition interest from farm partnerships	( )	( )
Farm adjustment to SE Income		
Net farm profit or (loss) - Schedule SE line 1a	0	0
onservation Reserve Program payments to social security/disability benefit recipients cluded on Sch F, ln 4b or listed on Sch K-1 (Form 1065), box 20, code AH- Sch SE line 1b	(0)	(0)
onfarm profit or (loss)		
Schedule C (excluding minister Schedule C income reported below)	8,738	
Nonfarm partnerships - Schedule K-1, box 14, code A		
Auto expense from nonfarm partnerships	( )	( )
Amortization from nonfarm partnerships	( )	( )
Depreciation & section 179 from nonfarm partnerships	( )	( )
Depletion from nonfarm partnerships	( )	( )
Intangible drilling costs from nonfarm partnerships	( )	( )
Other expenses from nonfarm partnerships	( )	( )
Home office expenses from nonfarm partnerships	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships	( )	( )
Debt financed acquisition interest from nonfarm partnerships	( )	( )
Nonfarm adjustment to SE income		
Self-employment income reported as other income		
Self-employment income from contracts and straddles		
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 7)		
Net nonfarm profit or (loss) - Schedule SE line 2	8,738	0
ther income items subject to and/or exempt from self-employment tax		
Fees received for services performed as a notary public	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case		
Taxable community property income/-loss		
Exempt community property income/-loss	( )	( )
Net adjustment included on Schedule SE, line 3	0	0
et profit (loss) from self-employment activities - Schedule SE line 3	8,738	0
hurch employee income - Schedule SE, Page 1 line 5a		

Federal Statements

Bartending

Schedule C, Line 1 - Gross Receipts or Sales

Description	Amount
Southswell Digital Marketing	$ 5,340
1520 Hospitality LLC	1,025
Counterflow LLC	2,559
Total	$ 8,924

Upward Projects Holdings LLC

Form W-2, Box 12

Description	Amount
Section 401(k) contributions	$ 458
Total	$ 458

Upward Projects Holdings LLC

Form W-2, Box 14 - Other

Description	Amount
CASDI-E	$ 593
Total	$ 593

Federal Statements

F&B Innovations LLC

Form W-2, Box 14 - Other

Description	Amount
OT PRE	$ 7
State Disability Insurance withholding (SDI)	13
Total	$ 20

Form **1040** | **Salaries & Wages Report** | **2025**

Name: Shaila A Carney

Taxpayer Identification Number: ***-**-2258

	T/S	Employer	Federal Wages	Federal Withheld	% Federal W/H to Wages	Soc Sec Wages	Soc Sec Withheld
A		Upward Projects Holdings LLC	49,379	7,741	15.680	16,517	3,090
B		F&B Innovations LLC	1,066	89	8.350	1,066	66
C							
D							
E							
F							
G							
H							
		Taxpayer					
		Spouse					
		Totals	50,445	7,830		17,583	3,156

	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Qualified Tips	Qualified Overtime	Other, Box 14
A	49,837	723	33,319					593
B	1,066	15						20
C								
D								
E								
F								
G								
H								
Taxpayer								
Spouse								
Totals	50,903	738	33,319					613

	State	State Wages	State Withheld	% State W/H to Wages	Name of Locality		Local Wages		Local Withheld
A	CA	49,379	1,889	3.830					
B	CA	1,066	33	3.100					
C									
D									
E									
F									
G									
H									
Taxpayer									
Spouse									
Totals		50,445	1,922						

327

Form **1040** | **Two Year Comparison Report - Page 1** | **2024 & 2025**

ame **Shaila A Carney** | Taxpayer Identification Number ***-**-2258

		2024	2025	Differences
Filing Status		SGL	SGL	
Dependents		0	0	
1. Salaries and wages	1.		50,445	50,445
2. Interest income	2.			
3. Tax exempt interest income	3.			
4. Dividend income	4.			
5. Qualified dividend income	5.			
6. Taxable state/local refunds	6.			
7. Alimony received	7.			
8. Business income/loss	8.		8,738	8,738
9. Capital gain/loss	9.			
10. Other gains/losses	10.			
11. Taxable IRA distributions	11.			
12. Taxable pensions	12.			
13. Rent and royalty income including farm rental	13.			
14. Partnership/S corp income	14.			
15. Estate or trust income	15.			
16. Farm income/loss	16.			
17. Unemployment compensation	17.			
18. Taxable social security	18.			
19. Other income	19.	63		-63
20. Total income	20.	60,369	59,183	-1,186
21. Moving expenses	21.			
22. Deductible part of self-employment tax	22.		618	618
23. SEP/SIMPLE/Qualified plans deductions	23.			
24. SE health insurance	24.			
25. Penalty on early withdrawal of savings	25.			
26. Alimony paid	26.			
27. IRA deductions	27.			
28. Student loan interest	28.			
29. Other adjustments	29.			
30. Adjusted gross income	30.	60,369	58,565	-1,804
31. Medical	31.			
32. Taxes	32.	2,729	2,528	-201
33. Interest	33.			
34. Contributions	34.			
35. Casualty losses	35.			
36. Miscellaneous expenses	36.			
37. Allowable itemized deductions	37.	2,729	2,528	-201
38. Standard deduction	38.	14,600	15,750	1,150
		Standard	Standard	
39. Deduction taken	39.	14,600	15,750	1,150
40. Additional deductions (Sch 1-A)	42.		25,007	25,007
41. Taxable income before qualified business inc ded (QBID)	40.	45,769	17,808	-27,961
42. Qualified business income deduction	41.	0	1,624	1,624
43. Taxable income	43.	45,769	16,184	-29,585

Form **1040** | **Two Year Comparison Report - Page 2** | **2024 & 2025**

ame **Shaila A Carney** | Taxpayer Identification Number ***-**-2258

		2024	2025	Differences
44. Taxable income from 2YR page 1, line 43	44.	45,769	16,184	-29,585
45. Tax on taxable income	45.	5,261	1,703	-3,558
46. Alternative minimum tax	46.			
47. Excess advance premium tax credit & other advanced repayments	47.			
48. Child care credit	48.			
49. Education credits	49.			
50. Retirement savings credit	50.			
51. Child & other dependent tax credit	51.			
52. General business credit	52.			
53. Other credits	53.			
54. Total credits	54.			
55. Net tax liability	55.	5,261	1,703	-3,558
56. Self-employment taxes	56.		1,235	1,235
57. Other taxes	57.			
58. Total tax	58.	5,267	2,938	-2,329
59. Income tax withheld	59.	5,690	7,830	2,140
60. Estimated tax payments	60.			
61. Earned income credit	61.			
62. Additional Child tax credit	62.			
63. Other refundable tax credits	63.			
64. Other payments	64.			
65. Total payments	65.	5,690	7,830	2,140
66. Tax due/-refund	66.	-423	-4,892	-4,469
67. Penalties and interest	67.			
68. Net tax due/-refund	68.	-423	-4,892	-4,469
69. Refund applied to estimated tax payments	69.			
70. Refund received	70.	-423	-4,892	-4,469
71. Effective tax rate	71.	12.0 %	18.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2024 Taxable Income	2024 Marginal Tax Rate	2025 Taxable Income	2025 Marginal Tax Rate
Ordinary income	45,768	12.0%	16,184	12.0%
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

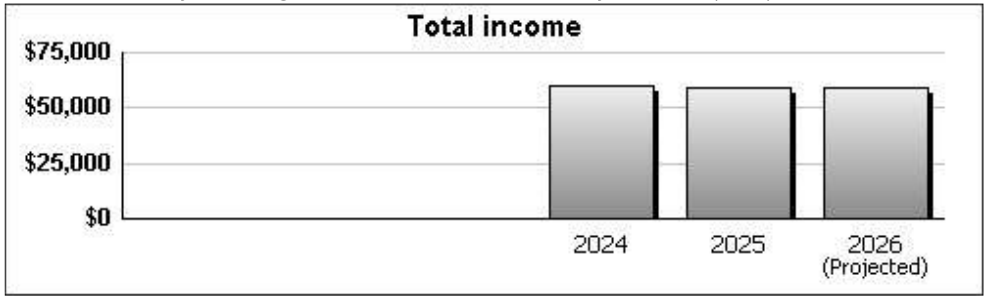
Form **1040** | **Tax Return History Report - Page 1** | **2025**

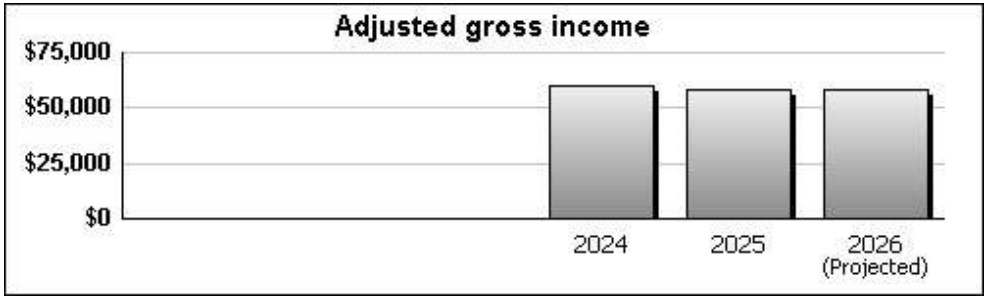
Name **Shaila A Carney** | Taxpayer Identification Number *****-**-2258**

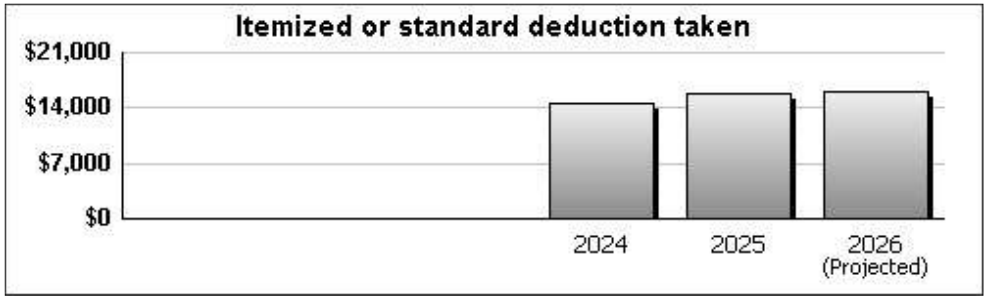
	2024	2025	2026 Projected
Filing Status	SGL	SGL	SGL
Salaries and wages		50,445	50,445
Interest income			
Dividend income			
Business income/loss		8,738	8,738
Capital gains/losses			
Other gains/losses			
IRA distributions, pensions, annuities			
Rent, royalty, farm rental income			
Partnership/S corp income			*
Estate or trust income			*
Farm income/loss			
Other income/loss	63		
Total income	60,369	59,183	59,183
Total adjustments		618	618
Adjusted gross income	60,369	58,565	58,565
Allowable itemized deductions	2,729	2,528	2,528
Standard deduction	14,600	15,750	16,100
Itemized or standard deduction taken	14,600	15,750	16,100
Additional deductions (Schedule 1-A)		25,007	
Taxable income before QBID	45,769	17,808	42,465
Qualified business income deduction		1,624	
Taxable income	45,769	16,184	42,465

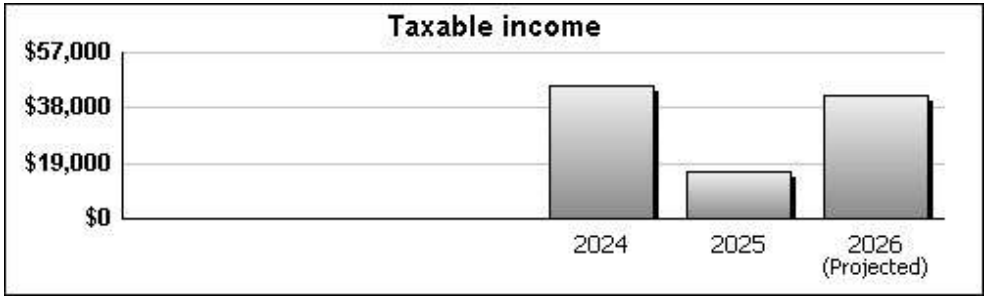
* Amts in the projected col generate from the federal Tax Projection Wrk (TPW); this field is incl in the total Sch E income/loss amt on the TPW.

330





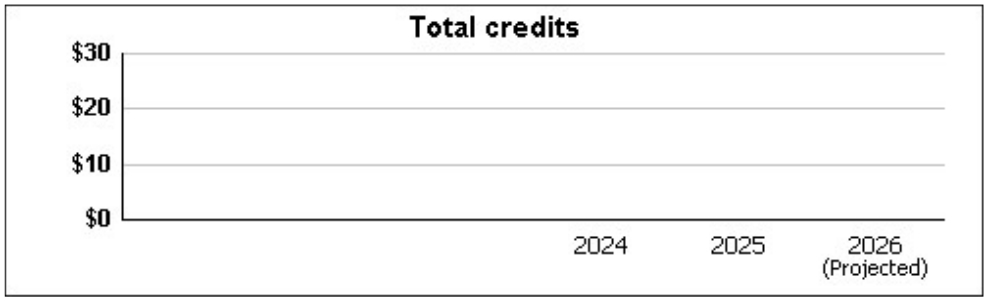


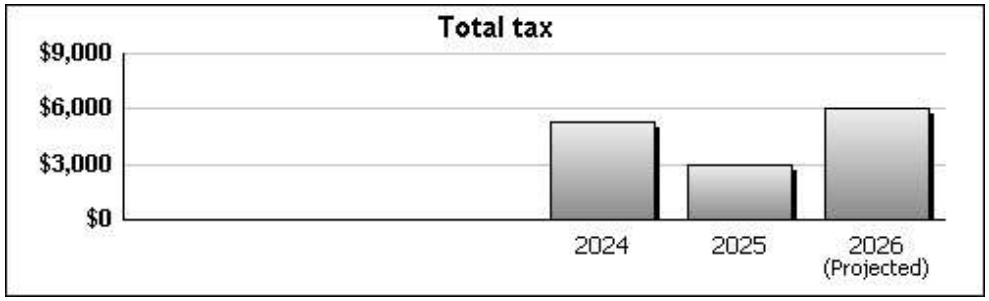


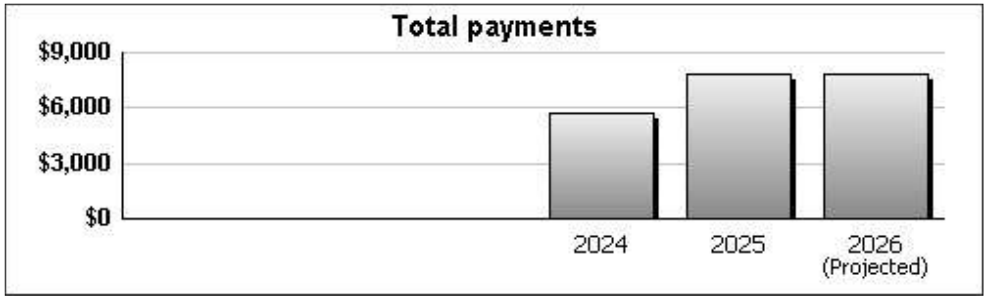
Form 1040	Tax Return History Report - Page 2	2025

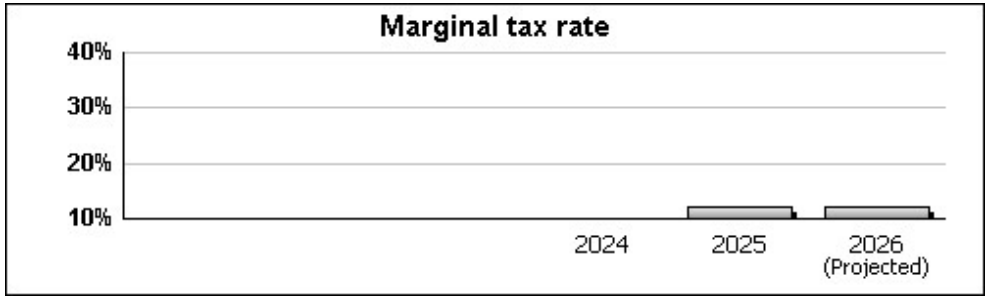
Name Shaila A Carney | Taxpayer Identification Number ***-**-2258

				2024	2025	2026 Projected
Taxable income				45,769	16,184	42,465
Tax on taxable income and Form 8962				5,261	1,703	4,848
Alternative minimum tax						
Total credits						
Net tax liability				5,261	1,703	4,848
Self-employment taxes					1,235	1,235
Other taxes						
Total tax				5,267	2,938	6,083
Income tax withheld				5,690	7,830	7,830
Estimated tax payments						
Other payments						
Total payments				5,690	7,830	7,830
Total due/-refund				-423	-4,892	-1,747
Penalties and interest						
Net tax due/-refund				-423	-4,892	-1,747
Refund applied to estimated tax payments						
Refund received				-423	-4,892	
Marginal tax rate	%	%	%	%	12.0%	12.0%
Effective tax rate	%	%	%	12.0%	18.0%	14.0%









Form **1040** | **Reconciliation Worksheet - Taxable Income & Tax** | **2025**

ame **Shaila A Carney** | Taxpayer Identification Number ***-**-2258

Tax brackets are rates applied to specific levels of taxable income. Various rates apply to different portions of the total taxable income. Type of income, further determines the rate applied. Marginal Tax Rate is the tax paid on the highest level of taxable income. This worksheet details how tax is calculated on ordinary income and capital gain income, the percentage of taxable income, marginal tax rate and the tax method used.

Filing Status Single **Tax Pct** Total Tax (ln 27) divided Total Taxable Income (ln 19) 11.0 %

Tax Method Tax tables

Tax using ordinary and capital gains rates exceeds tax using only ordinary rates. Taxable income is taxed only using ordinary rates:
Tax using capital gains rates | Tax using Ordinary rates | Tax savings

	Taxable Amount	Marginal Tax Rate	Tax on Taxable Income	Marginal Tax Rate - Income Range	Amount of Income to Next Tax Bracket
Ordinary Income	16,184	12.0 %	1,703	$11,925 - $48,475	32,291
Capital Income		%			
Capital Income - 1250		%			
Capital Income - 1202		%			

*Tax on taxable ordinary income under $100,000 is determined using IRS Tax Tables that impose the same amount of tax on taxable income within $50 intervals. Therefore, the column (b) Tax may not be calculated as column (a) times the applicable line tax rate.

come taxed at ordinary rates		**(a) Taxable Income**		**(b) Tax***
. 10% rate **Maximum taxable income per this bracket: $11,925**	1a.	11,925	1b.	1,193
. 12% rate **Maximum taxable income per this bracket: $36,550**	2a.	4,259	2b.	510
. 22% rate	3a.		3b.	
. 24% rate	4a.		4b.	
. 32% rate	5a.		5b.	
. 35% rate	6a.		6b.	
. 37% rate	7a.		7b.	
. **Total ordinary taxable income and ordinary tax.** Add lines 1 through 7	8a.	16,184	8b.	1,703
come taxed at capital gains rates				
. 0% capital gains rate	9a.		9b.	
). 15% capital gains rate	10a.		10b.	
1. 20% capital gains rate	11a.		11b.	
2. 25% capital gains rate Unrecaptured Section 1250 Gain	12a.		12b.	
3. 28% capital gains rate Small business stock, collectibles	13a.		13b.	
4. **Total taxable capital gains and capital gains tax.** Add lines 9 through 13	14a.		14b.	

otal taxable income		
5. Total ordinary taxable income. Enter the amount from line 8a.	15.	16,184
6. Total capital gains taxable income. Enter the amount from line 14a.	16.	
7. Add lines 15 and 16.	17.	16,184
8. Enter the net foreign exclusion amount from the Foreign Earned Income Tax Worksheet, line 2c.	18.	
9. **Taxable income** reported on 1040/1040SR, line 15, (1040NR, line 15). Subtract line 18 from line 17.	19.	16,184
otal tax		
). Total ordinary tax. Enter the amount from line 8b.	20.	1,703
1. Total capital gains tax. Enter the amount from line 14b.	21.	
2. Tax on child's interest and dividend.	22.	
3. Tax on lump-sum distribution.	23.	
4. Other taxes.	24.	
5. Add lines 20 through 24.	25.	1,703
6. Enter the tax allocated to the net exclusion amount from the Foreign Earned Income Tax Worksheet, line 5.	26.	
7. **Total tax** reported on 1040/1040SR, line 16, (1040NR, line 16). Subtract line 26 from line 25.	27.	1,703

California Individual Return Summary
Tax Year 2025

Shaila A Carney

Income, Adjustments, and Deductions

Federal Adjusted Gross Income	58,565
Subtractions	
Additions	
Adjusted gross income	58,565
Itemized deductions ☐ Standard deduction ☒	5,706
Taxable income	52,859

Tax, Payments, and Credits

Income tax	1,709
Part-year/Nonresident taxable income	
Part-year/Nonresident tax rate	%
Part-year/Nonresident tax	
Exemption credits	153
Additional tax	
Total credits	
Total other taxes	
Total tax	1,556
Income tax withheld	1,922
Estimate, extension and other payments; refundable credits	
Overpayment applied to 2026	
Use tax and Health Care Penalty	
Contributions	
Parks Pass Purchase	
Amount due/-refund	-366

Refund/Amount Due

Underpayment of estimates penalty	
Late payment interest	
Failure to file penalty	
Failure to pay penalty	
Net amount due/-refund	-366

Miscellaneous Information

Tax form	540
Residency type	Resident
Direct debit withdrawal date	
Direct debit amount	
Marginal tax rate	6.000%
Effective tax rate	2.944%

2026 Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total estimates	

Filing Instructions

Form 540 - California Resident Tax Return

Taxable Year Ended December 31, 2025

Name: Shaila A Carney

Date Due: April 15, 2026

Remittance: None is required. The return shows a total overpayment of $366, which is to be refunded in its entirety.

The refund of $366 will be direct deposited into your Chase Bank checking account.

Signature: You have previously signed and returned Form CA 8879, California E-File Signature Authorization for Individuals. No further action is required.

Other: Your return is being filed electronically. Do not mail Form 540.

034 **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2025** FORM **8879**

California e-file Signature Authorization for Individuals

Your name	Your SSN or ITIN
SHAILA A CARNEY	***-**-2258
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	58,565
2	Amount you owe. See instructions	
3	Refund or no amount due. See instructions	366

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2025, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: Check one box only

[X] I authorize FLORENCE HARDY, PLC (ERO firm name) to enter my PIN 92106 (Do not enter all zeros)

as my signature on my 2025 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 03-18-2026

Spouse's/RDP's PIN: Check one box only

[ ] I authorize _____ (ERO firm name) to enter my PIN _____ (Do not enter all zeros)

as my signature on my 2025 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN. **********

Enter your six-digit EFIN followed by your five-digit self-selected PIN. Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2025 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers.

ERO's signature ▶ JUSTIN L HARDY CPA Date ▶ 03-18-2026

Taxpayer Name Shaila A Carney **Practitioner PIN Method**
Spouse Name

DO NOT SUBMIT THIS DOCUMENT TO FTB UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was prepared by a paid preparer, I declare that the paid preparer manually signed the return and that I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I have provided the taxpayer(s) with a copy of all forms and information that I will file with the FTB and I have followed all other requirements described in the FTB Pub. 1345, 2025 e-file Handbook for Authorized e-file Providers.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN **********

Perjury Statement

Under penalties of perjury, I declare that I have examined this 2025 California income tax return, including any accompanying statements and schedules, and that, to the best of my knowledge and belief, the information is true, correct, and complete.

Consent to Disclosure

I consent to allow my Electronic Return Originator, Transmitter, or Intermediate Service Provider to send my return to the Franchise Tax Board (FTB). Additionally, I consent to allow the FTB to reply with an acknowledgment of receipt indicating whether or not my return was accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the FTB to disclose the reason(s) for the delay or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the FTB all information pertaining to my use of the system and software and to the transmission of my tax return electronically.

Decedent Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I am the legal representative of the deceased taxpayer's estate or am entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. I further declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct, and complete. I will retain a copy of federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer, or a copy of the death certificate with my copy of this return.

Name of person claiming refund - Taxpayer
Date:
Name of person claiming refund - Spouse
Date:

Electronic Funds Withdrawal Consent

I authorize the Franchise Tax Board and its designated Financial Agent to withdraw the return payment and/or estimated tax payments as designated on my California e-file Payment Record (form FTB 8455). If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to authorize an electronic funds withdrawal.

To cancel an electronic funds withdrawal, I must call the FTB at (916) 845-0353 at least two working days before the date of withdrawal.

I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties.

The taxpayer(s) and I have signed form FTB 8879. By entering the PIN(s) below, this Tax Return, and Electronic funds Withdrawal Consent if applicable, is considered signed.

Date: 03/18/2026
Taxpayer's PIN: 92106
Spouse's PIN:

TAXABLE YEAR

FORM

2025 California Resident Income Tax Return 540

APE

***-**-2258 CARN 25 PBA 722300
SHAILA A CARNEY

A
R
RP

1852 LOCUTS ST
SAN DIEGO CA 92106

06-15-1996

Principal Residence

Enter your county at time of filing (see instructions)
SAN DIEGO

If 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

Filing Status

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

1 X Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. ☐

See instructions.

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 = $ | 153

8 **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 = $ |

Your name: CARNEY Your SSN or ITIN: ***-**-2258

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 $475 = ⊙ $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ⊙ 11 $ 153

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	● 12	50,445 .00
13	Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b	⊙ 13	58,565 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	● 14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	58,565 .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	58,565 .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	5,706 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	⊙ 19	52,859 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803	● 31	1,709 .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	1,556 .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	1,556 .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

Your name: CARNEY Your SSN or ITIN: ***-**-2258

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	1,556 .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	1,556 .00

Payments

71	California income tax withheld. See instructions	71	1,922 .00
72	2025 California estimated tax and other payments. See instructions	72	0 .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	.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	1,922 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 0 .00

If line 91 is zero, check if: [X] 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. [X]

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	1,922 .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	1,922 .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	366 .00

Your name: CARNEY Your SSN or ITIN: ***-**-2258

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	366 .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

Your name: CARNEY Your SSN or ITIN: ***-**-2258

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

Refund and Direct Deposit

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** 366 .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: 122100024 ● Type: [X] Checking [ ] Savings ● Account number: *****5562 ● **116** Direct deposit amount: 366 .00

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

● Routing number: [ ] ● Type: [ ] Checking [ ] Savings ● Account number: [ ] ● **117** Direct deposit amount: [ ] .00

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 [X] 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.

Sign your tax return on Side 6

Your name: CARNEY Your SSN or ITIN: ***-**-2258

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: **JUSTIN L HARDY CPA** | ● Paid preparer's phone number: **480-310-7319**

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: JUSTIN L HARDY CPA 03-18-26

Firm's name (or yours, if self-employed): FLORENCE HARDY, PLC | ● PTIN: *********

Firm's address: 230 E BAYLOR LANE GILBERT AZ 85296 | ● Firm's FEIN: 45-2405965

Do you want to allow another person to discuss this tax return with us? See instructions ..... ● [X] Yes [ ] No

Print Third Party Designee's Name: JUSTIN L HARDY CPA | Telephone Number: 480-310-7319

1040 U.S. Individual Income Tax Return

Department of the Treasury—Internal Revenue Service | 2025 | OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

or 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	Last name	Your social security number
Shaila A	Carney	***-**-2258
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.	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.
1852 Locuts St		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Presidential Election Campaign
San Diego	CA	92106	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 Check only one box.

- [X] 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 [X] 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.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	50,445
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	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	50,445
2a	Tax-exempt interest 2a	b Taxable interest 2b	
3a	Qualified dividends 3a	b Ordinary dividends 3b	
c	Check if your child's dividends are included in 1 [ ] Line 3a 2 [ ] Line 3b		
4a	IRA distributions 4a	b Taxable amount 4b	
c	Check if (see instructions) 1 [ ] Rollover 2 [ ] QCD 3 [ ]		
5a	Pensions and annuities 5a	b Taxable amount 5b	
c	Check if (see instructions) 1 [ ] Rollover 2 [ ] PSO 3 [ ]		
6a	Soc. sec. ben. 6a	b Taxable amount 6b	
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	8,738
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	59,183
10	Adjustments to income from Schedule 1, line 26	10	618
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	58,565

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	58,565
	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		
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 instr.	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	1,624
	b	Additional deductions from Schedule 1-A, line 38	13b	25,007
	14	Add lines 12e, 13a, and 13b	14	42,381
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	16,184
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972		
		3 ☐ _____	16	1,703
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,703
	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	1,703
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,235
	24	Add lines 22 and 23. This is your **total tax**	24	2,938
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 7,830		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	7,830
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____		
	27a	Earned income credit (EIC) — 27a:		
	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	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	7,830
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	4,892
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	4,892
Direct deposit? See instructions.	b	Routing number 122100024 c Type: ☒ Checking ☐ Savings		
	d	Account number *****5562		
	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: Justin L Hardy CPA | Phone no.: 480-310-7319 | Personal identification number (PIN): 22211

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 instr.)
		Account Manager	
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 instr.)

Phone no. | Email address

Print your return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Justin L Hardy CPA	Justin L Hardy CPA	03/18/26	********	☐ Self-employed

Firm's name: Florence Hardy, PLC | Phone no.: 480-310-7319

Firm's address: 230 E Baylor Lane, Gilbert AZ 85296 | Firm's EIN: 45-2405965

CHEDULE 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
Shaila A Carney

Your social security number
***-**-2258

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	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	8,738
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	8,738

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	618
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	618

CHEDULE 1-A
Form 1040)

epartment of the Treasury
ternal Revenue Service

Additional Deductions

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. **1A**

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

Shaila A Carney

Your social security number

***-**-2258

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			1	58,565
2a	Enter any income from Puerto Rico that you excluded	2a			
b	Enter the amount from Form 2555, line 45	2b			
c	Enter the amount from Form 2555, line 50	2c			
d	Enter the amount from Form 4563, line 15	2d			
e	Add lines 2a, 2b, 2c, and 2d			2e	
3	Add lines 1 and 2e			3	58,565

Part II No Tax on Tips

aution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *RS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to aim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.				
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes	4a	33,319		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b			
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			4c	33,319
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			5	
6	Add lines 4c and 5			6	33,319
7	Enter the smaller of the amount on line 6 or $25,000			7	25,000
8	Enter the amount from line 3			8	58,565
9	Enter $150,000 ($300,000 if married filing jointly)			9	150,000
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			10	
11	Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			11	
12	Multiply line 11 by $100			12	
13	**Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0-			13	25,000

Part III No Tax on Overtime

aution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified vertime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this eduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	7		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b			
c	Add lines 14a and 14b			14c	7
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			15	7
16	Enter the amount from line 3			16	58,565
17	Enter $150,000 ($300,000 if married filing jointly)			17	150,000
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			18	
19	Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			19	
20	Multiply line 19 by $100			20	
21	**Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0-			21	7

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

Schedule 1-A (Form 1040) 2025

AA

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan: (ii) Deducted on Schedule C, Schedule E, or Schedule F	Interest for this loan: (iii) Schedule 1-A
a			
b			

23	Add lines 22a and 22b, column (iii)	**23**	
24	Enter the smaller of the amount on line 23 or $10,000	**24**	
25	Enter the amount from line 3	**25**	
26	Enter $100,000 ($200,000 if married filing jointly)	**26**	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	**27**	
28	Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	**28**	
29	Multiply line 28 by $200	**29**	
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	**30**	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	**31**	
32	Enter $75,000 ($150,000 if married filing jointly)	**32**	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	**33**	
34	Multiply line 33 by 6% (0.06)	**34**	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	**35**	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	**36a**	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	**36b**	
37	**Enhanced deduction for seniors.** Add lines 36a and 36b	**37**	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	**38**	25,007

CHEDULE 2
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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**

ame(s) shown on Form 1040, 1040-SR, or 1040-NR
Shaila A Carney

Your social security number
***-**-2258

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 (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	1,235
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	
0	Reserved for future use		10	
1	Additional Medicare Tax. Attach Form 8959		11	
2	Net investment income tax. Attach Form 8960		12	
3	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13	
4	Interest on tax due on installment income from the sale of certain residential lots and timeshares		14	
5	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000		15	
6	Recapture of low-income housing credit. Attach Form 8611		16	

(continued on page 2)

Shaila A Carney ***-**-2258

Part II Other Taxes *(continued)*

7	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		
8	Total additional taxes. Add lines 17a through 17z		18	
9	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	1,235

CHEDULE C
orm 1040)
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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**

ame of proprietor: **Shaila A Carney**

Social security number (SSN): ***-**-2258

Principal business or profession, including product or service (see instructions): **Bartending**

B Enter code from instructions: 722300

Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

Business address (including suite or room no.) 1852 Locuts St

City, town or post office, state, and ZIP code San Diego CA 92106

Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses — [X] Yes [ ] No

If you started or acquired this business during 2025, check here [ ]

Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

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	8,924
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	8,924
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	8,924
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	8,924

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		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	Int. (see instr.):			24	Travel and meals:		
16a	a Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
16b	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	186

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	186
29	Tentative profit or (loss). Subtract line 28 from line 7	29	8,738
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	8,738
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.	

Shaila A Carney ***-**-2258

Schedule C (Form 1040) 2025 Bartending

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)

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 b Commuting (see instructions) c Other

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.

Parking	80
Mileage Reimbursement	106

48	**Total other expenses.** Enter here and on line 27b	48	186

CHEDULE SE
Form 1040)
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ternal 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**

ame of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
Shaila A Carney

Social security number of person with **self-employment** income *****-**-2258**

Part I Self-Employment Tax

ote: If your only income subject to self-employment tax is **church employee income,** see instructions for how to report your income nd 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 ☐

kip 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	( )
kip 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	8,738
3	Combine lines 1a, 1b, and 2		3	8,738
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	8,070
	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	8,070
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	8,070
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 50,902		
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	50,902
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	125,198
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,001
11	Multiply line 6 by 2.9% (0.029)		11	234
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	1,235
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**	13 618		

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

arm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than 10,860, **or (b)** your net farm profits[2] were less than $7,840.

4	Maximum income for optional methods	**14**	7,240
5	Enter the **smaller** of: two-thirds (⅔) of gross farm income[1] (not less than zero) **or** $7,240. Also, include this amount on line 4b above	**15**	

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

6	Subtract line 15 from line 14	**16**	
7	Enter the **smaller** of: two-thirds (⅔) 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.

orm **8995**

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ternal Revenue Service

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. 1545-0074

2025

Attachment Sequence No. **55**

ame(s) shown on return

Shaila A Carney

Your taxpayer identification number

*****-**-2258**

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

se this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married ing 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	Bartending	***-**-2258	8,120
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	8,120	
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	8,120	
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5 1,624
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	0	
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 1,624
11	Taxable income before qualified business income deduction (see instructions)	11	17,808	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	17,808	
14	Income limitation. Multiply line 13 by 20% (0.20)			14 3,562
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 1,624
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 ( )

Form **540**	**California Net Earnings from Self-Employment Worksheet**	**2025**

Name Shaila A Carney | Taxpayer Identification Number ***-**-2258

	Total Source Income		California Source Income	
Farm profit or (loss)	**Taxpayer**	**Spouse**	**Taxpayer**	**Spouse**
Schedule F				
Farm Partnerships - Schedule K-1, box 14, code A				
Auto expense from farm partnerships	( )	( )	( )	( )
Amortization from farm partnerships	( )	( )	( )	( )
Depreciation and Section 179 from farm partnerships	( )	( )	( )	( )
Depletion from farm partnerships	( )	( )	( )	( )
Other expenses from farm partnerships	( )	( )	( )	( )
Home office expenses from farm partnerships	( )	( )	( )	( )
Unreimbursed partnership expenses from farm partnerships	( )	( )	( )	( )
Farm adjustment to Self-Employment Income				
Net farm profit or (loss)				
Conservation Reserve Program payments included on Schedule F or Schedule K1	( )	( )	( )	( )
Nonfarm profit or (loss)				
Schedule C (excluding minister Schedule CA income reported below)	8,738			
Qualifying Medicare wages from S corporation				
Nonfarm partnerships - Schedule K-1, box 14, code A				
Auto expense from nonfarm partnerships	( )	( )	( )	( )
Amortization from nonfarm partnerships	( )	( )	( )	( )
Depreciation and Section 179 from nonfarm partnerships	( )	( )	( )	( )
Depletion from nonfarm partnerships	( )	( )	( )	( )
Other expenses from nonfarm partnerships	( )	( )	( )	( )
Home office expenses from nonfarm partnerships	( )	( )	( )	( )
Unreimbursed partnership expenses from nonfarm partnerships	( )	( )	( )	( )
Employee business expenses from Form 2106	( )	( )	( )	( )
Nonfarm adjustment to Self-Employment income				
Self-employment income reported as other income				
Self-employment income from contracts and straddles				
Minister/clergy self-employment income (from Clergy Worksheet Page 3, line 8)				
Net nonfarm profit or (loss)	8,738			
Fees received for services performed as a notary public	( )	( )	( )	( )
Earnings while debtor in a chapter 11 bankruptcy case				
Church employee income				
Net profit (loss) from self-employment activities	8,738			

356

Net profit (loss) from self-employment activities - Total Sources 8,738

Form 540NR Filers:

Net profit (loss) from self-employment activities - California Sources

Percentage of federal Self-employed SEP deduction and Self-employed health insurance deduction allowed on Schedule CA (540NR), Column E %

California Statements

Schedule P, Page 1 - Alternative Minimum Taxable Income Exclusion

Description	Amount
Business	$ 8,738
Self Employment Tax	-618
Total	$ 8,120

	a Employee's social security number **016-80-2258**	OMB No. 1545-0008	**Safe, accurate, FAST! Use** IRS e-file — Visit the IRS website at *www.irs.gov/efile*

b Employer identification number (EIN) **82-3127811**	**1** Wages, tips, other compensation **49378.55**	**2** Federal income tax withheld **7741.22**
c Employer's name, address, and ZIP code **Upward Projects Holdings LLC** **3443 N Central Ave** **North Rotunda** **Phoenix, AZ 85012**	**3** Social security wages **16517.12**	**4** Social security tax withheld **3089.86**
	5 Medicare wages and tips **49836.50**	**6** Medicare tax withheld **722.65**
	7 Social security tips **33319.38**	**8** Allocated tips **0.00**
d Control number **83831 110443**	**9**	**10** Dependent care benefits **0.00**
e Employee's first name and initial Last name Suff. **Shaila Ashlyn Carney** **825 loring st** **San Diego, CA 92109**	**11** Nonqualified plans **0.00**	**12a** See instructions for box 12 Code **D** **457.95**
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code **0.00**
	14 Other **CASDI-E** **592.54**	**12c** Code **0.00**
		12d Code **0.00**
f Employee's address and ZIP code		

15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name

Form W-2 Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

	a Employee's social security number	OMB No. 1545-0008	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.
	016-80-2258		

b Employer identification number (EIN)	1 Wages, tips, other compensation	2 Federal income tax withheld
82-3127811	49378.55	7741.22
c Employer's name, address, and ZIP code **Upward Projects Holdings LLC** **3443 N Central Ave** **North Rotunda** **Phoenix, AZ 85012**	**3** Social security wages 16517.12	**4** Social security tax withheld 3089.86
	5 Medicare wages and tips 49836.50	**6** Medicare tax withheld 722.65
	7 Social security tips 33319.38	**8** Allocated tips 0.00
d Control number 83831 110443	**9**	**10** Dependent care benefits 0.00
e Employee's first name and initial Last name Suff. **Shaila Ashlyn Carney** **825 loring st** **San Diego, CA 92109**	**11** Nonqualified plans 0.00	**12a** See instructions for box 12 Code D 457.95
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code 0.00
	14 Other CASDI-E 592.54	**12c** Code 0.00
		12d Code 0.00
f Employee's address and ZIP code		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	167-8091-8	49378.55	1889.41	0.00	0.00	

Form W-2 Wage and Tax Statement

Copy C—For EMPLOYEE'S RECORDS
(See *Notice to Employee* on the back of Copy B.)

2025

Department of the Treasury—Internal Revenue Service

Safe, accurate, FAST! Use IRS e-file

	a Employee's social security number **016-80-2258**	OMB No. 1545-0008

b Employer identification number (EIN) **82-3127811**	**1** Wages, tips, other compensation **49378.55**	**2** Federal income tax withheld **7741.22**
c Employer's name, address, and ZIP code **Upward Projects Holdings LLC** **3443 N Central Ave** **North Rotunda** **Phoenix, AZ 85012**	**3** Social security wages **16517.12**	**4** Social security tax withheld **3089.86**
	5 Medicare wages and tips **49836.50**	**6** Medicare tax withheld **722.65**
	7 Social security tips **33319.38**	**8** Allocated tips **0.00**
d Control number **83831 110443**	**9**	**10** Dependent care benefits **0.00**
e Employee's first name and initial Last name Suff. **Shaila Ashlyn Carney** **825 loring st** **San Diego, CA 92109**	**11** Nonqualified plans **0.00**	**12a** Code **D** **457.95**
	13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐	**12b** Code **0.00**
	14 Other **CASDI-E** **592.54**	**12c** Code **0.00**
		12d Code **0.00**
f Employee's address and ZIP code		

15 State	Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax	**18** Local wages, tips, etc.	**19** Local income tax	**20** Locality name
CA	**167-8091-8**	**49378.55**	**1889.41**	**0.00**	**0.00**	

Form W-2 Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City, or Local Income Tax Return

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov.*

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and more than $10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

(See also *Instructions for Employee* on the back of Copy C.)

Instructions for Employee

(See also *Notice to Employee* on the back of Copy B.)

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,500 (Generally, $16,500 for SIMPLE plans; $26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

(continued on back of Copy 2)

Instructions for Employee *(continued from back of Copy C)*

Box 12 *(continued)*

F—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Employers, Please Note—

Specific information needed to complete Form W-2 is available in a separate booklet titled the 2025 General Instructions for Forms W-2 and W-3. You can order these instructions and additional forms at *www.irs.gov/OrderForms*.

Caution: Do not send the SSA any Forms W-2 and W-3 that you have printed from IRS.gov. The SSA is unable to process these forms. Instead, you can create and submit them online. See *E-filing*, later.

Due dates. By February 2, 2026, furnish Copies B, C, and 2 to each person who was your employee during 2025. Mail or electronically file Copy A of Form(s) W-2 and W-3 with the SSA by February 2, 2026. See the separate instructions.

Need help? If you have questions about reporting on Form W-2, call the Technical Services Operation (TSO) toll free at 866-455-7438 or 304-263-8700 (not toll free). Deaf or hard-of-hearing customers may call any of our toll-free numbers using their choice of relay service.

E-filing. If you file 10 or more information returns, you must file electronically. See Regulations section 301.6011-2 for more information. Even if you aren't required to file electronically, doing so can save you time and effort. Employers may use the SSA's W-2 Online service to create, save, print, and electronically submit up to 50 Form(s) W-2 at a time. When you *e-file* with the SSA, no separate Form W-3 filing is required. An electronic Form W-3 will be created for you by the W-2 Online service. For information, visit the SSA's Employer W-2 Filing Instructions & Information website at *www.SSA.gov/employer*.

Future developments. For the latest information about developments affecting Form W-2 and its instructions, such as legislation enacted after we release them, go to *www.irs.gov/FormW2*.

Form W-2 Wage and Tax Statement 2025

c Employer's name, address and ZIP code

F & B INNOVATIONS LLC
515 S FLOWER ST 18TH FL
LOS ANGELES CA 90071

e Employee's name, address and ZIP code

SHAILA CARNEY
1852 LOCUST ST
SAN DIEGO CA 92106-1966

7 Social security tips	
8 Allocated tips	
9	
10 Dependent care benefits	
1 Wages, tips, other comp.	1,066.34
3 Social security wages	1,066.34
5 Medicare wages and tips	1,066.34
11 Nonqualified plans	
2 Federal income tax withheld	88.76
4 Social security tax withheld	66.11
6 Medicare tax withheld	15.46
12a Code See inst. for box 12	
12b - 12d Codes	

13 Statutory Employee | Retirement Plan | Third-Party Sick Pay

b Employer ID number: 27-5013871

a Employee's social security number: 016-80-2258

14 Other
CA SDI: 12.80
OT PRE: 6.64

15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
CA	004-4426-5	1,066.34	33.26			

Copy B to be filed with employee's FEDERAL Tax Return

OMB No. 1545-0008 2025

Form W-2 Wage and Tax Statement 2025

c Employer's name, address and ZIP code

F & B INNOVATIONS LLC
515 S FLOWER ST 18TH FL
LOS ANGELES CA 90071

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SHAILA CARNEY
1852 LOCUST ST
SAN DIEGO CA 92106-1966

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CA	004-4426-5	1,066.34	33.26			

Copy C for EMPLOYEES RECORDS. (See Notice to Employee).

Form W-2 Wage and Tax Statement 2025

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F & B INNOVATIONS LLC
515 S FLOWER ST 18TH FL
LOS ANGELES CA 90071

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SHAILA CARNEY
1852 LOCUST ST
SAN DIEGO CA 92106-1966

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Copy 2 to be filed with employee's State, City or Local Tax Return

Form W-2 Wage and Tax Statement 2025

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F & B INNOVATIONS LLC
515 S FLOWER ST 18TH FL
LOS ANGELES CA 90071

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SHAILA CARNEY
1852 LOCUST ST
SAN DIEGO CA 92106-1966

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8 Allocated tips
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CA	004-4426-5	1,066.34	33.26			

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

Copy 2 to be filed with employee's State, City or Local Tax Return

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
SHAILA A CARNEY		016-80-2258
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. Apt. no.
1852 LOCUTS ST

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN DIEGO, CA 92106

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

Filing Status Check only one box.
☒ 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

Dependents (see instructions):

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

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	60,306.
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	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	60,306.

Attach Sch. B if required.

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	63.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	60,369.
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	60,369.
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	
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	45,769.

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.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	5,261.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,261.
	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	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,261.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6.
	24	Add lines 22 and 23. This is your **total tax**	24	5,267.
Payments	25	Federal income tax withheld from:		
		a Form(s) W-2 — 25a: 5,690.		
		b Form(s) 1099 — 25b:		
		c Other forms (see instructions) — 25c:		
		d Add lines 25a through 25c	25d	5,690.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 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	5,690.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	423.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	423.
Direct deposit? See instructions.		b Routing number 122100024 c Type: ☒ Checking ☐ Savings		
		d Account number 759805562		
	36	Amount of line 34 you want **applied to your 2025 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: DUNCAN J GATES, EA, CFP® | Phone no.: (972) 235-8881 | Personal identification number (PIN): 01205

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.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		ACCOUNT MANAGER	
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. (978) 852-5606	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
DUNCAN J GATES, EA, CFP®		3/23/25	P01885143	☐ Self-employed

Firm's name: JOSEPH HANCOCK TAX & FINANCIAL SERV — Phone no. 972-235-8881

Firm's address: 100 N CENTRAL EXPY STE 1205, RICHARDSON, TX 75080 — Firm's EIN 27-1907003

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: SHAILA A CARNEY

Your social security number: 016-80-2258

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	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
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: SEE STATEMENT 1	8z	63.		
9	Total other income. Add lines 8a through 8z			9	63.
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	63.

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	
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	0.

Schedule 1 (Form 1040) 2024

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: SHAILA A CARNEY

Your social security number: 016-80-2258

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	0.
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	
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	6.
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)

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	6.

Form **5329**

Department of the Treasury
Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/Form5329* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.

SHAILA A CARNEY

Your social security number

016-80-2258

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.

If this is an amended return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) – see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.

Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	63.
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	63.
8	**Additional tax.** Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	6.

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2024 than is allowable or you had an amount on line 17 of your 2023 Form 5329.

9	Enter your excess contributions from line 16 of your 2023 Form 5329. See instructions. If zero, go to line 15			9
10	If your traditional IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10		
11	2024 traditional IRA distributions included in income (see instructions)	11		
12	2024 distributions of prior year excess contributions (see instructions)	12		
13	Add lines 10, 11, and 12			13
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14
15	Excess contributions for 2024 (see instructions)			15
16	Total excess contributions. Add lines 14 and 15			16
17	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 16 **or** the value of your traditional IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8			17

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2024 than is allowable or you had an amount on line 25 of your 2023 Form 5329.

18	Enter your excess contributions from line 24 of your 2023 Form 5329. See instructions. If zero, go to line 23			18
19	If your Roth IRA contributions for 2024 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19		
20	2024 distributions from your Roth IRAs (see instructions)	20		
21	Add lines 19 and 20			21
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22
23	Excess contributions for 2024 (see instructions)			23
24	Total excess contributions. Add lines 22 and 23			24
25	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 24 **or** the value of your Roth IRAs on December 31, 2024 (including 2024 contributions made in 2025). Include this amount on Schedule 2 (Form 1040), line 8			25

STATEMENT 1
SCHEDULE 1, LINE 8Z
OTHER INCOME

COVERDELL ESA DISTRIBUTIONS	$ 63.
TOTAL	$ 63.

WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
CARBON HEALTH TECHNOLOGIES INC	53,338.	4,984.	3,307.	773.	2,012.	640.
UPWARD PROJECTS HOLDINGS LLC	6,968.	706.	432.	101.		77.
GRAND TOTAL	60,306.	5,690.	3,739.	874.	2,012.	717.

ESA DISTRIBUTION AND BASIS WORKSHEET - SHAILA A CARNEY
JANUS HENDERSON INVESTORS

A.	TOTAL QUALIFIED EDUCATION EXPENSES	0.
B.	TOTAL WITHDRAWALS FROM ALL COVERDELL ESA'S DURING 2024	1,488.
C.	DIVIDE LINE A BY LINE B. ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0000 OR MORE, ENTER 1.0000	
D.	TOTAL CONTRIBUTIONS TO ALL COVERDELL ESA'S IN 2024	0.
1.	PORTION OF LINE D CONTRIBUTED TO THIS ESA	0.
2.	BASIS IN THIS ESA AS OF DECEMBER 31, 2023	1,424.
3.	ADD LINES 1 AND 2	1,424.
4.	TOTAL WITHDRAWALS FROM THIS ESA IN 2024	1,488.
5.	MULTIPLY LINE 4 BY LINE C. THIS IS THE AMOUNT OF ADJUSTED QUALIFED EDUCATION EXPENSE ATTRIBUTABLE TO THIS ESA	0.
6.	SUBTRACT LINE 5 FROM LINE 4	1,488.
7.	VALUE OF THIS ESA AS OF 12/31/24 PLUS ROLLOVERS	-1.
8.	ADD LINES 4 AND 7	1,487.
9.	DIVIDE LINE 3 BY LINE 8 (NOT MORE THAN 1)	0.9576
10.	MULTIPLY LINE 4 BY LINE 9. THIS IS THE AMOUNT OF BASIS ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	1,425.
	NOTE: IF LINE 6 IS ZERO, SKIP LINES 11 THROUGH 13, ENTER -0- ON LINE 14, AND GO TO LINE 15.	
11.	SUBTRACT LINE 10 FROM LINE 4	63.
12.	DIVIDE LINE 5 BY LINE 4 (NOT MORE THAN 1)	
13.	MULTIPLY LINE 11 BY LINE 12. THIS IS THE AMOUNT OF QUALIFIED EDUCATION EXPENSES ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	0.
14.	SUBTRACT LINE 13 FROM LINE 11. THIS IS THE PORTION OF WITHDRAWAL FROM THIS ESA THAT IS TAXABLE	63.
15.	SUBTRACT LINE 10 FROM LINE 3. THIS IS THE BASIS IN THIS ESA AS OF DECEMBER 31, 2024	0.

SUMMARY

16.	TAXABLE AMOUNT. ADD TOGETHER ALL AMOUNTS ON LINE 14 FOR ALL COVERDELL ESA'S. INCLUDE ON SCHEDULE 1, LINE 8	63.

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)	INCOME	TAX
10% ORDINARY TAX BRACKET ($0 - $11,600)	$ 11,600.	$ 1,160.
12% ORDINARY TAX BRACKET ($11,601 - $47,150)	34,175.	4,101.
TAXABLE INCOME	$ 45,769.	
TAXABLE INCOME MIDPOINT USED ON TAX TABLE	$ 45,775.	
TOTAL TAX USING ORDINARY INCOME RATES		$ 5,261.

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER $1,381
TO BEGIN BEING TAXED IN THE NEXT 22% TAX BRACKET ($47,151 - $100,525)

FEDERAL INCOME TAX WITHHELD

CARBON HEALTH TECHNOLOGIES INC	4,984.
UPWARD PROJECTS HOLDINGS LLC	706.
TOTAL	5,690.

	a Employee's social security number 016-80-2258	OMB No. 1545-0008	Safe, accurate, FAST! Use IRS e-file	Visit the IRS website at www.irs.gov/efile
b Employer identification number (EIN) 82-3127811		1 Wages, tips, other compensation 6967.59		2 Federal income tax withheld 705.54
c Employer's name, address, and ZIP code Upward Projects Holdings LLC 3443 N Central Ave North Rotunda Phoenix, AZ 85012		3 Social security wages 2760.71		4 Social security tax withheld 431.99
		5 Medicare wages and tips 6967.59		6 Medicare tax withheld 101.03
		7 Social security tips 4206.88		8 Allocated tips 0.00
d Control number 83831 110443		9		10 Dependent care benefits 0.00
e Employee's first name and initial Last name Suff. Shaila Ashlyn Carney 825 loring st San Diego, CA 92109		11 Nonqualified plans 0.00		12a See instructions for box 12 Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐		12b Code
		14 Other CASDI-E 76.62		12c Code
				12d Code
f Employee's address and ZIP code				

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** **2024**

Department of the Treasury—Internal Revenue Service

Copy B—To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

JANUS HENDERSON INVESTORS
PO Box 219109
Kansas City, MO 64121-9109

1-800-525-3713

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

0013388 01 AB 0.593 **AUTO T8 0 8881 01826-430047 -C01-P13401-I

STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

Tax Year 2024

Copy B For Recipient | Keep For Your Records

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

Department of the Treasury - Internal Revenue Service

PAYER'S OR TRUSTEE'S TIN	75-3019319
RECIPIENT'S TIN	***-**-2258

Form 1099-Q • Payments From Qualified Education Programs (Under Sections 529 and 530) (OMB No. 1545-1760)

1. Gross Distribution	2. Earnings	3. Basis	4. Trustee-to-Trustee Transfer	5. Program Type	6. If checked, not the designated beneficiary	Fair Market Value as of 12/31/24
Fund Name: **ENTERPRISE FUND D SHARES**				Account No.: **50-308156373**	Payer's TIN: **84-1202943**	
1,487.69				CESA		0.00

Note: If a fair market value is shown above, see Pub. 970, Tax Benefits for Education, for how to figure earnings.
Form **1099-Q**

www.irs.gov/form1099q

8881-01-00-0013388-0001-0014979

Form **1040** Department of the Treasury — Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only — Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
SHAILA A CARNEY		016-80-2258
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. Apt. no.
825 LORING ST

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN DIEGO, CA 92109

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

Filing Status Check only one box.
☒ 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: _____

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

Dependents (see instructions):

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

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	46,238.
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	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	46,238.
2a	Tax-exempt interest 2a	b Taxable interest	2b 126.
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	12,943.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**	9	59,307.
10	Adjustments to income from Schedule 1, line 26	10	50.
11	Subtract line 10 from line 9. This is your **adjusted gross income**	11	59,257.
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	
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	45,407.

Attach Sch. B if required.

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.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	5,301.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	5,301.
	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	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,301.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	136.
	24	Add lines 22 and 23. This is your **total tax**	24	5,437.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5,521.		
	b	Form(s) 1099 — 25b: 563.		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6,084.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) — 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	6,084.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	647.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	647.
Direct deposit? See instructions.	b	Routing number 122100024 c Type: ☒ Checking ☐ Savings		
	d	Account number 759805562		
	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	
	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: DUNCAN GATES | Phone no.: (972) 235-8881 | Personal identification number (PIN): 01205

Sign Here

Joint return? See instructions. Keep a copy for your records.

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.)
		ACCOUNT MANAGER	
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. (978) 852-5606	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
DUNCAN GATES		8/19/24	P01885143	☐ Self-employed

Firm's name: JOSEPH HANCOCK TAX & FINANCIAL SERV — Phone no. 972-235-8881

Firm's address: 100 N CENTRAL EXPY STE 1205 RICHARDSON, TX 75080 — Firm's EIN 27-1907003

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: SHAILA A CARNEY

Your social security number: 016-80-2258

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	5,627.
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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount: SEE STATEMENT 1	8z	7,316.		
9	Total other income. Add lines 8a through 8z			9	7,316.
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	12,943.

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	50.
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	50.

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: SHAILA A CARNEY

Your social security number: 016-80-2258

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	0.
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	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	100.
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	36.
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)

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	136.

SCHEDULE B
(Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **08**

Name(s) shown on return: SHAILA A CARNEY

Your social security number: 016-80-2258

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: GOLDMAN SACHS BANK USA	1	126.
2	Add the amounts on line 1	2	126.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	126.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	0.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2023, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
	If 'Yes,' are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2023, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If 'Yes,' you may have to file Form 3520. See instructions		X

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)

SHAILA A CARNEY

Social security number of person with **self-employment** income 016-80-2258

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	709.
3	Combine lines 1a, 1b, and 2		3	709.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	655.
	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	655.
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	655.
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 47,351.		
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	47,351.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	112,849.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	81.
11	Multiply line 6 by 2.9% (0.029)		11	19.
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	100.
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 50.		

Form **5329**

Department of the Treasury
Internal Revenue Service

Additional Taxes on Qualified Plans (Including IRAs) and Other Tax-Favored Accounts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/Form5329* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **29**

Name of individual subject to additional tax. If married filing jointly, see instructions.	Your social security number
SHAILA A CARNEY	016-80-2258

Fill in Your Address Only if You Are Filing This Form by Itself and Not With Your Tax Return

Home address (number and street), or P.O. box if mail is not delivered to your home	Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below. See instructions.	If this is an amended return, check here ☐

Foreign country name	Foreign province/state/county	Foreign postal code

If you **only** owe the additional 10% tax on the full amount of the early distributions, you may be able to report this tax directly on Schedule 2 (Form 1040), line 8, without filing Form 5329. See instructions.

Part I Additional Tax on Early Distributions.

Complete this part if you took a taxable distribution (other than a qualified disaster distribution) before you reached age 59-1/2 from a qualified retirement plan (including an IRA) or modified endowment contract (unless you are reporting this tax directly on Schedule 2 (Form 1040) – see above). You may also have to complete this part to indicate that you qualify for an exception to the additional tax on early distributions or for certain Roth IRA distributions. See instructions.

1	Early distributions includible in income (see instructions). For Roth IRA distributions, see instructions	1	
2	Early distributions included on line 1 that are not subject to the additional tax (see instructions). Enter the appropriate exception number from the instructions: _____	2	
3	Amount subject to additional tax. Subtract line 2 from line 1	3	
4	**Additional tax.** Enter 10% (0.10) of line 3. Include this amount on Schedule 2 (Form 1040), line 8	4	
	Caution: If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 25% of that amount on line 4 instead of 10%. See instructions.		

Part II Additional Tax on Certain Distributions From Education Accounts and ABLE Accounts.

Complete this part if you included an amount in income, on Schedule 1 (Form 1040), line 8z, from a Coverdell education savings account (ESA) or a qualified tuition program (QTP), or on Schedule 1 (Form 1040), line 8q, from an ABLE account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLE account	5	361.
6	Distributions included on line 5 that are not subject to the additional tax (see instructions)	6	
7	Amount subject to additional tax. Subtract line 6 from line 5	7	361.
8	**Additional tax.** Enter 10% (0.10) of line 7. Include this amount on Schedule 2 (Form 1040), line 8	8	36.

Part III Additional Tax on Excess Contributions to Traditional IRAs.

Complete this part if you contributed more to your traditional IRAs for 2023 than is allowable or you had an amount on line 17 of your 2022 Form 5329.

9	Enter your excess contributions from line 16 of your 2022 Form 5329. See instructions. If zero, go to line 15			9
10	If your traditional IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	10		
11	2023 traditional IRA distributions included in income (see instructions)	11		
12	2023 distributions of prior year excess contributions (see instructions)	12		
13	Add lines 10, 11, and 12			13
14	Prior year excess contributions. Subtract line 13 from line 9. If zero or less, enter -0-			14
15	Excess contributions for 2023 (see instructions)			15
16	Total excess contributions. Add lines 14 and 15			16
17	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 16 **or** the value of your traditional IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8			17

Part IV Additional Tax on Excess Contributions to Roth IRAs.

Complete this part if you contributed more to your Roth IRAs for 2023 than is allowable or you had an amount on line 25 of your 2022 Form 5329.

18	Enter your excess contributions from line 24 of your 2022 Form 5329. See instructions. If zero, go to line 23			18
19	If your Roth IRA contributions for 2023 are less than your maximum allowable contribution, see instructions. Otherwise, enter -0-	19		
20	2023 distributions from your Roth IRAs (see instructions)	20		
21	Add lines 19 and 20			21
22	Prior year excess contributions. Subtract line 21 from line 18. If zero or less, enter -0-			22
23	Excess contributions for 2023 (see instructions)			23
24	Total excess contributions. Add lines 22 and 23			24
25	**Additional tax.** Enter 6% (0.06) of the **smaller** of line 24 **or** the value of your Roth IRAs on December 31, 2023 (including 2023 contributions made in 2024). Include this amount on Schedule 2 (Form 1040), line 8			25

STATEMENT 1
SCHEDULE 1, LINE 8Z
OTHER INCOME

1099-MISC COUNTERFLOW LLC	$	6,246.
1099-NEC MAPLEBEAR INC		604.
1099-NEC POPLIFE ENTERTAINMENT		105.
COVERDELL ESA DISTRIBUTIONS		361.
TOTAL	$	7,316.

WAGE SCHEDULE

TAXPAYER - EMPLOYER	WAGES	FEDERAL W/H	FICA	MEDI-CARE	STATE W/H	SDI
CARBON HEALTH TECHNOLOGIES INC	19,988.	2,648.	1,308.	306.	1,043.	190.
COUNTERFLOW LLC	26,250.	2,873.	1,628.	381.	1,155.	236.
GRAND TOTAL	46,238.	5,521.	2,936.	687.	2,198.	426.

ESA DISTRIBUTION AND BASIS WORKSHEET - SHAILA A CARNEY
VANGUARD FIDUCIARY TRUST COMPANY

A.	TOTAL QUALIFIED EDUCATION EXPENSES	0.
B.	TOTAL WITHDRAWALS FROM ALL COVERDELL ESA'S DURING 2023	14,825.
C.	DIVIDE LINE A BY LINE B. ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0000 OR MORE, ENTER 1.0000	
D.	TOTAL CONTRIBUTIONS TO ALL COVERDELL ESA'S IN 2023	12,000.
1.	PORTION OF LINE D CONTRIBUTED TO THIS ESA	0.
2.	BASIS IN THIS ESA AS OF DECEMBER 31, 2022	2,486.
3.	ADD LINES 1 AND 2	2,486.
4.	TOTAL WITHDRAWALS FROM THIS ESA IN 2023	2,825.
5.	MULTIPLY LINE 4 BY LINE C. THIS IS THE AMOUNT OF ADJUSTED QUALIFED EDUCATION EXPENSE ATTRIBUTABLE TO THIS ESA	0.
6.	SUBTRACT LINE 5 FROM LINE 4	2,825.
7.	VALUE OF THIS ESA AS OF 12/31/23 PLUS ROLLOVERS	0.
8.	ADD LINES 4 AND 7	2,825.
9.	DIVIDE LINE 3 BY LINE 8 (NOT MORE THAN 1)	0.8800
10.	MULTIPLY LINE 4 BY LINE 9. THIS IS THE AMOUNT OF BASIS ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	2,486.
	NOTE: IF LINE 6 IS ZERO, SKIP LINES 11 THROUGH 13, ENTER -0- ON LINE 14, AND GO TO LINE 15.	
11.	SUBTRACT LINE 10 FROM LINE 4	339.
12.	DIVIDE LINE 5 BY LINE 4 (NOT MORE THAN 1)	
13.	MULTIPLY LINE 11 BY LINE 12. THIS IS THE AMOUNT OF QUALIFIED EDUCATION EXPENSES ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	0.
14.	SUBTRACT LINE 13 FROM LINE 11. THIS IS THE PORTION OF WITHDRAWAL FROM THIS ESA THAT IS TAXABLE	339.
15.	SUBTRACT LINE 10 FROM LINE 3. THIS IS THE BASIS IN THIS ESA AS OF DECEMBER 31, 2023	0.

SUMMARY

16.	TAXABLE AMOUNT. ADD TOGETHER ALL AMOUNTS ON LINE 14 FOR ALL COVERDELL ESA'S. INCLUDE ON SCHEDULE 1, LINE 8	361.

ESA DISTRIBUTION AND BASIS WORKSHEET - SHAILA A CARNEY
JANUS HENDERSON INVESTORS

A. TOTAL QUALIFIED EDUCATION EXPENSES	0.
B. TOTAL WITHDRAWALS FROM ALL COVERDELL ESA'S DURING 2023	14,825.
C. DIVIDE LINE A BY LINE B. ENTER THE RESULT AS A DECIMAL. IF THE RESULT IS 1.0000 OR MORE, ENTER 1.0000	
D. TOTAL CONTRIBUTIONS TO ALL COVERDELL ESA'S IN 2023	12,000.
1. PORTION OF LINE D CONTRIBUTED TO THIS ESA	12,000.
2. BASIS IN THIS ESA AS OF DECEMBER 31, 2022	1,402.
3. ADD LINES 1 AND 2	13,402.
4. TOTAL WITHDRAWALS FROM THIS ESA IN 2023	12,000.
5. MULTIPLY LINE 4 BY LINE C. THIS IS THE AMOUNT OF ADJUSTED QUALIFED EDUCATION EXPENSE ATTRIBUTABLE TO THIS ESA	0.
6. SUBTRACT LINE 5 FROM LINE 4	12,000.
7. VALUE OF THIS ESA AS OF 12/31/23 PLUS ROLLOVERS	1,426.
8. ADD LINES 4 AND 7	13,426.
9. DIVIDE LINE 3 BY LINE 8 (NOT MORE THAN 1)	0.9982
10. MULTIPLY LINE 4 BY LINE 9. THIS IS THE AMOUNT OF BASIS ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	11,978.
NOTE: IF LINE 6 IS ZERO, SKIP LINES 11 THROUGH 13, ENTER -0- ON LINE 14, AND GO TO LINE 15.	
11. SUBTRACT LINE 10 FROM LINE 4	22.
12. DIVIDE LINE 5 BY LINE 4 (NOT MORE THAN 1)	
13. MULTIPLY LINE 11 BY LINE 12. THIS IS THE AMOUNT OF QUALIFIED EDUCATION EXPENSES ALLOCATED TO WITHDRAWALS, AND IS TAX FREE	0.
14. SUBTRACT LINE 13 FROM LINE 11. THIS IS THE PORTION OF WITHDRAWAL FROM THIS ESA THAT IS TAXABLE	22.
15. SUBTRACT LINE 10 FROM LINE 3. THIS IS THE BASIS IN THIS ESA AS OF DECEMBER 31, 2023	1,424.

TAX BRACKET WORKSHEET (FORM 1040, 1040-SR, OR 1040-NR, LINE 16)

ORDINARY INCOME RATES (TAX TABLE/TAX COMPUTATION WKS)	INCOME	TAX
10% ORDINARY TAX BRACKET ($0 - $11,000)	$ 11,000.	$ 1,100.
12% ORDINARY TAX BRACKET ($11,001 - $44,725)	33,725.	4,047.
22% ORDINARY TAX BRACKET ($44,726 - $95,375)	700.	154.
TAXABLE INCOME	$ 45,407.	
TAXABLE INCOME MIDPOINT USED ON TAX TABLE	$ 45,425.	
TOTAL TAX USING ORDINARY INCOME RATES		$ 5,301.

* ORDINARY INCOME WOULD HAVE TO INCREASE BY OVER $49,968
TO BEGIN BEING TAXED IN THE NEXT 24% TAX BRACKET ($95,376 - $182,100)

FEDERAL INCOME TAX WITHHELD

CARBON HEALTH TECHNOLOGIES INC	2,648.
COUNTERFLOW LLC	2,873.
UNEMPLOYMENT INSURANCE INTEGRITY AN	563.
TOTAL	6,084.

NET NONFARM PROFIT OR (LOSS) (SCHEDULE SE, LINE 2)

	TAXPAYER
SCHEDULE C	0.
SCHEDULE E, PAGE 2 (FROM SCH. K-1)	0.
OTHER INCOME (SCHEDULE 1, LINE 8)	709.
SECTION 1256 CONTRACTS	0.
MINISTER WAGES	0.
MINISTER HOUSING ALLOWANCE	0.
MINISTER PARSONAGE - UTILITIES	0.
EMPLOYEE BUSINESS EXPENSES	0.
NET NONFARM INCOME ADJUSTMENT	0.
TOTAL NET NONFARM PROFIT OR (LOSS)	709.

2023 W-2 and EARNINGS SUMMARY

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY	21,215.48	SOCIAL SECURITY TAX WITHHELD BOX 04 OF W-2	1,308.24
FED. INCOME TAX WITHHELD BOX 02 OF W-2	2,648.09	MEDICARE TAX WITHHELD BOX 06 OF W-2	305.96
STATE INCOME TAX BOX 17 OF W-2	1,042.61	SUI/SDI BOX 14 OF W-2	189.89
LOCAL INCOME TAX BOX 19 OF W-2	0.00		

To change your employee W-4 profile information file a new W-4 with your payroll department

Social Security Number: XXX-XX-2258

SHAILA CARNEY
825 LORRING ST
SAN DIEGO, CA 92109

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Fold and Detach Here

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
0000000221 U4K		KJV	C S 103

c Employer's name, address, and ZIP code
CARBON HEALTH TECHNOLOGIES INC
2100 FRANKLIN STREET SUITE 355
OAKLAND, CA 94612

e/f Employee's name, address, and ZIP code
SHAILA CARNEY
825 LORRING ST
SAN DIEGO, CA 92109

b Employer's FED ID number 47-4422182	a Employee's SSA number XXX-XX-2258
1 Wages, tips, other comp. 19987.64	2 Federal income tax withheld 2648.09
3 Social security wages 21100.58	4 Social security tax withheld 1308.24
5 Medicare wages and tips 21100.58	6 Medicare tax withheld 305.96
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12 C 1.98
14 Other 189.89 CA SDI	12b D 1112.94
	12c DD 1911.24
	12d
	13 Stat emp. X, Ret. plan, 3rd party sick pay
15 State CA, Employer's state ID no. 056-2380 6	16 State wages, tips, etc. 19987.64
17 State income tax 1042.61	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 19987.64 | 2 Federal income tax withheld 2648.09
3 Social security wages 21100.58 | 4 Social security tax withheld 1308.24
5 Medicare wages and tips 21100.58 | 6 Medicare tax withheld 305.96
d Control number 0000000221 U4K | Dept. | Corp. KJV | Employer use only C S 103
c Employer's name, address, and ZIP code
CARBON HEALTH TECHNOLOGIES INC
2100 FRANKLIN STREET SUITE 355
OAKLAND, CA 94612
b Employer's FED ID number 47-4422182 | a Employee's SSA number XXX-XX-2258
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a C 1.98
14 Other 189.89 CA SDI | 12b D 1112.94
12c DD 1911.24
12d
13 Stat emp. | Ret. plan X | 3rd party sick pay
e/f Employee's name, address and ZIP code
SHAILA CARNEY
825 LORRING ST
SAN DIEGO, CA 92109
15 State CA | Employer's state ID no. 056-2380 6 | 16 State wages, tips, etc. 19987.64
17 State income tax 1042.61 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

FOLD AND DETACH HERE

CA. State Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's State Income Tax Return.

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2100 FRANKLIN STREET SUITE 355
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15 State CA | Employer's state ID no. 056-2380 6 | 16 State wages, tips, etc. 19987.64
17 State income tax 1042.61 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

FOLD AND DETACH HERE

City or Local Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy 2 to be filed with employee's City or Local Income Tax Return.

1 Wages, tips, other comp. 19987.64 | 2 Federal income tax withheld 2648.09
3 Social security wages 21100.58 | 4 Social security tax withheld 1308.24
5 Medicare wages and tips 21100.58 | 6 Medicare tax withheld 305.96
d Control number 0000000221 U4K | Dept. | Corp. KJV | Employer use only C S 103
c Employer's name, address, and ZIP code
CARBON HEALTH TECHNOLOGIES INC
2100 FRANKLIN STREET SUITE 355
OAKLAND, CA 94612
b Employer's FED ID number 47-4422182 | a Employee's SSA number XXX-XX-2258
7 Social security tips | 8 Allocated tips
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825 LORRING ST
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15 State CA | Employer's state ID no. 056-2380 6 | 16 State wages, tips, etc. 19987.64
17 State income tax 1042.61 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

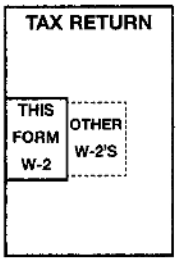
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

2023 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000014 K4/2Y6			A

e Employer's name, address, and ZIP code

COUNTERFLOW LLC
11867 WILMINGTON ROAD
SAN DIEGO, CA 92128

Batch #91077

e/f Employee's name, address, and ZIP code

SHAILA A CARNEY
825 LORING STREET
SAN DIEGO, CA 92109-1759

b Employer's FED ID number 47-2291854	a Employee's SSA number XXX-XX-2258
1 Wages, tips, other comp. 26250.03	2 Federal income tax withheld 2872.71
3 Social security wages 26250.03	4 Social security tax withheld 1627.50
5 Medicare wages and tips 26250.03	6 Medicare tax withheld 380.63
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 236.25 SDI	12b 12c 12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State CA / Employer's state ID no. 091-9125 5	16 State wages, tips, etc. 26250.03
17 State income tax 1154.61	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2023**

OMB No. 1545-0008

Copy B to be filed with employee's Federal Income Tax Return.

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	CA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	26,250.03	26,250.03	26,250.03	26,250.03
Reported W-2 Wages	**26,250.03**	**26,250.03**	**26,250.03**	**26,250.03**

2. Employee Name and Address.

SHAILA A CARNEY
825 LORING STREET
SAN DIEGO, CA 92109-1759

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5 Medicare wages and tips 26250.03 — 6 Medicare tax withheld 380.63
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e Employer's name, address, and ZIP code: COUNTERFLOW LLC, 11867 WILMINGTON ROAD, SAN DIEGO, CA 92128
b Employer's FED ID number 47-2291854 — a Employee's SSA number XXX-XX-2258
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13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: SHAILA A CARNEY, 825 LORING STREET, SAN DIEGO, CA 92109-1759
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CA.State Reference Copy

W-2 Wage and Tax Statement **2023**

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19 Local income tax — 20 Locality name

GOLDMAN SACHS BANK USA
PO BOX 70379
PHILADELPHIA, PA 19176-0379

Return Service Requested

Combined Statement For Form 1099-INT for Tax Year 2023

Interest Income - Copy B - For Recipient

OMB No. 1545-0112

215317/gec004-1395698-A3INTS1/-R023/00000000
SHAILA A CARNEY
825 LORING STREET
SAN DIEGO, CA 92109

PAYER'S TIN
13-3571598

CUSTOMER SERV PH#
855-730-7283

RECIPIENT'S TIN
XXX-XX-2258

☐ FATCA Filing requirement

KEEP FOR YOUR RECORDS

ACCOUNT NUMBER	IRS DESCRIPTION	IRS BOX #	AMOUNT
300050768225	Interest income	1	125.54
	Early withdrawal penalty	2	0.00
	Interest on U.S. Savings Bonds and Treasury obligations	3	0.00
	Federal income tax withheld	4	**0.00**
	Investment expenses	5	0.00
	Foreign tax paid	6	0.00
	Foreign country or U.S. possession	7	
	Tax-exempt interest	8	0.00
	Specified private activity bond interest	9	0.00
	Market discount	10	0.00
	Bond premium	11	0.00
	Bond premium on treasury obligations	12	0.00
	Bond premium on tax-exempt bond	13	0.00
	Tax exempt and tax credit bond CUSIP no.	14	
	State	15	
	State identification no.	16	
	State tax withheld	17	0.00

215317001001000000011

Marcus by Goldman Sachs

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

Marcus by Goldman Sachs is a brand of Goldman Sachs Bank USA and Goldman Sachs & Co. LLC, which are subsidiaries of The Goldman Sachs Group, Inc. Deposits products provided by Goldman Sachs Bank USA.
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Instructions for Recipient

The information provided may be different for covered and noncovered securities. For a description of covered securities, see the instructions for Form 8949. For a taxable covered security acquired at a premium, unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize the premium under section 171, or for a tax-exempt covered security acquired at a premium, your payer must generally report either (1) a net amount of interest that reflects the offset of the amount of interest paid to you by the amount of premium amortization allocable to the payment(s), or (2) a gross amount for both the interest paid to you and the premium amortization allocable to the payment(s). If you did notify your payer that you did not want to amortize the premium on a taxable covered security, then your payer will only report the gross amount of interest paid to you. For a noncovered security acquired at a premium, your payer is only required to report the gross amount of interest paid to you.

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

FATCA filing requirement. If the FATCA filing requirement box is checked, the payer is reporting on this Form 1099 to satisfy its chapter 4 account reporting requirement. You may also have a filing requirement. See the instructions for Form 8938.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows taxable interest paid to you during the calendar year by the payer. This does not include interest shown in box 3. May also show the total amount of the credits from clean renewable energy bonds, new clean renewable energy bonds, qualified energy conservation bonds, qualified zone academy bonds, qualified school construction bonds, and build America bonds that must be included in your interest income. These amounts were treated as paid to you during the calendar year on the credit allowance dates (March 15, June 15, September 15, and December 15). For more information, see Form 8912. See the instructions above for a taxable covered security acquired at a premium.

Box 2. Shows interest or principal forfeited because of early withdrawal of time savings. You may deduct this amount to figure your adjusted gross income on your income tax return. See the instructions for Form 1040 to see where to take the deduction.

Box 3. Shows interest on U.S. Savings Bonds, Treasury bills, Treasury bonds, and Treasury notes. This may or may not all be taxable. See Pub. 550. This interest is exempt from state and local income taxes. This interest is not included in box 1. See the instructions above for a taxable covered security acquired at a premium.

Box 4. Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your TIN or you did not furnish the correct TIN to the payer. See Form W-9. Include this amount on your income tax return as tax withheld.

Box 5. Any amount shown is your share of investment expenses of a single-class REMIC. This amount is included in box 1. **Note:** This amount is not deductible.

Box 6. Shows foreign tax paid. You may be able to claim this tax as a deduction or a credit on your Form 1040 or 1040-SR. See your tax return instructions.

Box 7. Shows the country or U.S. possession to which the foreign tax was paid.

Box 8. Shows tax-exempt interest paid to you during the calendar year by the payer. See how to report this amount in the instructions for Form 1040. This amount may be subject to backup withholding. See *Box 4* above. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 9. Shows tax-exempt interest subject to the alternative minimum tax. This amount is included in box 8. See the instructions for Form 6251. See the instructions above for a tax-exempt covered security acquired at a premium.

Box 10. For a taxable or tax-exempt covered security, if you made an election under section 1278(b) to include market discount in income as it accrues and you notified your payer of the election in writing in accordance with Regulations section 1.6045-1(n)(5), shows the market discount that accrued on the debt instrument during the year while held by you, unless it was reported on Form 1099-OID. For a taxable or tax-exempt covered security acquired on or after January 1, 2015, accrued market discount will be calculated on a constant yield basis unless you notified your payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to make a constant yield election for market discount under section 1276(b). Report the accrued market discount on your income tax return as directed in the instructions for Form 1040. Market discount on a tax-exempt security is includible in taxable income as interest income.

Box 11. For a taxable covered security (other than a U.S. Treasury obligation), shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the security. If an amount is not reported in this box for a taxable covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 1. If the amount in box 11 is greater than the amount of interest paid on the covered security, see Regulations section 1.171-2(a)(4).

Box 12. For a U.S. Treasury obligation that is a covered security, shows the amount of premium amortization allocable to the interest payment(s), unless you notified the payer in writing in accordance with Regulations section 1.6045-1(n)(5) that you did not want to amortize bond premium under section 171. If an amount is reported in this box, see the instructions for Schedule B (Form 1040) to determine the net amount of interest includible in income on Form 1040 or 1040-SR with respect to the U.S. Treasury obligation. If an amount is not reported in this box for a U.S. Treasury obligation that is a covered security acquired at a premium and the payer is reporting premium amortization, the payer has reported a net amount of interest in box 3. If the amount in box 12 is greater than the amount of interest paid on the U.S. Treasury obligation, see Regulations section 1.171-2(a)(4).

Box 13. For a tax-exempt covered security, shows the amount of premium amortization allocable to the interest payment(s). If an amount is reported in this box, see Pub. 550 to determine the net amount of tax-exempt interest reportable on Form 1040 or 1040-SR. If an amount is not reported in this box for a tax-exempt covered security acquired at a premium, the payer has reported a net amount of interest in box 8 or 9, whichever is applicable. If the amount in box 13 is greater than the amount of interest paid on the tax-exempt covered security, the excess is a nondeductible loss. See Regulations section 1.171-2(a)(4)(ii).

Box 14. Shows CUSIP number(s) for tax-exempt bond(s) on which tax-exempt interest was paid, or tax credit bond(s) on which taxable interest was paid or tax credit was allowed, to you during the calendar year. If blank, no CUSIP number was issued for the bond(s).

Boxes 15–17. State tax withheld reporting boxes.

Nominees. If this form includes amounts belonging to another person(s), you are considered a nominee recipient. Complete a Form 1099-INT for each of the other owners showing the income allocable to each. File Copy A of the form with the IRS. Furnish Copy B to each owner. List yourself as the "payer" and the other owner(s) as the "recipient." File Form(s) 1099-INT with Form 1096 with the Internal Revenue Service Center for your area. On Form 1096, list yourself as the "filer." A spouse is not required to file a nominee return to show amounts owned by the other spouse.

Future developments. For the latest information about developments related to Form 1099-INT and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099INT*.

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

215317001001000000010

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

Marcus: by Goldman Sachs®

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Maplebear, Inc.
DBA Instacart
50 Beale Street
Suite 600
San Francisco, CA 94105

01/16/2024
If you have any questions please contact:
1099@instacart.com

TEP00404317_11174_223471 of2

Shaila Carney
825 Loring st
San Diego, CA 92109

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

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

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0116 2023 Form 1099-NEC	Nonemployee Compensation
Maplebear, Inc. DBA Instacart 50 Beale Street Suite 600 San Francisco, CA 94105		1 Nonemployee compensation $ 604.37	Copy B For Recipient
PAYER'S TIN 46-0723335	RECIPIENT'S TIN XXX-XX-2258	2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Shaila Carney 825 Loring st San Diego, CA 92109		3 4 Federal income tax withheld $	This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
Account number (see instructions) 19227591 Tracking #: 427158T1		5 State tax withheld $	6 State/Payer's state no. CA /	7 State income $

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

3H8164 1.000

TEP00404317_11174_223471 of2

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. January 2022) For calendar year 20 23	**Nonemployee Compensation**
POPLIFE ENTERTAINMENT GR OUP LLC (786)371-8742 1035 N MIAMI AVE APT 305 MIAMI FL 33136				
PAYER'S TIN 46-1282437	RECIPIENT'S TIN XXX-XX-2258	1 Nonemployee compensation $ 105.00		**Copy 2** **To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name SHAILA A CARNEY		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐		
Street address (including apt. no.) 825 LORING ST		3		
City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92109		4 Federal income tax withheld $		
Account number (see instructions) 000548 MS/XT7 A		5 State tax withheld $ $	6 State/Payer's state no. FL	7 State income $ $

Form **1099-NEC** (Rev. 1-2022) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Detach Here

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. January 2022) For calendar year 20 23	**Nonemployee Compensation**
POPLIFE ENTERTAINMENT GR OUP LLC (786)371-8742 1035 N MIAMI AVE APT 305 MIAMI FL 33136				
PAYER'S TIN 46-1282437	RECIPIENT'S TIN XXX-XX-2258	1 Nonemployee compensation $ 105.00		**Copy B** **For Recipient** This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name SHAILA A CARNEY		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐		
Street address (including apt. no.) 825 LORING ST		3		
City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO CA 92109		4 Federal income tax withheld $		
Account number (see instructions) 000548 MS/XT7 A		5 State tax withheld $ $	6 State/Payer's state no. FL	7 State income $ $

Form **1099-NEC** (Rev. 1-2022) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

MS/XT7/2023/4/00005 / /000548

MS/XT7/2023/4/00005 / /000548
POPLIFE ENTERTAINMENT GR
OUP LLC
1035 N MIAMI AVE
APT 305
MIAMI FL 33136

SHAILA A CARNEY
825 LORING ST
SAN DIEGO CA 92109

Instructions for Recipient

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If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Reserved for future use.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5–7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	1 Rents $	OMB No. 1545-0115 Form **1099-MISC** (Rev. January 2022) For calendar year 20 23	**Miscellaneous Information**
Counterflow LLC 3446 Hancock Street San Diego, CA 92110	2 Royalties $		
	3 Other income $ 6,246.00	4 Federal income tax withheld $	**Copy 2** **To be filed with recipient's state income tax return, when required.**
PAYER'S TIN: 47-229-1352	RECIPIENT'S TIN: 016-80-2258	5 Fishing boat proceeds $	6 Medical and health care payments $
RECIPIENT'S name, street address (including apt. no.) city or town, state or province, country, and ZIP or foreign postal code: Shaila Carney 525 Loring Street San Diego, CA 92109		7 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐	8 Substitute payments in lieu of dividends or interest $
		9 Crop insurance proceeds $	10 Gross proceeds paid to an attorney $
		11 Fish purchased for resale $	12 Section 409A deferrals $
	13 FATCA filing requirement ☐	14 Excess golden parachute payments $	15 Nonqualified deferred compensation $
Account number (see instructions)		16 State tax withheld $ / $	17 State/Payer's state no.	18 State income $ / $

Form **1099-MISC** (Rev. 1-2022) www.irs.gov/Form1099MISC Department of the Treasury - Internal Revenue Service

Table A

BOX 1: Total **taxable** Unemployment Compensation (UC) paid to you by the Employment Development Department.
The amount shown includes all payments with issue dates within the calendar year.

BOX 4: Federal Income Tax withheld from taxable UC paid to you in the calendar year by the Employment Development Department.

Type of UC payments (may include amounts withheld for child support obligation):

- **UI** Unemployment Insurance
- **DUA** Disaster Unemployment Assistance
- **PUA** Pandemic Unemployment Assistance
- **DI** Disability Insurance paid as a substitute for UI benefits to an individual who is ineligible for UI as a result of a disability. These benefits are taxable and reported as UC in accordance with Federal Tax Regulations Section 1.85-1.

Benefits repaid during the calendar year.

(a) Amounts you paid on a benefit overpayment for a claim filed in the calendar year.
(b) Amounts you paid on a benefit overpayment for a claim filed in prior years.
The amounts reported do not include penalties, interest, or other costs.

State Disability Insurance (SDI) contributions withheld may be deductible for taxpayers who itemize their deductions for federal income tax purposes. For assistance, call the IRS at 1-800-829-1040.

400

Table B

BOX 1: Total **taxable** Unemployment Compensation-Paid Family Leave (UC-PFL) paid to you by the Employment Development Department.
The amount shown includes all payments with issue dates within the calendar year.
If you did not receive PFL payments, Box 1 of Table B will display $0.00

BOX 4: Federal Income Tax withheld does not apply to PFL payments

PFL payments (may include amounts withheld for child support obligation):

- **PFL:** Paid Family Leave Insurance.
  These benefits are taxable and reportable in accordance with Sections 61 and 85 of the Internal Revenue Code

Benefits repaid during the calendar year.

(a) Amounts you paid on a benefit overpayment for a claim filed in the calendar year.
(b) Amounts you paid on a benefit overpayment for a claim filed in prior years.
The amounts reported do not include penalties, interest, or other costs.

Paid Family Leave Insurance (PFL) contributions withheld may be deductible for taxpayers who itemize their deductions for federal income tax purposes. For assistance, call the IRS at 1-800-829-1040..

②
REMOVE SIDE EDGES FIRST
THEN FOLD, CREASE AND TEAR THIS STUB ALONG PERFORATION

TABLE A

COPY B FOR RECIPIENT	FORM 1099G CERTAIN GOVERNMENT PAYMENTS REPORT OF TAXABLE UNEMPLOYMENT COMPENSATION FROM THE STATE OF CALIFORNIA		OMB NO. 1545-0120 2023 Rev. January 2023
Employment Development Department Unemployment Insurance Integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	Recipient's Name SHAILA A CARNEY		Social Security Number XXX-XX-2258
Payer's Federal ID No. 94-2650401	2. State or Local Income Tax Refunds, Credits, or Offsets	3. Box 2 Amount is for Tax Year	**4. Federal Income Tax Withheld** **$563**
1. Unemployment Compensation (UC) $5,627	Type of UC Payments UI $ 5,627	2023 Benefits Repaid (a) $0.00 Prior Year(s) Benefits Repaid (b) $0.00	
This is important tax information and is being furnished to the Internal Revenue Service (IRS). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			

TABLE B

COPY B FOR RECIPIENT	FORM 1099G CERTAIN GOVERNMENT PAYMENTS REPORT OF TAXABLE UNEMPLOYMENT COMPENSATION-PAID FAMILY LEAVE PAYMENTS FROM THE STATE OF CALIFORNIA		OMB NO. 1545-0120 2023 Rev. January 2023
Employment Development Department Unemployment Insurance Integrity and Accounting Division - MIC 16A P.O. Box 2408 Rancho Cordova, CA 95741-2408	Recipient's Name SHAILA A CARNEY		Social Security Number XXX-XX-2258
Payer's Federal ID No. 94-2650401	2. State or Local Income Tax Refunds, Credits, or Offsets	3. Box 2 Amount is for Tax Year	**4. Federal Income Tax Withheld** **$0.00**
1. Unemployment Compensation-Paid Family Leave (UC-PFL) $0.00	PFL Payments $0.00	2023 Benefits Repaid (a) $0.00 Prior Year(s) Benefits Repaid (b) $0.00	
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.			

401

What Are the Benefits of Converting a Coverdell to a 529 Plan?



By Mark Kantrowitz

August 20, 2020

There are several benefits to converting a **Coverdell Education Savings Account** (ESA) to a 529 college savings plan. A Coverdell Education Savings Accounts (ESA) is a trust or custodial account designed to help families pay for elementary, secondary and postsecondary education. Just like a **529 savings plan**, a Coverdell ESA offers tax-free earnings growth and tax-free withdrawals when the funds are spent on **qualified expenses**.

529 college savings plans have several advantages over a Coverdell Education Savings Account (ESA). But, Coverdell accounts also have a few advantages over 529 plans.

Coverdell Education Savings Accounts Are More Limited than 529 Plans

Limits on contributions. Contributions to a Coverdell education savings account are limited to $2,000 per year and must stop when the beneficiary reaches age 18. Contributions to a Coverdell education savings account phase out when the contributor's income is $95,000 to $110,000 for single tax filers and $190,000 to $220,000 for married filing jointly. 529 college

1099 Q—What Do You Do?

- Qualified expenses
  - Tuition, required fees
    - Post secondary (college, trade/vocational, graduate level)
    - Elementary and high school
      - Subject to an annual limit applied by student ($10,000)
  - Books, supplies, equipment required for enrollment
  - Qualified apprenticeship expenses
  - Student loan payment
    - Lifetime limit of $10,000
  - Room and board

2020 used 6000
2021 used 5000
2022 used 5220
16220
10,000
over $6,220 limit

savings plans, on the other hand, have **no annual contribution limits** or income restrictions on contributors, other than the gift tax limitations.

Superfunding. 529 college savings plans allow 5-year gift tax averaging as an option. Coverdell education savings accounts do not.

Age limits. In addition to the age 18 limit on contributions, Coverdell education savings accounts must be spent by the time the beneficiary reaches age 30 plus 30 days unless the beneficiary is a special needs beneficiary. There are **no age limits on 529 plans**.

Student loan repayment. **529 plans can be used to repay up to $10,000 per borrower in student loans** of the beneficiary and the beneficiary's siblings. Coverdell education savings accounts cannot be used to repay student loans.

See also: **Top 5 Mistakes to Avoid When Using a Coverdell ESA**

Coverdell Education Savings Accounts Cost More

Fees. Some Coverdell education savings accounts charge high fees, some charge **lower fees**. Direct-sold 529 plans have much lower fees.

Taxes. Most state income tax breaks on contributions are limited to 529 plans. However, some states provide a state income tax deduction or tax credit on rollover contributions from a Coverdell education savings account to a 529 plan.

Coverdell Accounts Have a Few Advantages over 529 Plans

Eligible expenses. Coverdell education savings accounts can be used to pay for many K-12 expenses, such as tuition, books, supplies, tutoring, room and board, uniforms and transportation, while 529 college savings plans are limited to $10,000 per year in K-12 tuition.

Investment options. Coverdell education savings accounts provide more flexibility in investment choices, allowing investors to invest in individual stocks. 529 plans provide a limited number of stock and bond mutual funds, but also offer age-based asset allocations.

Bottom Line

Coverdell education savings accounts are best for families who are saving for pay for a private elementary and secondary school education. But, the low annual contribution limits and shorter time horizon mean that families cannot save as much money as they can for college.

aidVantage

SHAILA CARNEY
Account Profile →

Log Out

Account History

The information contained on this page is current as of the day the information is requested. Transactions in your Account History may change due to normal account processing, such as a change in payment allocation or a retroactive change in your account status. After a transaction has been reapplied, you will no longer be able to view prior applications.

Account Summar
Make a Paymen
Auto Pay
Loan Details
Repaym Options
Inbox/U
Tools & Request
Tax Stateme
Help Center

Display

By Transaction

Date Range

Last 12 months

History

Print

Date	Description	Principal	Interest	Fees	Total
12/11/2023	Payment	-$1,314.47	-$6.99	$0.00	-$1,321.46
11/14/2023	Payment	-$479.98	-$20.02	$0.00	-$500.00
10/19/2023	Payment Reversal	$494.45	$12.02	$0.00	$506.47
10/19/2023	Payment	-$494.45	-$12.02	$0.00	-$506.47
09/10/2023	Payment	-$6,985.32	-$30.12	$0.00	-$7,015.44
09/01/2023	Capitalized Interest	$0.00	$0.00	$0.00	$0.00
01/12/2023	Payment	-$5,980.80	-$16.63	$0.00	-$5,997.43

REPORT NUMBER: R01130
SOURCE PROGRAM: 825740
JOB NAME/ID: JCYMU775/J0065556

2023 TRANSCRIPT

SHAREOWNER MASTER RECORD

SUPER SHEET DATE: 06/13/2024
CURRENT DATE: 06/14/2024
TIME: 10:32:30

FUND CODE/NAME: 50/ENTERPRISE FUND D SHARES
ACCOUNT NUMBER: 308156373-8 SSN-TAX ID/TIN:
MGMT CODE/NAME: JM/JANUS HENDERSON SERVICES US LLC
BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS HENDERSON DISTRIBUTORS US LLC
PO BOX 173372
DENVER CO 80217-3372

DATE ESTABLISHED 04/26/2019
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2023 CUTOFF DATES: INCOME DIV 12/31/2023 LTCG 12/31/2023 STCG 12/31/2023

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: 10.5890

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 10.5890

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT	
	1	12/20/2022	CAP GAIN REINV 12.57266	133.13		9999888	0	11.7130
012 - 000	12/20/2022	1.1240 (+)	118.4000		NO CERT	/		
	2	08/04/2023	ASSET TRANSFER-FIDEXCH	12,000.00		729758	99	99.9610
038 - 111	08/04/2023	88.2480 (+)	135.9800		NO CERT	50/	204051461	
	3	08/15/2023	EDUC IRA DISTR -CHECK	12,000.00		140474	0	10.1070
025 - 093	08/15/2023	89.8540 (-)	133.5500		NO CERT	/		
	4	12/07/2023	CAP GAIN REINV 9.83348	99.39		9999888	0	10.9140
012 - 000	12/07/2023	.8070 (+)	123.1700		NO CERT	/		

ENDING BALANCE ISSUED: .0000 UNISSUED: 10.9140 TOTAL SHARES: 10.9140

TAX REPORTING INFORMATION

FORM 5498 ESA
FORM STATUS: PRODUCED DATE PRODUCED: 04/19/2024 TAPE STATUS: PRODUCED DATE PRODUCED: 05/13/2024
(1) COVERDELL CONTRIB 0.00
(2) ROLLOVER CONTRIB 12,000.00

FORM 1099 Q
FORM STATUS: PRODUCED DATE PRODUCED: 01/05/2024 TAPE STATUS: PRODUCED DATE PRODUCED: 03/21/2024
(1) GROSS DIST 12,000.00
(2) EARNINGS
(3) BASIS
(4) TYEE-TO-TYEE R/O NO
(5) PRIVATE/STATE COVERDELL C
(6) NOT DSGNT BENE NO
FAIR MARKET VALUE 1,426.46
IDENTIFIER AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2018 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/09/2019
JOB NAME/ID: JCYMU775/J0100015 — CURRENT DATE: 07/10/2019
TIME: 06:18:21

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 40/GROWTH & INCOME FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 219109
KANSAS CITY MO 64121-9109

DATE ESTABLISHED 08/09/2017
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2018 CUTOFF DATES: INCOME DIV 12/31/2018 LICG 12/31/2018 SICG 12/31/2018

PEND: 400-08/09/2017

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: .0000

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 0.0000

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	08/09/2017	ASSET TRANSFER-FIDEXCH	10,000.00		719143	99	198.6890
	038 - 111	08/09/2017	198.6890 (+)	50.3300		NO CERT	50/	204051461
	2	08/25/2017	EDUC IRA DISTR -CHECK	5,000.00		29537	0	97.9230
	025 - 093	08/25/2017	100.7660 (-)	49.6200		NO CERT	/	
	3	09/29/2017	INCOME REINVEST 0.2279	22.32		9999888	0	98.3550
	011 - 000	09/29/2017	.4320 (+)	51.7100		NO CERT	/	
	4	12/19/2017	INCOME REINVEST 0.50018872	49.20		9999888	0	99.2450
	011 - 000	12/19/2017	.8900 (+)	55.2900		NO CERT	/	
	5	12/19/2017	CAP GAIN REINV 0.76408	75.15		9999888	0	100.6040
	012 - 000	12/19/2017	1.3590 (+)	55.2900		NO CERT	/	
	6	01/02/2018	EDUC IRA DISTR -CHECK	5,000.00		10504	0	10.4000
	025 - 093	01/02/2018	90.2040 (-)	55.4300		NO CERT	/	
	7	03/29/2018	INCOME REINVEST 0.233	2.42		9999888	0	10.4450
	011 - 000	03/29/2018	.0450 (+)	54.0400		NO CERT	/	
	8	06/29/2018	INCOME REINVEST 0.2352	2.46		9999888	0	10.4900
	011 - 000	06/29/2018	.0450 (+)	55.1600		NO CERT	/	
	9	09/28/2018	INCOME REINVEST 0.2225	2.33		9999888	0	10.5290
	011 - 000	09/28/2018	.0390 (+)	59.2700		NO CERT	/	
	10	12/18/2018	INCOME REINVEST 0.50206014	5.29		9999888	0	10.6340
	011 - 000	12/18/2018	.1050 (+)	50.5200		NO CERT	/	
	11	12/18/2018	CAP GAIN REINV 2.81134	29.60		9999888	0	11.2200
	012 - 000	12/18/2018	.5860 (+)	50.5200		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 11.2200 TOTAL SHARES: 11.2200

TAX REPORTING INFORMATION

FORM 5498 ESA

**** NO ACTIVITY TO REPORT ****

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/07/2019 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/26/2019

(1) GROSS DIST	(2) EARNINGS	(3) BASIS	(4) TTEE-TO-TTEE R/O	(5) PRIVATE/STATE
5,000.00			NO	COVERDELL C

(6) NOT DSGNT BENE	FAIR MARKET VALUE	IDENTIFIER
NO	562.01	AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2017 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/05/2018
JOB NAME/ID: JCYMU775/J0110504 — CURRENT DATE: 07/06/2018
TIME: 08:42:21

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 40/GROWTH & INCOME FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 55932
BOSTON MA 02205-5932

DATE ESTABLISHED 08/09/2017
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YFS
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2017 CUTOFF DATES: INCOME DIV 12/31/2017 LTCG 12/31/2017 STCG 12/31/2017

PEND: 400-08/09/2017

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: .0000

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 0.0000

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	08/09/2017	ASSET TRANSFER-FIDEXCH	10,000.00		719143	99	198.6890
	038 - 111	08/09/2017	198.6890 (+)	50.3300		NO CERT	50/	204051461
	2	08/25/2017	EDUC IRA DISTR -CHECK	5,000.00		29537	0	97.9230
	025 - 093	08/25/2017	100.7660 (-)	49.6200		NO CERT	/	
	3	09/29/2017	INCOME REINVEST 0.2279	22.32		9999888	0	98.3550
	011 - 000	09/29/2017	.4320 (+)	51.7100		NO CERT	/	
	4	12/19/2017	INCOME REINVEST 0.50018872	49.20		9999888	0	99.2450
	011 - 000	12/19/2017	.8900 (+)	55.2900		NO CERT	/	
	5	12/19/2017	CAP GAIN REINV 0.76408	75.15		9999888	0	100.6040
	012 - 000	12/19/2017	1.3590 (+)	55.2900		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 100.6040 TOTAL SHARES: 100.6040

TAX REPORTING INFORMATION

FORM 5498 ESA
FORM STATUS: PRODUCED — DATE PRODUCED: 04/20/2018 — TAPE STATUS: PRODUCED — DATE PRODUCED: 05/21/2018
(1) COVERDELL CONTRIB 0.00
(2) ROLLOVER CONTRIB 10,000.00

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/05/2018 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/27/2018
(1) GROSS DIST 5,000.00
(2) EARNINGS
(3) BASIS
(4) TTEE-TO-TTEE R/O NO
(5) PRIVATE/STATE COVERDELL C
(6) NOT DSGNT BENE NO
FAIR MARKET VALUE 5,545.29
IDENTIFIER AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2019 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/08/2020
JOB NAME/ID: JCYMU775/J0132578 — CURRENT DATE: 07/09/2020
TIME: 07:45:58

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 50/ENTERPRISE FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
SHAIL SI BANK CUST COVERDELL LSA
SHAIIA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 219109
KANSAS CITY MO 64121-9109

DATE ESTABLISHED 04/26/2019
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2019 CUTOFF DATES: INCOME DIV 12/31/2019 LTCG 12/31/2019 STCG 12/31/2019

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: .0000

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 0.0000

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	04/26/2019	ASSET TRANSFER-FIDEXCH	5,000.00		727999	99	37.3410
	038 - 111	04/26/2019	37.3410 (+)	133.9000		NO CERT	50/	204051461
	2	05/07/2019	EDUC IRA DISTR -CHECK	4,500.00		29819	0	3.4090
	025 - 093	05/07/2019	33.9320 (-)	132.6200		NO CERT	/	
	3	12/13/2019	ASSET TRANSFER-FIDEXCH	2,000.00		727999	99	17.1240
	038 - 111	12/13/2019	13.7150 (+)	145.8300		NO CERT	50/	204051461
	4	12/17/2019	INCOME REINVEST 0.27621748	4.73		9999888	0	17.1580
	011 - 000	12/17/2019	.0340 (+)	140.5800		NO CERT	/	
	5	12/17/2019	CAP GAIN REINV 6.02931	103.25		9999888	0	17.8920
	012 - 000	12/17/2019	.7340 (+)	140.5800		NO CERT	/	
	6	12/18/2019	EDUC IRA DISTR -CHECK	1,521.33		10748	0	7.0490
	025 - 093	12/18/2019	10.8430 (-)	140.3100		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 7.0490 TOTAL SHARES: 7.0490

TAX REPORTING INFORMATION

FORM 5498 ESA
FORM STATUS: NOT PRODUCED — DATE PRODUCED: 00/00/0000 — TAPE STATUS: NOT PRODUCED — DATE PRODUCED: 00/00/0000
(1) COVERDELL CONTRIB 0.00 — (2) ROLLOVER CONTRIB 7,000.00

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/06/2020 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/26/2020
(1) GROSS DIST 6,021.33 — (2) EARNINGS — (3) BASIS — (4) TTEE-TO-TTEE R/O NO — (5) PRIVATE/STATE COVERDELL C
(6) NOT DSGNT BENE NO — FAIR MARKET VALUE 999.48 — IDENTIFIER AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2019 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/08/2020
JOB NAME/ID: JCYMU775/J0132338 — CURRENT DATE: 07/09/2020
TIME: 07:23:26

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 40/GROWTH & INCOME FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 219109
KANSAS CITY MO 64121-9109

DATE ESTABLISHED 08/09/2017
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2019 CUTOFF DATES: INCOME DIV 12/31/2019 LTCG 12/31/2019 STCG 12/31/2019

PEND: 400-08/09/2017

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: 100.6040

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 100.6040

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	01/02/2018	EDUC IRA DISTR -CHECK	5,000.00		10504	0	10.4000
	025 - 093	01/02/2018	90.2040 (-)	55.4300		NO CERT	/	
	2	03/29/2018	INCOME REINVEST 0.233	2.42		9999888	0	10.4450
	011 - 000	03/29/2018	.0450 (+)	54.0400		NO CERT	/	
	3	06/29/2018	INCOME RLINVEST 0.2352	2.46		9999888	0	10.4900
	011 - 000	06/29/2018	.0450 (+)	55.1600		NO CERT	/	
	4	09/28/2018	INCOME RLINVEST 0.2225	2.33		9999888	0	10.5290
	011 - 000	09/28/2018	.0390 (+)	59.2700		NO CERT	/	
	5	12/18/2018	INCOME REINVEST 0.50206014	5.29		9999888	0	10.6340
	011 - 000	12/18/2018	.1050 (+)	50.5200		NO CERT	/	
	6	12/18/2018	CAP GAIN RLINV 2.81134	29.60		9999888	0	11.2200
	012 - 000	12/18/2018	.5860 (+)	50.5200		NO CERT	/	
	7	01/07/2019	EDUC IRA DISTR -CHECK	500.00		10589	0	1.3030
	025 - 093	01/07/2019	9.9170 (-)	50.4200		NO CERT	/	
	8	03/29/2019	INCOME REINVEST 0.2516	0.33		9999888	0	1.3090
	011 - 000	03/29/2019	.0060 (+)	55.1400.		NO CERT	/	
	9	06/28/2019	INCOME REINVEST 0.2651	0.35		9999888	0	1.3150
	011 - 000	06/28/2019	.0060 (+)	57.0300		NO CERT	/	
	10	09/30/2019	INCOME RLINVEST 0.2338	0.31		9999888	0	1.3200
	011 - 000	09/30/2019	.0050 (+)	58.5800		NO CERT	/	
	11	11/08/2019	EDUC IRA DISTR -CHECK	78.67		11819	0	.0000
	025 - 093	11/07/2019	1.3200 (-)	59.6000		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: .0000 TOTAL SHARES: .0000

TAX REPORTING INFORMATION

FORM 5498 ESA

**** NO ACTIVITY TO REPORT ****

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/06/2020 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/26/2020

(1) GROSS DIST	(2) EARNINGS	(3) BASIS	(4) TTEE-TO-TTEE R/O	(5) PRIVATE/STATE
578.67			NO	COVERDELL C

(6) NOT DSGNT BENE	FAIR MARKET VALUE	IDENTIFIER
NO	0.00	AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2020 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/06/2021
JOB NAME/ID: JCYMU775/J0154957 — CURRENT DATE: 07/07/2021
TIME: 08:03:23

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 40/GROWTH & INCOME FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 219109
KANSAS CITY MO 64121-9109

DATE ESTABLISHED 08/09/2017
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2020 CUTOFF DATES: INCOME DIV 12/31/2020 LTCG 12/31/2020 STCG 12/31/2020

PEND: 400-08/09/2017

BLG SHARES ISSUED: .0000
BEG SHARES UNISSUED: 11.2200

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 11.2200

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	TC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	7	01/07/2019	EDUC IRA DISTR -CHECK	500.00		10589	0	1.3030
	025 - 093	01/07/2019	9.9170 (-)	50.4200		NO CERT	/	
	8	03/29/2019	INCOME REINVEST 0.2516	0.33		9999888	0	1.3090
	011 - 000	03/29/2019	.0060 (+)	55.1400		NO CERT	/	
	9	06/28/2019	INCOME REINVEST 0.2651	0.35		9999888	0	1.3150
	011 - 000	06/28/2019	.0060 (+)	57.0300		NO CERT	/	
	10	09/30/2019	INCOME REINVEST 0.2338	0.31		9999888	0	1.3200
	011 - 000	09/30/2019	.0050 (+)	58.5800		NO CERT	/	
	11	11/08/2019	EDUC IRA DISTR -CHECK	78.67		11819	0	.0000
	025 - 093	11/07/2019	1.3200 (-)	59.6000		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: .0000 TOTAL SHARES: .0000

TAX REPORTING INFORMATION

FORM 5498 ESA

**** NO ACTIVITY TO REPORT ****

FORM 1099Q

**** NO ACTIVITY TO REPORT ****

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2020 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: BZ5740 — SUPER SHEET DATE: 07/06/2021
JOB NAME/ID: JCYMU775/J0155280 — CURRENT DATE: 07/07/2021
TIME: 08:28:34

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 50/ENTERPRISE FUND D SHARES — MGMT CODE/NAME: JM/JANUS SERVICES LLC DIRECT
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVFRDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS SERVICES LLC
PO BOX 219109
KANSAS CITY MO 64121-9109

DATE ESTABLISHED 04/26/2019
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2020 CUTOFF DATES: INCOME DIV 12/31/2020 LTCG 12/31/2020 STCG 12/31/2020

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: .0000

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 0.0000

HIST CHG	TRANS # / TC - TS	CONFIRM DATE / TRADE DATE	TRANSACTION DESCRIPTION / SHARES	GROSS AMOUNT / PRICE	COMMISSION AMOUNT / PERCENT	BATCH / CERT #	DC / FROM/TO	SHARE BALANCE / FUND/ACCOUNT
	1	04/26/2019	ASSET TRANSFER-FIDLXCH	5,000.00		727999	99	37.3410
	038 - 111	04/26/2019	37.3410 (+)	133.9000		NO CERT	50/	204051461
	2	05/07/2019	EDUC IRA DISTR -CHECK	4,500.00		29819	0	3.4090
	025 - 093	05/07/2019	33.9320 (-)	132.6200		NO CLRI	/	
	3	12/13/2019	ASSET TRANSFER-FIDLXCH	2,000.00		727999	99	17.1240
	038 - 111	12/13/2019	13.7150 (+)	145.8300		NO CERT	50/	204051461
	4	12/17/2019	INCOME REINVEST 0.27621748	4.73		9999888	0	17.1580
	011 - 000	12/17/2019	.0340 (+)	140.5800		NO CERT	/	
	5	12/17/2019	CAP GAIN REINV 6.02931	103.25		9999888	0	17.8920
	012 - 000	12/17/2019	.7340 (+)	140.5800		NO CLRI	/	
	6	12/18/2019	EDUC IRA DISTR -CHECK	1,521.33		10748	0	7.0490
	025 - 093	12/18/2019	10.8430 (-)	140.3100		NO CERT	/	
	7	05/18/2020	ASSET TRANSFER-FIDEXCH	6,000.00		727999	99	54.3940
	038 - 111	05/18/2020	47.3450 (+)	126.7300		NO CERT	50/	204051461
	8	05/26/2020	EDUC IRA DISTR -CHECK	6,000.00		10746	0	8.2510
	025 - 093	05/26/2020	46.1430 (-)	130.0300		NO CERT	/	
	9	12/17/2020	CAP GAIN REINV 12.82197	105.79		9999888	0	8.9300
	012 - 000	12/17/2020	.6790 (+)	155.7900		NO CERT	/	
	10	12/17/2020	INCOME REINVEST 0.46369837	3.83		9999888	0	8.9550
	011 - 000	12/17/2020	.0250 (+)	155.7900		NO CLRI	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 8.9550 TOTAL SHARES: 8.9550

TAX REPORTING INFORMATION

FORM 5498 ESA
FORM STATUS: PRODUCED — DATE PRODUCED: 05/21/2021 — TAPE STATUS: PRODUCED — DATE PRODUCED: 06/21/2021
(1) COVERDELL CONTRIB: 0.00
(2) ROLLOVER CONTRIB: 6,000.00

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/07/2021 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/25/2021
(1) GROSS DIST: 6,000.00
(2) EARNINGS
(3) BASIS
(4) ITEF-TO-ITEF R/O: NO
(5) PRIVATE/STATE: COVERDELL C
(6) NOT DSGNT BENE: NO
FAIR MARKET VALUE: 1,407.10
IDENTIFIER: AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

REPORT NUMBER: R01130 — 2022 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: 825740 — SUPER SHEET DATE: 06/12/2023
JOB NAME/ID: JCYMU775/J0137120 — CURRENT DATE: 06/13/2023
TIME: 08:25:49

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 50/ENTERPRISE FUND D SHARES — MGMT CODE/NAME: JM/JANUS HENDERSON SERVICES US LLC
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS HENDERSON DISTRIBUTORS US LLC
PO BOX 173372
DENVER CO 80217-3372

DATE ESTABLISHED 04/26/2019
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2022 CUTOFF DATES: INCOME DIV 12/31/2022 LTCG 12/31/2022. STCG 12/31/2022

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: 8.9550

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 8.9550

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
TC - TS		TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	04/19/2021	ASSET TRANSFER-FIDEXCH	5,000.00		722185	99	38.3080
038 - 111		04/19/2021	29.3530 (+)	170.3400		NO CERT	50/	204051461
	2	06/04/2021	EDUC IRA DISTR -CHECK	5,000.00		358246	0	9.0550
025 - 093		06/04/2021	29.2530 (-)	170.9200		NO CERT	/	
	3	12/20/2021	INCOME REINVEST 1.77518844	16.07		9999888	0	9.1630
011 - 000		12/20/2021	.1080 (+)	148.7500		NO CERT	/	
	4	12/20/2021	CAP GAIN REINV 23.41868	212.06		9999888	0	10.5890
012 - 000		12/20/2021	1.4260 (+)	148.7500		NO CERT	/	
	5	12/20/2022	CAP GAIN REINV 12.57266	133.13		9999888	0	11.7130
012 - 000		12/20/2022	1.1240 (+)	118.4000		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 11.7130 TOTAL SHARES: 11.7130

TAX REPORTING INFORMATION

FORM 5498 ESA

**** NO ACTIVITY TO REPORT ****

FORM 1099Q

**** NO ACTIVITY TO REPORT ****

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

2022 Closing Shares

414

REPORT NUMBER: R01130 — 2021 TRANSCRIPT — PAGE: 1
SOURCE PROGRAM: B25740 — SUPER SHEET DATE: 07/05/2022
JOB NAME/ID: JCYMU775/J0009204 — CURRENT DATE: 07/06/2022
TIME: 13:44:14

SHAREOWNER MASTER RECORD

FUND CODE/NAME: 50/ENTERPRISE FUND D SHARES — MGMT CODE/NAME: JM/JANUS HENDERSON SERVICES US LLC
ACCOUNT NUMBER: 308156373-8 — SSN-TAX ID/TIN: — BIN NUMBER:

SHAREOWNER REGISTRATION
STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

DEALER NUMBER/BRANCH 5781/000
REP NUMBER/NAME /
TRUST 0000000
TPA 0000000
DEALER REGISTRATION JANUS HENDERSON DISTRIBUTORS US LLC
PO BOX 173372
DENVER CO 80217-3372

DATE ESTABLISHED 04/26/2019
ALPHA CODE CARNESHAIA
FIDUCIARY ACCOUNT YES
PENALTY WITHHOLDING NO
CAPITAL GAIN OPTION REINVEST
DIVIDEND OPTION REINVEST
CUMULATIVE DISCOUNT 0
MATRIX LEVEL 0
STATE/COUNTRY CODE 020
FRGN TAX RATE 00.0
SOCIAL CODE 793
B/C NOTICE NO / NO
TAX RESIDENCE CODE 020
PPA N

LAST MAINT DATE 00/00/0000 STOP MAIL DATE 00/00/0000

2021 CUTOFF DATES: INCOME DIV 12/31/2021 LTCG 12/31/2021 STCG 12/31/2021

BEG SHARES ISSUED: .0000
BEG SHARES UNISSUED: 7.0490

SHAREOWNER TRANSACTION HISTORY

BEGINNING BALANCE: 7.0490

HIST CHG	TRANS #	CONFIRM DATE	TRANSACTION DESCRIPTION	GROSS AMOUNT	COMMISSION AMOUNT	BATCH	DC	SHARE BALANCE
	IC - TS	TRADE DATE	SHARES	PRICE	PERCENT	CERT #	FROM/TO	FUND/ACCOUNT
	1	05/18/2020	ASSET TRANSFER-FIDEXCH	6,000.00		727999	99	54.3940
	038 - 111	05/18/2020	47.3450 (+)	126.7300		NO CERT	50/	204051461
	2	05/26/2020	EDUC IRA DISTR -CHECK	6,000.00		10746	0	8.2510
	025 - 093	05/26/2020	46.1430 (-)	130.0300		NO CERT	/	
	3	12/17/2020	CAP GAIN REINV 12.82197	105.79		9999888	0	8.9300
	012 - 000	12/17/2020	.6790 (+)	155.7900		NO CERT	/	
	4	12/17/2020	INCOME REINVEST 0.46369837	3.83		9999888	0	8.9550
	011 - 000	12/17/2020	.0250 (+)	155.7900		NO CERT	/	
	5	04/19/2021	ASSET TRANSFER-FIDEXCH	5,000.00		722185	99	38.3080
	038 - 111	04/19/2021	29.3530 (+)	170.3400		NO CERT	50/	204051461
	6	06/04/2021	EDUC IRA DISTR -CHECK	5,000.00		358246	0	9.0550
	025 - 093	06/04/2021	29.2530 (-)	170.9200		NO CERT	/	
	7	12/20/2021	INCOME REINVEST 1.77518844	16.07		9999888	0	9.1630
	011 - 000	12/20/2021	.1080 (+)	148.7500		NO CERT	/	
	8	12/20/2021	CAP GAIN REINV 23.41868	212.06		9999888	0	10.5890
	012 - 000	12/20/2021	1.4260 (+)	148.7500		NO CERT	/	

ENDING BALANCE ISSUED: .0000 UNISSUED: 10.5890 TOTAL SHARES: 10.5890

TAX REPORTING INFORMATION

FORM 5498 ESA
FORM STATUS: PRODUCED — DATE PRODUCED: 04/19/2022 — TAPE STATUS: PRODUCED — DATE PRODUCED: 05/17/2022

(1) COVERDELL CONTRIB	(2) ROLLOVER CONTRIB
0.00	5,000.00

FORM 1099 Q
FORM STATUS: PRODUCED — DATE PRODUCED: 01/06/2022 — TAPE STATUS: PRODUCED — DATE PRODUCED: 03/24/2022

(1) GROSS DIST	(2) EARNINGS	(3) BASIS	(4) TTEE-TO-TTEE R/O	(5) PRIVATE/STATE
5,000.00			NO	COVERDELL C

(6) NOT DSGNT BENE	FAIR MARKET VALUE	IDENTIFIER
NO	1,669.67	AA

DATA REPORTED REFLECTS ACCOUNT AND TAX INFORMATION AT THE TIME TRANSCRIPTS PRODUCED
1099DIV AND 5498/5498-ESA UNIQUE IDENTIFIERS ARE ALWAYS AA

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Sustainability

Nasdaq - Delayed Quote • USD

Janus Henderson Enterprise Fund (JANEX)

Follow

145.76 +0.30 (+0.21%)

At close: 8:05 AM EDT

Dec 01, 2022 - Dec 31, 2022 Historical Prices Daily

2022 closing price

Currency in USD Download

Date	Open	High	Low	Close	Adj Close	Volume
Dec 30, 2022	119.67	119.67	119.67	119.67	110.78	-
Dec 29, 2022	120.07	120.07	120.07	120.07	111.15	-
Dec 28, 2022	117.44	117.44	117.44	117.44	108.71	-
Dec 27, 2022	118.95	118.95	118.95	118.95	110.11	-
Dec 23, 2022	119.04	119.04	119.04	119.04	110.19	-
Dec 22, 2022	118.49	118.49	118.49	118.49	109.68	-
Dec 21, 2022	120.13	120.13	120.13	120.13	111.20	-
Dec 20, 2022			0.00 Dividend			
Dec 20, 2022	118.40	118.40	118.40	118.40	109.60	-
Dec 20, 2022			12.57 Capital Gains			

$119.67/share × 11.713 shares = $1401.69 FMV as of 12/31/22

Quote Lookup

U.S. markets closed

Customize Your Dock

MARKETS

US Europe Asia Rates Commodities

S&P 500	Dow 30	Nasdaq
5,608.25	40,896.53	17,876.77
+54.00 (+0.97%)	+236.73 (+0.58%)	+245.07 (+1.39%)
Russell 20...	**Crude Oil**	**Gold**
2,167.50	74.44	2,642.60
+25.58 (+1.19%)	-2.21 (-2.88%)	+4.80 (+0.19%)

RECENTLY VIEWED

CHTYX 20.20
Invesco Charter Y +0.18 (+0.90%)

MY PORTFOLIOS

Sign in to access your portfolio

IMPORTANT TAX DOCUMENT

RECIPIENT'S TIN: XXX-XX-2258

Vanguard
Contact Info: 800-662-2739

SEAN P CARNEY
FBO SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

2023 Form 1099-Q

Payments From Qualified Education Programs (Under Sections 529 and 530)

PAYER'S/TRUSTEE'S:
Vanguard Fiduciary Trust Company
P.O. Box 982901
El Paso, TX 79998-2901

PAYER'S/TRUSTEE'S TIN: 23-2640992

Copy B For Recipient
OMB No. 1545-1760

Fund Name		RECIPIENT'S Account number								
					Check one:					
Gross distribution (Box 1)	Earnings (Box 2)	Basis (Box 3)	Trustee-to-trustee transfer (Box 4)	Qualified tuition program-Private (Box 5)	Qualified tuition program-State (Box 5)	Coverdell ESA (Box 5)	If this box is checked, the recipient is not the designated beneficiary (Box 6)	Fair Market Value	Distribution Code
WINDSOR II FUND INV		**09917109338**							
2,825.21						X		0.00	1

4000-01-00-0000013-0002-0000027

417

Please see Publication 970 for information on how to calculate the earnings portion of the gross distribution.
This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

(keep for your records)

2023 Form 1099-Q

Instructions for Recipient

Distributions from Coverdell education savings accounts (CESAs) under section 530 and qualified tuition programs (QTPs) under section 529, including rollovers, may be taxable. Nontaxable distributions from CESAs and QTPs are not required to be reported on your income tax return. You must determine the taxability of any distribution. See Pub. 970 and the Instructions for Forms 1040 and 1040-SR for more information. Also see Form 5329 and its separate instructions.

Recipient's taxpayer identification no. (TIN). For your protection, this form may show only the last four digits of your TIN (SSN, ITIN, ATIN, or EIN). However, the payer or trustee has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the gross distribution (including in-kind distributions) paid to you this year from a QTP or a CESA. This amount is the total of the amounts shown in boxes 2 and 3. See Pub. 970 for more information.

Caution: For CESA distributions (other than earnings on excess contributions) made during the calendar year, the payer/trustee is not required to report amounts in boxes 2 and 3. Instead, the payer/trustee may report the fair market value of the CESA as of December 31 of the calendar year in the blank box below boxes 5 and 6. To figure your earnings and basis, use the Coverdell ESA—Taxable Distributions and Basis worksheet in Pub. 970.

Box 2. Shows the earnings part of the gross distribution shown in box 1. Generally, amounts distributed that are used to pay for qualified education expenses, transferred between trustees, or rolled over to another qualified education program or to an ABLE account, within 60 days, are not included in income.

Under a QTP, the amount in box 2 is included in income if there has been (a) more than one transfer or rollover within any 12-month period with respect to the same beneficiary, or (b) a change in the designated beneficiary and the new designated beneficiary is not a family member.

Under a CESA, the amount in box 2 is included in income if there has been a change in the designated beneficiary and the new designated beneficiary is not a family member or is over age 30 (except for beneficiaries with special needs).

Also, an additional 10% tax may apply to part or all of any amount included in income from the CESA or QTP. See Form 5329 and your tax return instructions for more information.

If a final (total) distribution is made from your account and you have not recovered your contributions, see Pub. 970 to determine if you have a deductible loss and how to claim it.

Box 3. Shows your basis in the gross distribution reported in box 1.

Box 4. This box is checked if a trustee-to-trustee transfer was made from one QTP to another QTP, from one CESA to another CESA, from a CESA to a QTP, or from a QTP to an ABLE account. However, in certain transfers from a CESA, the box will be blank.

Box 5. Shows whether the gross distribution was from a QTP (private or state) or from a CESA.

Box 6. The designated beneficiary is the individual named in the document creating the trust or custodial account to receive the benefit of the funds in the account. If you are not the designated beneficiary, see Pub. 970 and the Instructions for Forms 1040 and 1040-SR.

Distribution codes. For the calendar year, the payer/trustee may, but is not required to, report (in the box below boxes 5 and 6) one of the following codes to identify the distribution you received: 1—Distributions (including transfers); 2—Excess contributions plus earnings taxable in the calendar year; 3—Excess contributions plus earnings taxable in the prior calendar year; 4—Disability; 5—Death; or 6—Prohibited transaction.

Future developments. For the latest information about developments related to Form 1099-Q and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099Q*.

418

4000-01-00-0000013-0002-0000027

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Nasdaq - Delayed Quote - USD

Vanguard Windsor II Inv (VWNFX)

☆ Follow

47.79 +0.12 (+0.25%)

At close: 8:08 AM EDT

Dec 12, 2022 - Dec 31, 2022 Historical Prices Daily

12/31 closing price

Currency in USD Download

Date	Open	High	Low	Close	Adj Close	Volume
Dec 30, 2022	37.29	37.29	37.29	37.29	35.14	-
Dec 29, 2022	37.41	37.41	37.41	37.41	35.26	-
Dec 28, 2022	36.81	36.81	36.81	36.81	34.69	-
Dec 27, 2022	37.25	37.25	37.25	37.25	35.11	-
Dec 23, 2022	37.25	37.25	37.25	37.25	35.11	-
Dec 22, 2022	36.99	36.99	36.99	36.99	34.86	-
Dec 21, 2022	37.44	37.44	37.44	37.44	35.28	-
Dec 20, 2022	36.91	36.91	36.91	36.91	34.78	-
Dec 19, 2022			0.32 Dividend			
Dec 19, 2022	36.79	36.79	36.79	36.79	34.67	-
Dec 19, 2022			2.11 Capital Gains			

12/31/22 FMN $2486.31 | $37.29 = 66.675 shares

Quote Lookup

U.S. markets closed

Customize Your Dock

MARKETS

US Europe Asia Rates Commodities

S&P 500	Dow 30	Nasdaq
5,608.25	40,896.53	17,876.77
+54.00 (+0.97%)	+236.73 (+0.58%)	+245.07 (+1.39%)
Russell 20...	**Crude Oil**	**Gold**
2,167.50	74.37	2,541.30
+25.58 (+1.19%)	0.00 (0.00%)	0.00 (0.00%)

RECENTLY VIEWED

JANEX Janus Henderson ...	145.76 +0.30 (+0.21%)
CHTYX Invesco Charter Y	20.20 +0.18 (+0.90%)

MY PORTFOLIOS

JANUS HENDERSON INVESTORS
PO Box 219109
Kansas City, MO 64121-9109

1-800-525-3713

BENEFICIARY'S Name, Street Address (including apt. no.), City, State, and Zip Code

0000014 01 MB 0.571 **AUTO T2 0 8899 01826-430047 -C01-P00014-I

STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

Tax Year 2023

Copy B For Beneficiary | Keep For Your Records

This information is being furnished to the IRS.

Department of the Treasury - Internal Revenue Service

TRUSTEE'S OR ISSUER'S TIN	75-3019319
BENEFICIARY'S TIN	***-**-2258

Form 5498-ESA • Coverdell ESA Contribution Information (OMB No. 1545-1815)

1. Coverdell ESA Contributions	2. Rollover Contributions
Fund Name: **ENTERPRISE FUND D SHARES** Account No.: **50-308156373** Payer's TIN: **84-1202943**	
0.00	12,000.00
SUMMARY	
0.00	12,000.00

Form **5498-ESA** www.irs.gov/form5498esa

8899-01-00-0000014-0001-0000034

Instructions for Beneficiary

The information on Form 5498-ESA is furnished to you by the trustee or issuer of your Coverdell education savings account (CESA) by April 30, 2024. Form 5498-ESA reports contributions and rollover contributions made for you for 2023. For more information about CESAs, see Pub. 970, Tax Benefits for Education.

Beneficiary's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the trustee/issuer assigned to distinguish your account.

Box 1. Shows CESA contributions made in 2023 and through April 15, 2024, for 2023, on your behalf. Do not deduct these amounts on your income tax return.

If the total contributions made to all your CESAs for 2023 exceeded $2,000, you must withdraw the excess, plus earnings, by May 31, 2024, or you may owe a penalty. You must keep track of your CESA basis (contributions and distributions).

Box 2. Shows any rollover (including a direct rollover and contribution of a military death gratuity) you made in 2023. Generally, any amount rolled over from one CESA to another CESA for the benefit of the named beneficiary or a member of the beneficiary's family who is under age 30 (except for a beneficiary with special needs) is not taxable.

Future developments. For the latest information about the developments related to Form 5498-ESA and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form5498esa.

The contributions and rollover contributions for each fund account registered with the same address and taxpayer identification number are stated separately on this form. A summary line is provided for your convenience. To obtain a duplicate copy of your tax form, please log on to janushenderson.com.

8899-01-00-0000014-0001-0000034

JANUS HENDERSON INVESTORS
PO Box 219109
Kansas City, MO 64121-9109

1-800-525-3713

RECIPIENT'S Name, Street Address (including apt. no.), City, State, and Zip Code

0017325 01 AB 0.537 **AUTO T7 0 8881 01826-430047 -C01-P17342-I

STATE ST BANK CUST COVERDELL ESA
SHAILA A CARNEY
47 HERITAGE RD
DRACUT MA 01826-4300

Tax Year 2023

Copy B For Recipient | Keep For Your Records

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

Department of the Treasury - Internal Revenue Service

PAYER'S OR TRUSTEE'S TIN	75-3019319
RECIPIENT'S TIN	***-**-2258

Form 1099-Q • Payments From Qualified Education Programs (Under Sections 529 and 530) (OMB No. 1545-1760)

1. Gross Distribution	2. Earnings	3. Basis	4. Trustee-to-Trustee Transfer	5. Program Type	6. If checked, not the designated beneficiary	Fair Market Value as of 12/31/23
Fund Name: **ENTERPRISE FUND D SHARES**			Account No.: **50-308156373**	Payer's TIN: **84-1202943**		
12,000.00				CESA		1,426.46

I withdrew $14,825.21 from my education account.

I paid $14,834.33 towards my student loan.

Note: If a fair market value is shown above, see Pub. 970, Tax Benefits for Education, for how to figure earnings.
Form **1099-Q**

www.irs.gov/form1099q

8881-01-00-0017325-0001-0019120

Instructions for Recipient of Form 1099-Q

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the payer or trustee has reported your complete TIN to the IRS.

Account Number. May show an account or other unique number the payer has assigned to distinguish your account.

Box 1. Shows the gross distribution (including in-kind distributions) paid to you this year from a Coverdell education savings account (CESA), under section 530. This amount is the total of the amounts shown in box 2 and box 3. See Pub. 970, Tax Benefits for Education, for more information.

Caution: *For CESA distributions (other than earnings on excess contributions) made during the calendar year, the payer/trustee is not required to report amounts in boxes 2 and 3. Instead, the payer/trustee may report the fair market value of the CESA as of December 31 of the calendar year. To figure your earnings and basis, use the* Coverdell ESA-Taxable Distributions and Basis *worksheet in Pub. 970.*

Box 2. Shows the earnings part of the gross distribution shown in box 1. Generally, amounts distributed that are used to pay for qualified education expenses, transferred between trustees, or rolled over to another qualified education program within 60 days are not included in income.

Under a CESA, the amount in box 2 is included in income if there has been a change in the designated beneficiary and the new designated beneficiary is not a family member or is over age 30 (except for beneficiaries with special needs).

Also, an additional 10% tax may apply to part or all of any amount included in income from the CESA. See Form 5329 and your tax return instructions for more information.

If a final (total) distribution is made from your account and you have not recovered your contributions, see Pub. 970 to determine if you have a deductible loss and how to claim it.

Box 3. May show your basis in the gross distribution reported in box 1.

Box 4. This box is checked if a trustee-to-trustee transfer was made from one CESA to another CESA or from CESA to a Qualified Tuition Program, also referred to as a 529 Plan. However, in certain transfers from a CESA, the box will be blank.

Box 5. Shows the gross distribution was from a CESA.

Box 6. The designated beneficiary is the individual named in the document creating the trust or custodial account to receive the benefit of the funds in the account. If you are not the designated beneficiary, see Pub. 970 and the Instructions for Form 1040 and 1040-SR.

Distribution Codes. For the calendar, the payer/trustee may, but is not required to, report distribution codes.

NOTE: Distributions from CESAs, including rollovers, may be taxable. Nontaxable distributions from CESAs are not required to be reported on your income tax return. You must determine the taxability of any distribution. See Pub. 970 and Form 1040 and its separate instructions for more information. Also see Form 5329 and its separate instructions.

Future developments. For the latest information about the developments related to Form 1099-Q and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form1099q.

The gross distributions and earnings for each fund account registered with the same address and TIN are stated separately on this form. To obtain a duplicate copy of your tax form, please log on to janushenderson.com.

8881-01-00-0017325-0001-0019120

Counterflow, LLC
3446 Hancock St
San Diego, CA 92110-4306

SHAILA A. CARNEY
1852 LOCUST ST
SAN DIEGO, CA 92106

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. April 2025) For calendar year 2025	**Nonemployee Compensation**
Counterflow, LLC 3446 Hancock St San Diego, CA 92110-4306 8582802935				
PAYER'S TIN 47-2291854	RECIPIENT'S TIN XXX-XX-2258	**1** Nonemployee compensation $ 2,559.00		**Copy B** **For Recipient** This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
RECIPIENT'S name Shaila A. Carney		**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐		
		3 Excess golden parachute payments $		
Street address (including apt. no.) 1852 Locust St		**4 Federal income tax withheld** $		
City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 92106		**5** State tax withheld $	**6** State/Payer's state no.	**7** State income $
Account number (see instructions)		$		$

Form **1099-NEC** (Rev. 4-2025) (keep for your records) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. April 2025) For calendar year 2025	**Nonemployee Compensation**
Counterflow, LLC 3446 Hancock St San Diego, CA 92110-4306 8582802935				
PAYER'S TIN 47-2291854	RECIPIENT'S TIN XXX-XX-2258	**1** Nonemployee compensation $ 2,559.00		**Copy 2** **To be filed with recipient's state income tax return, when required.**
RECIPIENT'S name Shaila A. Carney		**2** Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐		
		3 Excess golden parachute payments $		
Street address (including apt. no.) 1852 Locust St		**4** Federal income tax withheld $		
City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 92106		**5** State tax withheld $	**6** State/Payer's state no.	**7** State income $
Account number (see instructions)		$		$

Form **1099-NEC** (Rev. 4-2025) www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5–7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/Form1099NEC*.

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

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			OMB No. 1545-0116 Form **1099-NEC** (Rev. April 2025) For calendar year 2025	**Nonemployee Compensation**
Southswell Digital Marketing 7924 Ivanhoe Ave Ste 7 La Jolla CA 92037 US - Phone: 9492790867				
PAYER'S TIN 88-2565590	RECIPIENT'S TIN XXX-XX-2258	1 Nonemployee compensation **$** 5340.00		**Copy B For Recipient**
RECIPIENT'S name, street address(including apt. no.), City or town, state or province, country, and ZIP or foreign postal code Shaila Carney 825 Loring St San Diego CA 92109 US		2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐ 3 Excess golden parachute payments **$** 4 Federal income tax withheld **$**		This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported
Account number (see instructions) XG45EHD3AZ5A		5 State tax withheld **$** **$**	6 State/Payer's state no. CA 882565590	7 State income $ 5340.00 **$**

Form **1099-NEC** (Rev. 4-2025) www.tax1099.com -IRS Approved e File Provider www.irs.gov/Form1099NEC

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee

If you are not an employee but the amount in box 1 is not selfemployment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns

Box 2. If checked, consumer products totaling $5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

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

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC

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

☐ CORRECTED (if checked)

PAYER'S name, address, ZIP/postal code, country & phone no.
1520 HOSPITALITY LLC
DBA: BAR ELLA
1030 GARNET AVENUE
SAN DIEGO CA 92109
(858) 808-2286

OMB No. 1545-0116
Form **1099-NEC**
(Rev. April 2025)
For calendar year
2025

Nonemployee Compensation

PAYER'S TIN	RECIPIENT'S TIN
92-2771948	XXX-XX-2258

1 Nonemployee compensation
$ 1025.00

RECIPIENT'S name, address, ZIP/postal code & country
SHAILA CARNEY
1852 LOCUST STREET
SAN DIEGO CA 92109

2 Payer made direct sales totaling $5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments
$

4 **Federal income tax withheld**
$

Account number (see instructions)

5 State tax withheld	6 State/Payer's state no.	7 State income
$	CA/	$
$		$

Copy B
For Recipient

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

Form **1099-NEC** (Rev. 4-2025) (keep for your records) Department of the Treasury - Internal Revenue Service

Upward Projects Holdings LLC
3443 N Central Ave
North Rotunda
Phoenix, AZ 85012

Direct Deposit Advice

Check Date
January 13, 2026

Voucher Number
271015

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank,	C	***5562	621.77
Total Direct Deposits			**621.77**

83831 136-1000-10005 110443 271015 337983 **I1**
Shaila Ashlyn Carney
825 loring st
San Diego, CA 92109

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

Upward Projects Holdings LLC

Shaila Ashlyn Carney

Earnings Statement

Employee ID	**110443**	Fed Taxable Income	**804.12**	Check Date	**January 13, 2026**	Voucher Number	**271015**
Location	**136-1000-10005**	Fed Filing Status	**S**	Period Beginning	**January 1, 2026**	Net Pay	**621.77**
Hourly	**$17.75**	State Filing Status	**S-0**	Period Ending	**January 7, 2026**	Total Hours Worked	**19.03**

Earnings	Rate	Hours	Amount	YTD
401K Matc		0.00	4.22	4.22
Regular	17.75	19.03	337.78	337.78
Tips on Ch		0.00	483.23	483.23
Gross Earnings		**19.03**	**821.01**	**821.01**

Taxes	Amount	YTD
CA	17.10	17.10
CASDI-E	10.45	10.45
FITW	92.00	92.00
MED	11.90	11.90
SS	50.90	50.90
Taxes	**182.35**	**182.35**

Deductions	Amount	YTD
401K	16.89	16.89
Deductions	**16.89**	**16.89**

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank, NA	C	***5562	621.77
Total Direct Deposits			**621.77**

Time Off	Available to Use	Plan Year Used
CA EPST	37.80	0.00

Upward Projects Holdings LLC
3443 N Central Ave
North Rotunda
Phoenix, AZ 85012

Direct Deposit Advice

Check Date
January 20, 2026

Voucher Number
272819

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank,	C	***5562	621.18
Total Direct Deposits			**621.18**

83831 136-1000-10005 110443 272819 339981 **I1**
Shaila Ashlyn Carney
825 loring st
San Diego, CA 92109

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Upward Projects Holdings LLC

Shaila Ashlyn Carney — **Earnings Statement**

Employee ID	**110443**	Fed Taxable Income	**802.91**	Check Date	**January 20, 2026**	Voucher Number	**272819**
Location	**136-1000-10005**	Fed Filing Status	**S**	Period Beginning	**January 8, 2026**	Net Pay	**621.18**
Hourly	**$17.75**	State Filing Status	**S-0**	Period Ending	**January 14, 2026**	Total Hours Worked	**16.07**

Earnings	Rate	Hours	Amount	YTD
401K Matc		0.00	3.57	7.79
Regular	17.75	16.07	285.24	623.02
Tips on Ch		0.00	531.93	1,015.16
Gross Earnings		**16.07**	**817.17**	**1,638.18**

Taxes	Amount	YTD
CA	17.04	34.14
CASDI-E	10.44	20.89
FITW	91.74	183.74
MED	11.85	23.75
SS	50.66	101.56
Taxes	**181.73**	**364.08**

Deductions	Amount	YTD
401K	14.26	31.15
Deductions	**14.26**	**31.15**

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank, NA	C	***5562	621.18
Total Direct Deposits			**621.18**

Time Off	Available to Use	Plan Year Used
CA EPST	38.33	0.00

Upward Projects Holdings LLC
3443 N Central Ave
North Rotunda
Phoenix, AZ 85012

Direct Deposit Advice

Check Date
January 27, 2026

Voucher Number
274370

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank,	C	***5562	944.94
Total Direct Deposits			**944.94**

83831 136-1000-10005 110443 274370 341725 **I1**
Shaila Ashlyn Carney
825 loring st
San Diego, CA 92109

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Upward Projects Holdings LLC

Shaila Ashlyn Carney

Earnings Statement

Employee ID	**110443**	Fed Taxable Income	**1,327.73**	Check Date	**January 27, 2026**	Voucher Number	**274370**
Location	**136-1000-10005**	Fed Filing Status	**S**	Period Beginning	**January 15, 2026**	Net Pay	**944.94**
Hourly	**$17.75**	State Filing Status	**S-0**	Period Ending	**January 21, 2026**	Total Hours Worked	**26.14**

Earnings	Rate	Hours	Amount	YTD
401K Matc		0.00	5.80	13.59
Regular	17.75	26.14	463.99	1,087.01
Tips on Ch		0.00	886.94	1,902.10
Gross Earnings		**26.14**	**1,350.93**	**2,989.11**

Taxes	Amount	YTD
CA	51.85	85.99
CASDI-E	17.26	38.15
FITW	210.33	394.07
MED	19.59	43.34
SS	83.76	185.32
Taxes	**382.79**	**746.87**

Deductions	Amount	YTD
401K	23.20	54.35
Deductions	**23.20**	**54.35**

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank, NA	C	***5562	944.94
Total Direct Deposits			**944.94**

Time Off	Available to Use	Plan Year Used
CA EPST	39.20	0.00

Upward Projects Holdings LLC
3443 N Central Ave
North Rotunda
Phoenix, AZ 85012

Direct Deposit Advice

Check Date
February 3, 2026

Voucher Number
276147

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank,	C	***5562	637.82
Total Direct Deposits			**637.82**

83831 136-1000-10005 110443 276147 343696 **I1**
Shaila Ashlyn Carney
825 loring st
San Diego, CA 92109

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Upward Projects Holdings LLC

Shaila Ashlyn Carney

Earnings Statement

Employee ID	**110443**	Fed Taxable Income	**829.27**	Check Date	**February 3, 2026**	Voucher Number	**276147**
Location	**136-1000-10005**	Fed Filing Status	**S**	Period Beginning	**January 22, 2026**	Net Pay	**637.82**
Hourly	**$17.75**	State Filing Status	**S-0**	Period Ending	**January 28, 2026**	Total Hours Worked	**21.93**

Earnings	Rate	Hours	Amount	YTD
401K Matc		0.00	4.87	18.46
Regular	17.75	21.93	389.26	1,476.27
Tips on Ch		0.00	459.47	2,361.57
Gross Earnings		**21.93**	**848.73**	**3,837.84**

Taxes	Amount	YTD
CA	18.20	104.19
CASDI-E	10.78	48.93
FITW	97.54	491.61
MED	12.31	55.65
SS	52.62	237.94
Taxes	**191.45**	**938.32**

Deductions	Amount	YTD
401K	19.46	73.81
Deductions	**19.46**	**73.81**

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank, NA	C	***5562	637.82
Total Direct Deposits			**637.82**

Time Off	Available to Use	Plan Year Used
CA EPST	39.93	0.00

Upward Projects Holdings LLC
3443 N Central Ave
North Rotunda
Phoenix, AZ 85012

Direct Deposit Advice

Check Date
February 10, 2026

Voucher Number
277681

DIRECT DEPOSIT VOUCHER

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank,	C	***5562	1,077.12
Total Direct Deposits			**1,077.12**

83831 136-1000-10005 110443 277681 345442 **I1**
Shaila Ashlyn Carney
825 loring st
San Diego, CA 92109

Non Negotiable - This is not a check - Non Negotiable

Non Negotiable - This is not a check - Non Negotiable

Upward Projects Holdings LLC

Shaila Ashlyn Carney — **Earnings Statement**

Employee ID	**110443**	Fed Taxable Income	**1,556.08**	Check Date	**February 10, 2026**	Voucher Number	**277681**
Location	**136-1000-10005**	Fed Filing Status	**S**	Period Beginning	**January 29, 2026**	Net Pay	**1,077.12**
Hourly	**$17.75**	State Filing Status	**S-0**	Period Ending	**February 4, 2026**	Total Hours Worked	**28.33**

Earnings	Rate	Hours	Amount	YTD
401K Matc		0.00	6.29	24.75
Regular	17.75	28.33	502.86	1,979.13
Tips on Ch		0.00	1,078.36	3,439.93
Gross Earnings		**28.33**	**1,581.22**	**5,419.06**

Taxes	Amount	YTD
CA	72.63	176.82
CASDI-E	20.23	69.16
FITW	265.13	756.74
MED	22.93	78.58
SS	98.04	335.98
Taxes	**478.96**	**1,417.28**

Deductions	Amount	YTD
401K	25.14	98.95
Deductions	**25.14**	**98.95**

Direct Deposits	Type	Account	Amount
Jpmorgan Chase Bank, NA	C	***5562	1,077.12
Total Direct Deposits			**1,077.12**

Time Off	Available to Use	Plan Year Used
CA EPST	40.00	0.00

Exhibit 8 - José Paulo da Silva Júnior's Application to Extend/Change Nonimmigrant Status Approval Notice

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
WAC2490055579		I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 03/01/2024	**Priority Date**	**Applicant** DA SILVA JUNIOR, JOSE PAULO
Notice Date 04/02/2024	**Page** 1 of 1	**Beneficiary** DA SILVA JUNIOR, JOSE PAULO

JOSE PAULO DA SILVA JUNIOR
c/o JOSE PAULO JUNIOR
2380 CARDINAL DRIVE APT 11
SAN DIEGO CA 92123

Notice Type: Approval Notice
Class: B2
Valid from 03/03/2024 to 09/02/2024

The above application for extension of temporary stay is approved. The temporary stay of the named applicant(s) is authorized to the date indicated above. An updated Form I-94 is attached.

If the applicant has an authorized representative, this notice has also been mailed to the representative.

Please read the back of this form carefully for more information.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

California Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 30111
Laguna Niguel CA 92607-0111

USCIS Contact Center: www.uscis.gov/contactcenter

PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC2490055579
I-94# 527177898 A3
NAME DA SILVA JUNIOR, JOSE PAULO
CLASS B2
VALID FROM 03/03/2024 **UNTIL** 09/02/2024

APPLICANT
DA SILVA JUNIOR, JOSE PAULO
2380 CARDINAL DRIVE APT 11
SAN DIEGO CA 92123

527177898 A3
Receipt Number WAC2490055579
US Citizenship and Immigration Services

I94 Departure Record
Applicant: DA SILVA JUNIOR, JOSE PAULO

14. Family Name		
DA SILVA JUNIOR		
15. First (Given) Name JOSE PAULO		**16. Date of Birth** 03/08/1995
17. Country of Citizenship BRAZIL		

ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

If this is an approval notice for Form I-102, Application For Initial/ Replacement I-94, save the upper portion of this I-797A, Notice of Action, for your records. If this is an approval notice for Form I-129, Petition for a Nonimmigrant Worker, the petitioner should keep the upper part of this I-797A.

Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other application or petition you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to https://egov.uscis.gov/casestatus to check your case status online.
- Call the USCIS Contact Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD) 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at https://infopass.uscis.gov.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about the decision or status of your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process. For more information about USCIS processing after a petition is approved, see the instructions on the form you filed.

FORM I-94 ATTACHMENT

You can find your replacement Form I-94 (Arrival/Departure Record) in the lower portion on the front side of this notice. Keep the right half of your replacement Form I-94 with your passport, along with a copy of your original I-94 if you have it. Keep the left half of your replacement Form I-94 in a safe place with your personal records. Submit a copy of your replacement Form I-94 with any future application or petition.

When you leave the United States, you must turn in the right half of your I-94 (kept in your passport) to the officials at the airport, border or seaport. If you do not do so, it may delay your entry into the United States in the future. You may stay in the United States only until the date indicated on this form. If you want to remain in the United States past this date, you will need further authorization from USCIS.

If you are a student planning to reenter the United States within 30 days to return to the same school, review the "Instructions to Students" on Page 3 of Form I-20 before surrendering your replacement I-94.

If you lose the right half of your replacement Form I-94 (kept in your passport), submit a copy of the left half of the Form I-94 (that you keep with your personal records), along with a new Form I-102, to apply for a new replacement I-94.

Warning: If you accept employment without our authorization, you may be subject to removal or deportation.

Exhibit 9 - José Paulo da Silva Júnior's Application to Extend/Change Nonimmigrant Status Decision Denial

February 10, 2025

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
California Service Center
2642 MICHELLE DRIVE
TUSTIN, CA 92780

JOSE PAULO DA SILVA JUNIOR
c/o JOSE PAULO JUNIOR
2380 CARDINAL DRIVE APT 11
SAN DIEGO, CA 92123

U.S. Citizenship and Immigration Services

WAC2490158067

Form I-539N, Application to Extend/Change Nonimmigrant Status

DECISION

Applicant(s): JOSE PAULO DA SILVA JUNIOR

On September 18, 2024, you filed a Form I-539, Application to Extend/Change Nonimmigrant Status with U.S. Citizenship and Immigration Services (USCIS).

After careful review and consideration of the entire record, your Form I-539 is denied for the reason(s) discussed below.

Title 8, Code of Federal Regulations (8 CFR), section 103.2(b)(8)(ii)states:

> *Initial Evidence.* If all required initial evidence is not submitted with the benefit request or does not demonstrate eligibility, USCIS in its discretion may deny the benefit request for lack of initial evidence or for ineligibility or request that the missing initial evidence be submitted within a specified period of time as determined by USCIS.

8 CFR 103.2(b)(13)(i) states:

> *Failure to submit evidence or respond to a notice of intent to deny.* If the petitioner or applicant fails to respond to a request for evidence or to a notice of intent to deny by the required Date, the benefit request may be summarily denied as abandoned, denied based on the record, or denied for both reasons. If other requested material necessary to the processing and approval of a case, such as photographs, are not submitted by the required Date, the application may be summarily denied as abandoned.

You were admitted to the United States as a B-2 nonimmigrant visitor for pleasure on September 3, 2023, and were granted an authorized period of stay until March 2, 2024. You have filed two extension of stay requests. Your first extension request under receipt number WAC2490055579 was approved and you were authorized to stay until September 2, 2024. On September 18, 2024, you submitted the instant Form I-539, Application to Extend/Change Nonimmigrant Status, requesting an additional extension of stay.

USCIS reviewed your request for an extension of stay and determined that additional information was

required to establish your eligibility for the requested benefit. On December 19, 2024, USCIS issued you a Request for Evidence (RFE) and you were granted until January 21, 2025 to respond and submit the requested evidence. You did not respond within the allowable period of time.

Therefore, your application is considered abandoned and USCIS denies your request.

A denial due to abandonment may not be appealed. However, there are limited motion rights. You may file a motion to reopen a petition or application denied due to abandonment with evidence that the decision was in error because:

1. The requested evidence was not material to the issue of eligibility;
2. The required initial evidence was submitted with the application or petition, or the request for initial evidence or additional information or appearance was complied with during the allotted period; or
3. The RFE was sent to an address other than that on the application, petition, or notice of representation, or you advised USCIS, in writing, of a change of address or change of representation subsequent to filing and before USCIS' RFE was sent, and the request did not go to the new address.

If you believe this decision to be in error, you may file a motion to reopen on Form I-290B, Notice of Appeal or Motion. You must file your completed Form I-290B within 33 days from this time, along with supporting documentation and the appropriate filing fee to:

USCIS 290B
PO Box 21100
Phoenix, AZ 85036

To obtain the Form I-290B, visit www.uscis.gov/forms. For the latest information on filing location, fee, and other requirements, refer to the Form I-290B instructions; review 8 CFR 103.3 and/or 103.5; call our USCIS Contact Center at 1-800-375-5283; or visit your local USCIS office.

WARNING CONCERNING UNLAWFUL PRESENCE

Please be aware that, under section 212(a)(9)(B) of the Immigration and Nationality Act (INA), an alien who accrues more than 180 days of unlawful presence in the United States, and then departs, and again seeks admission within three or ten years after the departure is inadmissible.

You may remain in your current nonimmigrant status until the expiration date indicated on your Form I-94, Arrival-Departure Record. However, if the date listed on your Form I-94 has already passed, this Notice of Decision may leave you without lawful immigration status and you may be present in the United States in violation of the law.

Sincerely,

John M. Allen
SCOPS Deputy Associate Director of Adjudications