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DETAINED

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT**
7488 Calzada de La Fuente
Otay Mesa, CA 92154

In the Matter of

Manuella Guasti Fernandes

In Bond Proceedings

File No. A 236-718-835

Immigration Judge: N/A

Next Hearing Date: N/A

**RESPONDENT'S MOTION FOR CUSTODY REDETERMINATION AND REQUEST
FOR RELEASE ON RECOGNIZANCE OR, IN THE ALTERNATIVE, BOND**

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Pursuant to section 236(a) of the Immigration and Nationality Act ("INA"), 8 U.S.C. § 1226(a), and 8 C.F.R. §§ 1003.19 and 1236.1, the Respondent, Manuella Guasti Fernandes (“Ms. Guasti Fernandes”), through undersigned counsel, respectfully moves this Court to conduct a custody redetermination hearing in her case at the earliest possible date. Ms. Guasti Fernandes is currently in the custody of the Department of Homeland Security ("DHS") under INA § 236(a) at the Otay Mesa Detention Center, located at 7488 Calzada de la Fuente, San Diego, CA 92154.

This is Respondent's first request for a custody redetermination. No prior bond hearing has been held and no prior custody determination has been made by this Court. Accordingly, the requirement of 8 C.F.R. § 1003.19(e) that a subsequent application be accompanied by a showing of materially changed circumstances does not apply.

Respondent was lawfully inspected and admitted to the United States as a B-2 nonimmigrant. *See* Exhibit 3. She has no criminal history of any kind. *See* Exhibit 9. She is

married to a United States citizen and is the beneficiary of a pending Form I-130 and an applicant for adjustment of status. *See* Exhibits 5-7. She resides with her spouse at a fixed address in San Diego. *See* Exhibit 8. Twenty-five days before she was detained, she appeared voluntarily at a United States Citizenship and Immigration Services ("USCIS") field office for her adjustment-of-status interview, a fact documented in DHS's own records. *See* Exhibit 6. She has never failed to appear for any immigration obligation. *See* Exhibits 5, 6 and 8.

Because **Respondent has amply demonstrated that she is neither a danger to the community nor a flight risk**, Respondent respectfully requests that this Court order her release on conditional parole or, in the alternative, set bond in the statutory minimum amount of \$1,500. *See* INA § 236(a)(2).

I. PROCEDURAL HISTORY AND CUSTODY STATUS

Respondent is a 30-year-old native and citizen of Brazil, born March 4, 1996. *See* Exhibit 3.

On March 10, 2023, the United States Department of State issued Respondent a B1/B2 visitor visa, valid through March 5, 2033. On March 29, 2024, Respondent was inspected and admitted at Los Angeles, California, as a B-2 nonimmigrant visitor. Her Form I-94, Arrival/Departure Record No. 832391423A3, reflects a class of admission of "B2" and an admit-until date of September 27, 2024. *See* Exhibit 3.

On September 26, 2024 (one day before her authorized period of stay expired), Respondent timely filed a Form I-539, Application to Extend/Change Nonimmigrant Status, which USCIS received under Receipt No. WAC2490161624. *See* Exhibit 4. On February 28, 2025, USCIS denied that application.

On November 4, 2025, Respondent married Alina Carrie Grayeske, a United States citizen born in Ridgecrest, California on August 8, 1986, in a ceremony celebrated in San Diego. Upon solemnization, Ms. Grayeske adopted the married name "Alina Carrie Guasti," under which she now appears in USCIS records. *See* Exhibit 7 and 12.

Respondent maintains a fixed and documented residence with her spouse at 4912 Muir Avenue, Apartment 5, San Diego, California 92107. The spouses entered into a twelve-month residential lease for that apartment, as co-tenants, and have resided there together since. *See* Exhibit 8. This common address is also reflected on the marriage certificate. *See* Exhibit 7.

On April 1, 2026, Ms. Grayeske filed a Form I-130, Petition for Alien Relative, on Respondent's behalf (Receipt No. IOE0936280445), and Respondent concurrently filed a Form I-485, Application to Register Permanent Residence or Adjust Status (Receipt No. IOE0936280444). Both remain pending before USCIS. *See* Exhibit 5 and 6.

On April 10, 2026, USCIS directed Respondent to appear for the collection of her biometrics at the Application Support Center in Chula Vista, California, on May 1, 2026. Respondent appeared as directed, and her biometrics were collected and processed on that date. *See* Exhibit 6.

On June 5, 2026, USCIS directed Respondent and her spouse to appear for an interview on the Form I-485 at the San Diego USCIS field office on July 13, 2026, at 12:30 p.m. *See* Exhibit 6.

Respondent and her spouse appeared for that interview as directed. Respondent's attendance is confirmed by DHS's own records: the Request for Evidence subsequently issued by USCIS on the I-130 recites that it was prepared "after thoroughly reviewing your Form I-130, any interview testimony, and the record of evidence," and further describes statements Respondent and her spouse made "during the interview." *See* Exhibit 5.

Despite solid records of respondent's community ties and compliance with immigration history and no indication she represents any danger or intends to fail to comply with immigration proceedings, on August 7, 2026, ICE took Respondent into custody at San Diego International Airport where she was departing on a domestic flight. *See* Exhibit 1. Respondent had not departed from, and did not arrive in, the United States; her travel was entirely domestic and within the United States. A Form I-200, Warrant for Arrest of Alien, was issued the same day. The warrant does not specify any reason for the arrest besides her inadmissibility given she is out

of status. No assessment regarding her flight risk and public danger were made when deciding to take her into custody. *See* Exhibit 1.

Following her arrest, DHS served Respondent with a Notice to Appear (Form I-862) on August 7, 2026, charging her as removable under section 237(a)(1)(B) of the Act, as a nonimmigrant who remained in the United States beyond the period authorized. *See* Exhibit 1. The Notice to Appear was filed with this Court on or about August 7, 2026, and jurisdiction over the removal proceedings vested upon that filing. 8 C.F.R. § 1003.14(a). Respondent has been detained at the Otay Mesa Detention Center since August 7, 2026, and her master calendar hearing is scheduled for August 17, 2026. *See* Exhibit 2. Pleadings have not been taken; Respondent has admitted no factual allegation and conceded no charge, and nothing in this Motion is intended or should be construed as a concession as to removability. The relief requested here concerns custody alone, and the record of these bond proceedings is separate from the record of the removal proceedings. 8 C.F.R. § 1003.19(d); EOIR Policy Manual, Part II (Immigration Court Practice Manual), Ch. 8.3(e)(5).

On August 10, 2026 — three days after Respondent was detained — USCIS issued a Request for Evidence in connection with the Form I-130, requesting additional documentation regarding the bona fides of the marriage. The issuance of the RFE does not indicate that USCIS intends to deny the petition or that the marriage is not bona fide; rather, it simply reflects a preliminary determination that the evidence initially submitted was insufficient to establish the bona fides of the marriage and requests additional submission. The response deadline is November 2, 2026. *See* Exhibit 5. Respondent intends to comply with this timeline and provide all additional evidence to permit a favorable adjudication of the petition. Undersigned counsel is preparing the response and will timely file it.

Respondent has no criminal convictions and no criminal arrests, in the United States or in any other country. A certificate issued by the Federal Police of Brazil on August 10, 2026, following a search of Brazil's National Criminal Information System (SINIC), and by the Civil Police of Paraná, her home state, confirms that Respondent has no criminal record in her country of nationality. *See* Exhibit 9. She has never previously been placed in removal proceedings, has never been ordered removed, and has never been the subject of an in absentia order.

Respondent is detained under INA § 236(a), 8 U.S.C. § 1226(a), and is therefore eligible for a custody redetermination by this Court.

Respondent has been under continuing psychiatric care for an anxiety disorder and has been prescribed desvenlafaxine, 50 mg, two capsules daily, which she took without interruption prior to her detention. Her treating psychiatrist, Dr. Ana Paula Ribeiro Barnabé (CRM 38274-PR; RQE 30680), reports that Respondent has remained on that medication continuously since at least February 2026 and was clinically stable on it. *See* Exhibit 11. Respondent has not received the medication at any point since she was taken into custody on August 7, 2026. That abrupt discontinuation carries a clinically significant risk of withdrawal symptoms, and that continuity of treatment is necessary to maintain Respondent's health and stability.

If released, Respondent will resume care under her spouse's supervision at the marital residence, which will allow her to remain stable and available for all proceedings in this matter.

II. THIS COURT HAS JURISDICTION TO REDETERMINE RESPONDENT'S CUSTODY

A. Respondent Was Inspected and Admitted and Is Detained Under INA § 236(a)

8 C.F.R. § 1003.19(a) provides that custody determinations made by DHS pursuant to 8 C.F.R. part 1236 may be reviewed by an Immigration Judge. Accordingly, The Immigration Judge is authorized to exercise the authority in section 236 of the Act to release the alien and determine the amount of bond, *if any*, for such release. 8 C.F.R. § 1236.1(d)(1).

INA § 236(a), 8 U.S.C. § 1226(a), authorizes the detention of a noncitizen "pending a decision on whether the alien is to be removed from the United States," and expressly permits release on conditional parole or on bond of at least \$1,500. As the Supreme Court has explained, "as long as the detained alien is not covered by § 1226(c), the Attorney General 'may release' the alien on 'bond ... or conditional parole,'" and federal regulations provide that noncitizens

detained under § 1226(a) receive bond hearings at the outset of detention. *Jennings v. Rodriguez*, 583 U.S. 281, [288–89] (2018) (citing 8 C.F.R. §§ 236.1(d)(1), 1236.1(d)(1)).

Conditional parole may also be granted upon a determination by the Attorney General that such release is in the public interest. The Attorney General has delegated this authority to certain designated officials by regulation. 8 C.F.R. § 2287.5(e)(2); *Matter of Patel*, 15 I&N Dec. 666, 666 (BIA 1976). Conditional parole may be identified as release on recognizance. *Cf. Brief for Petitioners at 6, Jennings v. Rodriguez*, 583 U.S. 281 (2018) (No. 15-1204).

Respondent presented herself for inspection at a port of entry and was admitted as a B-2 nonimmigrant on March 29, 2024. Her Form I-94 documents that admission. *See* Exhibit 3. Her detention is therefore governed by INA § 236(a), and this Court has authority to redetermine its conditions. 8 C.F.R. §§ 1003.19, 1236.1. DHS's own charging document confirms as much *See* Exhibit 1. The NTA reflects that Respondent "was admitted to the United States at Los Angeles on or about March 29, 2024, as a nonimmigrant Visitor for Pleasure" and charges her under section 237(a)(1)(B) of the Act — a provision that, by its express terms, reaches only a noncitizen who is removable "after admission as a nonimmigrant." *Id.* DHS has therefore itself determined, in the very document that initiated these proceedings, that Respondent is a person who was admitted and is not an applicant for admission. This fact is undisputed.

B. Respondent Is Not an Applicant for Admission and INA § 235(b) Does Not Apply

The Board's recent decisions limiting bond eligibility have no application here. In *Matter of Q. Li*, 29 I&N Dec. 66 (BIA 2025), the Board held that an applicant for admission arrested while arriving in the United States is detained under INA § 235(b) and is ineligible for release on bond under INA § 236(a). In *Matter of Yajure-Hurtado*, 29 I&N Dec. 216 (BIA 2025), the Board extended that reasoning to noncitizens who are present in the United States without admission.

Neither decision reaches the Respondent. She did not enter without inspection and is not an applicant for admission; she was inspected and admitted, and her Form I-94 so reflects this as does DHS's Notice to Appear. *See* Exhibits 1 and 3. She was not arriving in the United States when apprehended; she was within the interior of the United States, about to travel on a domestic

flight. She is not a person "present in the United States without having been admitted" within the meaning of INA § 235(a)(1). INA § 236(a) governs.

Nor is Respondent an "arriving alien" as that term is defined at 8 C.F.R. § 1001.1(q). The regulatory bar on custody redetermination for arriving aliens, 8 C.F.R. § 1003.19(h)(2)(i)(B), is therefore inapplicable. *See Matter of Q. Li*, 29 I&N Dec. 66 (BIA 2025); *see also Matter of Oseiwusu*, 22 I&N Dec. 19, 20 (BIA 1998).

C. Respondent Is Not Subject to Mandatory Detention Under INA § 236(c)

Respondent has no criminal convictions and no criminal history. She has not been charged under any provision of INA § 236(c), and none of the categories set out at 8 C.F.R. § 1003.19(h)(2)(i) applies to her. *See* Exhibit 1.

D. Venue Is Proper Before This Court

A request for custody redetermination is made, in order of preference, to the Immigration Court having jurisdiction over the place of detention. 8 C.F.R. § 1003.19(c)(1). Respondent is detained at the Otay Mesa Detention Center, which is within this Court's jurisdiction, and this Court also has administrative control over her removal proceedings. *See* Exhibit 2. *See* EOIR Policy Manual, Part II (Immigration Court Practice Manual), Ch. 8.3(c)(3).

III. LEGAL STANDARD

Respondent is detained under INA § 236(a), 8 U.S.C. § 1226(a), which grants discretion to continue detention or to release a noncitizen on bond or conditional parole during the pendency of removal proceedings.

Section 236(a)(2) of the Act affords this Court two distinct means of releasing a noncitizen from custody: release on bond of at least \$1,500, or release on conditional parole — the mechanism by which a noncitizen is released on her own recognizance, without the posting of a monetary bond. INA § 236(a)(2)(A)–(B), 8 U.S.C. § 1226(a)(2)(A)–(B). Conditional parole

under section 236(a)(2)(B) is a distinct statutory procedure, separate from parole under section 212(d)(5)(A) of the Act. *Matter of Castillo-Padilla*, 25 I&N Dec. 257, 258–63 (BIA 2010).

The showing required is the same for either form of release. The respondent must demonstrate that her release "would not pose a danger to property or persons" and that she "is likely to appear for any future proceeding." 8 C.F.R. § 1236.1(c)(8). Section 236(a)(2)(B) imposes no additional requirement, and conditional parole is not conditioned on the "urgent humanitarian reasons or significant public benefit" showing that governs parole under section 212(d)(5)(A) of the Act. *See Matter of Castillo-Padilla*, 25 I&N Dec. at 258–63. Where a respondent satisfies the danger and flight-risk inquiry, release on conditional parole is available to her on the same terms as release on bond.

That reading accords with the Board's longstanding view that a noncitizen "generally is not and **should not be detained or required to post bond** except on a finding that he is a threat to the national security or that he is a poor bail risk". *Matter of Patel*, 15 I&N Dec. 666, 666 (BIA 1976) (emphasis added). *Patel* treats detention and the imposition of a monetary bond as two forms of the same restraint, each requiring the same predicate finding. The Board extended the national security aspect of custody determinations to include the assessment of dangerousness in the general criminal context, accounting for criminal background. *See Matter of Fatahi*, 26 I&N Dec. 791 (BIA 2016); see also *Matter of Andrade*, 19 I&N Dec. 488, 490 (BIA 1987); *Matter of Drysdale*, 20 I&N Dec. 815, 816–18 (BIA 1994).

The Court first determines whether the respondent has established that she is not a danger to the community; only if that showing is made does the Court proceed to assess risk of flight and the amount of bond necessary to secure her appearance. *Matter of Urena*, 25 I&N Dec. 140, 141 (BIA 2009).

An Immigration Judge "has broad discretion in deciding the factors that he or she may consider in custody redeterminations" and "may choose to give greater weight to one factor over others, as long as the decision is reasonable." *Matter of Guerra*, 24 I&N Dec. at 40. The factors that may be considered include: whether the respondent has a fixed address in the United States; her length of residence; her family ties, and whether they may entitle her to reside permanently

in the United States in the future; her employment history; her record of appearance in court; her criminal record; her history of immigration violations; any attempts to flee prosecution or otherwise escape from authorities; and her manner of entry into the United States. *Id.*

IV. ARGUMENT

A. Respondent Is Not a Danger to the Community

There is no evidence that Respondent poses any danger to the safety of persons or property. She has no criminal convictions and no criminal arrests, in the United States or in Brazil, as confirmed by the certificate of the Federal and State Police of Brazil. *See* Exhibit 9. Respondent was unable to obtain her U.S. criminal records due to her current detention. Nevertheless, the record before the Court strongly demonstrates her law-abiding conduct, including through the testimony of multiple witnesses attesting to her lack of a criminal history. *See* Exhibit 10.

DHS has not alleged any conduct on Respondent's part bearing on dangerousness. She has never been accused of violence, of any offense involving controlled substances, of any driving offense, or of any other conduct that has been held relevant to the danger inquiry. *Cf. Matter of Siniauskas*, 27 I&N Dec. 207 (BIA 2018).

Likewise, nothing in the record raises any national security concern, and DHS has made no such allegation. *See Matter of Fatahi*, 26 I&N Dec. at 793–94.

To the contrary, Respondent devotes her time to uncompensated community service. She volunteers with a children's program at a jiu-jitsu academy in the Ocean Beach community of San Diego, where she works with children with autism. That service is described by a witness with direct personal knowledge: the mother of two autistic children attests that Respondent volunteers "helping kids like mine with autism learn how to use their bodies and brains in new ways," and that she does so in a manner that makes challenging classes accessible and enjoyable for the children. *See* Exhibit 10 (Laurel Browning's Letter of Support).

Respondent has therefore carried her burden on the threshold question of dangerousness, and the Court may proceed to consider risk of flight. *Matter of Urena*, 25 I&N Dec. at 141.

B. Respondent Is Not a Flight Risk

Every factor identified in *Matter of Guerra* weighs in Respondent's favor. 24 I&N Dec. at 40.

Record of appearance and engagement with immigration authorities. This is the most probative evidence before the Court. **Three times, the government directed Respondent to appear or to act, and three times she did exactly that:** she filed her Form I-539 before her authorized stay expired, *see* Exhibit 4; she appeared for the collection of her biometrics on May 1, 2026, as directed; and on July 13, 2026 — twenty-five days before she was detained — she voluntarily entered a federal immigration facility at 1325 Front Street in San Diego and presented herself, with her spouse, for her adjustment-of-status interview, *see* Exhibits 5-6. Her appearance at the interview is established not by her own assertion but by DHS's own document: the Request for Evidence confirms the Respondent and her spouse appeared for the interview *See* Exhibit 5. A person who intends to abscond does not walk into a federal immigration office and answer an officer's questions under oath.

Respondent's engagement with the immigration system has been consistent. After her Form I-539 was denied, she did not conceal herself: she and her spouse later affirmatively filed a Form I-130 and Form I-485, placing her name, her address, and her complete immigration history in the government's hands. *See* Exhibits 4-6. She has never failed to appear for any immigration proceeding, interview, or biometrics appointment. She has consistently complied with all requirements of her immigration proceedings and has demonstrated no intent to violate any conditions imposed upon her.

Family ties that may entitle Respondent to reside permanently in the United States. Respondent is married to a United States citizen and is the beneficiary of a pending Form I-130 and an applicant for a concurrently filed Form I-485. *See* Exhibits 5-7. As the spouse of a United States citizen, she is an immediate relative within the meaning of INA § 201(b). Because she was inspected and admitted, she may apply for adjustment of status under INA § 245(a), and the bar at INA § 245(c)(2) for failure to maintain lawful status does not apply to her. *Guerra* directs the

Court to consider whether family ties "may entitle the alien to reside permanently in the United States in the future." 24 I&N Dec. at 40 – this is precisely the case before this Court.

Respondent does not overstate the posture of those applications. USCIS has issued a Request for Evidence on the Form I-130. *See* Exhibit 5. A Request for Evidence is not a denial and is not a Notice of Intent to Deny; USCIS has made no adverse determination. What matters for present purposes is that Respondent's statutory eligibility is intact and that she is under a firm, non-extendable deadline of November 2, 2026 to respond. A respondent facing an unextendable deadline in an active application for lawful permanent residence has every incentive to remain available and engaged, and none to disappear.

Manner of entry. Respondent entered the United States lawfully, presenting herself for inspection at a port of entry on a valid B-2 visa. She did not evade inspection, did not use fraudulent documents, and did not enter surreptitiously. *See* Exhibit 3.

Fixed address and length of residence. Respondent has resided continuously in the United States since March 29, 2024 — more than two years — and lives with her spouse at 4912 Muir Avenue, Apartment 5, San Diego, California 92107. The address appears on their marriage certificate, on utility accounts, on a joint bank account statement addressed to both spouses, and in USCIS's own correspondence to each spouse. *See* Exhibits 7, 8 and 12.

Community ties. Respondent is deeply embedded in the Ocean Beach neighborhood of San Diego, and she has lived there openly. She volunteers, without compensation, with a children's program at a local jiu-jitsu academy that serves children with autism, and she has been present in the ordinary life of the neighborhood — behind the counter of a local coffee shop where she was known to regular customers working as barista, and photographing community events and the people around her. Twelve letters of support are attached as Exhibit 10 submitted by friends, training partners, and family members who have known her for periods ranging from one to more than two years. Their accounts are consistent: Respondent is described as reliable, generous, and deeply invested in the people around her, and every writer states an independent belief that she will comply with her obligations in these proceedings. Beyond those letters, more than one hundred members of Respondent's community have contributed to a fund organized by

her spouse. These are not the ties of a person who would disappear; they are the ties of a person with a great deal to return to. *See* Exhibit 10.

No criminal record and no attempt to flee. Respondent has no criminal record. She has never fled prosecution, never absconded, and never concealed her whereabouts. She was located at an airport, traveling openly under her own name on a domestic flight. *See* Exhibit 9.

Willingness to comply with conditions of release. Respondent is prepared to comply with any conditions this Court or DHS may impose, including reporting requirements, electronic monitoring, travel restrictions, and continued residence at 4912 Muir Avenue, Apartment 5. Her spouse has guaranteed to provide support, supervision and assistance to help ensure her full compliance with any such requirements. *See* Exhibit 12.

Proposed obligor. Respondent's spouse, Alina Carrie Grayeske (of record with USCIS as Alina Carrie Guasti), is a United States citizen by birth and is prepared to serve as obligor and post bond. She understands that she assumes responsibility for ensuring Respondent's appearance and that the bond will be breached and the funds forfeited if Respondent fails to appear. *See* Exhibit 12.

D. Release Without Bond Is Appropriate in This Case

Section 236(a)(2) of the Act affords this Court two means of ordering Respondent's release: bond of at least \$1,500, or conditional parole, meaning release on her own recognizance, without the posting of a monetary bond. INA § 236(a)(2)(A)–(B). The showing required is identical for both, and Respondent has made it: she is not a danger to persons or property, presents no threat to the national security, and is not a flight risk.

The Board has long held that a noncitizen "generally is not and should not be detained **or required to post bond** except on a finding that he is a threat to the national security or that he is a poor bail risk." *Matter of Patel*, 15 I&N Dec. 666, 666 (BIA 1976) (emphasis added). *Patel* treats detention and the imposition of a monetary bond as two forms of the same restraint, each requiring the same predicate finding. Neither predicate is present here. Respondent has no

criminal history of any kind, in the United States or in Brazil. *See* Exhibit 9. DHS has alleged no fact bearing on dangerousness, and has charged a single ground of removability that involves no conduct beyond remaining past an authorized stay. *See* Exhibit 1.

Nor is a monetary bond necessary to secure Respondent's appearance, because the record already establishes that she appears. Three times the government directed her to act, and three times she did: she filed her Form I-539 before her status expired; she appeared for biometrics on May 1, 2026 (Exh. 7); and on July 13, 2026 she walked into a federal immigration office and answered a government officer's questions under oath. *See* Exhibits 4-6. She did all of this while out of custody and while no bond secured her appearance. A bond would purchase nothing that Respondent's own record has not already demonstrated.

What binds Respondent to this district is not money but her deep ties to her community. Her spouse, her home, her closest relationships, and her pending applications for lawful permanent residence are all here, and none of them can be carried anywhere else. Respondent is prepared to accept any condition of supervision this Court or DHS may impose, including reporting requirements, electronic monitoring, travel restrictions, and continued residence at 4912 Muir Avenue, Apartment 5.

Respondent therefore respectfully requests release on conditional parole pursuant to INA § 236(a)(2)(B), subject to such conditions of supervision as the Court deems appropriate.

E. A Reasonable Bond of Not More Than \$1,500 Is Appropriate

Bond is not punitive. Its function is to secure the respondent's appearance at future proceedings. *Matter of Patel*, 15 I&N Dec. at 667. Where a respondent has a United States citizen spouse, pending applications for lawful permanent residence, a fixed shared residence, community ties, no criminal history, and a documented record of appearing when directed, a bond in the statutory minimum amount of \$1,500 is more than sufficient. INA § 236(a)(2)(A).

A bond set beyond the means of Respondent and her proposed obligor would operate as an order of detention while serving no legitimate regulatory purpose. Thus, in the alternative,

Respondent respectfully requests that the Court set bond in the minimum amount permitted by law, subject to any reasonable conditions the Court may impose.

V. CONCLUSION

Respondent entered the United States lawfully on a valid visa. She has no criminal history of any kind. She is married to a United States citizen, lives with her spouse at a fixed address documented in the government's own records, volunteers with children in her community, and has a pending application for lawful permanent residence with a firm deadline she intends to meet. Twenty-five days before ICE detained her, she walked into a federal immigration office and answered a government officer's questions. She has never missed an immigration obligation in her life.

On this record, continued detention is not justified under INA § 236(a). Respondent has established that she is neither a danger to the community nor a flight risk.

WHEREFORE, Respondent respectfully requests that this Court: (1) grant this Motion for Bond Redetermination; (2) schedule a custody redetermination hearing at the earliest available date; (3) upon such hearing, order Respondent released on conditional parole pursuant to INA § 236(a)(2)(B), subject to such conditions of supervision as the Court deems appropriate; (4) in the alternative, set bond in an amount not to exceed \$1,500, or in the minimum amount permitted by law; and (5) grant such other and further relief as the Court deems just and proper.

Respectfully,



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San Diego, CA 92169

Counsel for Respondent

Exhibit list

Exhibits:

Pages:

Exhibit 1 - DHS Documents Issued in Connection with Detention and Removal Proceedings

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Alina Grayeske's 2024 Tax return	125-187
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Alina Grayeske's 2026 Earned Income Tax Credit	234
Alina Grayeske's Bank Statements from 08.22.2025 to 06.22.2026	235-283

Exhibit 1 - DHS Documents Issued in Connection with Detention and Removal Proceedings

File No. _____

Date: 08/07/2026

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that GUASTI FERNANDES, MANUELA is removable from the United States. This determination is based upon:

- ☐ the execution of a charging document to initiate removal proceedings against the subject;
- ☐ the pendency of ongoing removal proceedings against the subject;
- ☐ the failure to establish admissibility subsequent to deferred inspection;
- ☒ biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☒ statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named alien.

JOHN A COSTELLO

Digitally signed by JOHN A
COSTELLO
Date: 2026.08.07 07:06:59 -07'00'

(Signature of Authorized Immigration Officer)

J D08415 COSTELLO - SDDO

(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at SAN DIEGO, CALIFORNIA
(Location)

on GUASTI FERNANDES, MANUELA on August 7, 2026, and the contents of the
(Name of Alien) (Date of Service)

notice were read to him or her in the SPANISH language.
(Language)

ALDO ADAME BONILLAS

Deportation Officer

Name and Signature of Officer

N/A

Name or Number of Interpreter (if applicable)

DEPARTMENT OF HOMELAND SECURITY
NOTICE TO APPEAR

DOB: 03/04/1996

Event No: SND2608000399

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 403256496

FINS: 1334671594

File No: 236 718 835

In the Matter of:

Respondent: MANUELLA GUASTI FERNANDES

currently residing at:

7488 Calzada De La Fuente San Diego, CALIFORNIA 92154

(619) 671-8700

(Number, street, city, state and ZIP code)

(Area code and phone number)

- ☐ You are an arriving alien.
- ☐ You are an alien present in the United States who has not been admitted or paroled.
- ☒ You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of BRAZIL and a citizen of BRAZIL;
3. You were admitted to the United States at Los Angeles on or about March 29, 2024, as a nonimmigrant Visitor for Pleasure with authorization to remain in the United States for a temporary period not to exceed September 27, 2024;
4. You remained in the United States beyond September 27, 2024, without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted, in violation of this Act or any other law of the United States.

- ☐ This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- ☐ Section 235(b)(1) order was vacated pursuant to: ☐ 8CFR 208.30 ☐ 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

7488 CALZADA DE LA FUENTE, SAN DIEGO, CALIFORNIA 92154. OTAY MESA DETENTION CENTER

(Complete Address of Immigration Court, including Room Number, if any)

on August 21, 2026 at 8:00 am
(Date) (Time)

to show why you should not be removed from the United States based on

the charge(s) set forth above.

VUONG PHAM - (A) SDDO

(Signature and Title of Issuing Officer)

Date: August 7, 2026

San Diego, CA

(City and State)

EOIR - 1 of 6

Notice to Respondent

Alien Registration: This Notice to Appear serves as evidence of your alien registration pursuant to INA § 262. If you are 18 years or older, failure to carry this Notice to Appear, or other evidence of alien registration as provided in 8 C.F.R. § 264.1(b), on your person at all times is a criminal offense pursuant to INA § 264(e), for which you may be subject to a criminal penalty of \$5,000 and imprisonment of up to 30 days.

Notification to the Department of Homeland Security (DHS) of Change of Address: All aliens aged 14 years or older, and all parents and legal guardians of aliens under the age of 14, must report a change of address to U.S. Citizenship and Immigration Services, a component of DHS, within 10 days of moving, pursuant to INA § 265(a). Failure to notify DHS of your change of address is a criminal offense pursuant to INA § 266(b), for which you may be subject to a criminal penalty of \$5,000 and imprisonment of up to 30 days. More information is available online at <https://www.uscis.gov/addresschange>. **This obligation is in addition to your obligation to notify the Immigration Court of your change of address.**

Representation: If you choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to INA §§ 240(b)(4)(A) and 292. Unless you request otherwise in writing, no hearing will be scheduled earlier than 10 days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost is provided with this notice.

Conduct of the hearing: At your hearing you will be given the opportunity to admit or deny any or all of the allegations in this Notice to Appear, including that you are inadmissible or deportable. You will be advised by the immigration judge of any relief from removal for which you may appear eligible, including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge. At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross-examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at www.uscis.gov/i-589. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to INA § 208(a)(2)(B).

Notification to the Immigration Court of Change of Address: You are required to notify the Immigration Court, in writing, of your full mailing address and telephone number (if any). You must also immediately notify the Immigration Court whenever you change your address or telephone number during the course of this proceeding by using Form EOIR-33/IC, Change of Address/Contact Information Form. Notices of hearing will be mailed to this address. If you file a Form EOIR-33/IC with the Immigration Court, you must serve a copy on the ICE Office of the Principal Legal Advisor. If you change your address or telephone number during the course of this proceeding and do not submit Form EOIR-33/IC, the Immigration Court shall not be required to provide you with written notice of your hearing. **This obligation is in addition to your obligation to notify DHS of your change of address.**

Failure to Appear: If you fail to attend the hearing at the date, time, and place designated on this notice, or any date, time, or place later directed by the Immigration Court, the immigration judge shall order you removed in your absence upon determining that you were provided written notice and are removable. If you are arrested by ICE after being ordered removed in your absence by the immigration judge pursuant to INA § 240(b)(5), you will be required to pay a minimum fee of \$5,000, adjusted for inflation, or a greater amount as established by the Secretary of Homeland Security.

Mandatory Duty to Depart the United States: If you become subject to a final order of removal as defined in 8 C.F.R. § 1241.1, you must depart the United States within 90 days of the order. If you do not depart, you may be subject to a civil penalty under INA § 274D(a) of \$500 per day, adjusted for inflation, and imprisonment of up to 4 years (or 10 years if you belong to certain specified classes described in INA § 237(a)(1)(E), (2), (3), or (4)). If you are granted voluntary departure, you must comply with the terms of the voluntary departure order. If you fail to voluntarily depart within the time provided, you will be subject to a final order of removal, may be ineligible for certain immigration benefits for a period of 10 years from the date you overstayed the order, and may be subject to a civil penalty from \$1,000 to \$5,000, adjusted for inflation. For additional information, refer to the order granting voluntary departure, as well as INA § 240B(d).

Sensitive Locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in INA § 239(e)(1), such action complied with 8 U.S.C. § 1367.

U.S. Department of Homeland Security

Continuation Page for Form I-213

Alien's Name Guasti Fernandes, Manuella 236 718 835	File Number: 236 718 835 Event No: SND2608000399	Date 08/07/2026

Notice of Rights in Accordance with the Cansino Castellar Settlement Agreement

The Department of Homeland Security has determined you will remain in custody for your removal proceedings.

You have the right to a prompt first appearance before the immigration court. The date of your first appearance will be at least 10 days from now so you can have an opportunity to find an attorney. But you can request an earlier hearing date if you give up your right to that 10-day period by signing where indicated on the NTA form.

At your first appearance, you can request more time to prepare your case or to seek an attorney. You can also ask the court about the process for seeking your release.

"El Departamento de Seguridad Nacional ha determinado que permanecerá bajo custodia durante su proceso de expulsión.

Tiene derecho a una pronta primera comparecencia ante el tribunal de inmigración. La fecha de su primera comparecencia será al menos dentro de 10 días para que pueda tener la oportunidad de encontrar un abogado. Pero puede solicitar una fecha de comparecencia anterior si renuncia a su derecho a ese plazo de 10 días firmando donde se indica en el formulario NTA.

En su primera comparecencia, puede solicitar más tiempo para preparar su caso o para buscar un abogado. También puede preguntar al tribunal sobre el proceso para solicitar su puesta en libertad".

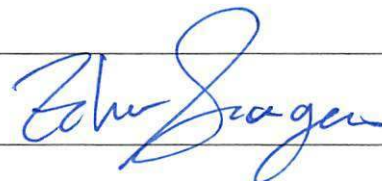
CERTIFICATION OF SERVICE

☒ Notice read by subject.

☐ Notice read to subject by _____, in _____ language.
Name of Officer/Interpreter

Manuella G.
Signature of Subject

08/07/2026
Date

Signature 	Title DEPORTATION OFFICER

1 of 1 Pages

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:


(Signature and Title of Immigration Officer)


(Signature of Respondent)

Date: _____

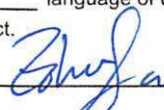
Certificate of Service

This Notice To Appear was served on the respondent by me on August 7, 2026, in the following manner and in compliance with section 239(a)(1) of the Act.

- ☒ in person ☐ by certified mail, returned receipt # _____ requested ☐ by regular mail
☐ Attached is a credible fear worksheet.
☒ Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the English language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.


(Signature of Respondent if Personally Served)

 Z12290 SAGAO - Deportation Officer
(Signature and Title of officer)

Privacy Act Statement

Authority:

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.

Purpose:

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

Routine Uses:

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.

Exhibit 2 - Evidence of Respondent's Current Detention Location



Main Menu

Search Results: 1

MANUELLA GUASTI FERNANDES**Country of Birth :** Brazil**A-Number:** 236718835**Status :** In ICE Custody**State:** CA**Current Detention Facility:** [OTAY MESA DETENTION CENTER](#)** Click on the Detention Facility name to obtain facility contact information*[BACK TO SEARCH >](#)

Related Information

Helpful Info

[Status of a Case](#)[About the Detainee Locator](#)[Brochure](#)[ICE ERO Field Offices](#)[ICE Detention Facilities](#)[Privacy Notice](#)

External Links

[Bureau of Prisons Inmate Locator](#)

Exhibit 3 - Evidence of Lawful Admission

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

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE

PAÍS EMISSOR / ISSUING COUNTRY

P

BRA

SOBRENOME / SURNAME

GUASTI FERNANDES

PASSAPORTE N° / PASSPORT No

GB982081

NOME / GIVEN NAMES

MANUELLA

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

04 MAR/MAR 1996

SEXO / SEX

NATURALIDADE / PLACE OF BIRTH

F

LONDRINA/PR

FILIACÃO / FILIATION

ROSEMARY GUAISTI FERNANDES

ADILSON APARECIDO FERNANDES

IDENTIDADE Nº / PERSONAL Nº

DATA DE EXPEDIÇÃO / DATE OF ISSUE

20 OUT/OCT 2020

VÁLIDO ATÉ / DATE OF EXPIRY

19 OCT/OCT 2030

AUTORIDADE / AUTHORITY

DPF/LDA/PR

P<BRAGUASTI<FERNANDES<<MANUELLA<<<<<<<<<<<<<<
GB982081<5BRA9603046F3010194<<<<<<<<<<<<<<<02

[illegible]

Control Number
20230653020010

Visa Type /Class
R B1/B2

Birth Date	Nationality
04MAR1996	BRZL

Expiration Date
05MAR2033 0100

T1087631

VNUSAGUASTI<FERNANDES<<MANUELLA<<<<<<<<<<<
GB982081<5BRA9603046F3303056B3BRA0SL4T973302

 For: **MANUELLA GUAUSTI FERNANDES**



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: 832391423A3

Arrival/Issued Date: 2024 March 29

Class of Admission: B2

Admit Until Date: 2024 September 27

Details provided on the I-94 Information form:

Last/Surname: GUAUSTI FERNANDES

First (Given) Name: MANUELLA

Birth Date: 1996 March 04

Document Number: GB982081

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: 12/31/2025

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GB982081**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2024-03-29	Arrival	LOS
2	2023-12-06	Departure	HOU
3	2023-07-04	Arrival	FTL



OMB No. 1651-0111 Expiration Date: 08/31/2026

Exhibit 4 - Previous Application to Extend Stay

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



Receipt Number WAC2490161624		Case Type I539 - APPLICATION TO EXTEND/CHANGE NONIMMIGRANT STATUS
Received Date 09/26/2024	Priority Date	Applicant GUASTI FERNANDES, MANUELLA
Notice Date 09/27/2024	Page 1 of 1	Beneficiary GUASTI FERNANDES, MANUELLA
MANUELLA GUASTI FERNANDES c/o VALERIA FREITAS FIORINI 4254 CORONADO AVENUE SAN DIEGO CA 92107		Notice Type: Receipt Notice Amount received: \$470.00 U.S.

This notice confirms that USCIS received your application or petition ("this case") as shown above.

If any of the information in your notice is incorrect or you have any questions about your case, you can connect with the USCIS Contact Center at www.uscis.gov/contactcenter or ask about your case online at www.uscis.gov/e-request. You will need your Alien Registration Number (A-Number) and/or the receipt number shown above.

You can receive updates on your case by visiting www.uscis.gov/casestatus to get the latest status or you can create an account at my.uscis.gov/account and receive email updates for your case.

This notice does not grant any immigration status or benefit, nor is it evidence that this case is still pending. It only shows that the application or petition was receipted on the date shown.

Processing time - Processing times vary by form type.

- Visit www.uscis.gov/processingtimes to see the current processing times by form type and field office or service center.
- If you do not receive an initial decision or update within our current processing time, you can try our online tools available at www.uscis.gov/tools or ask about your case online at www.uscis.gov/e-request.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.

If your address changes - If you move while your case is pending, please visit www.uscis.gov/addresschange for information on how to update your address. Remember to update your address for all your receipt numbers.

Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

NOTICE: The information you provide on and in support of applications and petitions is submitted under the penalty of perjury. 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.

Beneficiary(ies):

Name	DOB	COB	Class
GUASTI FERNANDES, MANUELLA	03/04/1996	BRAZIL	

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
PO Box 30113
Tustin CA 92781

USCIS Contact Center: www.uscis.gov/contactcenter



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

Notice for Customers with Disabilities

To request a disability accommodation:

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

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

Exhibit 5 - Evidence of Pending Family- Based Immigrant Petition (Form I-130)

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

NOTICE TYPE Receipt		NOTICE DATE April 06, 2026	
CASE TYPE I-130, Petition for Alien Relative		USCIS ALIEN NUMBER	
RECEIPT NUMBER IOE0936280445	RECEIVED DATE April 01, 2026	PAGE 1 of 1	
PRIORITY DATE April 01, 2026	PREFERENCE CLASSIFICATION 201 B INA SPOUSE OF USC	DATE OF BIRTH August 08, 1986	
ALINA C. GUASTI 4912 MUIR AVENUE APT 5 SAN DIEGO, CA 92107		36 00011581	
		PAYMENT INFORMATION: Application/Petition Fee: \$675.00 Total Amount Received: \$675.00 Total Balance Due: \$0.00	
			
APPLICANT/PETITIONER NAME AND MAILING ADDRESS			
We have received your form and are currently processing the above case for the following beneficiaries:			
Name	Date of Birth	Country of Birth	Class (If Applicable)
GUASTI FERNANDES, MANUELLA	3/4/1996	BRAZIL	
If this notice contains a priority date, this priority does not reflect earlier retained priority dates. We will notify you separately about any other case you filed.			
If we determine you must submit biometrics, we will mail you a biometrics appointment notice with the time and place of your appointment.			
If you have questions or need to update your personal information listed above, please visit the USCIS Contact Center webpage at uscis.gov/contactcenter to connect with a live USCIS representative in English or Spanish.			
USCIS Office Address: USCIS National Benefits Center P.O. Box 648003 Lee's Summit, MO 64002		USCIS Contact Center Number: (800)375-5283 APPLICANT COPY 	



August 10, 2026

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
P.O. Box 128158
San Diego, CA 92112



U.S. Citizenship
and Immigration
Services

ALINA CARRIE GUASTI
c/o MANUELLA GUASTI FERNANDES
4912 MUIR AVENUE APT 5
SAN DIEGO, CA 92107



IOE0936280445

RE: MANUELLA GUASTI FERNANDES
I-130, Petition for Alien Relative



A236-718-835

REQUEST FOR EVIDENCE

This notice concerns your Form I-130, Petition for Alien Relative, filed with U.S. Citizenship and Immigration Services (USCIS) on April 1, 2026.

After thoroughly reviewing your Form I-130, any interview testimony, and the record of evidence, we have determined that more evidence and/or information is needed to process your case. This notice explains the specific evidence and/or information needed. See the **ATTACHMENT** page(s) for details.

Submitting the requested evidence does not guarantee approval. Please provide all evidence and/or information listed in the attachment as soon as possible, and no later than **November 2, 2026**. Any interim benefits related to your application or petition will be delayed until we receive your response.

You have been given the maximum time allowed to respond. Extensions are not permitted by regulations. For more information, see Title 8, Code of Federal Regulations (8 CFR), sections 103.2(b)(8)(iv) and 335.7.

Avoid Delays

Send all requested evidence by **November 2, 2026**. Late submissions will not be considered. Be sure to include all requested evidence and information in one complete package. If you send only part of the requested evidence, USCIS will review only what you provide. This notice contains your unique number. The original notice must be submitted with the requested evidence. Use the enclosed cover sheet as the first page of your submission. Save copies of all documents you send to USCIS.

Respond by Mail or Through Your MyUSCIS Account—Not Both

If your case receipt number starts with "IOE" (e.g., IOE9988888888), you can upload your documents online. To do this, log in or create an account at <https://myaccount.uscis.gov>. If USCIS requests original documents, you must mail them; do not upload online. Do not send the same documents by both mail and online upload.

If your case receipt number does not start with "IOE" or if you are sending original documents, you must respond by mail. To mail in evidence, send your response with all requested evidence to the address on the cover sheet.

Foreign Language Documents

If submitting a document in a foreign language, provide a full and complete certified English translation of the entire document. This includes translating the registrar's name, information, signature, and any official stamps. The translator must certify that the translation is accurate and that they are qualified to translate from the foreign language into English. Also include a copy of the original foreign language document.

Special Requests

To send a form, fee, or other required item to a different address (such as a Lockbox facility), use the correct address found in the form instructions at www.uscis.gov/forms. Attach a copy of this notice to help identify your case. Include all required documents and payments. Follow any specific instructions for submissions to the designated address. Keep copies of all documents and payments for your records.

Withdrawal Requests

To withdraw a case, send a signed and dated written request to:

**U.S. Citizenship and Immigration Services
San Diego Field Office
P.O. Box 128338
San Diego, CA 92112**

Need Help or Have Questions?

For help with your application or petition, or to access forms and instructions, visit www.uscis.gov. You can also use the following tools:

- **Virtual Assistant Emma:** www.uscis.gov/tools/uscis-tools-and-resources
- **Case Status Online Tool:** <https://egov.uscis.gov>
- **USCIS Contact Center:** www.uscis.gov/contactcenter

If you cannot find the information you need online, call the USCIS Contact Center:

- **General Assistance:** 1-800-375-5283
- **Military Cases:** 1-877-247-4645
- **TTY for Hearing Impaired:** 1-800-767-1833

Sincerely,



Diana Y. Barrios

ATTACHMENT
Request for Evidence
I-130, Petition for Alien Relative
Response Deadline: November 2, 2026

You requested that the beneficiary be classified as the foreign spouse of a U.S. citizen or lawful permanent resident, with a marriage lasting for less than two years at the time of entry, under section 201(b)(2)(A)(i) of the Immigration and Nationality Act (INA). This status (CR1) is conditional, meaning the foreign spouse must later apply to remove these conditions to become a permanent resident without restrictions.

To approve a petition under INA 201(b), the petitioner must prove a bona fide (genuine) spousal relationship with the beneficiary and prove that the petitioner is a U.S. citizen.

Title 8 Code of Federal Regulations (8 CFR) section 204.2(a)(1), **Eligibility**, states in pertinent part: A United States citizen or alien admitted for lawful permanent residence may file a petition on behalf of a spouse. In addition to evidence of United States citizenship or lawful permanent residence, the petitioner must also provide evidence of the claimed relationship.

A petition submitted on behalf of a spouse must be accompanied by a recent ADIT-style photograph of the petitioner, a recent ADIT-style photograph of the beneficiary, a certificate of marriage issued by civil authorities, and proof of the legal termination of all previous marriages of both the petitioner and the beneficiary. However, non-ADIT-style photographs may be accepted by the district director when the petitioner or beneficiary reside(s) in a country where such photographs are unavailable or cost prohibitive.

In visa petition proceedings, it is the petitioner's responsibility to prove eligibility for the requested immigration benefit under the Immigration and Nationality Act (INA). See *Matter of Brantigan*, 11 I&N Dec. 493, 495 (BIA 1966). You must show that the beneficiary qualifies as your spouse.

The beneficiary must be eligible for the benefit at the time the petition is filed. See *Matter of Drigo*, 18 I&N Dec. 223 (BIA 1982). The petitioner must prove eligibility at the time of filing; a petition cannot be approved later based on new facts that arise after filing. See *Matter of Katigbak*, 14 I&N Dec. 45 (Reg. Com. 1971).

You cannot make material changes to a petition after it has been filed to fix deficiencies and meet USCIS requirements. See *Matter of Izumii*, 22 I&N Dec. 169 (BIA 1998). If there are inconsistencies in the record, the petitioner must resolve or explain them with independent, objective evidence. See *Matter of Ho*, 19 I&N Dec. 582 (BIA 1988).

Evidence of a Genuine ("Bona Fide") Marriage

To continue processing your application or petition, please submit evidence showing that the marriage between ALINA CARRIE GUASTI and MANUELLA GUASTI FERNANDES is or was genuine ("bona fide") and entered into in good faith. This means the marriage was for building a life together, not just for immigration benefits.

For a Current Marriage



Submit evidence of a shared life together from November 4, 2025 to the present.

Examples of Acceptable Evidence

Shared Finances

- Joint tax returns;
- Joint bank accounts (include account information and a bank letter stating when accounts were opened and names added);
- Joint credit card statements;
- Joint loans or insurance policies; and
- Mortgage or lease agreements in both names.

Shared Residence

- Mail sent to both spouses at the same address;
- Joint utility bills (telephone, gas, electric, water);
- Documents showing joint ownership of property/assets (home, boat, automobile, business);
- Insurance policies listing one spouse as the dependent of the other; and
- Driver's licenses showing the same address.

Children

- Birth certificates listing both parents;
- Adoption certificates; and
- School or medical records listing one spouse as an emergency contact for the other's children.

Relationship History

- Photos of the couple with friends and family;
- Travel itineraries showing trips taken together;
- Wedding photos; and
- Cards, letters, and messages exchanged between spouses.

Other Evidence

- Joint memberships (gym, club);
- Joint pet ownership records;
- Evidence of gifts purchased for each other; and
- Affidavits.

Affidavits

If you choose to submit affidavits as evidence, please note that affidavits will only be given minimal weight unless they are supported by other independent and objective evidence that confirms the statements made by the affiants. Each affidavit must:

- Be sworn or affirmed under penalty of perjury;
- Be provided by individual(s) with personal knowledge of the event;
- Each affidavit must include:
 - The full name and address of the affiant;
 - The date and place of birth of the affiant;
 - The relationship between the affiant and the parties to this petition;

- Full information about the event (e.g., date and place of marriage, divorce, death, etc.);
- Complete details on how the affiant knows about the event; and
- Be supported by documentary evidence.

Affidavits from you or the beneficiary are not acceptable. Each person providing an affidavit must submit their own, individually signed statement. We will not accept a single affidavit signed by multiple individuals. The person providing the affidavit may be required to testify before an immigration officer.

Additional Evidence

During the interview, you stated that you each pay half the rent from separate bank accounts, that you pay the electric bill, and that the beneficiary reimburses you for utilities via Zelle. Submit proof of rental payments, all individual bank statements for you and the beneficiary, and Zelle utility payments from the start of your shared residence to the present. You also stated that you have traveled together. Submit evidence of joint travel, such as hotel reservations, flight tickets, boarding passes, or similar documentation.



COVERSHEET
RETURN INFORMATION AND SUPPORTING EVIDENCE
WITH THIS PAGE ON TOP TO:

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

San Diego Field Office
ATTN: RFE/NOID/NOIR/NOIT
P.O. Box 128338
San Diego, CA 92112

"IOE" Case Receipt Responses May be Uploaded to <https://myaccount.uscis.gov>
See the Notice Instructions for Details.

Check the appropriate box to indicate if there is a new Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or any additional forms included.

Place the new Form G-28 and any additional forms directly beneath this sheet in your submission.

Yes, there is:

☐

A New G-28

☐

Other:

☐

Additional Forms

☐

DO NOT SEND ANY FEES TO THIS ADDRESS

(Select appropriate check box)

☐

Applicant/Beneficiary

☐

Petitioner

REQUEST FOR EVIDENCE

I-130 Petition for Alien Relative



IOE0936280445



A236-718-835

GUASTI FERNANDES, MANUELLA
GUASTI, ALINA

Exhibit 6 - Evidence of Pending Adjustment of Status Application

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



WT

REQUEST FOR APPLICANT TO APPEAR FOR INITIAL INTERVIEW			Notice Date June 05, 2026
Case Type(s) FORM I485, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS			A# A236 718 835
Receipt Number IOE0936280444	Received Date April 01, 2026	Priority Date	Page 1 of 2
MANUELLA GUASTI FERNANDES c/o ALINA CARRIE GUASTI 4912 MUIR AVENUE APT 5 SAN DIEGO CA 92107		A Number Receipt Number 	
Failure to appear for the scheduled appointment without prior notification and without good cause may result in the denial of your application. (8 CFR 103.2) You are notified to appear before a USCIS officer regarding the application identified above at the date, time, and place indicated above. Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time. The proceeding can take about two hours. If you cannot keep this appointment, call the U.S. Citizenship and Immigration Services (USCIS) Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) as soon as possible to reschedule your appointment. Who should come with you: - If your eligibility is based on your marriage, your husband or wife must come with you to the interview. - If you do not speak English fluently, you should bring an interpreter. - Your attorney or authorized representative may come with you to the interview. - If your eligibility is based on a parent/son or daughter relationship and the son or daughter is a minor, the petitioning parent and the son or daughter must appear for the interview. YOU MUST BRING THE FOLLOWING ITEMS WITH YOU: (Please use as a checklist to prepare for your interview) - This Interview Notice and your Government issued photo identification. OK - If required, a completed Form I-693, Report of Medical Examination and Vaccination Record, and/or vaccination supplement in a sealed envelope OK (unless already submitted). Please see the Form I-693 Instructions for guidance on whether you need a complete medical examination, an updated vaccine supplement only, or neither. - If required, a completed Form I-864, Affidavit(s) of Support, with all required evidence (unless already submitted). Please see the Form I-864 Instructions for guidance on whether you need a Form I-864. Required evidence for each of your sponsors includes, but is not limited to, the following: - Federal Income Tax returns and W-2's, or certified IRS printouts, for the most recent tax year. - Letters from each current employer, verifying current rate of pay and average weekly hours, and pay stubs for the past 2 months; - Evidence of your sponsor's and/or co-sponsor's United States Citizenship or Lawful Permanent Resident status. → PASSPORTS - All documentation establishing your eligibility for Lawful Permanent Resident status. This includes, but is not limited to, proof of status as an asylee, refugee, or a fiancé(e) nonimmigrant. - Any immigration-related documentation ever issued to you, including any Form I-766, Employment Authorization Document (EAD); Form I-512, Authorization for Advance Parole; and Form I-571, Refugee Travel Document. - All travel documents used to enter the United States, including Passports; Form I-512, Authorization for Advance Parole; Form I-571 Refugee Travel Document; and Form I-94, Arrival/Departure Record. - Your Birth Certificate. - If your Form I-485 is based on a petition filed by a family member, your petitioner's Birth Certificate and your petitioner's evidence of United States Citizenship or Lawful Permanent Resident Status. - If you have children, bring a Birth Certificate for each of them. - If your eligibility is based on your marriage, in addition to your husband or wife coming to the interview with you, bring: - A certified copy of your Marriage Document issued by the appropriate civil authority; OK - Your husband or wife's Birth Certificate; OK - Your husband or wife's evidence of United States Citizenship or Lawful Permanent Resident status; OK - If either you or your husband or wife were ever married before, all divorce decrees/death certificates for each prior marriage; - Birth Certificates for all children of this marriage, and custody papers for your children and for your husband or wife's children not living with you; - Supporting evidence of your relationship, such as copies of any documentation regarding joint assets or liabilities you and your husband or wife may have together. This may include: tax returns, bank statements, insurance documents (car, life, health), property documents (car,			
PLEASE COME TO: U.S. Citizenship and Immigration Services 1325 FRONT STREET SAN DIEGO, CA 92101		ON: Monday, July 13, 2026 AT: 12:30PM	
1			

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

Notice for Customers with Disabilities

To request a disability accommodation:

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

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

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.



REQUEST FOR APPLICANT TO APPEAR FOR INITIAL INTERVIEW			Notice Date June 05, 2026
Case Type(s) FORM I485, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS			A# A236 718 835
Receipt Number IOE0936280444	Received Date April 01, 2026	Priority Date	Page 2 of 2
house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship. • The originals and copies of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records. • If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. • A certified English translation for each foreign language document. The translator must certify they are fluent in both languages, and that the translation in its entirety is complete and accurate. NOTE: For asylee and refugee Form I-485 applicants, we do not require some of the items listed above. Please refer to the Form I-485 Instructions for detailed guidance. For asylee and refugee Form I-485 applicants, your husband or wife does not need to come to the interview. Additionally, for arrests and criminal records, asylee and refugee applicants are only required to provide records for arrests that occurred in the United States. To request a disability accommodation, go to www.uscis.gov/accommodations or call the USCIS Contact Center at as soon as possible, even if you indicated on your application that you require an accommodation. For questions about your application, you can use our many online tools (uscis.gov/tools) including our virtual assistant, Emma. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center by visiting uscis.gov/contactcenter.			
PLEASE COME TO: U.S. Citizenship and Immigration Services 1325 FRONT STREET SAN DIEGO, CA 92101			ON: Monday, July 13, 2026 AT: 12:30PM
2			

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

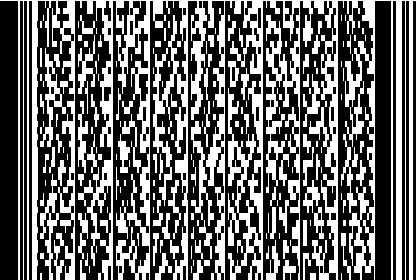
Notice for Customers with Disabilities

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

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



ASC Appointment Notice		CASE TYPE I485 - APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS	NOTICE DATE 04/10/2026
APPLICATION/PETITION/REQUEST NUMBER IOE0936280444		USCIS A# A236 718 835	CODE 3
ACCOUNT NUMBER 025898800450	TCR	SERVICE CENTER NBC	PAGE 1 of 2
MANUELLA GUASTI FERNANDES c/o ALINA CARRIE GUASTI 4912 MUIR AVENUE APT 5 SAN DIEGO CA 92107			
READ THIS ENTIRE NOTICE CAREFULLY. To process your application, petition, or request, U.S. Citizenship and Immigration Services (USCIS) must collect your biometrics. Please appear at the Application Support Center (ASC) at the date and time specified. TO REQUEST THAT USCIS RESCHEDULE YOUR APPOINTMENT, SEE THE INSTRUCTIONS AT THE BOTTOM OF THIS NOTICE. IF YOU FAIL TO APPEAR AS SCHEDULED, USCIS WILL CONSIDER YOUR BENEFIT REQUEST ABANDONED AND IT MAY BE DENIED.			
APPLICATION SUPPORT CENTER USCIS SAN DIEGO 1655 Broadway Suite 22 Chula Vista CA 91911		DATE AND TIME OF APPOINTMENT 05/01/2026 10:00AM	
WHEN YOU APPEAR AT THE ASC FOR BIOMETRICS SUBMISSION, YOU MUST BRING: THIS APPOINTMENT NOTICE. If you received multiple ASC notices, bring <u>all</u> notices to your first appointment, and PHOTO IDENTIFICATION. You must bring a valid government-issued photo identification. If the name on your identification is different than the name on your ASC notice, bring supporting documents. If you filed an Application for Naturalization (Form N-400) or Application to Replace Permanent Resident Card (Form I-90), you must bring your Permanent Resident Card (also known as a Green Card). If you are sick, do not visit a USCIS office, follow the instructions on this notice to reschedule your appointment. If you have injuries that may interfere with your biometrics submission, USCIS may reschedule your appointment. Cell phones or electronic devices must be turned off during biometrics submission. No one may photograph or record at an ASC. For more information regarding your ASC appointment, visit https://www.uscis.gov/forms/filing-guidance/preparing-for-your-biometric-services-appointment. NOTE: If an ASC closes due to weather or other reasons, USCIS will automatically reschedule your appointment for the next available date and time and you will receive a new ASC appointment notice. For the latest information on the status of an office, visit https://www.uscis.gov/about-us/uscis-office-closings. Please check this page on the day of your appointment. You must update your address if you move. For instructions, visit https://www.uscis.gov/addresschange. USCIS may use your biometrics to check the criminal history records of the FBI, for identity verification, to determine eligibility, to create immigration documents (e.g., Green Card, Employment Authorization Document, etc.), or for any purpose authorized by the Immigration and Nationality Act. You may obtain a copy of your FBI record using the procedures outlined in 28 C.F.R. 16.32. Visit: https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/identity-history-summary-checks for more information. For Privacy Act information, please visit https://www.fbi.gov/how-we-can-help-you/more-fbi-services-and-information/compact-council/privacy-act-statement. If you cannot attend your scheduled appointment, you may request to reschedule at https://my.uscis.gov/accounts/biometrics/overview or by calling the USCIS Contact Center at 1-800-375-5283 (TTY 800-767-1833). You must make your request before the date and time of the original appointment, and you must establish good cause for rescheduling. If you fail to make a request before your scheduled appointment or fail to establish good cause, and you do not appear at your appointment, USCIS may consider your application, petition, or request abandoned and, as a result, it may be denied. For more information about rescheduling, see https://www.uscis.gov/forms/filing-guidance/preparing-for-your-biometric-services-appointment. If you cannot leave your home/hospital due to a serious ongoing medical condition, you may request a mobile biometrics appointment by following the instructions on the back of this notice under "Notice for People with Disabilities," or by visiting uscis.gov/accommodations.			
If you have any questions regarding this notice, please contact the USCIS Contact Center at 1-800-375-5283.			



Important Information for Your Biometric Services Appointment

- You must have a scheduled biometric services appointment before arriving at an Application Support Center (ASC). You must bring your printed ASC appointment notice (Form I-797C). Your notice has specific instructions on what you should bring to your ASC appointment including valid photo identification such as your Permanent Resident Card ("Green Card"), passport, or driver's license) and the completed Applicant Information Worksheet (AIW) below.
- Only those necessary to assist you with transportation or your appointment should accompany you to the ASC. This includes attorneys and interpreters.
- Family groups may appear together, even if they are scheduled for a different day.
- Military members may appear at an ASC during normal operating hours without an appointment.
- If you arrive more than 15 minutes before your appointment, you may be asked to wait to be processed.
- On the day of your appointment, please check for office closures or delays here: www.uscis.gov/about-us/uscis-office-closings
- ASCs do not provide information services or case services relating to the status of applications, petitions, or requests. To track the status of an immigration application, petition, or request, visit: <https://egov.uscis.gov/>

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to

Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

APPLICANT'S INFORMATION WORKSHEET (AIW)

NAME:

FIRST	MIDDLE	LAST

LIST ANY OTHER NAMES USED (MAIDEN NAME, PREVIOUS MARRIAGE, ALIAS, ETC.):

1)

FIRST	MIDDLE	LAST

2)

FIRST	MIDDLE	LAST

DATE OF BIRTH (MM/DD/YY)

COUNTRY OF BIRTH

COUNTRY OF CITIZENSHIP

SEX: (CHECK ONE)

- ☐ MALE
☐ FEMALE

RACE: (CHECK ONE)

- ☐ ASIAN
☐ BLACK
☐ CAUCASIAN/LATINO

- ☐ NATIVE AMERICAN
☐ UNKNOWN

EYE COLOR: (CHECK ONE)

- ☐ BLACK
☐ BLUE
☐ BROWN
☐ GRAY
☐ GREEN

☐ HAZEL

☐ MAROON

☐ MULTICOLOR

☐ PINK

☐ UNKNOWN

HAIR COLOR: (CHECK ONE)

☐ BALD

☐ BLACK

☐ BLOND OR STRAWBERRY

☐ BLUE

☐ BROWN

☐ GRAY

☐ GREEN

☐ ORANGE

☐ PINK

☐ PURPLE

☐ RED OR AUBURN

☐ SANDY

☐ WHITE

☐ UNKNOWN

HEIGHT:

OR

WEIGHT:

OR

FEET/INCHES

CENTIMETERS

POUNDS

KILOGRAMS

When you provide your digital signature, you will be attesting to the following:

I declare under penalty of perjury that I have reviewed and understand the document(s) identified by the receipt number displayed on the screen above, and that all the information in these materials is complete, true, and correct. This includes any:

- application, petition, or request that I submitted;
- application, petition, or request that I provided on behalf of my derivative beneficiary;
- application, petition, or request that was submitted on my behalf; and
- supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, or that was filed on my behalf.

RETURN "AIW" TO APPLICANT

AIW: REVISED 14 APR 2025



REQUEST FOR APPLICANT TO APPEAR FOR INITIAL INTERVIEW			Notice Date June 05, 2026
Case Type(s) FORM I485, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS			A# A236 718 835
Receipt Number IOE0936280444	Received Date April 01, 2026	Priority Date	Page 1 of 2
MANUELLA GUASTI FERNANDES c/o ALINA CARRIE GUASTI 4912 MUIR AVENUE APT 5 SAN DIEGO CA 92107		A Number  Receipt Number 	
Failure to appear for the scheduled appointment without prior notification and without good cause may result in the denial of your application. (8 CFR 103.2) You are notified to appear before a USCIS officer regarding the application identified above at the date, time, and place indicated above. Waiting room capacity is limited. Please do not arrive any earlier than 30 minutes before your scheduled appointment time. The proceeding can take about two hours. If you cannot keep this appointment, call the U.S. Citizenship and Immigration Services (USCIS) Contact Center at 1-800-375-5283 (TTY 1-800-767-1833) as soon as possible to reschedule your appointment. <u>Who should come with you:</u> • If your eligibility is based on your marriage, your husband or wife must come with you to the interview. • If you do not speak English fluently, you should bring an interpreter. • Your attorney or authorized representative may come with you to the interview. • If your eligibility is based on a parent/son or daughter relationship and the son or daughter is a minor, the petitioning parent and the son or daughter must appear for the interview. <u>YOU MUST BRING THE FOLLOWING ITEMS WITH YOU:</u> (Please use as a checklist to prepare for your interview) • This Interview Notice and your Government issued photo identification. • If required, a completed Form I-693, Report of Medical Examination and Vaccination Record, and/or vaccination supplement in a sealed envelope (unless already submitted). Please see the Form I-693 Instructions for guidance on whether you need a complete medical examination, an updated vaccine supplement only, or neither. • If required, a completed Form I-864, Affidavit(s) of Support, with all required evidence (unless already submitted). Please see the Form I-864 Instructions for guidance on whether you need a Form I-864. Required evidence for each of your sponsors includes, but is not limited to, the following: • Federal Income Tax returns and W-2's, or certified IRS printouts, for the most recent tax year; • Letters from each current employer, verifying current rate of pay and average weekly hours, and pay stubs for the past 2 months; • Evidence of your sponsor's and/or co-sponsor's United States Citizenship or Lawful Permanent Resident status. • All documentation establishing your eligibility for Lawful Permanent Resident status. This includes, but is not limited to, proof of status as an asylee, refugee, or a fiancé(e) nonimmigrant. • Any immigration-related documentation ever issued to you, including any Form I-766, Employment Authorization Document (EAD); Form I-512, Authorization for Advance Parole; and Form I-571, Refugee Travel Document. • All travel documents used to enter the United States, including Passports; Form I-512, Authorization for Advance Parole; Form I-571 Refugee Travel Document; and Form I-94, Arrival/Departure Record. • Your Birth Certificate. • If your Form I-485 is based on a petition filed by a family member, your petitioner's Birth Certificate and your petitioner's evidence of United States Citizenship or Lawful Permanent Resident Status. • If you have children, bring a Birth Certificate for each of them. • If your eligibility is based on your marriage, in addition to your husband or wife coming to the interview with you, bring: • A certified copy of your Marriage Document issued by the appropriate civil authority; • Your husband or wife's Birth Certificate; • Your husband or wife's evidence of United States Citizenship or Lawful Permanent Resident status; • If either you or your husband or wife were ever married before, all divorce decrees/death certificates for each prior marriage; • Birth Certificates for all children of this marriage, and custody papers for your children and for your husband or wife's children not living with you; • Supporting evidence of your relationship, such as copies of any documentation regarding joint assets or liabilities you and your husband or wife may have together. This may include: tax returns, bank statements, insurance documents (car, life, health), property documents (car,			
PLEASE COME TO: U.S. Citizenship and Immigration Services 1325 FRONT STREET SAN DIEGO, CA 92101		ON: Monday, July 13, 2026 AT: 12:30PM	
1			



REQUEST FOR APPLICANT TO APPEAR FOR INITIAL INTERVIEW			Notice Date June 05, 2026
Case Type(s) FORM I485, APPLICATION TO REGISTER PERMANENT RESIDENCE OR ADJUST STATUS			A# A236 718 835
Receipt Number IOE0936280444	Received Date April 01, 2026	Priority Date	Page 2 of 2
house, etc.), rental agreements, utility bills, credit cards, contracts, leases, photos, correspondence and/or any other documents you feel may substantiate your relationship. • The originals and copies of each supporting document that you submitted with your application. Otherwise, we may keep your originals for our records. • If you have ever been arrested, bring the related Police Report and the original or certified Final Court Disposition for each arrest, even if the charges have been dismissed or expunged. If no court record is available, bring a letter from the court with jurisdiction indicating this. • A certified English translation for each foreign language document. The translator must certify they are fluent in both languages, and that the translation in its entirety is complete and accurate. NOTE: For asylee and refugee Form I-485 applicants, we do not require some of the items listed above. Please refer to the Form I-485 Instructions for detailed guidance. For asylee and refugee Form I-485 applicants, your husband or wife does not need to come to the interview. Additionally, for arrests and criminal records, asylee and refugee applicants are only required to provide records for arrests that occurred in the United States. To request a disability accommodation, go to www.uscis.gov/accommodations or call the USCIS Contact Center at as soon as possible, even if you indicated on your application that you require an accommodation. For questions about your application, you can use our many online tools (uscis.gov/tools) including our virtual assistant, Emma. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center by visiting uscis.gov/contactcenter.			
PLEASE COME TO: U.S. Citizenship and Immigration Services 1325 FRONT STREET SAN DIEGO, CA 92101		ON: Monday, July 13, 2026 AT: 12:30PM	
2			

Exhibit 7 - Evidence of Family Ties

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

4202537018161

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER		
☐ Groom ☒ Bride FIRST PERSON DATA	1A FIRST NAME MANUELLA	1B MIDDLE -	1C CURRENT LAST GUASTI FERNANDES	
	2 DATE OF BIRTH (MM/DD/CCYY) 03/04/1996	3 STATE/COUNTRY OF BIRTH BRAZIL	4 #PREV. MARRIAGES/SRDP 00	
	5A LAST MARRIAGE/SRDP ENDED BY ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ NA	5B DATE ENDED (MM/DD/CCYY) -		
	6 ADDRESS 4912 MUIR AVE #5	7 CITY SAN DIEGO	8 STATE/COUNTRY CA	
	9 ZIP CODE 92107		10A FULL BIRTH NAME OF FATHER/PARENT ADILSON APARECIDO FERNANDES	
	10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		11A FULL BIRTH NAME OF MOTHER/PARENT ROSEMARY COPPO GUASTI	
	11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		12A FIRST NAME ALINA	
	12B MIDDLE CARRIE		12C CURRENT LAST CRAYESKE	
	12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) POULTON		13 DATE OF BIRTH (MM/DD/CCYY) 08/08/1986	
	14 STATE/COUNTRY OF BIRTH CA		15 #PREV. MARRIAGES/SRDP 01	
☐ Groom ☒ Bride SECOND PERSON DATA	16A LAST MARRIAGE/SRDP ENDED BY ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ NA	16B DATE ENDED (MM/DD/CCYY) 04/08/2016		
	17 ADDRESS 4912 MUIR AVE #5	18 CITY SAN DIEGO	19 STATE/COUNTRY CA	
	20 ZIP CODE 92107		21A FULL BIRTH NAME OF FATHER/PARENT WILLIAM ROBERT POULTON III	
	21B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) CA		22A FULL BIRTH NAME OF MOTHER/PARENT DONNA LOUIS HOWELL	
	22B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) AZ		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 <i>[Signature]</i>		24 SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>[Signature]</i>	
	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 428. 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) 11/04/2025	25B EXPIRES AFTER (MM/DD/CCYY) 02/02/2026	25C NAME OF COUNTY CLERK JORDAN Z. MARKS	25D SIGNATURE OF CLERK OR DEPUTY CLERK By <i>[Signature]</i> TIFFANI HOOD
	25E MARRIAGE LICENSE NUMBER 2025-021305	25F COUNTY OF ISSUE SAN DIEGO	25G RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS) San Diego County Clerk, 1600 Pacific Hwy Ste 273, San Diego, CA 92101-2422	
	26A SIGNATURE OF WITNESS <i>[Signature]</i>		26B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) ANDRES CERVANTES	
26C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 4912 MUIR AVE #5, SAN DIEGO, CA 92107		27A SIGNATURE OF WITNESS <i>[Signature]</i>		
27B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)		27C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE		
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) 11/04/2025		28B CITY/TOWN OF MARRIAGE SAN DIEGO	28C COUNTY OF MARRIAGE SAN DIEGO	
28A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE <i>[Signature]</i>		28B RELIGIOUS DENOMINATION (IF CLERGY) -		
29C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY) Elia Clarke		29D OFFICIAL TITLE DEPUTY MARRIAGE COMMISSIONER		
29E ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE 1600 PACIFIC HWY STE 260, SAN DIEGO, CA 92101				
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 ALINA	31B MIDDLE CARRIE	31C LAST GUASTI		
32A NAME OF LOCAL REGISTRAR JORDAN Z. MARKS, Recorder/County Clerk	32B SIGNATURE OF CLERK OR DEPUTY CLERK By <i>[Signature]</i>	32C DATE ACCEPTED FOR REGISTRATION NOV 05 2025		

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (3/01/2019)

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

[Signature]
JORDAN Z. MARKS
Assessor/Recorder/County Clerk

Dec 03, 2025

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



006041675

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



Personal Statement of Alina Grayeske in Support of the Release of My Wife, Manuella Guasti Fernandes

A# 236718835

August 10, 2026

To Whom It May Concern:

My name is Alina Grayeske, and I am the wife of Manuella Guasti Fernandes. I am writing this statement in support of my wife and respectfully asking that she be released from detention while her immigration case continues. I want to share who Manuella is, the story of our relationship, the life we have built together, and the home and community that are waiting for her return.

Manuella and I met at a coffee shop where she was my barista. I was attracted to her immediately but was too shy to ask her out, so every time I saw her, I would find a reason to give her a compliment. Eventually, she asked for my social media. Later that day, I went through and liked all of her photos, which apparently made my feelings pretty obvious, because she finally asked me out.

Our first date was February 28, 2025. We went for drinks at a local bar called Tony's, where they serve chocolate espresso martinis. I quickly learned that Manuella had the same sweet tooth I did. What started with something as simple as that turned into us realizing how much we had in common. We talked about our life experiences, our beliefs, our goals, and our shared love for martial arts. Manuella has dedicated approximately fourteen years of her life to Muay Thai and earned her black belt, and at the time I was a purple belt in Brazilian Jiu-Jitsu.

After that first date, we wanted to spend as much time together as we possibly could.

There was something about our connection that I had never experienced before. I wasn't only attracted to her; I felt like our souls connected in a way I had never felt with another person. Within about a month, I knew that I wanted to be with Manuella and only her. As our relationship grew, our lives naturally began to merge.

Manuella is one of the most caring, intelligent, empathetic, resilient, and dedicated people I have ever known. Her fourteen years of commitment to martial arts is just one example of her dedication. What I admire even more is how she treats people. Her friends and family are incredibly important to her. She has a bond with her family that I have always admired, and I now feel incredibly fortunate to be part of that family myself. She is kind to the people she meets and deeply loving and loyal to those closest to her.

In September 2025, we moved in together. Living together only confirmed what I already knew. We move through life together effortlessly. We support one another's work, share responsibilities, take care of our home together, and somehow even agree about keeping the

house clean.

On October 12, 2025, I proposed to Manuella. We had talked extensively about our future, and we aligned on so many of the things that mattered most to us. I knew I wanted to marry her, so I secretly bought a ring. After a dinner date, I took her to the end of Shelter Island, where we could see downtown San Diego lit up at night. There was no crowd and no elaborate production. It was just the two of us. I asked her to marry me there, and it remains one of the most special moments of my life.

We were married on November 4, 2025, wearing matching dresses and matching rings. It was one of the happiest days of my life. We were surrounded by close friends and family who love us, support us, and have watched our relationship grow.

Our marriage is not simply something that exists on paper. We have built an entire life together.

A normal day for us is very ordinary, and that is part of what I miss so much. We wake up and have breakfast together. Manuella heads to the coffee shop, and I head to the martial arts academy I own. At the end of the day, we come home to each other. I love to nap, and sometimes she joins me. She spends her free time editing photographs because photography is one of her passions. Other days, we go to the gym and lift weights together, another interest we share.

She simply makes my life easier, even on the difficult days.

We share the responsibilities of maintaining our household and taking care of our two Boston Terriers, Mae Young and Suzie Q. Manuella absolutely adores them. We take them on walks, bring them to dog beach, and spend nights together with them snuggled up on the couch. They adore Manuella just as much as she adores them.

We both cook, although I will admit that Manuella is the better cook. She loves Trader Joe's and orders specialty ingredients from Brazilian stores so she can make Brazilian dishes for us at home. These may sound like small things, but they are the pieces that make up our life and our marriage.

Our future plans are here together. I recently opened a martial arts school, and we hope to build the business into something successful that will eventually allow us to spend less of our lives working and more time experiencing the world together. We want to travel to Brazil to spend time with her family. We dream about visiting Italy, where she has family roots. Most importantly, we plan to continue living in the beautiful beach community that we call home, and maybe one day finally become better surfers.

In the relatively short time Manuella has lived here, she has formed many lasting relationships. I know that some of those people are submitting their own letters on her behalf. Before she was my wife, she was the friendly barista who had regular customers who came in and talked with her every day. Ocean Beach is a small community, and over time Manuella has become one of those familiar faces people recognize and stop to talk to.

She also regularly volunteers with the children's program I am building at our martial arts academy. Manuella is wonderful with children, and the parents love her as well. Her

accomplishments in Muay Thai make her an especially powerful example for the young girls in our program. When they learn that she is a Muay Thai black belt, they see a strong woman who spent years working toward something difficult and achieving it. I am incredibly proud that she can be that example for them.

Our families have also become intertwined.

Manuella is extremely close with her mother, father, and sister and speaks with her family regularly. Earlier this year, her mother and father visited us for almost a month. We sat around our family table eating her mother's home cooking and sharing dinner together every night. Even our dogs fell in love with them. Her mother recently returned for another two-week visit shortly after our immigration interview, and her sister has been planning to visit us in October.

I have grown very close to Manuella's family. I am learning Portuguese, and they have been learning English. I love them dearly.

The same is true with my family. They love Manuella, and she has become an aunt to my nephews. My sister has invited us to stay with her when her family moves into their new home in Idaho. This is not just a marriage between two people. Our families have become family to one another.

When Manuella and I married, we understood that there would be an immigration process we needed to complete, and we have been trying to follow that process every step of the way. We filed our marriage-based immigration paperwork earlier this year and attended our interview at the beginning of July. We were incredibly excited to finally reach that milestone.

We attended the interview together and provided the documentation requested of us. Our file included evidence of our life together, including a photo album from our wedding and a scrapbook we created together documenting our travels, our life, and our adventures as a couple. We left that interview believing that we had done what was asked of us and continued waiting for the next step in the process.

We have not been trying to hide from the immigration process. We have been participating in it. We filed paperwork, gathered documentation, attended our marriage interview together, answered questions, and have been trying to do what has been required of us.

On the morning Manuella was detained, we were supposed to be leaving for Hawaii with a group of our friends to celebrate my 40th birthday. We had already completed our immigration interview approximately a month earlier and were awaiting further action on our case.

As soon as we entered the airport that morning, two plainclothes agents approached our group and asked whether one of us was Manuella or Manuel. Manuella answered truthfully that she was Manuella, and they proceeded to detain her.

I immediately showed them the immigration documentation we had brought with us and tried to explain that our case was still in process and that we had already attended our interview.

Instead of celebrating my birthday with my wife, I watched her be taken into custody.

Since then, my daily life has been consumed by worry and by doing everything I possibly can to bring my wife home. It has become extremely difficult for me to focus on work or anything else. I am trying to manage our home, our responsibilities, our dogs, my business, attorneys, paperwork, and everything else without the person who normally stands beside me through all of it.

At the same time, I am trying to support Manuella's family in Brazil. I remain in constant communication with them and keep them updated because they are devastated by what is happening to her as well. I am relying heavily on our family, friends, and community for support while trying to be that same source of support for Manuella and her family.

I worry deeply about what continued detention will do to my wife. I am struggling myself. I do not sleep normally and have difficulty focusing on work. More than anything, I need my wife returned safely to our home so that we can continue facing this immigration process together.

If Manuella is released, she will immediately return to the home we share in Ocean Beach, San Diego. She has stable housing with me. I will personally provide whatever financial support she needs and will provide transportation to every immigration court hearing, ICE check-in, USCIS appointment, attorney meeting, or other proceeding required of her. She is my wife, and ensuring that she complies with every requirement will be one of my highest priorities.

Manuella has every reason to remain here and comply with this process. Her wife is here. Her home is here. Our dogs are here. Her friends and community are here. The children and families she has formed relationships with are here. We have a pending immigration process that we have already invested tremendous effort into completing correctly. Most importantly, the life and future we are building together are here.

There is no reason for Manuella to disappear from this process. We want to complete it.

My wife is not someone who runs from her responsibilities. She is trustworthy, hardworking, deeply caring, and committed to doing what is required of her. We fell in love. We got married. We built a home and a family together. And we have been trying to follow the process so that we can continue that life together lawfully.

I respectfully ask that you consider releasing Manuella while her immigration case proceeds.

If she is released, she will have a stable home, financial support, transportation, legal representation, a loving spouse, family and friends, and an entire community supporting her compliance. I will personally do everything within my power to ensure that she fulfills every requirement placed upon her.

I made a vow to Manuella when I married her. I intend to stand beside her through this process, just as she has stood beside me through difficult times in my life.

I simply ask for the opportunity to have my wife home while we continue doing what is required of us.

Thank you for taking the time to read our story and for considering Manuella's release. I am

willing to provide any additional information, documentation, or assistance that may be requested.

Respectfully,

Alina Grayeske

4912 Muir Ave apt 5

San Diego, Ca 92107

(760)793-6808

Signature:

A handwritten signature in black ink, appearing to read 'Alina Grayeske', written in a cursive style.

Date:8/10/2026

Exhibit 8 - Proof of Fixed Address

HEETWAVE PROPERTIES

333 H STREET • SUITE 5000 • CHULA VISTA, CA 91910
(888) 557-4338



1. VARIABLE LEASE TERMS

1.1 RESIDENCE DESCRIPTION

(If checked)

- ☐ A single family residence
- ☒ Part of a multi-family residential complex known as DC2 - 4912 MUIR AVE

Unit Address:

4912 MUIR AVE - 5
San Diego, CA 92107

Unit Size: 2 bedroom(s)x 1.5 bathroom(s)

County: San Diego

1.2 TERM

The term of this Agreement ("tenancy") is for 12 months beginning on 09/10/2025 and ending on 09/09/2026 .

**Tenancy means the lawful right or entitlement of a tenant to continuously use or occupy a residential rental property for more than 30 days. A tenancy does not include a lease for a fixed-term of three months or less, including any extensions or renewals of that lease for a fixed-term of three months or less.*

☒ (If checked) Resident has been granted an **EARLY TERMINATION OPTION**. To exercise this option, Resident must pay an Early Termination Option Fee of **\$3,000.00 or one and one half times (1.5 times) the current monthly rent listed in section 1.4; whichever is greater** and give notice of Resident's election to exercise the option at least 30 days before the Early Termination Date. The Early Termination Date must be between 30 days after commencement date and the lease termination date. Landlord may require Resident to sign additional documentation if Resident elects to exercise Resident's early termination option.

☒ (If checked) **After the Termination Date, this Agreement will continue on a month-to-month basis until terminated as specified elsewhere in this Agreement.**

1.3 PARTIES TO LEASE AGREEMENT

RESIDENT(S): Manuella Guasti Fernandes, Alina C. Grayeske, Andres M. Cervantes

LIST OF ALL OCCUPANTS: (Do not list any Resident(s) from above):

GUARANTOR(S):

LANDLORD NAME: ISLANDER PROPERTIES, LLC and PRES PROPERTIES, LLC

PROPERTY MANAGER: HEETWAVE PROPERTIES

PROPERTY MANAGER ADDRESS AND PHONE NUMBER:

333 H STREET
SUITE 5000
CHULA VISTA, CA 91910
(888) 557-4338

1.4 MONTHLY RENT

Rent is due in advance on the 1st day of each and every month at the TOTAL MONTHLY RENT due of the base rent plus additional monthly charges as listed below. Rent for any partial month shall be prorated at the amount of 1/30th of the monthly rent per day.

MONTHLY CHARGES:

rent	\$3,495.00
monthly water sewer trash	\$100.00
admin fee	\$5.00
Total:	\$3,600.00

PRORATED RENT: (If Applicable)

☒ (If checked) The tenancy did not start on the 1st of the month therefore the resident is to pay the following prorated rent at time of move-in:

PRORATED CHARGES:

rent (Prorated)	\$2,446.50
monthly water sewer trash (Prorated)	\$70.00
admin fee (Prorated)	\$3.50
Total:	\$2,520.00

☐ (If checked) in addition to the prorated rent listed above, rent for the following month is due at time of move-in. This amount equals the RENT **plus** ADDITIONAL CHARGES as listed above.

LATE CHARGE (Applied if payments have not been received within 3 days of their due date): \$125.00

SECURITY DEPOSIT: \$ \$3,495.00

PAYMENT INSTRUCTIONS: All amounts due Landlord are payable to **HeetWave Properties | 333 H Street, Ste. 5000, Chula Vista, CA 91910 | (888)557-HEET (4338)**. Payment must be made by: Money Order, Cashiers Check, Electronic Payment via Resident Portal, or Personal Check- No personal checks will be accepted after the **10th** day of the month or in response to a notice to pay rent or quit or a notice to perform covenant or quit requiring payment. The normal hours available to make payments in person are from **8:30am to 5:00pm, on all non-holiday Weekdays**, n/a Saturdays, and n/a Sundays. *NOTE: There is no drop by available at this address above.*

Landlord may, but is not required, to accept payments electronically or by credit card, either directly or through a third party payment service system. Residents interested in these payment methods should request information about Landlord's current electronic and credit card payment acceptance policy from the management office. See the Payment Detail section below.

1.5 RENT CONCESSIONS

☐ (If checked) **RENT CONCESSIONS:** Resident is granted a \$ one-time concession as incentive for signing a 12 months lease. Concession to be posted to your account at move-in. The monthly Rent identified above is the amount due before application of the rent concession.

Rent Concession is subject to fulfillment of lease term in section 1.2. If lease is terminated prior to lease end date of 09/09/2026, including if early termination option is chosen, concession amount of \$ will immediately become due back to Landlord.

1.6 MISCELLANEOUS INFORMATION

PETS AND/OR ESA/SERVICE ANIMALS:

☐ Are NOT Authorized.

☐ (if checked) The following pets are authorized:

☒ (if checked) The following ESA/Service animals are authorized:

- Mae Young Cervantes, Boston Terrier, 22.0 lbs, 4 years
- Suzie Q Cervantes, Boston Terrier, 21.0 lbs, 2 years

☒ (If checked) **GARAGE/PARKING SPACE** of 1 parking in back is included in this rental agreement.

☐ (If checked) **STORAGE SPACE** is included in this rental agreement.

ATTORNEY'S FEE CAP: \$5,000.00

LANDSCAPE WATERING by: ☒ Landlord or ☐ Resident

LANDSCAPE MAINTENANCE by: ☒ Landlord or ☐ Resident

ACCESS CONTROL DEVICES: Mailbox No. 5

1 Keys to mail facilities.

3Key(s) / Code(s) to the Residence. Rekeyed/Code Reset? Yes

Garage/gate openers.

noneKey(s)/ Code(s) to common area(s).

HOMEOWNERS ASSOCIATION: ☐ (If checked) The Residence is a unit in a development governed by a homeowner's association. Name of HOA:

☐ (If checked) Copies of HOA rules and regulations are available for Resident's review at

☐ (If checked) Copies of HOA rules and regulations have been provided to Resident.

AUTOMOBILES may not be washed on the Property.

OIL CHANGING AND AUTOMOBILE REPAIRS are not allowed on the Property.

BAR-B-QUE GRILLS ☐ are or ☒ are not allowed.

RENTER'S INSURANCE: You are required to obtain and maintain **RENTER'S INSURANCE** with **minimum liability of \$100,000 per occurrence**.

If at any time Lessee does not have Required Insurance, Lessee is in breach of the Lease and Lessor shall have, in addition to any other rights under the Lease, the right but not the obligation to purchase Required Insurance coverage protecting the sole interest of the Lessor and seek contractual reimbursement from the Lessee for all costs and expenses associated with such purchase. This may be referred to as **"force placed insurance"**.

MARIJUANA: Unless otherwise specified below, you may not smoke, possess, plant, cultivate, harvest, transport, dry or process, marijuana or cannabis products in the Residence or Property.

DESIGNATED SMOKE-FREE AREAS: All Common Areas, Parking Lot, The Residence, and The Balcony/Patio.

1.7 DISCLOSURES AND PROPERTY INFORMATION:

LEAD DISCLOSURES APPLY: ☒ (If checked) If indicated, the Residence was built before 1978 when lead based paint was still in use. The Lead Based Paint Disclosure section of this Agreement will apply, and a copy of the pamphlet *Protect Your Family From Lead In Your Home* has been provided to Resident.

Landlord knowledge of lead-based paint and/or lead-based paint hazards in the Residence or Property:

☒ (If checked) Landlord has no knowledge of any lead-based paint and/or lead-based paint hazards in the Residence or Property.

☐ (If checked) Landlord is aware of the following lead-based paint and/or lead-based paint hazards in the Residence or Property: *Positive testing in the acoustic ceiling materials and/or walls.*

Reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Residence or Property:

☒ (If checked) Landlord has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Residence or Property.

☐ (If checked) Available reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Residence or Property are as follows: *Reports from prior testing of unit.* Copies of the reports or records identified are available for Resident's review upon request.

ASBESTOS DISCLOSURES APPLY: ☒ (If checked) If indicated, the Residence was built before 1981 when asbestos was still used in construction, and the Asbestos section of this Agreement will apply.

Landlord knowledge of asbestos hazards in the Residence or Property:

☒ (If checked) Landlord has no knowledge of any asbestos hazards in the Residence or Property, but because of the age of the Property, Resident should review the asbestos section of this Agreement.

☐ (If checked) Landlord is aware of the following asbestos hazards in the Residence or Property: *Positive testing in the acoustic ceiling materials and/or drywall joint compound.*

Reports or records pertaining to asbestos hazards in the Residence or Property:

☒ (If checked) Landlord is not aware of any reports or records pertaining to asbestos hazards in the Residence or Property.

☐ (If checked) Available reports or records pertaining to asbestos hazards in the Residence or Property are as follows: *Reports received from prior testing of unit* Copies of the reports or records identified are available for Resident's review upon request.

FLOOD DISCLOSURES APPLY: ☐ (If checked) If indicated, the Residence is located in a special flood hazard area or an area of potential flooding. Landlord is not required to provide additional information concerning the flood hazards to the property and the information provided in this section is deemed adequate to inform Resident.

Resident may obtain information about hazards, including flood hazards, that may affect the Property from the Office of Emergency Services at <http://myhazards.caloes.ca.gov/>. **Landlord's owner's insurance does not cover the loss of Resident's personal possessions and it is recommended that Resident consider purchasing renter's insurance and flood insurance to insure Resident's possessions from loss due to fire, flood, or other risk of loss.**

RENT CONTROL AND JUST CAUSE:

If Civil Code §1946.2 or 1947.12 apply to this tenancy: 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. Landlord may terminate Resident's tenancy after expiration of any term if Landlord, or Landlord's spouse, domestic partner, children, grandchildren, parents, or grandparents, unilaterally decides to occupy the Premises.

☐ (If checked) 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 because 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.

City of San Diego Residential Tenant Protections Ordinance: 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.

Tenant acknowledges the receipt of a copy of the City of San Diego Tenant Protection Guide. *Important: The City of San Diego Tenant Protection Guide, if not available by June 24, 2023, Housing Provider will provide a copy within two (2) weeks of the guide becoming available.*

CALIFORNIA TRASH AND RECYCLING: California has set ambitious goals with respect to reducing greenhouse gas emissions and waste disposed through landfills. To that end, the state has adopted both solid and organic waste recycling requirements that impact rental housing providers with a certain number of units and/or amount of waste. The Residence and Property participate in a solid and organic waste collection program. Resident is required to cooperate with the terms set forth below, including the proper disposal of organic waste, trash, and recyclable material (collectively, "Waste") as indicated below.

Sorting of Waste: ☒ (If checked) Landlord has attached a flyer/informational brochure as an attachment to this Agreement, which shall be incorporated herein as though fully set forth. This flyer/informational brochure sets forth the Waste sorting requirements from either the local government authority or the local Waste management company. **Waste generated by Resident shall be sorted as directed by the attached flyer/informational brochure.**

Location of Waste Containers: Landlord has provided containers for the proper disposal of your Waste. These containers can be found in the designated trash location/trash enclosure area.

Pursuant to California law, Landlord will provide annual notice of these requirements, and any updates to you.

You agree to comply with any recycling program set forth by Landlord, including (but not limited to) any city, county, or California state recycling or waste programs.

PEST CONTROL: ☒ (If checked) Pesticides are periodically applied to the Residence, units near the Residence, and/or common areas. They are applied by a registered structural pest control company. The pesticides are meant to control the following pest(s): bugs/insects. The approximate date, time and frequency of the pesticide treatment is variable. The approximate date, time and frequency of the pesticide application is subject to change. The pesticide(s) name, brand and active ingredient will be as specified in a separate pesticide notice.

State law requires that you be given the following information. **CAUTION--PESTICIDES ARE TOXIC CHEMICALS.**

Structural Pest Control Companies are registered and regulated by the Structural Pest Control Board and apply pesticides which are registered and approved for use by the California Department of Pesticide Regulation and the United States Environmental Protection Agency. Registration is granted when the state finds that based on existing scientific evidence there are no appreciable risks if proper use conditions are followed or that the risks are outweighed by the benefits.

The California Department of Pesticide Regulation and the United States Environmental Protection Agency allow the unlicensed use of certain pesticides based on existing scientific evidence that there are no appreciable

risks if proper use conditions are followed or that the risks are outweighed by the benefits.

The degree of risk depends upon the degree of exposure, so exposure should be minimized.

If within 24 hours following application, you experience symptoms similar to common seasonal illness comparable to the flu, immediately contact

- your physician or the California Poison Control System (1-800-222-1222), and
- if the pesticide was applied by a pest control company, also contact the pest control company.

For further information, contact any of the following:

- (if pesticide is applied by a pest control company) as specified in a separate pesticide notice
- for Health Questions--the County Health Department, as specified in a separate pesticide notice
- for Application Information--the County Agricultural Commissioner, telephone number: as specified in a separate pesticide notice
- for Regulatory Information:
 - the Structural Pest Control Board, 2005 Evergreen St # 1500, Sacramento, CA 95815 (916) 561-8708 (if pesticide is applied by a pest control company)
 - the Department of Pesticide Regulation (916-324-4100) (if the pesticide is not applied by a pest control company)

ONGOING CONSTRUCTION. ☐ (If checked) If indicated, there is ongoing construction in the Property consisting of . The **estimated** date of completion of construction is . Construction will normally be limited to the following days of the week: Monday-Saturday and the following hours: 8:00am to 6:00pm.

☐ (If checked) Information provided to Resident regarding the Property may refer to amenities for which construction may not yet be completed including the following:

1.8 UTILITIES

Resident shall pay for all utilities, services and charges, if any, made payable by or based upon occupancy of Resident, except:

Resident shall **transfer the following utilities into their name** and have the following utilities connected at all times during the tenancy (check as applicable):

☒ Gas ☒ Electric ☐ Water ☐ Trash ☐ Sewer ☒ Cable/Internet/Phone:

Resident shall **pay landlord a reimbursement as outlined below of the following utilities** due to the landlord being the customer of record. (check as applicable):

☐ Gas ☐ Electric ☒ Water ☒ Trash ☒ Sewer ☐ Internet

☒ (If checked) a **Flat Monthly Utility Reimbursement** as referenced in Section 1.4 of this agreement will be the utility reimbursement due to landlord monthly.

☐ (If checked) a **Variable Monthly Utility Reimbursement** calculated as outlined below will be billed to your tenant ledger and due on the 1st of each month in addition to monthly rent.

☐ (If checked) a **Variable Monthly Utility Reimbursement** calculated as outlined on attached Utility Billing Company Addendum. Utility usage to be billed and paid directly to contracted Utility Billing Company.

The RUBS utility charge will be calculated by formula for both flat and variable reimbursement is based upon square footage and occupancy as defined below unless ☐ (if checked) the unit is Submetered.

Square footage: The approximate square footage of Resident's unit as compared to the total square footage of all occupied units within the Property.

Authorized occupant method: The number of authorized occupants residing in Resident's unit as compared to all authorized occupants in all units in the Property as of the first day of the month. Resident represents that all

occupants that will reside in Resident's unit are identified in this Agreement. Resident agrees to immediately notify Landlord at any change in the number of occupants.

These utilities are not separately metered and a deduction of up to 20% for estimated common area charges is made before calculating the Resident's bill. Disconnection of utilities due to non-payment is a material violation of this Agreement. Resident shall not use common area utilities (such as water or electricity) for the Resident's personal use, without prior written permission from the Owner/Agent.

Water Charges. To calculate Resident's share for water, all water related charges assessed to Landlord may be used to calculate the amount charged to Resident. These may include (but are not limited to) water related charges contained on tax bills, bills from other entities, and all charges contained on the local water provider's bills to Landlord.

Sewer Charges. To calculate Resident's share for sewer, all sewer related charges assessed to Landlord may be used to calculate the amount charged to Resident. These may include (but not limited to) sewer, stormwater and flood control related charges contained on tax bills, bills from other entities, and all charges contained on the local sewer provider's bills to Landlord.

Trash/Recycling Charges. To calculate Resident's share for trash/recycling charges, all trash and recycling related charges assessed to Landlord may be used to calculate the amount charged to each Resident. These may include (but are not limited to), trash/recycling related charges contained on tax bills, and all charges contained on bills received from the local trash/recycling providers. Trash/recycling charges may also include the cost of Landlord or Property Management employees to clean trash and recycling chutes, bins, containers, and trash areas, collect trash/recycling bins from enclosures, compact and sort the trash and recycling, and return the bins to the trash/recycling enclosures.

Landlord and Resident agree that it is impractical or extremely difficult to determine the exact amount of the utilities consumed by Resident (and/or in the common areas), but that the methods used to determine Resident's share described above are reasonably accurate estimates. However, if during the tenancy Landlord believes that Resident's utility consumption is disproportionate to the charge to Resident as specified above, Landlord reserves the right to modify the method used to charge Resident, in Landlord's reasonable discretion.

Submetered Utilities: Billings based on submeter readings (if any) will itemize the beginning and ending meter readings, the rate charged to Resident, and all categories of information that appear within the utility's standard billing format to the Landlord. If the Premises are submetered, Resident agrees to allow Landlord, or a billing service provider Landlord designates, access to the Premises to install, repair, remove and read submeters. Billing amounts based on submeter reading will be determined by dividing the total master bill according to submeter readings.

Both Flat and Variable Utility Reimbursement is administered by **Landlord Billing or Utility Billing Company**: Landlord or third-party Utility Billing Company bills utilities to Resident. The payment instructions on Lease Agreement (and/or additional lease addendums) apply to utility billings as well as to any other payments due from Resident to Landlord, except as modified below. The due date for Rent and utility charges may not coincide. Resident's failure to pay the utility charges by their due date will be considered a material breach of the Agreement, grounds for termination of the tenancy, and if allowed by law, we may discontinue providing the utilities to you. Utility billings will be prorated as necessary. *Each bill will include a monthly service fee of \$5.50 to compensate Landlord and/or the Utility Billing Company to pay and communicate with utility providers, read the meters and/or submeters, calculate and allocate utility fees, provide billing services, and otherwise address utility issues.*

Utility Late Fees/Transfer Penalty: Resident must make payment in full to Landlord or the Utility Billing Company of the utility charges before the due date listed on each bill. Landlord and Resident agree that the actual cost to Landlord and/or the Utility Billing Company when Resident fails to pay the utility bill on time is difficult or impossible to ascertain, but the parties agree that Landlord and/or the Utility Billing Company will incur certain costs, such as additional bookkeeping and administrative charges, additional charges, costs in printing and mailing late notices, and lost opportunity costs of the payment. Accordingly, Landlord and Resident agree that if the utility payment is not paid by the due date and/or resident fails to transition utility

to Resident’s name as utility customer of record when required, then **Resident will incur a utility late fee and/or utility transfer penalty fee of \$25.00.** Resident will also be responsible for reimbursement of utility bill charges received by Landlord for failure to put utilities into Resident’s name.

Resident Questions and Concerns Regarding Utility Billings. Resident concerns and questions regarding utility billings may be addressed to HeetWave Properties | 333 H Street, Ste. 5000, Chula Vista, CA 91910 | (888) 557-HEET (4338).

By initialing below, you acknowledge and agree to the terms in Section 1.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

2. DEFINITIONS

2.1 DEFINITIONS:

Each capitalized term in this Agreement has the definition specified below unless otherwise defined in this Agreement.

AGREEMENT: This Residential Lease/Rental Agreement.

LANDLORD’S RELATED PARTIES: The Property Manager and the respective officers, directors, members, managers, partners, shareholders, employees, affiliates, agents and representatives of both Landlord and Property Manager.

RESIDENT’S RELATED PARTIES: Other Co-Residents, Occupants, members of your household, your family, guests, agents and others under your control.

RESIDENCE: The Residence is identified in the Variable Lease Term section, and includes all appliances, furniture and fixtures that we provide to you (“Personal Property.”) The appliances and furniture are described in the Inventory /Move-In Move-Out form.

PROPERTY: If the Residence is a unit in a multi-family complex, the Residence and the complex are collectively referred to as “the Property.” If the residence is a single family residence, “the Property” refers to the Residence alone.

By initialing below, you acknowledge and agree to the terms in Section 2.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

3. PRIMARY AGREEMENT TERMS

3.1 PARTIES

This Agreement is entered into between Landlord and Resident(s). Landlord may be identified in this Agreement as “we” or “us.” Resident(s) may collectively be referred to in this Agreement as “you.”

3.2 AGREEMENT

You rent the Residence from us.

3.3 TERM

The Agreement term will begin on the Commencement Date and continue until the Termination Date. Note that this Agreement contains provisions that could alter the Term.

- If the Variable Lease Term section is not checked to indicate an automatic continuance of the Agreement on a month-to-month basis after the Termination Date, you must vacate the Residence by the Termination Date (unless you and Landlord agree in writing to extend the term, or as otherwise provided by law).
- **If the Variable Lease Term section is checked to indicate an automatic continuance of the Agreement on a month-to-month basis after the Termination Date, the Agreement will continue after the Termination Date until either party terminates the Agreement by giving the other party at least thirty (30) days’ written notice, or as otherwise specified by law.**

If the Variable Lease Term section is checked to indicate an automatic continuance of the Agreement on a month-to-month basis after the Termination Date, and if you would like to vacate on the Termination Date, you must give at least thirty (30) days’ advance written notice of intent to terminate on the Termination Date.

By initialing below, you acknowledge and agree to the terms in Section 3.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

4. PAYMENTS

4.1 RENT

You must pay us the Rent amount specified in the Variable Lease Term section. Certain additional amounts due to us are also specified in this Agreement. We reserve our right under Civil Code §1479 to apply any payments we receive to any amounts due (whether Rent, Late Charges or any other amount) in any manner we choose, and any contrary instructions or conditions you may attempt to impose will be of no force or effect. Unless otherwise specified in this Agreement, all amounts are payable in advance, on the first day of each calendar month, without demand, setoff or deduction. The daily value of the Residence will be calculated based on a 30-day month.

4.2 PAYMENT DETAIL

Payment instructions (including forms of payment accepted, to whom payments are to be made, and the address where payments are to be made), are specified in the Variable Lease Term section. Any payments made by mail or placed in a drop box are made at your risk and must be received by us by the due date. **You will incur a \$25.00 charge for the first dishonored check and \$35.00 for any subsequent dishonored check.** After receiving any dishonored payment (whether under this Agreement or any other), we reserve the right to require all further payments made by you or on your behalf to be made by money order, certified check or cashier's check. If a third party tenders a payment on your behalf, we reserve the right to require an acknowledgment from the third party as specified in Civil Code §1947.3(a)(3).

We may, but are not required, to accept payments electronically or by credit card, either directly or through a third party payment service system. If you are interested in these payment methods, request information about our current electronic and credit card payment acceptance policy from the management office. We reserve the right at any time to change our electronic and credit card payment policies and/or procedures, the third party payment service system and/or to cease accepting electronic or credit card payments. It is your responsibility before any payment is due to verify whether we are currently accepting payments electronically or by credit card, the proper procedure, and to arrange with us or any third party payment service system to pay electronically or by credit card. A third party payment service system may charge a fee for this service to you and will have specific requirements and procedures you must follow. If any electronic or credit card payment to us or the third party payment service system, or if any payment tendered on your behalf by a third party, is reversed, not honored, or results in a "charge back," you will be responsible for Late Charges and any additional cost to us or the payment service system, and we will retain all rights and remedies, including the right to terminate your tenancy.

If you provide a check as payment, you authorize us either to use information from the check to make a one-time electronic fund transfer from the account or to process the payment as a check transaction. When we use information from the check to make an electronic fund transfer, funds may be withdrawn from the account as soon as the same day we receive the payment, and you will not receive the check back from your financial institution.

Use of drop boxes is at your risk. You can reduce the risk of theft of your payment by using electronic payment methods (if we accept electronic payments), or by mailing or personally delivering payments as directed. All checks and money orders must be made payable as specified on the first page of this Agreement. Do not leave the name of the payee blank on checks or money orders; you will not receive a payment credit if the check or money order is stolen and cashed by another party.

4.3 SECURITY DEPOSIT

We will hold the Security Deposit in compliance with California Civil Code §1950.5. We will fully refund it to you if you comply with all of your rental obligations. Unless required by law, we will not hold the Security Deposit in trust, deposit it in a segregated account, invest it in an interest-bearing account, nor pay you any interest on the Security Deposit. If you do not comply with all of your rental obligations, we may use the

security deposit to:

- Compensate us for your payment default; or breach of any other obligation under this Agreement, including the cost of recovering possession of the Residence, rental commissions, advertising expenses and other costs incurred because of your breach of the Agreement and the Rent and other amounts due through the end of the Agreement term, (including Rent due up through the date you vacate the Residence, Rent due through the date of judgment, and Rent due after the date of judgment through the end of the original Agreement term) and any other amount necessary to compensate us for your breach of the Agreement, minus amounts we reasonably could have avoided;
- Clean the Residence at the termination of the tenancy, if not returned to us at the same level of cleanliness as received;
- Remedy future defaults by you in any obligation to restore, replace or return personal property or appurtenances, exclusive of ordinary wear and tear; or
- Repair damages to the Residence and Property, exclusive of ordinary wear and tear, caused by you or your Related Parties. Damage or deterioration of the Residence is not ordinary wear and tear if it could have been prevented by good maintenance practices by you, or if you failed to notify us of a maintenance issue in a timely fashion in writing so that we could prevent the damage or deterioration.

You may not use the Security Deposit in lieu of last month's Rent or other amounts due under this Agreement. If we apply any portion of your Security Deposit to amounts due during the term of this Agreement, you must replenish the full amount applied within three days of our demand.

If we know you intend to vacate the Residence, we will give you written notice of your right to a pre-move out inspection as required by law. This inspection allows you to identify and correct any deficiencies in the Residence to avoid Security Deposit deductions. If you notify us that you want the inspection, we will inspect the Residence (no earlier than two weeks before termination of the tenancy) and provide you with an itemized statement specifying repairs or cleaning to be made at your expense. Except as otherwise specified in this Agreement, you may make these repairs yourself, or clean the Residence yourself, before you move out to avoid these deductions from your Security Deposit. You have the right to be present during the inspection.

Within 21 days after you return possession of the Residence to us, we will refund amounts due to you from the Security Deposit, plus an accounting of how we have used any portion of the Security Deposit that we have retained. If the Security Deposit is insufficient to satisfy the total charges, we will send to you an itemized bill payable on demand. Any Security Deposit refund may be paid by one check jointly payable to all Residents but delivered to only one Resident at the last known address of any Resident. The refund and deductions will be calculated without regard to who paid the Security Deposit or whose conduct resulted in any deductions.

4.4 LATE CHARGES AND DEFAULT INTEREST

You will be obligated to pay to us the Late Charge if you fail to pay any amount due under this Agreement within the time specified in the Variable Lease Term section. You agree it would be impractical or extremely difficult to fix the actual damage to us and that the Late Charge is a reasonable estimate of the actual damages that the parties reasonably believe would occur as a result of late payment. In addition to the Late Charge, interest will accrue on any unpaid amount at the legal rate of ten percent (10%) per year beginning on the date on which the delinquent amount was due. Late Charges and interest due are in addition to, and not in lieu of, our other remedies.

4.5 FAILURE TO MAKE ALL PAYMENTS DUE BEFORE THE COMMENCEMENT DATE

If you fail to make all payments specified in the section entitled "Initial Amounts Due" before the specified date, or if you fail to provide us with proof that required utilities have been transferred into your name, or if you fail to provide us with proof that required utilities have been transferred into your name, or if you fail to provide proof of renter's insurance (if required under this Agreement):

- We have no obligation to give you possession of the Residence; and
- We may rescind this Agreement and keep any portion of funds that you have paid (if any) necessary to

compensate us for your breach of this Agreement.

By initialing below, you acknowledge and agree to the terms in Section 4.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

5. ADDITIONAL AGREEMENT TERMS

5.1 APPLIANCES

Use all appliances in the Residence in a safe manner and only as intended. Do not overload dishwashers and use only detergents made for automatic dishwashers. Turn on cold water before starting the garbage disposal, do not overload the disposal, and do not grind bones or other hard objects, rinds, sticky or stringy foods, or put an excessive volume of material in the garbage disposal. To avoid clogs for which you will be responsible, do not put paper towels, diapers, sanitary napkins, food, baby wipes, moist towelettes or wipes (even if advertised as flushable), cotton swabs, non-flushable clumping kitty litter, or other items that are not meant to be flushed in the toilets, and do not pour grease down the drain. You will be responsible for blockages you cause. If the Residence does not have a frost free refrigerator, defrost the refrigerator when there is approximately one inch of frost. Do not use sharp objects to defrost the freezer. If the Residence is equipped with a washer/dryer, clean the lint filter after every load and periodically inspect the dryer vent duct to ensure it has not become detached, blocked, kinked, or crushed.

You must obtain our written consent before installing any air conditioning unit (including portable air conditioning units), washer, dryer, refrigerator with water dispenser or icemaker, or other appliance. If we grant consent, it may be granted conditionally. Due to concerns about energy consumption, overloading the existing electrical supply, and damage to the Property, consent for appliance installation may be granted on conditions such as: (i) your agreement to allow us to install them (and to pay us the reasonable costs of installation); (ii) the use of specific types of hoses; (iii) maintenance of renter's liability insurance with coverage amounts that we will specify; (iv) utilization of drip trays and water leak detector/alarms; (v) your agreement to compensate us for any losses related to the use or presence of the appliance; and (vi) your agreement to pay for additional utilities consumed.

5.2 ASSIGNMENT, SUBLETTING AND TRANSFER BY RESIDENT

Your interest in the Residence and this Agreement may not be assigned, sublet or otherwise transferred. You may not advertise the Residence on Airbnb, Couchsurfing, Craigslist, or any other advertisement or listing service. Any assignment, subletting or transfer (whether by your voluntary act, operation of law, or otherwise), will be void, and we may elect to treat it as a non-curable breach of this Agreement.

5.3 ASSIGNMENT BY LANDLORD

During your tenancy, we may transfer or encumber our interest in the Property. You must look solely to our transferee for performance of our obligations relating to the period after the transfer. Your obligations under this Agreement will not otherwise be affected by any transfer. Your rights in the Residence are subject to and subordinate to any existing or future recorded deed of trust, easement, lien or encumbrance. If a lender forecloses on the Property, you agree to recognize the purchaser as the landlord under this Agreement if you

are requested to do so.

5.4 AUTOMOBILE WASH AND REPAIR

If permitted on the Property (indicated in the Variable Lease Term section), automobile washing and oil changing may be done only in designated areas.

5.5 BALCONIES, PATIOS AND WINDOWS

Please do not shake or hang rugs, towels and clothing from windows. Do not put plants or other items on balcony or patio walls. If your balcony or patio is visible from outside your Residence, do not keep anything on it other than patio furniture. We reserve the right to prohibit, restrict and control the items on your balcony or patio.

5.6 BARBEQUE GRILLS

If allowed on the Property (indicated in the Variable Lease Term section), barbeque grills may be used only in designated areas, and only in compliance with applicable laws. Cities and counties that have adopted the California Fire Code prohibit charcoal burners and other open-flame cooking devices on combustible balconies or within 10 feet of combustible construction unless (1) the Property is a single family residence or duplex, (2) the buildings, balconies and decks are protected by an automatic sprinkler system, or (3) a liquefied-petroleum LP (which includes propane) gas fueled cooking device having a LP gas container of 1 pound or less is used.

5.7 BED BUGS AND PESTS

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 ed 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.

Please report suspected bed bug infestations to us by contacting the leasing office (if any) or the property manager identified on the first page of this Agreement.

During the day, bed bugs hide in crevices such as seams in mattresses and box springs, bed frame cracks, behind picture frames, and inside furniture and upholstery.

In the past, bed bug infestations were primarily associated with crowded and dilapidated housing. However, bed bug infestations are becoming more common and can be found even in first class hotel and living accommodations. The increase may be the result of increased human travel, movement of infested luggage and items, and changes in the pesticides available to control this pest. Bed bugs are transferred to new locations on people, their clothing, furniture, bedding, and luggage.

Bed bug treatment is challenging. It requires the full cooperation of the residents in affected units, professional treatments over several weeks, and treatment and/or discarding of furniture, clothing, and personal property. Because of the difficulty of bed bug extermination, and because of the risk that bed bugs could spread into other units, you agree that if bed bugs are found, you will immediately contact us, and will not attempt to personally exterminate bed bugs without professional assistance.

"Pests" include (but are not limited to) ants, bed bugs, cockroaches, fleas, mites, spiders, termites, mice, rats, other vermin and insects. We have inspected the Residence and are unaware of any pests in the Residence. At move-in, you will complete and sign a Move-In/Move-Out Statement documenting the condition of the Residence. If you fail to report defects in the Move-In/Move-Out Statement, it will be presumed that the Residence has been delivered in good condition and free of pests.

You agree to cooperate with our pest control efforts by:

- Keeping the Residence clean and uncluttered;
- Promptly advising us of any pest control needs, or any condition indicating a bed bug infestation in the Residence or Property (such as itchy welts on skin, bed bugs, blood spots (either brown or red) or bed bug excrement spots (brown or black) on bedding, furniture or other items, or a sweet odor). We are not responsible for any condition about which we are not aware and bed bugs require professional pest control treatment;
- Refraining from bringing bed bugs and other pests into the Residence and the Property, and inspecting all luggage, bedding, clothing, and personal property for bed bugs and other pests before move-in, returning home after traveling and/or bringing new items to the Residence. You will allow us to do the same upon request. If we have a concern about possible infestation, we may (but will not be obligated to) either prohibit you from bringing the item into the Residence and Property or require you to have the item professionally treated at your expense before the item is brought into the Residence or Property.
- Refraining from bringing into the Residence discarded furniture (found in or by a dumpster or elsewhere). Furniture may have been discarded because of a bed bug infestation;
- Providing us with access to Residence for our pest control assessments and pest control treatment;
- Cooperating with inspections to facilitate the detection and treatment of pests, including providing requested information that is necessary to facilitate the detection and treatment of pests.
- Following our instructions to prepare the Residence for pest control treatment and/or vacating the Residence when requested for our pest control efforts;
- Upon our request, promptly providing us with copies of all records, documents, sampling data and other materials relating to the condition of the Residence.

5.8 BICYCLES SKATEBOARDS, SCOOTERS, ROLLERBLADES AND SKATES

Pedestrians have the right of way on all sidewalks, walkways and other pedestrian areas throughout the Property. Bicycles, skateboards, scooters, roller blades/skates, self-balancing motorized boards, and other wheeled apparatus must be used with care, to avoid Property damage, injury and danger for others. Bicycles should be kept only in your Residence or in designated areas (if any) within the Property.

Due to risk of fire and serious injury to persons and property, electronic bicycles ("e-bike") and e-bike batteries are prohibited from entering the Residence at any time, including (but not limited to) storage or the e-bike

when not in use. You further agree not to use Residence or Property utilities to charge an e-bike or any other similar transportation device, including electronic vehicles.

5.9 COMMON AREA AMENITIES

If the Residence is part of a multi-family residential complex, various services, equipment and facilities (“**Common Area Amenities**”) may be provided for your use at your own risk. Common Area Amenities include all areas and facilities outside of the Residence, within the Property, that are provided and designated by us for the general non-exclusive use of Property residents. Common Area Amenities may include, but are not limited to meeting rooms and clubhouses, laundry facilities, exercise facilities, storerooms, swimming pools, spas, common entrances, lobbies, hallways, staircases, public restrooms, elevators, loading areas, trash/recycling areas, roads, sidewalks, walkways, and landscaped areas. Common Area Amenities are for the exclusive use of you and other Property residents and occupants. Common Area Amenities may not be used by Resident or Resident’s Related Parties for business, commercial, fee-generating or fund-raising purposes unless we otherwise agree in advance and in writing (which we may grant or withhold in our sole discretion). Use of Common Area Amenities is subject to the restrictions described in rules or instructions at the Property. You may be required to carry and display identification to enter and/or utilize Common Area Amenities. If we allow guests to utilize Common Area Amenities, you may have no more than two guests (accompanied by you) unless we agree otherwise. We may restrict Common Area Amenity usage for repairs or renovations. We may restrict Common Area Amenity usage for private parties. You may not install or use any items (temporary or permanent) in common areas, including (but not limited to) cameras (still or video), drones, tents, tarps, jump houses, swimming pools, or sports equipment, unless we provide authorization. Do not leave any personal property in common areas; we may remove and dispose of any personal property left outside of the Residence. To the extent allowed by law, you agree to assume all risk of harm, and waive all claims against us and our Related Parties resulting from the Common Area Amenities, even if caused by the negligence of us or our Related Parties. To the extent allowed by law, use of the Common Area Amenities is at the sole risk of you and your Related Parties.

5.10 CONDOMINIUM/PLANNED UNIT DEVELOPMENT

If it is indicated in the Variable Lease Term section that the Residence is a unit in a development governed by a homeowner’s association (“**HOA**”), you and your Related Parties must comply with all covenants, conditions and restrictions, bylaws, rules and regulations and decisions of the HOA. You must pay any fines or charges imposed by the HOA incurred because of the actions or inactions of you or your Related Parties.

5.11 CONDUCT AND COMPLIANCE WITH AGREEMENT, LAW AND RULES

You are responsible for your own actions, and the actions of your Related Parties. You and the others for which you are responsible:

- May not create a nuisance on the Residence or Property, and may not disturb other Property residents or neighbors with excessive noise (loud televisions, stereos, voices, etc.) or otherwise;
- Must comply with all Landlord rules, regulations and instructions (including posted signs and those specified in this Agreement), and all laws, statutes, ordinances, and requirements of all city, county, state, and federal authorities. We may periodically modify the rules and regulations by delivering a copy of the modifications to you or posting the rules and regulations at the Property;
- Must notify us in writing of any dangerous condition, deterioration or damage to the Residence and Property (including Common Area Amenities) so that we may make necessary repairs;
- Are responsible for personal injury or property including damage to the Residence and Property caused by the action or inaction of you and your Related Parties. You agree to indemnify, defend (with counsel of our choice), and hold us and Landlord's Related Parties (and if the unit is in an HOA, the HOA) harmless for any liability, costs (including reasonable attorney fees), or claims resulting from your breach of this Agreement or the negligence, violation of law, or willful misconduct of you or your Related Parties.

You are advised to consider the current and potential exposure to noise that you may experience from activities that occur within and in the vicinity of the Property. No representations are made as to the impact of current

or existing noise levels on you or your Residence. Potential sources of noise affecting you may arise from automobile traffic, entry gates, roadways, highways and toll roads, emergency facilities, construction activity, church bells or chimes, aircraft overflights, equestrian, bicycle or pedestrian walkways and other noise sources. If the Residence is a unit in a multi-family complex, be aware that multi-family housing areas often have higher densities, and greater associated inconveniences than single family residences. If you are particularly sensitive to sound, or the activities of others, you may not be comfortable in multi-family housing and you should consider alternatives. Likewise, if your activities are likely to be disturbing to nearby neighbors in a multi-family living environment, multi-family housing may not be the right choice for you and you should consider alternatives before signing this Lease.

5.12 CONSTRUCTION

If specified above in the Variable Agreement Term section, construction is ongoing at the Property, and details are in the Variable Agreement Term section. There may be inconveniences associated with construction, and you agree that the Rent and other amounts due under this Agreement are fair and reasonable while construction is ongoing. You agree that any inconvenience caused by ongoing construction will not give you an offset to rental obligations, or be the basis for a complaint against us for rent relief, or any other claim, right, or remedy against us, including constructive eviction. Although an estimated completion date may be specified, we do not guarantee the construction completion date. We will require the construction to be done in a commercially workmanlike and reasonable manner, and the general hours of construction will be specified in the Variable Agreement Term section.

5.13 CONTINUING LIABILITY

If you vacate the Residence, or this Agreement is terminated, this will not relieve you of any obligation to pay or reimburse sums to us or to indemnify or hold harmless or defend us or Landlord's Related Parties from any loss or claim, where the obligation arises during the term of this Agreement or before you vacate the Residence, unless we specifically agree otherwise in writing.

5.14 CRIME-FREE COMMUNITY

You and your Related Parties:

- May not engage in criminal activity on or near your Residence or the Property;
- May not permit your Residence or the Property to be used to facilitate criminal activity, regardless of whether the individual engaging in such activity is a member of your household, or a guest;
- May not engage in the unlawful manufacturing, selling, using, storing, keeping, or giving of a controlled substance as defined in Health & Safety Code §11350, et seq., at any locations, whether on or near your Residence, the Property or otherwise;
- "Criminal activity" is any activity in violation of laws, ordinances and requirements of city, county, state and federal authorities, including: prostitution (defined in Penal Code §647(b)); criminal street gang activity, (defined in Penal Code §186.20 et seq.); assault and battery, (prohibited in Penal Code §240); burglary, (prohibited in Penal Code §459); the unlawful use and discharge of firearms, (prohibited in Penal Code §245); sexual offenses, (prohibited in Penal Code §269 and 288), drug-related criminal activity, or any breach of this Agreement that otherwise jeopardizes the health, safety and welfare of us, other residents or occupants of the Property or neighbors or involving imminent or actual serious property damage. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in Section 102 of the Controlled Substance Act [21 U.S.C. 802]);

A single violation of any of the provisions above will be a material and non-curable breach of this Agreement and good cause for immediate termination of your tenancy. Unless otherwise provided by law, proof of violation will not require criminal conviction, but will be by a preponderance of the evidence.

5.15 DAMAGE TO RESIDENCE

If the Residence is significantly damaged or destroyed by fire, earthquake, accident or other casualty that renders the Residence uninhabitable for more than one week, we may terminate this Agreement by giving you written notice of our election to terminate. If the Agreement is not terminated, we will promptly repair the damage, and Rent will be reduced based on the extent to which the damage interferes with your use of Residence (unless we provide alternate housing). If you or your Related Parties cause the damage, there will be no Rent reduction and we will have no obligation to repair the damage.

5.16 DELAY IN POSSESSION

If we cannot deliver possession of the Residence to you on the Commencement Date for any reason, we will not be liable for the delay, nor will this affect this Agreement's validity, or extend the term of the Agreement. However, you will not be obligated to pay Rent or perform any other obligation under this Agreement (other than pay the amounts due specified in the Variable Lease Term section) until we tender possession of the Residence to you. If we have not tendered possession of the Residence to you within three days of the Commencement Date, you may cancel this Agreement any time before we tender possession of the Residence to you.

5.17 DISABILITIES - REASONABLE ACCOMMODATION/MODIFICATION

Notwithstanding any other provision under this Agreement, upon prior written permission, we agree (1) to allow you to make reasonable modifications to the Residence and/or Common Area Amenities as required by law for people with disabilities; and (2) to provide reasonable accommodation as required by law to people with disabilities, including but not limited to (a) making changes or exceptions to rules, policies procedures, or services and (b) allowing assistive animals. We reserve the right to seek verification of disability and disability-related need for any requested modification or accommodation.

5.18 EARLY TERMINATION OPTION

If indicated in the Variable Lease Term section, you have the option of amending this Agreement to terminate your tenancy before the Termination Date specified in the Variable Lease Term section. To exercise your Early Termination Option, you must deliver to us (1) a written notice stating that you have elected to exercise your Early Termination Option and identifying the Early Termination Date, and (2) the Early Termination Option Fee specified in the Variable Lease Term section, and (3) all Rent and additional amounts due through the Early Termination Date. When we acknowledge receiving the written notice and payment, the Termination Date will be deemed amended to the Early Termination Date. The Early Termination Date must be a date within the parameters described in the Variable Lease Term section. The Early Termination Option may be exercised only if you are not in default under this Agreement when you give notice of your exercise of the Early Termination Option. All remaining Agreement terms will remain in full force and effect.

If you provide the notice unaccompanied by the required payments, the Termination Date will not be changed.

If you do not properly exercise the Early Termination Option by following the procedure exactly as specified above, or choose not to exercise the Early Termination Option, but vacate your Residence before the Termination Date, all Agreement terms will remain binding (including the original Termination Date), and we will retain all legal remedies for non-compliance with this Agreement. If we know you have vacated the Residence before the end of the term, we have an obligation to try to re-rent the Residence to minimize lost Rent for which you will be responsible.

5.19 ENTRY

We and our Related Parties will have the right to enter the Residence as allowed by law. Law permits entry in case of emergency, to make necessary or agreed repairs, decoration, alterations or improvements, supply necessary or agreed services, to test smoke and carbon monoxide detectors, to exhibit the Residence to prospective or actual purchasers, mortgagees, residents, workmen or contractors, to make an inspection under

subdivision (f) of Civil Code §1950.5, for purposes relating to water conservation and submetered water, when you have abandoned or surrendered the Residence and under a court order. Law also allows entry in additional situations, including (but not limited to) inspecting waterbeds and other water-filled furniture (Civil Code §1940.5(f)); inspecting your personal agricultural areas (Civil Code §1940.10(f)); inspecting balconies, decks and other exterior wood-based elevated elements, to inspect for and treat bed bugs (Civil Code §1954.604); and repairing, testing, and maintaining smoke detectors (Health & Safety Code §13113.7(d)(2)(A)) and carbon monoxide detectors (Health & Safety Code §17926.1(b)). Unless you have given us permission to enter, we will give you written notice at least 24 hours before entry unless entry is due to (1) an emergency, (2) surrender or abandonment of the Residence, or (3) we have agreed to a date and time within a one week time period when we will enter to make repairs. We are also not required to give you written notice to show the Residence to prospective or actual purchasers and instead can give you verbal 24 hour notice of entry, if within the previous 120 days from our verbal notice of entry we inform you in writing that the Property is for sale and that you may receive oral notice of our intent to enter. If we give you verbal notice of our intent to enter to show the Residence to purchasers, we will leave written evidence of our entry in the Residence.

5.20 ESTOPPEL CERTIFICATES

Within five (5) days of our written request, you must execute and deliver to us a written statement certifying that this Agreement is unmodified and in full force and effect (or if modified, describing the modification). Your statement will include any other details we request. Any prospective Property purchaser or encumbrancer may rely upon your written statement. If you fail to deliver a statement within the specified time, it will be conclusively presumed that (1) this Agreement is unmodified and in full force and effect, except as we otherwise indicate, (2) there are no uncured defaults in our performance, and (3) any other details specified by us originally requested of you.

5.21 FURNITURE MOVING

We may designate times and methods for moving furniture, and other household goods to or from the Residence. We will not be liable for any loss resulting from the unavailability of elevator service to move furniture or other household goods, or otherwise to move into or out of the Residence.

5.22 GARBAGE

You must dispose of all garbage, waste and recyclable materials in designated containers and/or designated areas and in accordance with applicable law and our instructions. Unless we indicate otherwise, you may not dispose of large items in Property garbage containers and/or areas. All boxes must be broken down and crushed before placing them in the appropriate container. You may not dispose of hazardous waste in Property garbage containers or on the Property. Information about disposal and recycling options for household hazardous waste is available at: <http://www.dtsc.ca.gov/HazardousWaste/UniversalWaste/HHW.cfm>.

5.23 GUESTS

You may have overnight guests for no more than 7 nights in any month, and no more than two overnight guests at a time unless we provide specific approval. You must obtain our prior written consent to change Residents or add additional Occupants within the Residence.

5.24 HARASSMENT

Resident and Resident's Related Parties may not abuse, harass (sexually or otherwise) or threaten Landlord or Landlord's Related Parties, and others at the Property. Resident and Resident's Related Parties may not unreasonably interfere with management functions.

5.25 INSURANCE: LANDLORD AND LANDLORD'S RELATED PARTIES DO NOT INSURE YOUR PERSONAL PROPERTY

If indicated in the Variable Lease Term section, you are required to maintain a renter's insurance policy

throughout your tenancy. **Even if you are not required to maintain renter's insurance, we strongly recommend that you purchase a renter's insurance policy to protect yourself against personal injury and property damage, including losses from theft, fire, smoke, water damage, and vandalism.**

If renter's insurance is required (as specified in the Variable Lease Term section) you must maintain a renter's insurance policy (at your cost) protecting you against claims for bodily injury, personal injury and property damage arising out of your use, occupancy or maintenance of the Residence, including liability to Landlord for damage to Landlord's property for the following causes of loss: fire, smoke, explosion, backup or overflow of sewer, drain or sump, and water damage. You may not do anything or allow any action that invalidates the policy. The renter's insurance may be issued by any company of your choice, provided that the carrier is licensed or admitted to transact business in California, and maintains during the policy term a "General Policyholders Rating" of at least a B+, V, in the most current issue of "Best's Insurance Guide." We must be listed as an "additional insured" (if this type of coverage is available from the insurance company) or as an "interested party" (if your insurance company will not name us as an "additional insured") under the insurance policy. Before the Commencement Date, you must deliver to us a certified copy of the insurance policy or certificates of insurance evidencing the existence and amounts of the required insurance. No policy may be canceled or modified except after thirty days prior written notice to us (ten days for nonpayment). At least thirty days before the expiration of the policy, you must furnish us with evidence of renewal. The policy must be on an occurrence basis and have personal liability coverage in an amount specified in the Variable Lease Term section, with a deductible of no more than the amount specified in the Variable Lease Term section. You will be liable for the deductible amount if an insured loss occurs. The policy must contain a waiver of subrogation. The policy may not contain any intra-insured exclusions as between insured persons or organizations. The policy limits will not limit your liability. Any insurance maintained by us and our Related Parties is only for the benefit of us and our Related Parties and you will not be named as an additional insured. You must pay any increase in insurance premiums held by us and our Related Parties for the Property resulting from the actions, omissions, use or occupancy of the Residence by you and your Related Parties. This insurance is meant to protect both you and us, by potentially providing you with a potential recovery source (other than us) if you suffer a loss, and by potentially providing us with a recovery source if you damage the Residence and/or Property. Therefore, your failure to maintain renters insurance is a material breach of this Agreement.

5.26 KEYS AND OPENING DEVICES

Because we may need access to the Residence in case of an emergency, you may not change any locks or install additional security devices in the Residence without our consent. If permission is granted, you may not later remove locks or the additional security devices without our consent. You may not duplicate keys or access devices marked "Do Not Duplicate" or "Unlawful to Duplicate".

5.27 LANDSCAPING

Landscaping will be maintained and watered by the parties as specified in the Variable Lease Term section.

5.28 LAUNDRY FACILITIES

If laundry facilities are available at the Property, the laundry facilities are for the exclusive use by Property residents. Clothes, laundry baskets, and detergents should not be left unattended in the laundry areas. Remove laundry as soon as the machine shuts off and dispose of lint, empty containers, and softening sheets in a trash can. No dye or flammable solutions are permitted.

5.29 LIABILITY

We will not be liable for any damage or injury to you or others, or to any property, occurring on the Property, except as otherwise provided by law. See the "Common Area Amenities" paragraph above regarding liability for Common Area Amenities. We and our Related Parties do not insure your personal property. Even if renter's insurance is not required, we strongly recommend that you purchase a renter's insurance policy to

protect against personal injury and property damage, including losses from theft, fire, smoke, water damage, and vandalism. To the extent allowed by law, you (on behalf of yourself and the Resident Related Parties) assume all risk of harm or damage to any person or property and waive all claims against us and the Landlord Related Parties relating to participation in activities, events, services and programs offered or sponsored by us or the Landlord Related Parties.

5.30 MAINTENANCE, ALTERATIONS, AND RESIDENCE CONDITION

At the beginning of the tenancy, the parties will complete and sign an Inventory/Move In/Move Out form documenting the condition of the Residence and an inventory of appliances, furniture, and furnishings. If you fail to report any defects on the Inventory/Move In/Move Out form, it will be conclusively presumed that the Residence and Personal Property are in good condition. You must maintain the Residence in a clean, healthy, safe and sanitary condition. Excessive items may not be stored or accumulate inside the Residence. Don't block windows or doors; they must be able to be fully opened. Maintain clear pathways into and through every room in the Residence. Do not place combustible materials near combustion sources such as the stove, oven, heater and/or water heater. Kitchen appliances and fixtures, bathroom fixtures, and every room in the Residence must be able to be used for their intended purposes. You may not paint, wall paper, add adhesive shelf liner, or other adhesive materials, use screws or nails or other materials to penetrate any wall, floor or other surface, or make other alterations to the Residence without our prior written consent. We will supply the Residence with functioning light bulbs before you take possession of the Residence. You must replace nonfunctional light bulbs at your expense. You acknowledge that we have not made any promises to make any changes to the Property except as specified in this Agreement. You must maintain a temperature of at least 55°F in the Residence to prevent the pipes from freezing. We reserve the right to prohibit or restrict items visible from the exterior of the Residence (e.g. in your windows, window sills, doors, and on your balcony or patio) for safety purposes and to ensure a first class appearance.

5.31 MAINTENANCE REQUEST

Except in cases of emergency, all requests for repairs, and all notices regarding the condition of the Property must be made to us in writing. This will ensure that we receive and properly process your request or notice. Notations on the Inventory/Move In/Move Out form documenting the condition of the Residence do not constitute a request for repairs; you must complete a separate written request for maintenance.

5.32 MANAGEMENT

The Property Manager identified in the Variable Lease Term section is authorized to manage the Residence on our behalf and is authorized to act on our behalf to receive service of process, notices, and demands. However, the Property Manager is not a party to this Agreement and should not be named as a party in any action you bring alleging a breach of this Agreement.

5.33 MILITARY – EARLY TERMINATION

You may terminate this Agreement before the Termination Date specified on page 1 if:

- (i) You become a member of the Armed Forces of the United States after you enter into the Agreement; or
- (ii) You are or become a member of the Armed Forces of the United States and receive:
 - Orders for a permanent change of station; or
 - Orders to deploy for a period of at least 90 days.

You must give us written notice of termination, and the new termination date must be at least 30 days after the first date on which the next Rent payment is due. (For example, if you served the notice on September 15th, your tenancy would terminate on October 31.) You must furnish to us proof to establish you qualify for this limited exception. Proof may consist of any official military orders, or any notification, certification, or verification from the service member's commanding officer regarding the service member's current or future

military duty status. Military permission for base housing does not constitute a permanent change-of-station order.

5.34 MOLD

Mold consists of naturally occurring microscopic organisms. Mold breaks down and feeds on organic matter in the environment. When moldy materials are damaged or disturbed, mold spores and other materials may be released into the air. Exposure can occur through inhalation or direct contact. Most molds are not harmful to most people, but it is believed that certain types and amounts of mold may lead to adverse health effects in some people.

A certain amount of mold exists in every home. Controlling moisture and proper housekeeping are necessary to limit mold growth. We have inspected the Residence and are not aware of any mold problems or existing conditions that may contribute to mold growth in the Residence. You agree to maintain the Residence to prevent mold growth. You agree to:

KEEP THE RESIDENCE CLEAN

- Maintain good housekeeping practices and regularly dust, vacuum and mop to keep the Residence free of dirt and debris that can contribute to mold growth
- Use household cleaners on hard surfaces
- Remove garbage regularly and remove moldy or rotting items promptly from the Residence (whether food, wet clothing, or other materials)

CONTROL MOISTURE IN THE RESIDENCE AND INCREASE AIR CIRCULATION

- Use hood vents when cooking
- Use exhaust fans when bathing/showering until moisture is removed from the bathroom
- Hang shower curtains inside the bathtub when showering or securely close shower doors.
- Leave bathroom and shower doors open after use
- Use air conditioning, heating and fans as necessary to keep air circulating throughout the Residence
- Water all indoor plants outdoors
- Close windows and doors (when appropriate) to prevent rain and other outdoor water from coming inside the Residence
- Open windows when appropriate to increase air circulation
- Wipe up visible moisture
- If there is a washer in the Residence, periodically check the washer hose
- If a dryer is installed in the Residence, ensure that the vent is properly connected and clear of any obstructions and clean the lint screen regularly
- Ensure good air circulation in closets, cupboards and shelves by periodically keeping them open, not stacking items tightly, and/or using products to control moisture

PERIODICALLY INSPECT THE RESIDENCE FOR MOISTURE AND MOLD

The most reliable methods for identifying elevated amounts of mold are (1) smell and (2) routine visual inspections for mold or signs of moisture and water damage. You agree to inspect the property (both visually and by smell) for mold growth inside the Residence at least once per month. The inspection will include but is not limited to:

- Window frames, baseboards, walls and carpets
- The ceiling
- Any damp material made of cellulose (such as wallpaper, books, papers, and newspapers)
- Appliances (including washers/dryers/dishwashers and refrigerators)
- Around all plumbing fixtures (toilets, bathtubs, showers, sinks and below sinks)
- Areas with limited air circulation such as closets, shelves and cupboards
- Personal property

YOU AGREE TO PROMPTLY REPORT TO US IN WRITING:

- Visible or suspected mold you do not clean as explained below. Mold may range in color from orange to green, brown, and/or black. There is often a musty odor present.
- Overflows or leaks around showers/bath/sink/toilet/washers/refrigerator/air conditioners
- Plumbing problems
- Discoloration of walls, baseboards, doors, window frames, ceilings
- Loose, missing or failing grout or caulk around tubs, showers, sinks, faucets, countertops
- Clothes dryer vent leaks
- Any non-operational windows, doors, fans, heating or air conditioning units
- Any evidence of leaks or excessive moisture in the Residence or on the Property
- Any maintenance needed at the Property

YOU AGREE THAT YOU WILL NOT:

- Bring any personal property into the Residence that may contain high levels of mold, especially “soft possessions” such as couches, chairs, mattresses, and pillows
- Stack items against walls in a manner that decreases air circulation and may lead to mold
- Maintain an excessive number of indoor plants
- Maintain a fish tank or other water filled container without our written consent

If a small amount of mold has grown on a non-porous surface such as ceramic tile, Formica, vinyl flooring, metal, or plastic, and the mold is not due to an ongoing leak or moisture problem, you agree to clean the areas with soap (or detergent) and a small amount of water, let the surface dry, and then within 24 hours apply a non-staining cleaner such as Lysol Disinfectant®, Pine-Sol Disinfectant®, Tilex Mildew Remover®, or Clorox Cleanup®. Because Tilex Mildew Remover® and Clorox Cleanup® contain bleach (which may discolor some materials), they may not be appropriate cleaners if discoloration could be a problem.

You agree to comply with all instructions and requirements necessary to prepare the Residence and/or Property for investigation and remediation, to control water intrusion, to control mold growth, or to make repairs. Storage, cleaning, removal, or replacement of contaminated or potentially contaminated personal property will be your responsibility unless the elevated mold growth was the result of our negligence, intentional wrongdoing or violation of law. We are not responsible for any condition about which we are not aware. You agree to provide us with copies of all records, documents, sampling data and other material relating to any water leak, excessive moisture, mold conditions in the Residence or Property as soon as you obtain them. Violation of this section will be a material breach of this Agreement.

5.35 MOVE-OUT OBLIGATIONS

At termination of this Agreement, you must (a) give us all of your keys and other opening devices to the Residence, including any common areas; (b) surrender the Residence to us empty of all personal property and persons; (c) vacate all parking and storage spaces, if any; (d) deliver the Residence to us in the same condition as received, reasonable wear and tear excepted; (e) clean the Residence to the level of cleanliness as received; (f) and give us written notice of your forwarding address. At termination of the tenancy, we reserve the right to remove any improvements that you installed, whether or not we authorized the improvements, at your expense.

5.36 MULTIPLE RESIDENTS

If there is more than one Resident under this Agreement, each Resident is jointly and severally liable for all rental obligations. Violation of this Agreement by any Resident or Resident's Related Parties is deemed a violation by all Residents. Requests and notices from us to any Resident will constitute notice to all Residents and Occupants. Any notices from, consents by or actions taken by any Resident are deemed a notice from, consent by, or action of all Residents. All demonstrations, inspections and explanations made by us to one of the Residents will be binding on all Residents as if made to each of them. Any Resident or Occupant who has permanently moved out according to another Resident may, at our option and discretion, no longer be entitled to occupancy of or keys to the Residence. However, the termination of that person's right of occupancy will

not release that person from any and all obligations under this Agreement or any renewal, unless we agree otherwise in writing.

5.37 NO RELEASE

You will not be released from this Agreement on the grounds of voluntary or involuntary school withdrawal or transfer, business transfer, layoff or termination, marriage, divorce, marriage reconciliation, loss of co-Residents, or any other reason unless we agree otherwise in writing or unless the Military – Early Termination section above applies. We may grant or withhold consent to a release in our sole discretion.

5.38 OCCUPANTS

The Residence may be occupied only by the Resident(s) and all other authorized Occupants specified above in the Variable Lease Term section.

5.39 PARKING/GARAGE/VEHICLES

If parking spaces or garages are assigned, you may park on the Property only in the garage or parking space(s) specified in the Variable Lease Term section. Parking spaces and garages may not be used for operation of a business or as an extension of the living area of the Residence. We reserve the right to temporarily or permanently change your parking space(s) or garage and to assign another to you with 5 days' prior notice to you. We may issue parking stickers or other devices to control parking. If issued, you must use the parking control devices. If specified in the Variable Lease Term section, Garage/Parking Rent is charged for this privilege. Parking spaces (if any) may be used only for parking passenger automobiles or light utility vehicles. If a parking space or garage has been assigned to you, you must park in it to maximize parking for others. If an exclusive-use garage has been designated for your use, you may use your garage secondarily for storage, but only if it doesn't interfere with your ability to park in the garage. Garage doors must be kept closed and locked unless you are entering or exiting the garage. Vehicles not kept in compliance with applicable rules, regulations and law are subject to towing at the vehicle owner's expense. A vehicle may be towed if it: (A) has flat tires or other condition rendering it inoperable; (B) is leaking fluids; (C) for non-assigned parking spaces, has not been moved in more than 96 hours; (D) takes up more than one parking space; (E) belongs to a Resident or Occupant who has surrendered or abandoned the Residence; (F) is parked in a marked accessible space without the legally required Disabled Person Plate or Placard insignia; (G) blocks another vehicle from exiting; (H) is parked in a fire lane or designated "no parking" or "restricted parking" area; (I) is parked in a space reserved for other residents; (J) is not properly parked in a designated area; (K) blocks access to a garbage area, entrance, driveway, other parking spaces, or other area; (L) cannot lawfully be operated as a vehicle on the road; (M) has a malfunctioning alarm or has an alarm which is not silenced within 10 minutes; (N) is parked in a designated visitor or office parking space; or (O) any other reason allowed by law. Gasoline, fuels or other explosive materials may not be stored anywhere on the Property. You will be responsible for oil stains and other damage caused by your vehicles and the vehicles of your Related Parties. Parking is at the risk of the vehicle owner or operator. We will have no liability for damage to or loss of any vehicle or any personal property contained within a vehicle or a garage. Parking spaces may not be available for guests or they may be limited in number and location. Tandem parking will be permitted only with our prior written consent. You may install an electric vehicle charging station only with our advanced written consent, which will be granted or withheld in our sole discretion, except as otherwise provided by law. Operate your vehicle safely and limit your vehicle's speed to 5 miles per hour within the Property. You must immediately vacate and remove all vehicles from the Property (a) if you do not pay parking or garage fees (if any) when due; (b) after service of any notice allowed by law; and (c) at the earlier of the Termination Date or the date that you vacate the Residence. Unless otherwise agreed by us, Garage/Parking Rent will be due during the entire term of your tenancy.

5.40 PETS

You may not feed stray or wild animals. You may not have any pets at the Residence or on the Property without our prior written consent, which we may withhold in our sole discretion. This prohibition applies to all pets, including "visiting" pets. We grant you permission to keep any pets listed above in the Variable Lease Term

section as an “Authorized Pet.” If any pets are authorized you agree to follow the following rules for your pet(s):

- Pets may not cause any disturbance that might reasonably annoy neighbors including making noise, creating odors, or leaving waste on the Property.
- Any damage caused by a pet will be your responsibility and you will be charged to repair it. This includes (but is not limited to) window coverings, carpet cleaning or replacement, damage to walls, flooring, screens and common area landscape.
- Pick up after your pet(s) and properly dispose of all waste. Kitty litter must be placed in a bag before placing it in the trash.
- Use a stain and odor-removing product with enzymes (such as Nature’s Miracle) as necessary, and maintain the Residence in a sanitary, odor-free condition. You can determine where the stain and odor-removing product with enzymes must be used by viewing the Residence with a black light.
- If your pet is a cat, keep a scratching post.
- Pets must be licensed and vaccinated in accordance with local laws. You must provide proof if we request it.
- Comply with all local laws and regulations relating to the pets.
- Take action to avoid pest infestations (fleas, etc.) in the Residence and Property.
- You must confine your pet if we or our Related Parties need access to the Residence.
- Pets must remain inside the Residence unless they are under direct control of a responsible person at all times. Dogs must be on a leash when outside of the Residence. You agree to defend, indemnify and save us and Landlord’s Related Parties harmless from all loss, claim, damage or liability relating to your pets.
- You represent to us that the pet is housebroken, has no vicious tendencies or history of threatening or causing harm to persons by biting, scratching, chewing or otherwise.
- Pets are not allowed in pool areas, clubhouses, business office, laundry rooms, business center or fitness centers. Pets may not be bathed or groomed in the laundry room sinks, pools, or pool area.
- Permission to have a pet may be revoked at any time with three days’ notice for cause, or with thirty days’ notice without cause. You will be asked to remove any pet that bothers others or constitutes a problem (potential or actual) to neighbors or others, as determined in our sole discretion. If you fail to remove your pet after being requested to do so, this will be a material breach of the Agreement, allowing us to terminate your tenancy.

5.41 POOL/SPA

If the Property has a pool or spa, you may use them only during posted hours and you agree to comply with all posted notices and rules. You may not serve or eat food in or around the pool area at any time without our consent. Drinks must be served in unbreakable containers, and no alcoholic drinks are allowed in the pool area. For safety reasons, people should not use the pool and/or spa alone, should not dive into the pool (unless off of a diving board) or spa, and no intoxicated persons may use the pool or spa. Be considerate of others. Don’t be excessively noisy or rowdy or wear excessively revealing clothing. Please shower before using the pool and spa. Do not use inner tubes, rafts or any other personal items or objects in the pool if they disturb others (with the exception of personal flotation devices for persons who cannot swim). Incontinent people using the pool or spa must use waterproof pants. Use the pool safety equipment only in case of emergency. **NO LIFEGUARD WILL BE ON DUTY.** People use the pool and spa at their own risk. We will not be responsible for accident or injury, or articles that are lost, damaged or stolen.

5.42 POSTED SIGNS AND INSTRUCTIONS FROM LANDLORD

You must obey all posted signs on the Property and instructions from us.

5.43 POSTING FLYERS

Flyers may be posted only in designated areas, if any. If flyers are allowed to be posted, we may remove any commercial or offensive material, or material not in keeping with the nature of the Property, as determined in our sole discretion.

5.44 REPRESENTATIONS OF RESIDENT

You warrant that all statements in your rental application and other documents submitted by you to us (whether previously or in the future) are accurate. If they are not, this will be a non-curable breach of this Agreement and we may terminate your tenancy.

5.45 SATELLITE DISHES AND ANTENNA

You may install a satellite dish or antenna for personal, private use under the following conditions:

- It must be one meter or less in diameter;
- It may only be installed in the Residence in areas within your exclusive control. No part may extend beyond a balcony or patio railing. It may not be installed in common areas, including but not limited to the roof, outside walls, window sills, common balconies, hallways or stairways. Note that allowable locations may not provide an optimal signal, or any signal. We do not warrant that the Residence will provide a suitable location for receiving a signal.
- You may not make physical modifications to the Property and may not cause physical or structural damage to the Property. No holes may be drilled through exterior walls or the roof.
- You must install, maintain and remove it in a manner consistent with industry standards and you will be liable for any damage or injury caused by the installation, maintenance or removal.
- You must move it at your expense, upon our request, for Residence or Property maintenance or repairs.

5.46 SECURITY

The Property is not a full security property and we do not guarantee or warrant your personal security or safety. We are not responsible for obtaining criminal-history checks on any residents, occupants, guests or contractors in the Property. We have no duty to provide security services or devices other than the duty to provide (a) an operable dead bolt lock on each main swinging entry door of the Residence and (b) operable window security or locking devices for windows designed to be opened (except for louvered windows, casement windows and windows more than 12 feet vertically or 6 feet horizontally from the ground, a roof, or other platform). After you take possession of the Residence, we will have no obligation or duty to inspect, test or repair any lock or other security device unless you request us to do so in writing. Any cautionary measures that we take (whether applicant screening, security devices or courtesy patrol services) which may presently exist or later be installed on the Property are neither a guarantee nor warranty against criminal acts of others on the Property or otherwise. Your personal safety and security are your personal responsibility. If criminal activity occurs, contact the appropriate law enforcement agency. You may not install security devices (such as security cameras or video doorbells) that capture images and sounds outside the Residence without our permission (which may be granted or withheld in our sole discretion).

5.47 SIGNS

We retain the right to place For Sale/For Rent signs on the Residence.

5.48 SMOKE AND CARBON MONOXIDE DETECTION

The Residence is equipped with a functioning smoke detection device(s) and may be equipped with a functioning carbon monoxide detector. You must test the device(s) weekly and immediately report any repair needs to us.

5.49 SMOKE FREE AREAS

The parties want to reduce or eliminate (i) the irritation and known health effects of secondhand smoke; (ii) the increased maintenance, cleaning and redecorating costs from smoking, and (iii) the increased risk of fire and insurance costs associated with smoking. "Smoking" means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, e-cigarette, or other similar lighted product (whether tobacco, marijuana, or any

other substance) in any manner or in any form. You and your Related Parties may not smoke anywhere in the designated smoke-free areas, described in the Variable Lease Term section. You must inform your Related Parties of the no-smoking policy. Other residents of the Property are third-party beneficiaries of this Agreement provision (your smoke-free obligations and restrictions are made to benefit other Property residents as well as to us.) A resident may sue another resident for an injunction to prohibit smoking or for damages, but may not evict another resident. We will have the right, but not the obligation, to enforce your smoke-free obligations. A material breach of your smoke-free obligations will be a material breach of this Agreement and grounds for immediate termination of this Agreement and your tenancy. Neither we nor our Related Parties guarantee or warranty the smoke-free condition of the designated smoke-free areas or the health of you or your Related Parties. We make no implied or express warranties that the Residence or Property will have higher air quality standards than any other areas. The success of our efforts to make the designated areas smoke-free depend on voluntary compliance by you and others. We reserve the right to change or eliminate our smoke-free policy in the future. You acknowledge that current residents may not be under the same smoke-free restrictions.

5.50 STORAGE

If specified above in the Variable Lease Term section, a separate storage area is provided to you. If specified, Storage Rent is charged for this privilege. Storage space may be used only for storage of non-perishable personal property, expressly excluding (a) any potentially dangerous, flammable, hazardous or toxic property or materials, and (b) any firearms or ammunition. We reserve the right to assign to you another storage space with 5 days' prior notice to you. You must vacate and remove stored property (a) if you do not pay storage fees (if any) when due; (b) after service of any notice allowed by law; and (c) at the earlier of the Termination Date or the date you vacate the Residence. Unless we otherwise agree, the Storage Rent will be due during the entire term of your tenancy. If you do not remove stored property from the storage space when required, the remaining stored property may be deemed abandoned and we may dispose of it as allowed by law.

5.51 TELEPHONES

We will comply with California law by providing at least one usable telephone jack and maintaining the telephone wiring inside the Residence in good working condition. There may be multiple telephone service providers in the area where the Residence is located. Providers may vary in the services provided and fees charged for connection and/or other charges in service. Some service providers may charge fees of \$120.00 or more to change telephone service from another company to their own. We make no representation regarding which service provider, if any, provided service to prior tenants. Our obligation to maintain inside wiring does not include liability for fees to cross-connect to activate service. You are responsible to arrange all service connections and pay any and all fees associated with the service.

5.52 TEMPORARY RELOCATION

You agree, at our demand, to temporarily vacate the Residence for a reasonable period and for reasonable purpose, including fumigation, Residence testing/inspection, or repairs. You must comply with all instructions necessary to prepare the Residence for fumigation, testing/inspection or repair. If you must vacate, you will be entitled only to an abatement of Rent equal to the per diem Rent for the period that you are required to vacate the Residence, and only if you must vacate for more than 12 hours, and only if you did not cause or exacerbate the condition requiring you to vacate, and only if we do not provide you with alternate housing.

5.53 USE

The Residence may be used as a personal residence only and not for any business or commercial use (except child care as specified by law). However, you may maintain a personal home office if the home office use does not involve (1) people coming to the Residence for business purposes, or (2) selling goods or services from the Residence. You may not conduct any auction, garage sale, yard sale or similar activities in the Residence or in the Common Areas.

5.54 UTILITIES

Details about utilities, (including information about who is responsible for the cost of each utility), are specified in the Variable Lease Term section. If it is specified that you will contract directly with the utility provider, you must do so before move-in to avoid an interruption of services. If electricity, natural gas, water or sewer services have been discontinued, occupancy of the Residence is hazardous and will be a breach of this Agreement. Billing statements provided by us or by our billing service must be paid by the due date specified on the billing statement. If you don't pay utility-related charges when they are due, we may discontinue providing the utility to you (if allowed by law), and your failure will be a material breach of this Agreement. We reserve the right to change utility billing service providers. If we do, you will be notified in writing. You will be responsible for utilities designated as being your responsibility consumed during your occupancy beginning on the date of delivery of possession until we reacquire possession of the Residence. If you breach this Agreement by vacating the Residence before the end of the term, you will also be responsible for utility-related charges until the earlier of the Termination Date or until the Residence is re-rented. The due date for Rent and the due date for utility-related charges may not coincide. For any utilities that are not placed in your name, you may use only normal household amounts, and you may not use them for business, commercial, or fee-generating purposes. You must comply with all utility conservation efforts (whether implemented by governmental agencies, water providers or us) and if you fail to do so, this will be a material violation of this Agreement allowing us to terminate your tenancy. You will be responsible for any fines or charges we incur because of your failure. You must pay charges for utilities you consume, even if they have not been invoiced before you vacate the Residence. Any obligation that remains unpaid, including amounts that have not yet been invoiced when we reacquire possession, may be deducted from your Security Deposit. If actual amounts have not been determined before we provide an accounting of your Security Deposit, we may estimate the amount until actual numbers become available. Any billings based on submeter readings will itemize the beginning and ending meter readings, the rate charged to you, and all categories of information that appear within the utility's standard billing format to us. We reserve the right to modify the method by which utilities are provided to the Residence or billed to you during your tenancy. If we are billed for utility services which are your responsibility, you must repay us for the charges within 10 days of our demand for payment. You may not disturb, tamper, adjust, or disconnect any submetering device or system. We may estimate your consumption if your submeter is broken or does not transmit a meter reading or if we have not received invoices from the utility provider in time to prepare your invoice. We are not liable for claims arising from utility service outages, interruptions, or fluctuations in utilities provided to your Residence not reasonably within our control. Common area utilities are for our use only; you may not use them for your personal use.

5.55 WINDOW COVERINGS

If we provide window coverings, you must use them. If we do not provide window coverings, any window treatments you install must appear white to the outside. Do not use sheets, blankets, foil, etc., in place of draperies or blinds. Do not place objects on a windowsill which are visible from the outside.

5.56 WATERBEDS AND AQUARIUMS

Waterbeds are permitted only with our written permission which will be provided in accordance with California law. Permission may be conditioned on insurance protecting us, an increase in the security deposit equal to one-half month's Base Rent, and installation and maintenance in accordance with industry standards. You must also obtain our permission to have an aquarium of more than 5 gallons.

By initialing below, you acknowledge and agree to the terms in Section 5.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

6. DISCLOSURES AND NOTICES

6.1 ASBESTOS

Asbestos is known to cause cancer. Any knowledge or records we have of asbestos in the Residence or Property is specified in the Variable Lease Term section of this Agreement. Disturbing or damaging asbestos containing materials may increase the potential exposure to asbestos. Do not pierce or damage asbestos containing material. Notify us immediately in writing if there is any damage to or deterioration of the asbestos containing materials.

6.2 LEAD WARNING INFORMATION

If indicated in the Variable Lease Term section, the Residence was built prior to 1978. Housing built before 1978 may contain lead-based paint. Lead from lead-based 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 pre-1978 housing, landlords must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Residents must also receive a federally approved pamphlet on lead poisoning prevention.

Knowledge we have of lead-based paint and/or lead-based paint hazards in the Residence or Property is specified in the Variable Lease Term section. Available reports or records pertaining to lead-based paint and/or lead-based paint hazards in the Residence or Property are identified. Your signature on this Agreement is your acknowledgment that you have been provided a copy of the pamphlet *Protect Your Family From Lead In Your Home* and that the reports or records have been made available for your review.

6.3 REGISTERED SEX OFFENDERS 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.

By initialing below, you acknowledge and agree to the terms in Section 6.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

7. BREACHES AND REMEDIES

7.1 RESIDENT DEFAULT

Your right to remain in possession of the Residence is conditioned on your timely and full performance of each of your obligations under this Agreement and applicable law. You will be in material default under the Agreement:

- If you abandon or vacate the Residence;
- If you fail to pay Rent, or any other charge required to be paid by you, as and when due;
- If you breach any other obligation under this Agreement or applicable law;
- If you have supplied any false or misleading information to us on a rental application or otherwise. This type of default is non-curable.

7.2 REMEDIES

If you default, we may elect to terminate your rights under this Agreement, and recover from you all damages we incur as a result of the default, including the cost of recovering possession of the Residence, rental commissions, advertising expenses and other costs incurred because of your breach of the Agreement and the Rent and other amounts due through the end of the Agreement term, (including Rent due up through the date you vacate the Residence, Rent due through the date of judgment, and Rent due after the date of judgment through the end of the original Agreement term) and any other amount necessary to compensate us for your breach of the Agreement, minus amounts we reasonably could have avoided.

7.3 CUMULATIVE REMEDIES

All remedies specified in this Agreement for noncompliance are cumulative.

7.4 CREDIT

A negative report reflecting on your credit record may be submitted to credit-reporting agencies if you fail to fulfill the terms of your obligations under this Agreement.

7.5 DAMAGES FOR FAILURE TO VACATE

If you fail to completely vacate the Residence when required, you will be liable for all resulting losses suffered by us including but not limited to, future resident losses, lost Rent and other amounts due, legal costs and other expenses.

7.6 ATTORNEY FEES

In any legal action brought by either party to enforce this Agreement or relating to the Residence, the prevailing party will be entitled to all costs incurred in connection with that action, including reasonable attorney fees, expert witness and consultant fees, and costs and expenses. If an Attorney's Fee Cap is specified in the Variable

Lease Term section, attorney's fees awarded by a court may not exceed that amount. You must pay all collection-agency fees we incur if you fail to pay all sums due within 10 days after we mail you your security deposit accounting or other demand for payment.

By initialing below, you acknowledge and agree to the terms in Section 7.

X AG X AC
Alina C. Grayeske Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

8. AGREEMENT INTERPRETATION

8.1 AGREEMENT

The submission of this Agreement to you for examination and/or execution does not constitute an option or offer. This Agreement will not be effective until signed and delivered by all parties or until we deliver possession of the Residence to you, whichever occurs first.

8.2 AMENDMENT

This Agreement may not be amended or altered except by a written agreement, signed by you and us.

8.3 CONSTRUCTION

The singular form will include plural, and visa versa. This Agreement will not be construed as if it had been prepared by one of the parties, but rather as if both parties have prepared it.

8.4 INTEGRATION

This Agreement and the documents referenced in it constitute the entire agreement between the parties, which supersedes all prior and contemporaneous negotiations, agreements, promises and representations.

8.5 PARTIAL INVALIDITY

If any portion of this Agreement is unenforceable or invalid, that portion will have no effect, but all the remaining provisions of this Agreement will remain in full force.

8.6 SUCCESSORS AND ASSIGNS

This Agreement is binding upon and inures to the benefit of the heirs, assigns, successors, executors, and administrators of you and us.

8.7 TIME IS OF THE ESSENCE

Time is of the essence as to each obligation to be performed under this Agreement.

8.8 VERBAL REPRESENTATIONS

You agree that we have not made any oral promises, representations, or agreements not contained within this written Agreement.

8.9 WAIVER

Our failure to enforce any term of this Agreement will not be deemed a waiver, nor will acceptance of a partial payment be deemed a waiver of our right to the full amount due. Waiver may not be established by course of conduct. No waiver will exist unless written and signed by the parties. If any invoice, ledger or accounting we prepare is inaccurate, the inaccuracy will not be a waiver, and you will be obligated to pay the amount in this Agreement.

By initialing below, you acknowledge and agree to the terms in Section 8.

X AG
Alina C. Grayeske

X AC
Andres M. Cervantes

X MGF
Manuella Guasti Fernandes

HEETWAVE PROPERTIES

333 H STREET • SUITE 5000 • CHULA VISTA, CA 91910
(888) 557-4338



9. Election: Positive Rental Payment Reporting

9.1 ELECTION: POSITIVE RENTAL PAYMENT REPORTING

This Election: Positive Rental Payment Reporting is for Manuella Guasti Fernandes, Alina C. Grayeske, Andres M. Cervantes (“Resident”) for the real property known as 4912 MUIR AVE - 5 San Diego, CA 92107 (the “Residence”).

Pursuant to California Civil Code Section 1954.07, you may elect to have positive rental payment information reported to at least one nationwide consumer reporting agency. This form serves as the election to opt into the previously provided offer to Resident of this right.

“Positive rental payment information” is defined as information regarding a resident’s complete, timely payments of rent and does not include an instance in which a resident did not completely or timely make a rental payment.

Resident is hereby notified and acknowledges the following:

1. Positive rental payment information reporting is optional and not required.
2. Positive rental payment information will be reported to the following consumer reporting agency/agencies: TransUnion & Equifax
3. The monthly fee for the positive rental payment information reporting service is \$6.95 for 1 tenant; \$9.95 for 2 tenants; \$12.95 for 3 tenants. Payment of the fee will be payable to: **Credit Rent Boost**, a Third-Party service reporting positive rental payment information on Landlord’s behalf.
4. To opt into positive rental payment information reporting, Resident must Go to <https://creditrentboost.com/?affi=0065> and use promo code **HEETWAVE** to receive a discount on your enrollment.
5. Resident may opt into positive rental payment information reporting at any time after the initial offer by Landlord.
6. Resident may elect to stop positive rental payment information reporting at any time but will not be able to resume positive rental payment information reporting for at least six (6) months after the election to opt out has been made.
7. If Resident elects to opt out of positive rental payment reporting (which can be done at any time), instructions for opting out are as follows: Contact Credit Rent Boost directly at www.creditrentboost.com.
8. Failure to pay the monthly fee for positive rental payment information reporting will result in termination of the reporting service by Landlord, and Resident will not be able to opt back in for 6 months. Failure to pay the monthly fee will not be the basis for eviction from the Residence.

By signing below, Resident is acknowledging they have read and understood the foregoing and agree to opt into positive rental payment information reporting in accordance with the terms set forth above and in the “Offer: Positive Rental Payment Reporting Addendum” (or “Notice of Offer: Positive Rental Payment Reporting” or “Offer: Positive Rental Payment Reporting (Annual)”).

By signing below, you acknowledge and agree to the terms in Section 9.

X *Alina Grayeske*

Lessee	IP Address: 172.56.244.35
	09/06/2025 09:18am PDT

X *Andres Cervantes*

Lessee	IP Address: 172.59.48.192
	09/06/2025 09:51pm PDT

X *Manuella Guasti Fernandes*

Lessee	IP Address: 207.213.21.13
	09/08/2025 09:15am PDT



P.O. Box 15284
Wilmington, DE 19850

ALINA CARRIE GRAYESKE
MANUELLA GUASTI FERNANDES
4912 MUIR AVE APT 5
SAN DIEGO, CA 92107-2132

Customer service information

- Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
- bankofamerica.com
- Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for June 19, 2026 to July 22, 2026

Account number: 3252 1325 5071

ALINA CARRIE GRAYESKE MANUELLA GUASTI FERNANDES

Account summary

Beginning balance on June 19, 2026	\$172.00
Deposits and other additions	0.00
Withdrawals and other subtractions	-0.00
Checks	-0.00
Service fees	-12.00
Ending balance on July 22, 2026	\$160.00

Better Money Habits®

What are your financial goals?

Better Money Habits® helps you make sense of your money and take charge of your financial life. You have the power to pursue your savings, credit and general money goals with education, tools — and confidence.

Scan this code to get started today at BetterMoneyHabits.com.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Bank of America, N.A., Member FDIC. Equal Housing Lender ©2026 Bank of America Corporation. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice.



SSM-03-26-0342.B | 8814803



Payment Receipt

New Business
Transaction #57592101
New Business #44579323

65 E San Ysidro Blvd
San Diego CA 92173
Phone : 619-323-0725
License # 6002326
Office : 1323 San Ysidro-San
Ysidro

Manuella Guasti Fernandes
4912 Muir Ave Apt 5
San Diego CA 92107-2132

Customer #24905723
Received By: **Enrico Ramos**
Print Date/Time : 4/6/2026 2:26 PM PDT

Fees

Added Date	Type	Description	Amount
4/6/2026	Automobile Insurance	Down Payment to Carrier	\$62.99
4/6/2026	Broker Fee	Broker Fee	\$100.00
4/6/2026	Documentation Fees	Documentation and Imaging Fee	\$40.00
Total Fees:			\$202.99

Received Payments

Received Date	Type	Description	Credit Card # / Check # / Other	Amount
4/6/2026	None- NoCoverageUntilPaid			\$202.99
Total Amount Received :				\$202.99

TOTAL PAYMENT : \$202.99

By way of this receipt, I acknowledge that I have may conducted this insurance transaction with an affiliated company. Any sharing of my information by and amongst these affiliates is solely for the purpose of completing the insurance transaction. Affiliated companies are listed here: <https://www.freeway.com/affiliate-disclosure/>

Customer Service: (877) 879-0606

Policy Number: ncup

Insurance Company: Bluefire Insurance

Customer Signature: *Manuella Guasti Fernandes* Agent Signature:

Enrico Ramos

Customer Service: (800) 300-0227

Insurance Company: Bluefire Insurance

Note: For Credit Card and Electronic Check Payments (AHC) charges will appear on your statement as FREEWAY INSURANCE CA

**** If the Received Payments Type above indicates "None - No Coverage Until Paid", then no payment has been received and this document is not evidence of coverage or receipt of payment. ****

Customer Signature: *Manuella Guasti Fernandes* Agent Signature:

Enrico Ramos

My Name is Alina Grayeske I am the Wife of Manuella Guasti Fernandes. I confirm Manuella can live in our home at 4912 Muir Ave apt 5 San Diego, Ca 92107. I Will ensure she attends all required immigration hearings and proceedings.

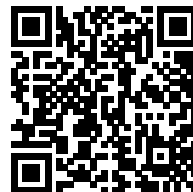
A handwritten signature in black ink, appearing to read 'Alina Grayeske', written in a cursive style.

Alina Carrie Grayeske

4912 Muir Ave Apt 5
San Diego, Ca 92107

(760)793-6808

Exhibit 9 - Evidence of No Criminal History



No. 157749952026

Ministry of Justice and Public Security
Federal Police

ePol - SINIC
National Criminal Information System
Police Clearance Certificate

The Federal Police **CERTIFIES**, after a search in the National Criminal Information System - SINIC, that, as of this date, there is **NO RECORD** of a final criminal conviction recorded in the name of **MANUELLA GUASTI FERNANDES**, of Brazilian nationality, daughter of ADILSON APARECIDO FERNANDES and ROSEMARY GUASTI FERNANDES, born on 03/04/1996, from Londrina-PR, CPF 086.588.619-96, passport GB982081.

This certificate was issued on **08/10/2026** at **5:13 p.m.** (Brasília time / GMT-3) based on the information provided and shall only be valid upon presentation of an identification document for data verification.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at <https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/> and entering the certificate number 157749952026.

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

Marina Viana

Date: August, 11 2026



Nº 157749952026

Ministério da Justiça e Segurança Pública
Polícia Federal

ePol - SINIC
Sistema Nacional de Informações Criminais
Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **MANUELLA GUASTI FERNANDES**, país de nacionalidade Brasil, filho(a) de ADILSON APARECIDO FERNANDES e ROSEMARY GUASTI FERNANDES, nascido(a) aos 04/03/1996, natural de Londrina-PR, CPF 086.588.619-96, passaporte GB982081.

Esta certidão foi expedida em **10/08/2026** às **17:13** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "<https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/>", e digitando o número da certidão 157749952026.



STATE DEPARTMENT OF PUBLIC SECURITY
CIVIL POLICE OF PARANÁ
PARANÁ INSTITUTE OF IDENTIFICATION
CRIMINAL INFORMATION DIVISION

POLICE CLEARANCE CERTIFICATE

Name: MANUELLA GUASTI FERNANDES
Identity Card No.: 11054509-6
Parent 1: ADILSON APARECIDO FERNANDES
Parent 2: ROSEMARY GUASTI FERNANDES
Date of Birth: 03/ 04/ 1996
Place of Birth: LONDRINA/ PR

The above-identified individual has **NO** criminal record on file with the Paraná Institute of Identification as of the date of this report.

This document has been issued pursuant to Article 20 of the Code of Criminal Procedure (Decree-Law No. 3,689/1941) and Article 202 of the Law of Penal Execution (Law No. 7,210/1984).

CURITIBA, August 11, 2026


MARCUS VINICIUS DA COSTA MICHELOTTO
Director

- 1- The authenticity of this document may be verified on the website www.ii.pr.gov.br by entering the verification code 6A97BM, or by accessing the adjacent QR code.
- 2- This document consists of 1 page – Page 1 of 1.



PCPR

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

Marina Viana

Date: August, 11 2026

Exhibit 10 - Evidence of Community Ties















Anna Marie Pirozzi
4752 Point Loma Ave
San Diego, CA, 92107
973 738 9448
Pirozzia1@gmail.com

8/9/2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Anna Marie Pirozzi, and I am writing in support of Manuela Guasti Fernandes. I have known Manuela for three years as her friend and community member. I first met her when she worked at a local coffee shop and after, she began her relationship with another close friend of mine, Alina Grayeske.

During the time I have known Manuela, I have come to know her as a genuine, kind, loving, and selfless person. When I first met Manuela, she would offer so much to me out of love and support. She is someone who would give the shirt off her back to you in a time of need.

I have also had the opportunity to spend time with Manuela and her wife, Alina Grayeske. From what I have personally observed, it's been beautiful to watch their relationship blossom into what it is today. They support one another during the highs and lows, share so much laughter and love. They have truly intertwined their lives and loved ones together.

Manuela has meaningful relationships with the people around her and has made a positive impact on her community.

Based on my personal experience with Manuela, I believe she is a responsible person with a strong support system. I believe she will take her immigration proceedings seriously and comply with all required hearings, appointments, and check-ins.

I respectfully ask that Manuela Guasti Fernandes be considered for release so that she may return to her wife, family, and community while her immigration case continues. Please feel free to contact me if any additional information is needed.

Sincerely,



Signature:

Printed Name: Anna Pirozzi

Date: 8/9/2026

Phone: 973-738-9448

Email: pirozzia1@gmail.com

California USA DRIVER LICENSE

FEDERAL
LIMITS
APPLY



DL **W9759072**

CLASS C

EXP **10/11/2029**

END NONE

LN **PIROZZI**

FN **ANNA MARIE**

4929 DEL MONTE AVE APT 110
SAN DIEGO, CA 92107

DOB **10/11/1996**

RSTR CORR LENS

10111996

DONOR



SEX **F**

HAIR **BRN**

EYES **BRN**

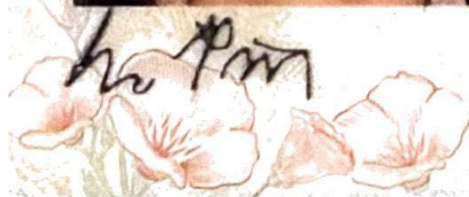
HGT **5'-05"**

WGT **130 lb**

ISS

DD 12/13/202450633/AAFD/29

12/13/2024



Laurel Allie Browning

2461 W. Mallard Lane

Hanford CA 93230

559-817-0198

Laurel.poulton@gmail.com

10 August 2026

Letter of Support for Manuella Guasti Fernandes

To Whom It May Concern:

My name is Laurel Allie Browning, and I am writing in support of Manuella Guasti Fernandes. I have known Manuella for about a year as her friend and now family member. Manuella is my Sister- in Law and the much loved Aunt to my children. I met her through my sister Alina Grayeske shortly after they met in February of 2025. I immediately saw how happy she made my sister and how much love and respect that they have for each other. I was thrilled to hear that they decided to get married in November and have never seen my sister happier than she has been with Manuella. They have a beautiful life and she has seamlessly integrated into our lives. When we come to visit them she goes out of her way to make sure that she has time to spend with us and shows my boys kindness and undivided attention, listening about their current hobbies. She is a vital part of our family bringing us all joy. Manuella is a walking exclamation mark you can't help but be happy around her.

During the time I have known Manuella, I have come to know her as an incredibly kind, caring and dependable person. She takes care of my sister making sure she eats well and takes time to decompress, which is very hard for her to do, with my sister recently opening a Brazilian Jiu-Jitsu gym, her life long goal . She also

volunteers her skills as a black belt in Mui-Thai helping with kid classes in mixed martial arts specializing with her own magic. Helping kids like mine with autism learn how to use their bodies and brains is new ways making very challenging classes fun for everyone. She makes all of our lives better and makes my sister more grounded and happy.

Based on my personal experience with Manuella, I believe she is a responsible person with a strong support system. I believe she will take her immigration proceedings seriously and comply with all required hearings, appointments, and check-ins.

I respectfully ask that Manuella Guasti Fernandes be considered for release so that she may return to her wife, family, and community while her immigration case continues. Please feel free to contact me if any additional information is needed.

Sincerely,

Signature:

Printed Name: Laurel Allie Browning

Date: 08/10/2026

Phone: 559-817-0198

Email: Laurel.poulton@gmail.com

California USA **DRIVER LICENSE**



DL **D2517642** CLASS C
EXP **10/27/2028** END NONE
LN **BROWNING**
FN **LAUREL ALLIE**
2461 W MALLARD LN
HANFORD, CA 93230
DOB **10/27/1984**
RSTR NONE 10271984
DONOR
SEX **F** HAIR **BRN** EYES **BLU**
HGT **5'-07"** WGT **250 lb** ISS
DD 10/10/2018565RB/DDFD/28 07/27/2023

U.S. Department of Defense / Uniformed Services



Relationship
Spouse
Sponsor Affiliation
Active Duty
Sponsor Pay Grade
E7
Sponsor Rank
CPO
Sponsor Agency / Department
Navy
Authorized Patronage
**MWR, Commissary
Unlimited Exchange**
Expires
2027NOV26

**BROWNING,
LAUREL ALLIE**
Identification and Privilege Card

Ashley Amber Carvalho
3050 Rue D'Orleans
San Diego, CA 92110
Ashleythechimera@gmail.com
(619)920-9204
August 11th, 2026

Dear Officer,

My name is Ashley Carvalho, and I am a friend of Manuella Guasti. I am a natural born American citizen. I was born in Los Angeles California on April 18th, 1996.

I have known Manuella for two years. We have spent time together at social gatherings, surf outings, and frequently catching up one on one. Manuella has always been a respectful, kind, law abiding member of our community. She is married to an American citizen and is currently awaiting the processing of her I-130 application to affirm the legal validity of her relationship.

The most significant instance of our time spent together for me was when Manuella attended my wedding to my wife, Laura Carvalho. The wedding took place on October 31st of 2025 at Sunset Cliffs in Ocean Beach, San Diego. I have provided accompanying photo evidence of this event. My wife and I keep a small social circle of only the most significant friends, Manuella being one of them. Our friendship is a strong social tie that I believe is a further testament to her community roots.

I firmly believe Manuella has never posed a threat to anyone in any form. I believe she has every reason to remain in San Diego throughout upcoming proceedings to ensure she has the opportunity to remain here long term. Cumulatively, I am hopeful that this demonstrates Manuella is not a flight risk and will graciously comply with attending all hearings, appointments, and communication if granted bond.

I am prepared to testify before an immigration officer and/or the court. I swear and affirm, under penalty of perjury, that all of the statements above are factual and truthful to the fullest extent of my knowledge. I am willing to provide any additional information relevant to support Manuella's case.

Thank you for your time and consideration of allowing my friend to be released on bond.

Sincerely,
Ashley Amber Carvalho


8/11/2026

CALIFORNIA DRIVER LICENSE
USA

FEDERAL
LIMITS
APPLY

4d DUN **Y7144146** 4b EXP **04/18/2030**
3DOB **04/18/1996**

CARVALHO
ASHLEY AMBER
8 3050 RUE D ORLEANS UNIT 299
SAN DIEGO, CA 92110
9 CLASS **C**
9a END **NONE**
12 REST **CORR LENS**

DDMOR

4a ISS **02/20/2026**
5 DOB **02/20/2026** 544B6FD30

15 SEX **M** 18 EYES **BRN**
16 HGT **5'-10"** 19 HAIR **BRN**
17 WGT **165 lb**



August 8, 2026

To Whom It May Concern:

My name is Cierra Lacefield, and I am writing in strong support of my friend, Manuella Guasti Fernandes, who is currently being held at the Otay Mesa Detention Center. I have known Manuella for two years and have come to know her as an exceptionally hardworking, dependable, and caring person.

Manuella is happily married to Alina Grayeske, and their marriage is a loving and committed partnership. Her wife, family, friends, and community are deeply invested in her well-being and are prepared to support her throughout this process. She has meaningful, lasting ties to her home and every reason to remain with the people who depend on and care about her.

Manuella is also a pillar of her community. She volunteers at her wife's business, OB Jiu Jitsu Collective, as a children's jiu-jitsu coach and Muay Thai coach. She has built strong relationships with the people she has coached and mentored, and she plays an important role in helping the business and its community continue to grow and succeed. She consistently shows up for the people around her and treats others with generosity, compassion, and respect. Her absence has already been deeply felt by those who rely on her friendship, guidance, support, and presence.

Manuella is an extremely hardworking and responsible person. Through her volunteer work as a coach and her work as a photographer, she has demonstrated dedication, reliability, and a genuine desire to contribute positively to her household and community. She looks forward to becoming an active participant in the American economy when legally authorized to do so and has been taking the appropriate steps to participate fully in American society. Her work ethic, commitment, and passion for coaching and mentoring others are stronger than I have seen in many of the people with whom I served in the military. Manuella takes her responsibilities seriously and has built a stable life surrounded by people who love and support her.

Based on my personal knowledge of her character, marriage, responsibilities, and strong community ties, I firmly believe that Manuella is not a flight risk. She understands the importance of complying with all legal requirements and attending every scheduled hearing and appointment. She has stable housing and a strong support system that will help ensure she fulfills every obligation required of her.

I respectfully ask that you consider releasing Manuella Guasti Fernandes so that she may return to her wife and community while her case proceeds. If released, she will have stable housing, emotional and practical support, and assistance attending all required proceedings. I have complete confidence that she will comply with every condition placed upon her.

Thank you for considering this statement and the positive role Manuella plays in the lives of so many people. I am willing to provide any additional information that may be helpful.

Very respectfully,

A handwritten signature in black ink, appearing to read 'Cierra', with a stylized, flowing script.

Cierra Lacefield
253 10th Ave
UNIT 727
San Diego, CA 92101
(616) 438-7522
cierraeliza6@gmail.com

1:29



21 26077

21 26077
Y54732580401Rev 05/20/2024
03/30/1995CLASS: C - Veh w/GVWR ≤ 26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None

03/30/95

This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

CALIFORNIA DRIVER LICENSE
USA

CL95CL95CL95CL95CL95

4d DLN Y5473258
3 DOB 03/30/1995

4b EXP 03/30/2028

1 LACEFIELD
2 CIERRA ELIZABETH
8 3098 RUE DORLEANS UNIT 205
SAN DIEGO, CA 92110

9 CLASS C

9a END NONE

12 REST NONE

4a ISS 03/18/2026
5 DDE 07/11/20186460D/BBFD/2815 SEX F 18 EYES HZL
16 HGT 5'-03" 19 HAIR BRN
17 WGT 125 lb

To Whom It May Concern:

My name is Devon Allen, and I am writing in support of my friend, Manuella Guasti. I have known Manuella for over a year after meeting her at OB Collective, the jiu-jitsu gym where I train. During that time, I have come to know her as an exceptionally kind, dedicated, and community-minded person.

Manuella has volunteered her time at OB Collective, mentoring children through jiu-jitsu and Muay Thai. The children genuinely love and look up to her. She has been a positive role model, helping them develop discipline, confidence, respect, and perseverance through martial arts. Her influence extends far beyond physical training - she helps shape their character and gives them someone dependable to learn from.

Manuella has also volunteered with another after-school program, where she continued mentoring young people through Muay Thai. She has generously devoted her time and energy to supporting children and strengthening our community while also helping her family in Brazil. She came to the United States hoping to build a better life for herself and pursue the American dream. Few people I know have shown the same level of dedication, generosity, and determination.

Manuella is deeply loved by her friends, family, students, and the entire community surrounding our gym. She has consistently contributed her time, energy, and talents to improving the lives of others - especially children. She is an amazing person with a generous spirit, and our community is unquestionably better because of her presence.

Her sudden detention has left her students, friends, and loved ones heartbroken. The children she mentored have lost a trusted role model who played an important part in their lives. Her absence is deeply felt throughout our community.

I respectfully ask that Manuella's strong character, family responsibilities, volunteer service, and positive impact on our community be given full consideration. She is a valued friend, mentor, and community member. I sincerely hope she is given the opportunity to return to the people who care about her and to continue making a meaningful difference in the lives of others.

Thank you for your time and consideration.

Respectfully,

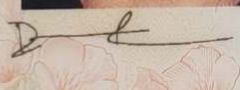
Digitally signed by: Devon Allen

Date: 08-09-26

A handwritten signature in black ink, consisting of a large 'D' followed by a stylized 'A' and a long horizontal flourish extending to the right.

California USA **DRIVER LICENSE** 

 **DL** **F4476766** **CLASS C**
EXP **05/12/2028** **END NONE**
LN ALLEN
FN DEVON TERROAHN
4944 SANTA MONICA AVE 124
SAN DIEGO, CA 92107
DOB **05/12/1994** **05121994**
DATA **RSTR 50**

 **SEX** **M** **HAIR** **BRN** **EYES** **BRN**
HGT **5'-10"** **WGT** **180 lb** DATA **ISS**
DD **06/30/2025** **669DL/DDFD/28** **07/30/2025**

 **DONOR**

Gustavo Enrique Ferreira De La Flor
2393 Cardinal Drive, Apt. 16, San Diego, CA, 92123
(858)717-3887
Gustavodelaflor@gmail.com

August 10th 2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Gustavo Enrique Ferreira De La Flor, and I am writing in support of Manuela Guasti Fernandes. I have known Manuela for over 2 years and am one of her close friends in San Diego. I've met her through a friend and can comfortably say that Manuela is a very reliable and honest person.

During the time I have known Manuela, I notice how family oriented she is through her interactions with my wife's family. She joins us in family reunions like birthdays and Christmas. I have seen how naturally she connected with the family. She enjoys meaningful, deep conversations and is not afraid to be vulnerable or share her thoughts and feelings. My family and I really care about her.

I have also had the opportunity to interact with Manu and her wife together. From what I have personally observed, they have built a genuine relationship. They live together, spend time with each other, and have traveled together. I also see them regularly sharing moments of their life on social media and posting stories together. It is clear to me that they are an important part of each other's lives.

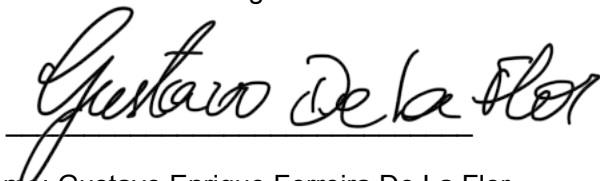
Another thing that I'd like to highlight is how many people genuinely care about Manu. A very clear example was the response from her friends and community when she needed support. People came together and contributed with their time, resources, energy, and personal support to help her. Seeing how many people are willing to show up for her says a great deal about the relationships she has built and the impact she has had on the people around her. People do not come together like that for someone they do not trust or care deeply about.

Based on my personal experiences with Manu, I know her to be an honest, dependable, and compassionate person. I have never known her to be someone who seeks to hurt others or cause trouble. On the contrary, I have seen her form meaningful relationships, support the people around her, and be someone others can rely on.

I am grateful to have Manu as a friend, and I hope that this letter provides some insight into the person I know she is. She is cared for, valued, and deeply supported by the people in her life. I respectfully ask that you consider my personal experience with Manu and the character I have observed in her when reviewing her case.

Sincerely,

Signature:



Printed Name: Gustavo Enrique Ferreira De La Flor

Date: 08/10/2026

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE,
YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones



Gustavo De la Flor

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo
P

Code/Code/Código
USA

Passport No./No. du Passeport/No. de Pasaporte
A75187281

Surname/Nom/Apellidos
FERREIRA DE LA FLOR

Given names/Prénoms/Nombres
GUSTAVO ENRIQUE

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
03 MAY 1994

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
25 SEP 2025

Date of expiration/Date d'expiration/Fecha de caducidad
24 SEP 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAFERREIRA<DE<LA<FLOR<<GUSTAVO<ENRIQUE<<<
A751872813USA9405033M3509249762178963<517202

Isabella Fiorini
2393 Cardinal Drive, Apt. 16, San Diego
California, 92123
858-717-3891
isabella.fiorini@gmail.com

August 10, 2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Isabella Fiorini, and I am writing in support of Manuela Guasti Fernandes. I have known Manuela for almost 2 and a half years as her friend. I met Manuela through mutual friends, and over the last few years we have become very close friends and have spent a great deal of time both one-on-one and with our friends and my family.

During the time I have known Manuela, I have come to know her as a kind, generous, responsible, caring, genuine, and incredibly supportive person who makes a positive difference in the lives of the people around her. During some difficult times, Manuela has provided me with emotional support and encouragement, always listening to me with kindness and care. She reminded me that I was not alone, and consistently made sure I knew that I could count on her. That experience showed me how dependable and compassionate she is as a friend.

I have also had the opportunity to spend time with Manuela and her wife, Alina Grayeske. From what I have personally observed, they are very loving and caring with one another. I have seen them exchange messages while apart and noticed how they treat each other with respect and affection. Their relationship comes across as genuine and supportive, and it is clear that they have built a life in which they are there for each other.

Manuela has meaningful relationships with the people around her and has made a positive impact on her community. I honestly do not know anyone who has met her and did not immediately like her. She is a wonderful listener and has a natural ability to make people feel comfortable, valued, and cared for. I have spent a lot of time with her, along with my friends and family, and my entire family has grown to love and care about her. The number of people who care about her and want to be there for her reflects the same kindness and support she so freely gives to others. I am grateful to have Manuela in my life. She is the kind of person who makes the people around her feel supported and loved.

Based on my personal experience with Manuela, I believe she is a responsible person with a strong support system. I believe she will take her immigration proceedings seriously and comply with all required hearings, appointments, and check-ins.

I respectfully ask that Manuela Guasti Fernandes be considered for release so that she may return to her wife, family, and community while her immigration case continues. Please feel free to contact me if any additional information is needed.

Sincerely,

Signature: Isabella Fiorini

Printed Name: Isabella Fiorini

Date: August 10, 2026

Phone: 858-717-3891

Email: isabella.fiorini@gmail.com

Endorsements / Mentions Spéciales / Anotaciones



RE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

USA

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A77235379

Surname/Nom/Apellidos
FIORINI

Given names/Prénoms/Nombres
ISABELLA

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

UNITED STATES OF AMERICA
Date of birth/Date de naissance/Fecha de nacimiento
01 JUL 1996

Sex/Sexe/Sexo
F

Place of birth/Lieu de naissance/Lugar de nacimiento
NEBRASKA, U.S.A.

NEBRASKA, U.S.A.
Date of issue/Date de délivrance/Fecha de expedición
08 APR 2026

08 APR 2026
Date of expiration/Date d'expiration/Fecha de caducidad
07 APR 2036

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE



P<USAFIORINI<<ISABELLA<<<<<<<<<<<<<<<<<<<<<<<<<<<<
A772353797USA9607011F3604074967649790<921878

August 9, 2026

To Whom It May Concern:

My name is Jullian Burch, and I am writing this letter in strong support of my friend, Manuella Guasti Fernandes. I have known Manuella personally for over a year, and I am also serving as her sponsor. I train with her multiple times a week, and I am honored to share my firsthand account of her character, her work ethic, and the positive impact she has had on my life and our community.

I was first introduced to Manuella through my close friend Alina, whom I have known for over twelve years and who is now Manuella's partner. Alina's judgment of character means a great deal to me, and it did not take long after meeting Manuella for me to understand why she holds Alina's heart and trust so completely. I have spent real time with them as a couple, from ordinary dinners together to standing among family and friends on their wedding day, and I can attest firsthand to the genuine love and commitment they share.

Manuella volunteers her time at the Muay Thai school where I train, and through her guidance I have learned to push past my own mental barriers, build real discipline, and develop a resilience I did not know I had. She does not just teach technique; she teaches perseverance, and she brings that same discipline to every part of her life, giving her time freely to help others grow. Beyond the gym, Manuella is one of the most thoughtful, warm, and genuine people I know. She is the kind of friend who truly engages with you, who listens, and who shows up when it matters. When I was going through a difficult breakup, Manuella made time to check in on me, listen without judgment, and help me push through it, the same way she encourages the students she volunteers with. Her presence in my life has helped me become a more realized version of myself.

Manuella is also one of the hardest working and most dedicated people I have ever met. She does not cut corners, and she is never afraid to put in the work required to reach her goals. In the time I have known her, and in my role as her sponsor, I have watched her build a genuine life here: she has found love, formed a real community, and become part of a family that considers her one of their own.

I believe Manuella represents exactly what makes this country strong. She arrived with a good spirit, a powerful work ethic, and a determination to build a better life, and in doing so she has put down deep, lasting roots. She is actively pursuing legal status, and I can attest that she will continue to meet that process with the same integrity and resolve she brings to everything else in her life.

I ask that you consider the person I have described in this letter: a devoted friend, a generous volunteer, and a hardworking, honest woman who has built a genuine home and family here. I am fully committed to supporting her, both as her sponsor and as her friend, and I am happy to be contacted with any questions or to provide any further information on her behalf.

Sincerely,

A handwritten signature in black ink, appearing to read 'Julian Burch', with a stylized, cursive script.

Julian Burch

Julian Burch

559-213-8346

Julianburch88@gmail.com

6574 Springfield St, San Diego, CA 92114

California USA DRIVER LICENSE



DL **D9590124**

CLASS C

EXP **10/08/2030**

END NONE

LN **BURCH**

FN **JULLIAN PAUL**

6574 SPRINGFIELD ST
SAN DIEGO, CA 92114

DOB **10/08/1988**

RSTR NONE



10081988

SEX **M**

HAIR **BAL**

EYES **BRN**

HGT **6'-01"**

WGT **240 lb**

ISS

DD **10/07/2020613RB/DDFD/30**

08/27/2025



Marcelo Orestes de Mendonca

3131 Cauby St

San Diego, CA 92110

marcelo.bdks1@gmail.com

619-416-5370

August 9, 2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Marcelo Orestes de Mendonca, and I am writing in support of my friend, Manuela Guasti Fernandes. I met Manuela around February 2025 through my friend Alina, when they started dating. Since then, we have all become close friends and have spent a lot of time together.

We also train Brazilian Jiu-Jitsu together, which has helped us build an even stronger friendship. Manuela is a very kind, caring, and reliable person. She is always friendly, respectful, and someone I know I can count on. She has become an important part of our group of friends, and we all care about her very much.

From the time I have known Manuela, I have seen her build strong relationships with the people around her and be a positive presence in our community. I believe she has a strong support system of friends who care about her and will be there for her.

Please feel free to contact me if any additional information is needed.

Sincerely,

Marcelo Orestes de Mendonca

Phone: 619-416-5370

Email: marcelo.bdks1@gmail.com

A handwritten signature in black ink, appearing to read 'Marcelo', with a stylized flourish at the end.

CALIFORNIA DRIVER LICENSE
USA

THE GOLDEN STATE

4d DLN **U1391254** 4b EXP **05/14/2030**
3 DOB **05/14/1988** **LIMITED-TERM**

1 **ORESTES DE MENDONCA**
2 **MARCELO**
8 **3131 CAUBY ST 12**
SAN DIEGO, CA 92110
9 CLASS **C**
9a END **NONE**
12 REST **NONE**

4a ISS **02/13/2026**
5 DD **01/27/2026506C3/C4FD/30**

15 SEX **M** 18 EYES **BRN**
16 HGT **5'-10"** 19 HAIR **BLK**
17 WGT **210 lb**

Handwritten signature: Marcelo Mendonca



Monica Ashley O'Neal
4769 Narragansett Ave
San Diego, 92107
619-854-0147
monicaashley07@gmail.com

8/9/2026

Letter of Support for Manuela Guasti Fernandes

My name is Monica Ashley O'Neal, and I am writing in support of Manuela Guasti Fernandes. I have known Manuela for the past year as both a good friend and training partner at our Jiu Jitsu gym. Over that time, I have had the opportunity to get to know her well both inside and outside of the gym. Anyone who has met Manuela knows that she is an incredibly kind, caring, and genuinely down-to-earth person. In our Jiu Jitsu community, she has a natural ability to make everyone feel celebrated and included, always greeting people with warmth and genuine kindness.

One of the first things I noticed about her was how supportive she was of my successes and those of other people. It's not fun to lose in a Jiu Jitsu sparring round, but if I ever did win against her, she would always congratulate me in the most genuine way while also complimenting specific techniques I used that were effective. I feel that this really speaks to her great character, as few people in Jiu Jitsu so readily celebrate other people's wins with so much excitement.

I've also had the opportunity to observe Manuela as a volunteer coach, where she leads with patience and makes people feel comfortable while they learn. Even on days when she mentions she is tired, she still shows up wholeheartedly with positive energy and gives her time and attention generously to others. I've seen this same thoughtfulness extend beyond Jiu Jitsu, where she consistently invests in her friendships and makes the people around her feel supported.

Outside of the Jiu Jitsu gym, I've also had many opportunities to spend time with Manuela and her wife, Alina. They are always a joy to spend time with, and they've truly built a beautiful life together based on mutual respect, shared interests, and genuine care for each other. Over the past year, I've had the pleasure of attending many social gatherings with them, and it's clear that they are a great match and really care for one another.

Manuela is an incredible person and a valued member of our community. Through knowing her as a friend and observing her work ethic, I know her to be responsible and committed to the people and obligations in her life. Based on the person I know her to be, I believe she will take her immigration proceedings seriously and make every effort to comply with the requirements placed upon her.

I sincerely hope Manuela will be given the opportunity to return home to her wife and community while her immigration proceedings continue. I believe her presence is incredibly meaningful to all of the people who know and care about her, and I am grateful for the opportunity to share my experience of knowing her. I am available to provide any additional information about my relationship with Manuela or answer any questions regarding this letter.

Sincerely,

Signature:  _____
Printed Name: Monica Ashley O'Neal
Date: 8/9/26
Phone: 619-854-0147
Email: monicaashley07@gmail.com

CALIFORNIA DRIVER LICENSE
USA

FEDERAL LIMITS APPLY

4d DLN **Y4129829** 4b EXP **01/07/2031**
3 DOB **01/07/1997**

1 **ONEAL**
2 **MONICA ASHLEY**
8 **4769 NARRAGANSETT AVENUE**
SAN DIEGO, CA 92107
9 CLASS **C**
9a END **NONE**
12 REST **CORR LENS**

DONOR

4a ISS **12/10/2025**
5 DD **05/12/2016587RB/AAFD/31**

15 SEX **F** 18 EYES **BRN**
16 HGT **5'-02"** 19 HAIR **BRN**
17 WGT **110 lb**

Monica



Nur Azimah Binte Azmi Uresk

4555 30th Street, Apt 102

San Diego, CA 92116

6316016482

azimahazmi.us@gmail.com

9 August 2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Nur Azimah Binte Azmi-Uresk, and I am writing in support of Manuela Guasti Fernandes. I have known Manuela for a little over a year as her community member and friend from the gym. I first met her at a martial arts open mat function where she was volunteering her time taking photos at the gym. Her energy is always so warm, and welcoming, it was easy to be drawn to connection with her. Her creative eye for photography is stunning and some of my favourite training photos were shot by her.

During the time I have known Manuela, I have come to know her as a kind, loving, compassionate and giving person. Even meeting her for the first time felt like I've already been friends with her! I often see her volunteering and supporting the martial arts community, which tells me being of service to others is an important part of her lifestyle. She is a prominent and valuable member of the community.

Manuela and her wife, Alina Grayeske, have inspired me as a couple in the time I've been around them in the gym. From what I have personally observed, they share a deeply loving bond - they both have unique gifts and skillsets, and together they are amplified especially when it comes to giving to the community. Alina has shared with me how exciting it was for her to have Manuela's family visit some time ago, and that tells me that their union isn't just about the two of them but also a beautiful blending of families of different cultures and traditions. Separating them will not only hurt them as a couple but the extension of community that extends from their union.

Manuela has made a positive impact on her community. She spends her time volunteering her skills and expertise in photography and martial arts, and is such a positive influence on community as she is a practicing martial artist herself. She is a role model for men, women, and children that she gets to interact with due to her dedication to being of service.

Based on my personal experience with Manuela, I am confident she is a responsible person with a strong support system. I believe she will take her immigration proceedings seriously and comply with all required hearings, appointments, and check-ins.

I respectfully ask that Manuela Guasti Fernandes be considered for release so that she may return to her wife, family, and community while her immigration case continues. Please feel free to contact me if any additional information is needed.

Sincerely,

Signature:

A handwritten signature in black ink, appearing to be 'Nur Azimah Binte Azmi Uresk', written over the 'Signature:' label.

Printed Name: Nur Azimah Binte Azmi Uresk

Date: 9 Aug 2026

Phone: 6316016482

Email: azimahazmi.us@gmail.com

Supporting ID:

California USA **DRIVER LICENSE**



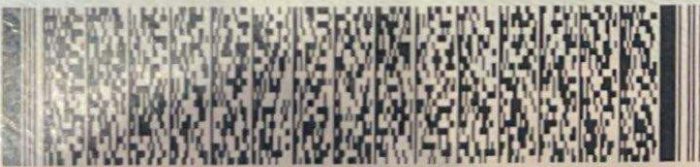
DL **Y6093375** CLASS CM1
EXP **11/25/2026** END NONE
LN BINTE AZMI URESK
FN NUR AZIMAH
10781 CAMINITO BRAVURA
SAN DIEGO, CA 92108
DOB **11/25/1994**
RSTR NONE

SEX F HAIR BLK EYES BLK
HGT 5'-06" WGT 138 lb
ISS 06/09/2022

11251994

Scanned with CamScanner

CLASS: Class C & M1-Veh w/GVWR ≤26000; No A; 2whl M/C, Mtr-drvn Cycle, Scooter
ENDORSEMENTS: None
RESTRICTIONS: None



This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

112594

Scanned with CamScanner

Rev 08/29/2017
22160Y60933750401

August 10, 2026

Letter of Support for Manuela Guasti Fernandes

To Whom It May Concern:

My name is Steve Duarte, and I am writing in support of my friend Manuela Guasti Fernandes. Manuela and I train at the same jiu-jitsu and Muay Thai gym. I have known her for more than a year, and we interact three or four times each week. Training together several times a week has given me many opportunities to see how she treats other people.

From what I have personally observed, Manuela is generous, creative, supportive, and caring. On several occasions, I have seen her notice when newer members at the gym were struggling and voluntarily take time to help them get up to speed. She takes the time to make sure they feel included and respected and are able to learn the techniques.

Manuela is also dependable. Whether she has agreed to be someone's partner in class or volunteered to help classmates work through Muay Thai techniques, she is there when she says she will be. In more than a year of seeing her several times each week, I have never seen her fail to be where she said she would be. That consistent reliability gives me confidence that she would show up for and take seriously every hearing, appointment, and check-in required of her.

I have also seen Manuela volunteer to take photographs during and after classes. She shares her art with others in a way that lifts them up, helps them feel good about what they are doing, and strengthens the sense of community at our gym.

I also know Manuela's wife, Alina, through the gym. Whenever I see them, they are smiling, welcoming, and happy to be there. I have seen them help one another and take time to talk with people throughout the gym. Together, they contribute to a warm and inclusive environment and foster a strong sense of community.

Manuela's detention has deeply affected our gym community. Our community is saddened and shaken by her absence, and people throughout the gym have been eager to help however they can. That reaction reflects the meaningful relationships she has built and the positive effect she has had on the people around her.

I respectfully ask that Manuela Guasti Fernandes be considered for release so that she may return to her wife and community while her immigration case continues. Please feel free to contact me if additional information would be helpful.

Sincerely,

Signature:

A handwritten signature in black ink that reads "Steve Duarte". The script is fluid and cursive, with the first letters of "Steve" and "Duarte" being capitalized and prominent.

Printed Name: Steve Duarte

Address: 4960 Del Monte Ave, San Diego, CA 92107

Phone: (619) 724-2778

Date: August 10, 2026

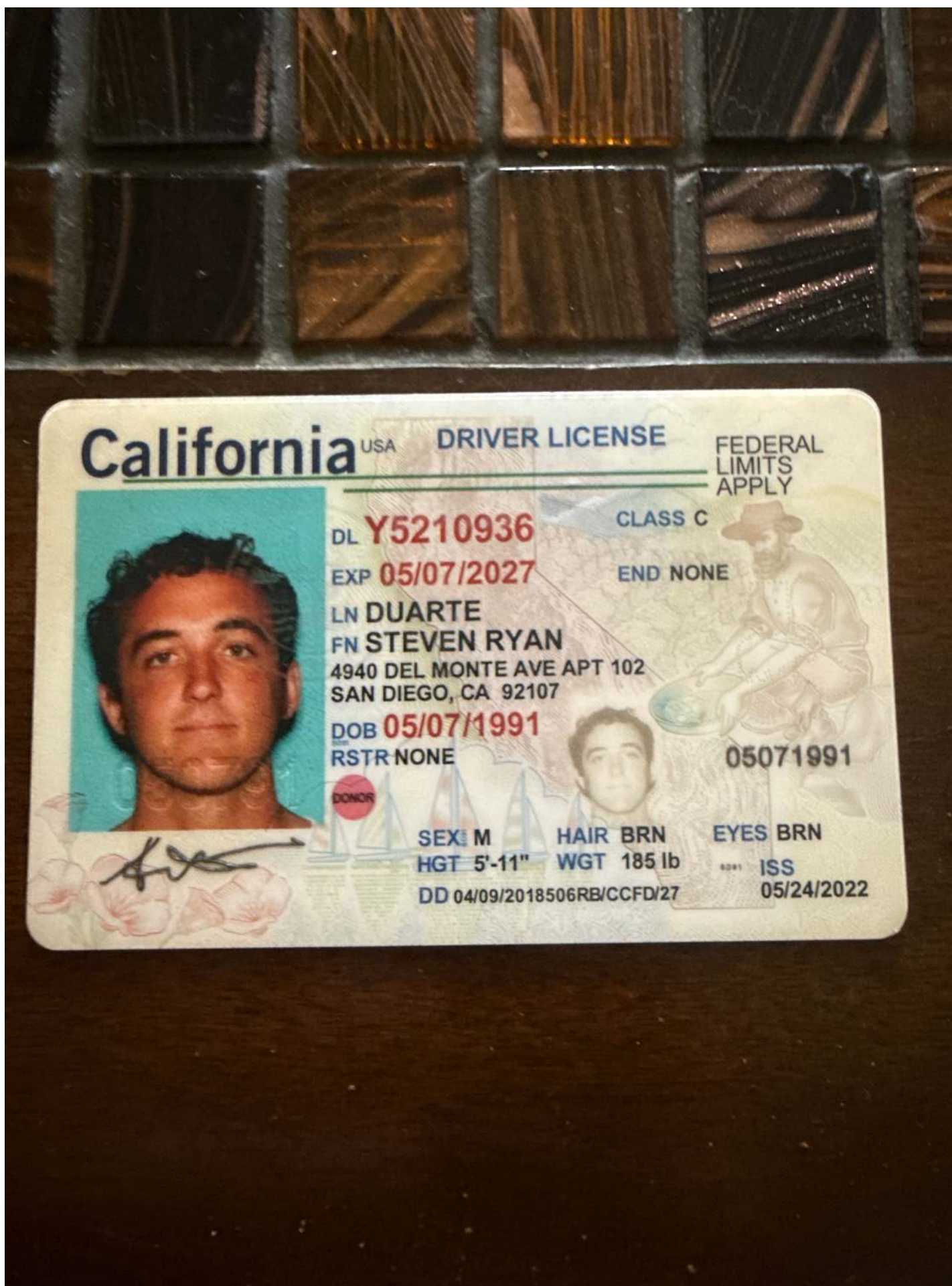


Exhibit 11 - Evidence of Medical Needs

SPECIAL CONTROL PRESCRIPTION FORM

PRESCRIBER IDENTIFICATION

Dr. ANA PAULA RIBEIRO

PSYCHIATRY – RQE (Specialist Qualification Registry) No. 30680

CRM (Medical License): 38274 - PR

Address: Rua das Açucenas, 700, Colina Verde, Londrina - PR

City: Londrina

State: PR

Issue Date: 08/11/2026

Expiration Date: 09/10/2026

1st COPY: PHARMACY

2nd COPY: PATIENT

Patient: MANUELLA GUASTI FERNANDES

Address: RUA GUAPORE, 458, Londrina - PR

Sex: Not informed

1. DESVENLAFAXINE50 mg ----- 03 boxes

TAKE 2 CAPSULES DAILY

BUYER IDENTIFICATION

Name: _____

ID No.: _____ Issuing Agency: _____

Address: _____

City: _____ State: _____

Telephone: (_____) _____

SUPPLIER IDENTIFICATION

PHARMACIST'S SIGNATURE

DATE ____/____/____



Special Control Prescription digitally signed by ANA PAULA RIBEIRO on 08/11/2026 at 4:53 PM, in accordance with Provisional Measure No. 2.200-2/2001, CFM Resolution No. 2.299/2021, and CFM Resolution No. 2.381/2024.

This medical document can be validated at: <https://validar.iti.gov.br>

Pharmacists, process dispensing at: <https://prescricao.cfm.org.br/documento>

Access the document at:

https://prescricao.cfm.org.br/documento?_format=application/pdf



CFMP-RE-8RSN8ZGD

SPECIAL CONTROL PRESCRIPTION FORM

PRESCRIBER IDENTIFICATION

Dr. ANA PAULA RIBEIRO

PSYCHIATRY – RQE (Specialist Qualification Registry) No. 30680

CRM (Medical License): 38274 - PR

Address: Rua das Açucenas, 700, Colina Verde, Londrina - PR

City: Londrina

State: PR

Issue Date: 08/11/2026

Expiration Date: 09/10/2026

1st COPY: PHARMACY

2nd COPY: PATIENT

Patient: MANUELLA GUASTI FERNANDES

Address: RUA GUAPORE, 458, Londrina - PR

Sex: Not informed

1. DESVENLAFAXINE50 mg ----- 03 boxes

TAKE 2 CAPSULES DAILY

BUYER IDENTIFICATION

Name: _____

ID No.: _____ Issuing Agency: _____

Address: _____

City: _____ State: _____

Telephone:(_____) _____

SUPPLIER IDENTIFICATION

PHARMACIST'S SIGNATURE

DATE ____/____/____



Special Control Prescription digitally signed by ANA PAULA RIBEIRO on 08/11/2026 at 4:53 PM, in accordance with Provisional Measure No. 2.200-2/2001, CFM Resolution No. 2.299/2021, and CFM Resolution No. 2.381/2024.

This medical document can be validated at: <https://validar.iti.gov.br>

Pharmacists, process dispensing at: <https://prescricao.cfm.org.br/documento>

Access the document at:

https://prescricao.cfm.org.br/documento?_format=application/pdf



CFMP-RE-8RSN8ZGD

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

Marina Viana

Date: August 11, 2026

RECEITUÁRIO DE CONTROLE ESPECIAL

IDENTIFICAÇÃO DO EMITENTE

Dr(a). ANA PAULA RIBEIRO

PSIQUIATRIA - RQE nº 30680

CRM: 38274 - PR

Endereço: Rua das Açucenas, 700, Colina Verde, Londrina - PR

Cidade: Londrina

UF: PR

Data de Emissão: 11/08/2026

Data de Validade: 10/09/2026

1ª VIA FARMÁCIA

2ª VIA PACIENTE

Paciente: MANUELLA GUASTI FERNANDES

Endereço: RUA GUAPORE, 458, Londrina - PR

Sexo: Não Informado

1. DESVENLAFAXINA 50mg ----- 03 caixas
TOMAR 2 CPS AO DIA

IDENTIFICAÇÃO DO COMPRADOR

Nome: _____

Ident: _____ Órg. Emissor: _____

End: _____

Cidade: _____ UF: _____

Telefone: (____) _____

IDENTIFICAÇÃO DO FORNECEDOR

ASSINATURA DO FARMACÊUTICO

DATA ____/____/____



Receituário de Controle Especial assinado digitalmente por ANA PAULA RIBEIRO em 11/08/2026 16:53, conforme MP nº 2.200-2/2001, Resolução Nº CFM 2.299/2021 e Resolução CFM Nº 2.381/2024.

O documento médico poderá ser validado em <https://validar.iti.gov.br>.

Farmacêutico, realize a dispensação em: <https://prescricao.cfm.org.br/documento>

Acesse o documento em:

https://prescricao.cfm.org.br/documento?_format=application/pdf



CFMP-RE-8RSN8ZGD

RECEITUÁRIO DE CONTROLE ESPECIAL

IDENTIFICAÇÃO DO EMITENTE

Dr(a). ANA PAULA RIBEIRO

PSIQUIATRIA - RQE nº 30680

CRM: 38274 - PR

Endereço: Rua das Açucenas, 700, Colina Verde, Londrina - PR

Cidade: Londrina

UF: PR

Data de Emissão: 11/08/2026

Data de Validade: 10/09/2026

1ª VIA FARMÁCIA

2ª VIA PACIENTE

Paciente: MANUELLA GUASTI FERNANDES

Endereço: RUA GUAPORE, 458, Londrina - PR

Sexo: Não Informado

1. DESVENLAFAXINA 50mg ----- 03 caixas

TOMAR 2 CPS AO DIA

IDENTIFICAÇÃO DO COMPRADOR

Nome: _____

Ident: _____ Órg. Emissor: _____

End: _____

Cidade: _____ UF: _____

Telefone:(_____) _____

IDENTIFICAÇÃO DO FORNECEDOR

ASSINATURA DO FARMACÊUTICO

DATA ____/____/____



Receituário de Controle Especial assinado digitalmente por ANA PAULA RIBEIRO em 11/08/2026 16:53, conforme MP nº 2.200-2/2001, Resolução Nº CFM 2.299/2021 e Resolução CFM Nº 2.381/2024.

O documento médico poderá ser validado em <https://validar.iti.gov.br>.

Farmacêutico, realize a dispensação em: <https://prescricao.cfm.org.br/documento>

Acesse o documento em:

https://prescricao.cfm.org.br/documento?_format=application/pdf



CFMP-RE-8RSN8ZGD

**Dr. Ana Paula Ribeiro
Barnabé**

CRM*: 38274PR - Psychiatry RQE* 30680

* CRM - Regional Medical Council

* RQE - Specialist Qualification Registry



ANA PAULA RIBEIRO BARNABÉ
PSYCHIATRIST

Name: MANUELLA GUASTI FERNANDES

CPF: No CPF on file

Date and time: 08/11/2026 - 16:56:15 (GMT-3)

MEDICAL REPORT

I declare, for all due purposes, that the above-mentioned patient is under psychiatric follow-up care for the treatment of anxiety disorder.

She is currently on continuous use of desvenlafaxine 50 mg, 2 capsules daily (100 mg/day), presenting as clinically stable at this time, with maintenance of pharmacological treatment.

The last psychiatric appointment took place in February 2026, with regular use of medication maintained since then.

This report is issued at the patient's request, for whatever purposes may be required.

Sincerely.



MEMED - Access your digital prescription via QR Code

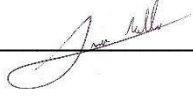
Address Rua Arthur Thomas, 1100 - ROOM 403

Digitally signed by **Ana Paula Ribeiro Barnabé - CRM 38274 PR**

Token (Pharmacy): **RJ8dBT** - Unlock Code (Patient): **5352**

Clínica AURE - Rua Arthur Thomas 1100 - Room 403.
Rolândia - PR.

I, André Vinícius Inacio Penna Mello, 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: August 11, 2026.

**Dra. Ana Paula Ribeiro
Barnabé**

CRM: 38274PR - Psiquiatria RQE 30680



Nome: MANUELLA GUASTI FERNANDES

CPF: Não há CPF cadastrado

Data e hora: 11/08/2026 - 16:56:15 (GMT-3)

RELATÓRIO MÉDICO

Declaro, para os devidos fins, que a paciente acima encontra-se em acompanhamento psiquiátrico para tratamento de transtorno de ansiedade.

Encontra-se atualmente em uso contínuo de desvenlafaxina 50 mg, 2 cápsulas ao dia (100 mg/dia), apresentando-se clinicamente estável no momento, com manutenção do tratamento medicamentoso.

A última consulta psiquiátrica ocorreu em fevereiro de 2026, permanecendo em uso regular da medicação desde então.

O presente relatório é emitido a pedido da paciente, para os fins que se fizerem necessários.

Grata.



MEMED - Acesso à sua receita digital via QR Code
Endereço: Rua Arthur Thomas, 1100 - SALA 403
Assinado digitalmente por **Ana Paula Ribeiro Barnabé - CRM 38274 PR**
Token (Farmácia): **RJ8dBT** - Código de desbloqueio (Paciente): **5352**

Clínica AURE - Rua Arthur Thomas 1100 - Sala 403.
Rolândia - PR.

Exhibit 12 - Evidence Identifying the Obligor

DECLARATION OF ALINA GRAYESKE IN SUPPORT OF REQUEST FOR BOND REDETERMINATION FOR MANUELLA GUASTI FERNANDES

I, Alina Grayeske, declare under penalty of perjury that the following statements are true and correct to the best of my knowledge.

I am a United States citizen and currently reside at 4912 Muir Ave., Apt. 5, San Diego, CA 92107. I am submitting this declaration in support of my wife, Manuella Guasti Fernandes, who is currently detained by U.S. Immigration and Customs Enforcement (ICE) at the Otay Mesa Detention Center.

I am the wife of Manuella Guasti Fernandes. We were married in November 2025. During our relationship, I have come to know Manuella as an incredibly responsible, hardworking, loving, and caring person. She has strong ties to the United States through our marriage, our home, our family, our business and martial arts community, and the many friendships and relationships she has developed here.

In the time Manuella has been here, she has made many lasting connections. She previously worked as a barista here in Ocean Beach, where she had many regular customers who would come in daily to see her and talk with her. Ocean Beach is a small and close-knit community, and Manuella has become a meaningful part of it. Since her detention, our friends and community have shown an incredible amount of love and support for her, which demonstrates the relationships she has built and the people who are waiting for her to come home.

Manuella also regularly volunteers with the children's programs we are building at our martial arts academy, OB Jiu-Jitsu Collective. She is wonderful with children, and the parents and families in our program have grown to know and care for her as well. Manuella has a black belt in Muay Thai, and I have seen how her accomplishments, discipline, and strength inspire the young girls in our community. She is someone they can look up to and a positive presence within our academy.

I am also aware that Manuella has a pending immigration matter and intends to continue pursuing her case in accordance with the law. When Manuella and I married, we understood that we would have to go through the immigration process, and we have made every effort to follow each step required of us.

We filed our immigration paperwork and attended our immigration interview in July 2026. We were very excited to finally reach that stage of the process. At the interview, we provided the documents requested of us as well as extensive evidence of our relationship and marriage, including a photo album from our wedding and a scrapbook we created together documenting our travels, our life, and our experiences as a couple. We have every intention of continuing this process and complying with all requirements until Manuella's immigration case is resolved.

If Manuella is released, she will reside with me at our home at 4912 Muir Ave., Apt. 5, San Diego, CA 92107. I will assist her in maintaining a stable residence and attending all required Immigration Court hearings, ICE check-ins, appointments, and any other immigration-related proceedings or obligations.

If Manuella is released from custody, I am willing and able to serve as the bond obligor and to post the bond ordered by the Immigration Judge. I understand that, as the obligor, I may be required to provide the funds for the bond and comply with the applicable requirements for posting the bond.

I have the financial ability to pay the bond without relying on Manuella to provide the funds. The money I intend to use for the bond will come from my personal savings, family funds, and employment income. I understand that the bond is intended to ensure Manuella's compliance with the conditions of her release and her appearance at future immigration proceedings.

I will assist Manuella in complying with all requirements imposed by the Department of Homeland Security, the Immigration Court, and any other applicable authorities. In particular, I will remind her of upcoming Immigration Court hearings and other required appointments and will ensure that she has reliable transportation or other means to appear whenever required.

I am willing to provide ongoing financial, emotional, and practical support to Manuella throughout her immigration proceedings. She will have a stable home with me, a strong support system, and a community of people who care deeply about her and are prepared to support her throughout this process.

I respectfully request that the Immigration Court grant bond to Manuella Guasti Fernandes and allow her to be released while her immigration case remains pending. I am prepared to provide support, supervision, and assistance to help ensure her full compliance with all immigration requirements.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

Executed on August 10, 2026, in San Diego, California.



Alina Grayeske

Signature

Address: 4912 Muir Ave., Apt. 5
San Diego, CA 92107

Telephone: (760) 793-6808

Email: Alina.grayeske@gmail.com

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



Signature

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A17009271

USA

Surname/Nom/Apellidos

GRAYESKE

Given names/Prénoms/Nombres

ALINA CARRIE

Nationality/Nationalité/Nacionalidad

UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento

08 AUG 1986

Sex/Sexe/Sexo

F

Place of birth/Lieu de naissance/Lugar de nacimiento

CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición

02 MAY 2023

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

01 MAY 2033

Authority/Autorité/Autoridad

UNITED STATES DEPARTMENT OF STATE



A17009275



63 03 84

P<USAGRAYESKE<<ALINA<CARRIE<<<<<<<<<<<<<<<<

A170092715USA8608088F3305016122547214<393964

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

104 -

CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA

1500

6134

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST ALINA		11B. MIDDLE CARRIE		11C. LAST POULTON		PAGE 443
	2. SEX FEMALE	3A. THIS BIRTH, SINGLE, TWIN, 3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC. SINGLE		4A. DATE OF BIRTH—MONTH, DAY, YEAR AUGUST 8, 1986		4B. HOUR—(24 HOUR CLOCK TIME) 1020	
PLACE OF BIRTH	5A. PLACE OF BIRTH—NAME OF HOSPITAL OR FACILITY RIDGECREST COMMUNITY HOSPITAL			5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 1081 N. CHINA LAKE BLVD.			PAGE 589
	5C. CITY OR TOWN RIDGECREST			5D. COUNTY KERN			
FATHER OF CHILD	6A. NAME OF FATHER—FIRST WILLIAM		6B. MIDDLE ROBERT		6C. LAST POULTON III		7. STATE OF BIRTH CA
MOTHER OF CHILD	9A. NAME OF MOTHER—FIRST DONNA		9B. MIDDLE LOUISE		9C. LAST (BIRTH NAME) HOWELL		10. STATE OF BIRTH AZ
PARENT'S CERTIFICATION	1. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A. PARENT OR OTHER INFORMANT—SIGNATURE <i>Donna Louise Poulton</i>			12B. RELATIONSHIP TO CHILD MOTHER	
	1. I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED		13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE <i>L.A. Graves, M.D.</i>			13B. LICENSE NUMBER G-16774	
ATTENDANT'S CERTIFICATION	14.		13D. TYPED NAME AND ADDRESS L.A. GRAVES, M.D. 1081 N. CHINA LAKE BLVD. RIDGECREST, CA. 93555			13C. DATE SIGNED 8-19-86	
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE Leon M. Hebertson, M.D. <i>C. Roe</i>			17. DATE ACCEPTED FOR REGISTRATION AUG 20 1986	
LOCAL REGISTRAR							

230408

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF KERN

DATE ISSUED

FEB 15 2002

This is a true and exact reproduction of the document officially registered and placed on file with the KERN COUNTY RECORDER

This copy is not valid unless prepared on engraved border displaying seal and signature of County Recorder.

James W. Maples
James W. Maples
ASSESSOR RECORDER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 13 - Evidence of Sufficient Funds to Pay the Bond

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

See separate instructions.

Your first name and middle initial Alina C	Last name Grayeske	Your social security number 547 99 4740
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. 4929 Del Monte Ave		Apt. no. 114	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. San Diego	State CA	ZIP code 921076217	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

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

Digital Assets

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

Standard Deduction

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

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

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	7,637.
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 29	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions)	1h	0.
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	7,637.

Standard Deduction for— • Single or Married filing separately, \$14,600 • Married filing jointly or Qualifying surviving spouse, \$29,200 • Head of household, \$21,900 • If you checked any box under Standard Deduction , see instructions.	2a	Tax-exempt interest	2a		b	Taxable interest	2b	
	3a	Qualified dividends	3a		b	Ordinary dividends	3b	
	4a	IRA distributions	4a		b	Taxable amount	4b	
	5a	Pensions and annuities	5a		b	Taxable amount	5b	
	6a	Social security benefits	6a		b	Taxable amount	6b	
	c	If you elect to use the lump-sum election method, check here (see instructions)		☐				
	7	Capital gain or (loss). Attach Schedule D if required. If not required, check here		☐	7			
	8	Additional income from Schedule 1, line 10			8	1,535.		
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income			9	9,172.		
	10	Adjustments to income from Schedule 1, line 26			10	85.		
	11	Subtract line 10 from line 9. This is your adjusted gross income			11	9,087.		
	12	Standard deduction or itemized deductions (from Schedule A)			12	14,600.		
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	0.		
	14	Add lines 12 and 13			14	14,600.		
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income			15	0.		

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Alina C Grayeske
Your social security number: 547-99-4740

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 0.
2a Alimony received
b Date of original divorce or separation agreement (see instructions):
3 Business income or (loss). Attach Schedule C 1,195.
4 Other gains or (losses). Attach Form 4797
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 340.
6 Farm income or (loss). Attach Schedule F
7 Unemployment compensation
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 1,535.

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	85 .
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	85 .

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

Your social security number

Alina C Grayeske

547-99-4740

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	169.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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****169.**

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) Small Business Owner	B Enter code from instructions 4 5 5 0 0 0	
C Business name. If no separate business name, leave blank. The Lucky Parrots	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,983.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,983.
4 Cost of goods sold (from line 42)	4	1,900.
5 Gross profit. Subtract line 4 from line 3	5	1,083.
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	1,083.

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

8 Advertising	8	658.	18 Office expense (see instructions)	18	503.
9 Car and truck expenses (see instructions)	9	5,436.	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	4,557.
15 Insurance (other than health)	15		23 Taxes and licenses	23	151.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,562.
b Other	16b		b Deductible meals (see instructions)	24b	1,021.
17 Legal and professional services	17	193.	25 Utilities	25	711.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-23,390.	27a Other expenses (from line 48)	27a	7,681.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-23,390.			
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.

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 SEE STMT ☒ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 <u>2,700.</u>
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 <u>1,200.</u>
39	Other costs 39
40	Add lines 35 through 39 40 <u>3,900.</u>
41	Inventory at end of year 41 <u>2,000.</u>
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 <u>1,900.</u>

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2021</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business <u>8,000</u> b Commuting (see instructions) c Other <u>4,000</u>
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☒ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

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

Apps/software/web services	<u>871.</u>
Other business expenses	<u>6,635.</u>
Transaction/processing fees	<u>175.</u>
Miscellaneous expenses	<u>0.</u>
48 Total other expenses. Enter here and on line 27a	48 <u>7,681.</u>

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) Electrum Performance LLC	B Enter code from instructions 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank. Electrum Performance LLC	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	16,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	16,800.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	16,800.
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	16,800.

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	0.	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	424.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	424.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	16,376.	27a Other expenses (from line 48)	27a	0.
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: <u>780</u> and (b) the part of your home used for business: <u>100</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	16,376.			
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.

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 2024, 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 8–26, line 27b, or line 30.

cloud strage	0.
other financial services fees	0.
48 Total other expenses. Enter here and on line 27a	48 0.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 09

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A	Principal business or profession, including product or service (see instructions) consulting Electrum Performance Strength and Conditioning Gym	B Enter code from instructions 9 9 9 0 0 0
C	Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E	Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217	
F	Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____	
G	Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No	
H	If you started or acquired this business during 2024, check here ☐	
I	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No	
J	If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No	

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	15,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	15,000.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	15,000.
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	15,000.

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	4,690.	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	445.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	756.
17	Legal and professional services	17		25	Utilities	25	400.
28	Total expenses before expenses for business use of home. Add lines 8 through 27b			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27a	Other expenses (from line 48)	27a	
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: 780 and (b) the part of your home used for business: 100 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.					30	500.
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.					31	8,209.
				32a	☐ All investment is at risk.		
				32b	☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/20/25 Intuit.cpf.sp

Schedule C (Form 1040) 2024

Part III	Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2024

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business	7,000	b Commuting (see instructions)		c Other	3,000

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☒ No

b If “Yes,” is the evidence written? ☐ Yes ☐ No

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

[illegible]

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Alina C Grayeske

Your social security number

547-99-4740

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Electrum Performance LLC	P	☐	83-1001249	☐	☐
B	Electrum Performance -OL LLC	P	☐	87-1808698	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		75.			
B		265.			
C					
D					
29a Totals		340.			
b Totals					
30	Add columns (h) and (k) of line 29a				30 340.
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 340.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a Totals					
b Totals					
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	340.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. 17

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) Alina C Grayeske
Social security number of person with self-employment income 547-99-4740

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	1,195.
3	Combine lines 1a, 1b, and 2	3	1,195.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	1,104.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c	1,104.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0.
6	Add lines 4c and 5b	6	1,104.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	7,637.
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	7,637.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	160,963.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	137.
11	Multiply line 6 by 2.9% (0.029)	11	32.
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	169.
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	85.

Part II

Optional Methods To Figure Net Earnings (see instructions)

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

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

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

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

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

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

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

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

At-Risk Limitations

OMB No. 1545-0712

Attach to your tax return.

Go to www.irs.gov/Form6198 for instructions and the latest information.

Attachment
Sequence No. **31**

Name(s) shown on return

Alina C Grayeske

Identifying number

547-99-4740

Description of activity (see instructions)

Sch C Electrum Performance LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.

See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	16,376.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	16,376.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount at Risk. If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	18	
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

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

Name(s) shown on return

Alina C Grayeske

Your taxpayer identification number

547-99-4740

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Electrum Performance LLC	547-99-4740	16,319.
ii	The Lucky Parrots	547-99-4740	-23,390.
iii	Alina C Grayeske	547-99-4740	8,181.
iv	Electrum Performance LLC	83-1001249	75.
v	Electrum Performance -OL LLC	87-1808698	265.
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 1,450.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 1,450.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 290.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 290.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2024**Attachment
Sequence No. 179

Name(s) shown on return

Alina C Grayeske

Business or activity to which this form relates

Sch C Electrum Performance LLC

Identifying number

547-99-4740

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	424.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	424.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No								
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Jeep Grad Cherokee	01/01/2021	7.23 %	20,000.	1,446.	5.00	S/L - HY	424.	
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	424.
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	12,000					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	153,866					
33 Total miles driven during the year. Add lines 30 through 32	165,866					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person? . .	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their EmployeesAnswer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2024
Attachment
Sequence No. **858**

Name(s) shown on return

Alina C Grayeske

Identifying number

547-99-4740

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a		
b Activities with net loss (enter the amount from Part IV, column (b))	1b	(	)
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	(	)
d Combine lines 1a, 1b, and 1c	1d		

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	340 .	
b Activities with net loss (enter the amount from Part V, column (b))	2b	(0 .)	
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()	
d Combine lines 2a, 2b, and 2c	2d		340 .

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3		340 .

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

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Form **8582** (2024)

Part V

Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Electrum Performance LLC	75.	0.		75.	
Electrum Performance -OL LLC	265.	0.		265.	
Total. Enter on Part I, lines 2a, 2b, and 2c	340.	0.			

Part VI

Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII

Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII

Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Additional Information From 2024 Federal Tax Return

Schedule C (Small Buisness Owner): Profit or Loss from Business

Line 34

Explanation Statement

Change of Inventory Method
Inventory is not purchased from a non-local retailer

TAXABLE YEAR	California Online e-file Return Authorization for Individuals	FORM
2024		8453-OL

Your first name and initial ALINA C		Last name GRAYESKE		Suffix	Your SSN or ITIN 547-99-4740
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 4929 DEL MONTE AVE		Apt. no./ste. no. APT 114	PMB/private mailbox		Daytime telephone number (760)793-6808
City SAN DIEGO				State CA	ZIP code 92107-6217
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	8587
2 Refund or no amount due. See instructions	2	210
3 Amount you owe. See instructions	3	

Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal 5a Amount _____ 5b Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2025 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____ 210	12 The remaining amount of my refund for direct deposit _____
9 Routing number 256074974	13 Routing number _____
10 Account number 7033886735	14 Account number _____
11 Type of account: ☒ Checking ☐ Savings	15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2024 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

547-99-4740 GRAY
ALINA C GRAYESKE

24 PBA 455000

4929 DEL MONTE AVE APT 114
SAN DIEGO CA 92107-6217

08-08-1986

Enter your county at time of filing (see instructions)

Principal Residence

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

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

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

Apt. no/ste. no.

☒ ☐

City

State

ZIP code

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

Filing Status

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

Exemptions

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

Whole dollars only

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

Your name: GRAYESKE Your SSN or ITIN: 547-99-4740

Exemptions

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

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

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

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ☐ 12 7637 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ☐ 13 9087 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ☐ 14 500 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ☐ 15 8587 .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 8587 .00

18 Enter the larger of

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

Your California standard deduction shown below for your filing status:

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

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

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

 5540 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ☐ 19 3047 .00

Tax

31 Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule ☐ FTB 3800 ☐ FTB 3803 ☐ 31 30 .00

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

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

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

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

Special Credits

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

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

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

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Side 2 Form 540 2024

175

3102244

Your name: GRAYESKE Your SSN or ITIN: 547-99-4740

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

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

Payments	71	California income tax withheld. See instructions	● 71		.00
	72	2024 California estimated tax and other payments. See instructions	● 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions.	● 73		.00
	74	Reserved for future use	74		
	75	Earned Income Tax Credit (EITC). See instructions	● 75	210	.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	210	.00

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

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

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙ 93	210	.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	210	.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	210	.00

Your name: GRAYESKE Your SSN or ITIN: 547-99-4740

Overpaid
Tax/Tax Due

98	Amount of line 97 you want applied to your 2025 estimated tax	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	210	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

Contributions

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

Your name: GRAYESKE

Your SSN or ITIN: 547-99-4740

Amount You Owe

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

Interest and Penalties

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

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

Refund and Direct Deposit

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

Routing number

256074974

Type

☒ Checking ☐ Savings

Account number

7033886735

116 Direct deposit amount

210

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

Voter Info.

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

Health Care Coverage Info.

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

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175 3105244 Form 540 2024 Side 5

Sign your tax return on Side 6

Your name:

GRAYESKE

Your SSN or ITIN:

547-99-4740

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

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

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

Your signature

Date

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

☒ Your email address. Enter only one email address.

☐ Preferred phone number

7607936808

Sign Here

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

Joint tax return? See instructions.

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

SELF - PREPARED

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

☒ PTIN

Firm's address

☒ Firm's FEIN

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

☐ Yes

☒ No

Print Third Party Designee's Name

Telephone Number

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

Name(s) as shown on tax return

SSN or ITIN

ALINA C GRAYESKE

547994740

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

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☒ 7637 ☒	☒
b Household employee wages not reported on federal Form(s) W-2 1b	☒	☒
c Tip income not reported on line 1a 1c	☒	☒
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☒	☒
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☒	☒
f Employer-provided adoption benefits from federal Form 8839, line 29 1f	☒	☒
g Wages from federal Form 8919, line 6. 1g	☒	☒
h Other earned income. See instructions 1h	☒ 0 ☒	☒
i Nontaxable combat pay election. See instructions. 1i		☒
z Add line 1a through line 1i. 1z	☒ 7637 ☒	☒
2 Taxable interest. a ☒ 2b ☒	☒	☒
3 Ordinary dividends. See instructions. a ☒ 3b ☒	☒	☒
4 IRA distributions. See instructions. a ☒ 4b ☒	☒	☒
5 Pensions and annuities. See instructions. a ☒ 5b ☒	☒	☒
6 Social security benefits. a ☒ 6b ☒	☒	
7 Capital gain or (loss). See instructions 7	☒	☒

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☒ 0 ☒ 0	
2 a Alimony received. See instructions. 2a	☒	☒
3 Business income or (loss). See instructions. . . . 3	☒ 1195 ☒ 500	☒
4 Other gains or (losses) 4	☒	☒
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☒ 340 ☒	☒
6 Farm income or (loss) 6	☒	☒
7 Unemployment compensation 7	☒	

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

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	9172	500	

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

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15	85		
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction. 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐	
d Reforestation amortization and expenses. 24d	☐	☐	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 ... 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐	
j Housing deduction from federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐ 85	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 9087	☐ 500	☐

Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 0 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. ☒ 9087 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 682 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	☒ 0		☒ 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a	☒ 84	☒ 84	
b State and local real estate taxes 5b	☒		
c State and local personal property taxes 5c	☒ 0		
d Add line 5a through line 5c. 5d	☒ 84		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	☒ 84	☒ 84	☒ 0
6 Other taxes. List type ☒ 6	☒	☒	☒
7 Add line 5e and line 6. 7	☒ 84	☒ 84	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	☒		☒
b Home mortgage interest not reported to you on federal Form 1098. 8b	☒		☒
c Points not reported to you on federal Form 1098. .8c	☒		☒
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e	☒	☒	☒
9 Investment interest. 9	☒	☒	☒
10 Add line 8e and line 9. 10	☒	☒	☒

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Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☒	☒	☒
12 Other than by cash or check.....12	☒	☒	☒
13 Carryover from prior year.....13	☒	☒	☒
14 Add line 11 through line 13 14	☒	☒	☒
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions ..15	☒	☒	☒
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☒	☒	☒
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☒ 84	☒ 84	☒ 0
18 Total. Combine line 17 column A less column B plus column C	☒ 18		0

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees.....☒ 20

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

22 Add line 19 through line 21☒ 22 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11☒ 9087

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☒ 24 182

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

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

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

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

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

Single or married/RDP filing separately\$244,857

Head of household\$367,291

Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$489,719

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

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

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

Single or married/RDP filing separately. See instructions\$5,540

Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP ..\$11,080

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

2024 California Earned Income Tax Credit

3514

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

Name(s) as shown on tax return

Your SSN or ITIN

ALINA C GRAYESKE

547994740

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

Before you begin:

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

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

- 1 **a** Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☒ ☐ Yes ☒ No
- b** Has the Franchise Tax Board (FTB) previously disallowed your California EITC? ☒ ☐ Yes ☒ No
- 2 Federal AGI (federal Form 1040 or 1040-SR, line 11) ☒ 2 .00
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 27) ☒ 3 .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income ☒ 4 .00

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- If the amount on line 34 is \$26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
 - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35 and line 39.
 - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35 and line 39.If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than \$26,626, complete line 36 through line 38 and enter on line 35 the following amount.
 - If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35.
 - If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35.If applicable, complete line 40 and line 41.

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

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

38 **Reduction amount** ☒ 38

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.67. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.34. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,154 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,308 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

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

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

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

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

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2024 Passive Activity Loss Limitations**3801****Attach to Form 540, Form 540NR, Form 541, or Form 100S.**

Name(s) as shown on tax return

ALINA C GRAYESKE

SSN, ITIN, FEIN, or CA corporation no.

547994740

Part I 2024 Passive Activity Loss

See the instructions for Part IV and Part V for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to **use California amounts**.

Rental Real Estate Activities with Active Participation

1a Activities with net income from Part IV, column (a)	☒	1a		00	
1b Activities with net loss from Part IV, column (b)	☒	1b	(	00	
1c Prior year unallowed losses from Part IV, column (c)	☒	1c	(	00	
1d Combine line 1a, line 1b, and line 1c	☒	1d		00	

All Other Passive Activities

2a Activities with net income from Part V, column (a)	☒	2a	340	00	
2b Activities with net loss from Part V, column (b)	☒	2b	(	00	
2c Prior year unallowed losses from Part V, column (c)	☒	2c	(	00	
2d Combine line 2a, line 2b, and line 2c	☒	2d		340	00
3 Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions.	☒	3		340	00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4 Enter the smaller of losses from line 1d or line 3	☒	4		00	
5 Enter \$150,000. If married/RDP filing a separate tax return, see instructions. ☒	☒	5		00	
6 Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	☒	6		00	
7 Subtract line 6 from line 5	☒	7		00	
8 Multiply line 7 by 50% (.50). Do not enter more than \$25,000	☒	8		00	
9 Enter the smaller of line 4 or line 8	☒	9		00	

Part III Total Losses Allowed

10 Add the income, if any, from line 1a and line 2a and enter the total	☒	10		00
11 Total losses allowed from all passive activities for 2024. Add line 9 and line 10 See the instructions on Page 2 to find out how to report the losses on your tax return.	☒	11		00

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California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
ELECTRUM PERFORMANCE LLC	SCH E	N/A	75	0	75
ELECTRUM PERFORMANCE -OL LLC	SCH E	N/A	265	0	265

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
THE LUCKY PARROTS	NONPASSIVE	- 23390	- 23390	If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
ELECTRUM PERFORMANCE LLC	NONPASSIVE	15876	16376	
CONSULTING ELECTRUM PERFORMANCE STRENGTH AND CONDITIONING GYM	NONPASSIVE	8209	8209	
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total		1(c) 695	1(d)* 1195	1(e) - 500

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
ELECTRUM PERFORMANCE LLC				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
-K-1P SCH E INC	PASSIVE	75	75	
ELECTRUM PERFORMANCE -OL LLC				
-K-1P SCH E INC	PASSIVE	265	265	If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c) 340	2(d)** 340	2(e) 0

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is negative , transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e)

*This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.
**This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.
***This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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

See separate instructions.

Your first name and middle initial Alina C		Last name Grayeske		Your social security number 547 99 4740		
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. 4929 Del Monte Ave				Apt. no. 114		
City, town, or post office. If you have a foreign address, also complete spaces below. San Diego			State CA		ZIP code 921076217	
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

☒ 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):

(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	7,637.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 29	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions)	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	7,637.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
4a	IRA distributions	4a	
5a	Pensions and annuities	5a	
6a	Social security benefits	6a	
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	1,535.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	9,172.
10	Adjustments to income from Schedule 1, line 26	10	85.
11	Subtract line 10 from line 9. This is your adjusted gross income	11	9,087.
12	Standard deduction or itemized deductions (from Schedule A)	12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	0.
14	Add lines 12 and 13	14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	0.

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: Alina C Grayeske
Your social security number: 547-99-4740

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 0.
2a Alimony received
b Date of original divorce or separation agreement (see instructions):
3 Business income or (loss). Attach Schedule C 1,195.
4 Other gains or (losses). Attach Form 4797
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 340.
6 Farm income or (loss). Attach Schedule F
7 Unemployment compensation
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 1,535.

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	85 .
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	85 .

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

Your social security number

Alina C Grayeske

547-99-4740

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	169.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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	169.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) Small Business Owner	B Enter code from instructions 4 5 5 0 0 0	
C Business name. If no separate business name, leave blank. The Lucky Parrots	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	2,983.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,983.
4 Cost of goods sold (from line 42)	4	1,900.
5 Gross profit. Subtract line 4 from line 3	5	1,083.
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	1,083.

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

8 Advertising	8	658.	18 Office expense (see instructions)	18	503.
9 Car and truck expenses (see instructions)	9	5,436.	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	4,557.
15 Insurance (other than health)	15		23 Taxes and licenses	23	151.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	3,562.
b Other	16b		b Deductible meals (see instructions)	24b	1,021.
17 Legal and professional services	17	193.	25 Utilities	25	711.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-23,390.	27a Other expenses (from line 48)	27a	7,681.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	-23,390.			
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.		

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 SEE STMT ☒ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 <u>2,700.</u>
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 <u>1,200.</u>
39	Other costs 39
40	Add lines 35 through 39 40 <u>3,900.</u>
41	Inventory at end of year 41 <u>2,000.</u>
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42 <u>1,900.</u>

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2021</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:
a	Business <u>8,000</u> b Commuting (see instructions) c Other <u>4,000</u>
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☐ Yes ☒ No
b	If "Yes," is the evidence written? ☐ Yes ☐ No

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

Apps/software/web services	<u>871.</u>
Other business expenses	<u>6,635.</u>
Transaction/processing fees	<u>175.</u>
Miscellaneous expenses	<u>0.</u>
48 Total other expenses. Enter here and on line 27a	48 <u>7,681.</u>

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) Electrum Performance LLC	B Enter code from instructions 5 4 1 6 0 0	
C Business name. If no separate business name, leave blank. Electrum Performance LLC	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	16,800.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	16,800.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	16,800.
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	16,800.

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	0.	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	424.	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	0.
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	424.		28	424.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	16,376.		29	16,376.
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: 780 and (b) the part of your home used for business: 100 . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	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	16,376.		31	16,376.
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.		

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 2024, 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 8–26, line 27b, or line 30.

cloud strage	0.
other financial services fees	0.
48 Total other expenses. Enter here and on line 27a	48 0.

At-Risk Limitations

OMB No. 1545-0712

Attach to your tax return.

Go to www.irs.gov/Form6198 for instructions and the latest information.

Attachment
Sequence No. **31**

Name(s) shown on return

Alina C Grayeske

Identifying number

547-99-4740

Description of activity (see instructions)

Sch C Electrum Performance LLC

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.

See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	16,376.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	16,376.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount at Risk. If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero.	}	15
b	☐ From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	☐ Effective date	b	☐ The end of your prior year
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date	b	☐ The end of your prior year
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.
Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024
Attachment
Sequence No. **179**

Name(s) shown on return Alina C Grayeske	Business or activity to which this form relates Sch C Electrum Performance LLC	Identifying number 547-99-4740

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	1,220,000.
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	424.
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	424.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No									24b If "Yes," is the evidence written? ☐ Yes ☐ No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							25				
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use:											
Jeep Grad Cherokee	01/01/2021	7.23 %	20,000.	1,446.	5.00	S/L - HY	424.				
		%				S/L -					
		%				S/L -					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							28	424.			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 .								29			

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .	12,000					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven	153,866					
33 Total miles driven during the year. Add lines 30 through 32	165,866					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
	X					
35 Was the vehicle used primarily by a more than 5% owner or related person? . .	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **09**

Name of proprietor Alina C Grayeske		Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) consulting Electrum Performance Strength and Conditioning Gym	B Enter code from instructions 9 9 9 0 0 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.) 	
E Business address (including suite or room no.) 4929 Del Monte Ave, Apt. 114 City, town or post office, state, and ZIP code San Diego, CA 92107-6217		
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses ☒ Yes ☐ No		
H If you started or acquired this business during 2024, check here ☐		
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No		
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No		

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	15,000.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	15,000.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	15,000.
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	15,000.

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	4,690.	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	445.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	756.
17 Legal and professional services	17		25 Utilities	25	400.
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	6,291.			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	8,709.			
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: <u>780</u> and (b) the part of your home used for business: <u>100</u> . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	500.			
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	8,209.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☐ All investment is at risk.		
			32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

BAA

REV 03/20/25 Intuit.cdp.sp

Schedule C (Form 1040) 2024

Part III	Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2024

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business	7,000	b Commuting (see instructions)		c Other	3,000

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☒ No

b If “Yes,” is the evidence written? ☐ Yes ☐ No

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

[illegible]

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Alina C Grayeske

Your social security number

547-99-4740

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	Electrum Performance LLC	P	☐	83-1001249	☐	☐
B	Electrum Performance -OL LLC	P	☐	87-1808698	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A		75.			
B		265.			
C					
D					
29a Totals		340.			
b Totals					
30	Add columns (h) and (k) of line 29a				30 340.
31	Add columns (g), (i), and (j) of line 29b				31 ()
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 340.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a Totals					
b Totals					
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	340.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE (Form 1040) Department of the Treasury Internal Revenue Service	Self-Employment Tax Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR. Go to www.irs.gov/ScheduleSE for instructions and the latest information.	OMB No. 1545-0074 2024 Attachment Sequence No. 17
Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)		Social security number of person with self-employment income
Alina C Grayeske		547-99-4740
Part I Self-Employment Tax		
Note: If your only income subject to self-employment tax is church employee income, see instructions for how to report your income and the definition of church employee income.		
A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I ☐		
Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.		
1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b ()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.		
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2 1,195.
3	Combine lines 1a, 1b, and 2	3 1,195.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a 1,104.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b
c	Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue	4c 1,104.
5a	Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b 0.
6	Add lines 4c and 5b	6 1,104.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7 168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a 7,637.
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 7,637.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9 160,963.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10 137.
11	Multiply line 6 by 2.9% (0.029)	11 32.
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	12 169.
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 85.

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

Schedule SE (Form 1040) 2024

Part II

Optional Methods To Figure Net Earnings (see instructions)

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

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

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

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

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

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

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

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

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

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

Name(s) shown on return

Alina C Grayeske

Your taxpayer identification number

547-99-4740

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Electrum Performance LLC	547-99-4740	16,319.
ii	The Lucky Parrots	547-99-4740	-23,390.
iii	Alina C Grayeske	547-99-4740	8,181.
iv	Electrum Performance LLC	83-1001249	75.
v	Electrum Performance -OL LLC	87-1808698	265.
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 1,450.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 1,450.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 290.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 290.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to www.irs.gov/Form8582 for instructions and the latest information.

OMB No. 1545-1008

2024
Attachment
Sequence No. **858**

Name(s) shown on return

Alina C Grayeske

Identifying number

547-99-4740

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Part IV, column (a))	1a	
b Activities with net loss (enter the amount from Part IV, column (b))	1b	()
c Prior years' unallowed losses (enter the amount from Part IV, column (c))	1c	()
d Combine lines 1a, 1b, and 1c	1d	

All Other Passive Activities

2a Activities with net income (enter the amount from Part V, column (a))	2a	340 .
b Activities with net loss (enter the amount from Part V, column (b))	2b	(0 .)
c Prior years' unallowed losses (enter the amount from Part V, column (c))	2c	()
d Combine lines 2a, 2b, and 2c	2d	340 .

3 Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	3	340 .

If line 3 is a loss and: • Line 1d is a loss, go to Part II.

• Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4 Enter the smaller of the loss on line 1d or the loss on line 3	4	
5 Enter \$150,000. If married filing separately, see instructions	5	
6 Enter modified adjusted gross income, but not less than zero. See instructions	6	
Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.		
7 Subtract line 6 from line 5	7	
8 Multiply line 7 by 50% (0.50). Do not enter more than \$25,000. If married filing separately, see instructions	8	
9 Enter the smaller of line 4 or line 8. If line 3 includes any CRD, see instructions	9	0 .

Part III Total Losses Allowed

10 Add the income, if any, on lines 1a and 2a and enter the total	10	
11 Total losses allowed from all passive activities for 2024. Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	11	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

For Paperwork Reduction Act Notice, see instructions.

REV 03/20/25 Intuit.cfp.sp

Form **8582** (2024)

Part V

Complete This Part Before Part I, Lines 2a, 2b, and 2c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
Electrum Performance LLC	75.	0.		75.	
Electrum Performance -OL LLC	265.	0.		265.	
Total. Enter on Part I, lines 2a, 2b, and 2c	340.	0.			

Part VI

Use This Part if an Amount Is Shown on Part II, Line 9. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a).
Total			1.00		

Part VII

Allocation of Unallowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total			1.00	

Part VIII

Allowed Losses. See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Additional Information From 2024 California Tax Return Attachment

Schedule C (Small Buisness Owner): Profit or Loss from Business

Line 34	Explanation Statement
Change of Inventory Method	
Inventory is not purchased from a non-local retailer	

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone☐ Deceased

Spouse

☐ Other

Your first name and middle initial

Alina

Last name

Grayeske

Your social security number

547 99 4740

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.

4912 Muir Ave

Apt. no.

5

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

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

San Diego

State

CA

ZIP code

921072132

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status☒ Single☐ Head of household (HOH)

Check only one box.

☐ Married filing jointly (even if only one had income)☐ Qualifying surviving spouse (QSS)☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____

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

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

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

☐ Yes ☒ No**Dependents**

(see instructions)

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

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

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.**Income****Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,185.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	1,185.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions	4a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities	5a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐	b Taxable amount	
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐	b Taxable amount	
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	-38,498.
8	Additional income from Schedule 1, line 10	9	9,108.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	10	
10	Adjustments to income from Schedule 1, line 26	11a	9,108.
11a	Subtract line 10 from line 9. This is your adjusted gross income		

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	9,108.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	0.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,642.
24	Add lines 22 and 23. This is your total tax	24	4,642.

Standard deduction for—

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

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	0.
b	Form(s) 1099	25b	9,284.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,284.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
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	9,284.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,642.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	4,642.
b	Routing number <u>2 5 6 0 7 4 9 7 4</u>	c	Type: ☒ Checking ☐ Savings
d	Account number <u>7 0 3 3 8 8 6 7 3 5</u>		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

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

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Small Business Owner	
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. (760) 793-6808	Email address		

Paid Preparer Use Only

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Alina Grayeske	Your social security number 547-99-4740

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

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

Part I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1 0.
2a	Alimony received	2a
b	Date of original divorce or separation agreement (see instructions):	
3	Business income or (loss). Attach Schedule C	3 14,236.
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 -52,734.
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 -38,498.

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	
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	

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

Alina Grayeske

Your social security number

547-99-4740

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	
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	4,642.
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation .	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z	18		
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	21		4,642.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 09

Name of proprietor: Alina Grayeske
Social security number (SSN): 547-99-4740
A Principal business or profession, including product or service (see instructions): Small Business Owner
B Enter code from instructions: 4 5 5 0 0 0
C Business name. If no separate business name, leave blank: The Lucky Parrots
D Employer ID number (EIN) (see instr.):
E Business address (including suite or room no.): 4912 Muir Ave, Apt. 5
City, town or post office, state, and ZIP code: San Diego, CA 92107-2132
F Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify)
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses: [X] Yes [] No
H If you started or acquired this business during 2025, check here: []
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions: [] Yes [X] No
J If "Yes," did you or will you file required Form(s) 1099?: [] Yes [] No

Part I Income
Table with 3 columns: Line number, Description, Amount.
Line 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. []
Line 2: Returns and allowances
Line 3: Subtract line 2 from line 1
Line 4: Cost of goods sold (from line 42) 2,000.
Line 5: Gross profit. Subtract line 4 from line 3 -2,000.
Line 6: Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
Line 7: Gross income. Add lines 5 and 6 -2,000.

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 3 columns: Line number, Description, Amount.
Line 8: Advertising
Line 9: Car and truck expenses (see instructions) 8,400.
Line 10: Commissions and fees
Line 11: Contract labor (see instructions)
Line 12: Depletion
Line 13: Depreciation and section 179 expense deduction (not included in Part III) (see instructions)
Line 14: Employee benefit programs (other than on line 19)
Line 15: Insurance (other than health)
Line 16: Interest (see instructions):
a Mortgage (paid to banks, etc.) 16a
b Other 16b
Line 17: Legal and professional services
Line 18: Office expense (see instructions)
Line 19: Pension and profit-sharing plans
Line 20: Rent or lease (see instructions):
a Vehicles, machinery, and equipment 20a
b Other business property 20b
Line 21: Repairs and maintenance
Line 22: Supplies (not included in Part III)
Line 23: Taxes and licenses
Line 24: Travel and meals:
a Travel 24a
b Deductible meals (see instructions) 24b
Line 25: Utilities
Line 26: Wages (less employment credits)
Line 27a: Energy efficient commercial bldgs deduction (attach Form 7205) 27a
Line 27b: Other expenses (from line 48) 27b 0.
Line 28: Total expenses before expenses for business use of home. Add lines 8 through 27b 8,400.
Line 29: Tentative profit or (loss). Subtract line 28 from line 7 -10,400.
Line 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
Line 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.
Line 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 [X] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 2,000.
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 2,000.
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 2,000.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2021
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 12,000 b Commuting (see instructions) c Other 0
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

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

Miscellaneous expenses	0.
48 Total other expenses. Enter here and on line 27b	48 0.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 09

Name of proprietor Alina Grayeske	Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) consulting Electrum Performance Strength and Conditioning Gym	B Enter code from instructions 9 9 9 0 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 4912 Muir Ave, Apt. 5 City, town or post office, state, and ZIP code San Diego, CA 92107-2132	
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)	
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses ☒ Yes ☐ No	
H If you started or acquired this business during 2025, check here ☐	
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No	
J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No	

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	33,600.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	33,600.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	33,600.
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	33,600.

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

8 Advertising	8	214.	18 Office expense (see instructions)	18	101.
9 Car and truck expenses (see instructions)	9	78.	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	6,784.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,620.
b Other	16b		b Deductible meals (see instructions)	24b	1,124.
17 Legal and professional services	17	278.	25 Utilities	25	2,859.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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: 800 and (b) the part of your home used for business: 100. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	500.	27b Other expenses (from line 48)	27b	5,806.
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	14,236.			
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.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2021</u>
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business <u>0</u> b Commuting (see instructions) _____ c Other <u>10,000</u>
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

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

Apps/software/web services	801.
Furniture	45.
Other business expenses	4,782.
Uniforms	178.
48 Total other expenses. Enter here and on line 27b	48 5,806.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Alina Grayeske

Your social security number

547-99-4740

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☒ **Yes** ☐ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	The Jiu-Jitsu Collective LLC	P	☐	33-2799975	☐	☐
B	UPE	P	☐	33-2799975	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			48,534.		
B			4,200.		
C					
D					
29a Totals					
b Totals			52,734.		
30	Add columns (h) and (k) of line 29a				30
31	Add columns (g), (i), and (j) of line 29b				31 (52,734.)
32	Total partnership and S corporation income or (loss). Combine lines 30 and 31				32 -52,734.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1	
A					
B					
34a Totals					
b Totals					
35	Add columns (d) and (f) of line 34a				35
36	Add columns (c) and (e) of line 34b				36 ()
37	Total estate and trust income or (loss). Combine lines 35 and 36				37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-52,734.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

At-Risk Limitations

OMB No. 1545-0074

Attach to your tax return.

Go to www.irs.gov/Form6198 for instructions and the latest information.

Attachment
Sequence No. **31**

Name(s) shown on return

Alina Grayeske

Identifying number

547-99-4740

Description of activity (see instructions)

Sch C The Lucky Parrots

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.

See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	-10,400.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-10,400.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount at Risk. If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	18	
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

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

Name(s) shown on return

Alina Grayeske

Your taxpayer identification number

547-99-4740

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	The Lucky Parrots	547-99-4740	0.
ii	Alina Grayeske	547-99-4740	14,236.
iii	The Jiu-Jitsu Collective LLC	33-2799975	-52,734.
iv	The Jiu Jitsu Collective LLC	33-2799975	0.
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -38,498.	
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 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (38,498.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Alina Grayeske

Business or activity to which this form relates

K1 Partnership SBE The Jiu-Jitsu Collective LLC

Identifying number

547-99-4740

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
j Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 03/25/26 Intuit.eg.ctp.sp

Form **4562** (2025) Created 10/9/25

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	☐ Yes	☒ No
b If "Yes," is the evidence written?	☐ Yes	☐ No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	

26 Property used more than 50% in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Jeep Grand Cherokee	01/14/2025	50.00 %				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21	28	
29 Add amounts in column (i), line 26. Enter here and on line 7	29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)	6,000											
31 Total commuting miles driven during the year	6,000											
32 Total other personal (noncommuting) miles driven	0											
33 Total miles driven during the year. Add lines 30 through 32	12,000											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X										
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.			

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year (see instructions):					
43 Amortization of costs that began before your 2025 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

TAXABLE YEAR 2025	California Online e-file Return Authorization for Individuals	FORM 8453-OL

Your first name and initial ALINA		Last name GRAYESKE		Suffix	Your SSN or ITIN 547-99-4740
If filing jointly, spouse's/RDP's first name and initial		Last name		Suffix	Spouse's/RDP's SSN or ITIN
Street address (number and street) or PO box 4912 MUIR AVE		Apt. no./ste. no. APT 5	PMB/private mailbox		Daytime telephone number (760) 793-6808
City SAN DIEGO				State CA	ZIP code 92107-2132
Foreign country name		Foreign province/state/county			Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions	1	9108
2 Refund or no amount due. See instructions	2	
3 Amount you owe. See instructions	3	233

Part II Settle Your Account Electronically for Taxable Year 2025 (Pay by 4/15/2026)

4 ☐ Direct deposit of refund

5 ☒ Electronic funds withdrawal **5a** Amount 233 **5b** Withdrawal date (mm/dd/yyyy) 04/13/2026

Part III Make Estimated Tax Payments for Taxable Year 2026 (These are NOT installment payments for the current amount you owe.)

	First Payment 4/15/2026	Second Payment 6/15/2026	Third Payment 9/15/2026	Fourth Payment 1/15/2027
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below _____	12 The remaining amount of my refund for direct deposit _____
9 Routing number <u>256074974</u>	13 Routing number _____
10 Account number <u>7033886735</u>	14 Account number _____
11 Type of account: ☒ Checking ☐ Savings	15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2025 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

**Sign
Here**

Your signature _____

Date _____

Spouse's/RDP's signature. If filing jointly, both must sign.
It is unlawful to forge a spouse's/RDP's signature.

Date _____

2025 California Resident Income Tax Return**540**

APE

ATTACH FEDERAL RETURN

547-99-4740 GRAY
ALINA GRAYESKE

25 PBA 455000

4912 MUIR AVE
SAN DIEGO CA 92107-2132 APT 5
08-08-1986

Enter your county at time of filing (see instructions)

Principal Residence

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

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

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

Apt. no/ste. no.

☒☒

City

State

ZIP code

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

Filing Status

1

☒ Single

4

☐ Head of household (with qualifying person). See instructions.

2

☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5

☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

3

☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6

If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. ☒ 6 ☐

Exemptions

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

Whole dollars only

7

Personal: If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7

1

X \$153 = ☒ \$

153

8

Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. ☒ 8

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

9

X \$153 = ☒ \$

Your name: GRAYESKE Your SSN or ITIN: 547-99-4740

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 \$ 153

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 1185 .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. ... 13 9108 .00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 9108 .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 9108 .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 5706 .00

 18 5706 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- 19 3402 .00

Tax

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

31 ☐ FTB 3800 ☐ FTB 3803 31 34 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions. 32 153 .00

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

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

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

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:

GRAYESKE

Your SSN or ITIN:

547-99-4740

Special Credits

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

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540) ● 61 .00
- 62 Behavioral Health Services Tax. See instructions ● 62 .00
- 63 Other taxes and credit recapture. See instructions. **FTB 3805P** ● 63 1161 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax. ● 64 1161 .00

Payments

- 71 California income tax withheld. See instructions ● 71 928 .00
- 72 2025 California estimated tax and other payments. See instructions ● 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions. ● 73 .00
- 74 Refundable Program 4.0 California Motion Picture and Television Production Credit.
See instructions ● 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions ● 75 .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 ● 78 928 .00

Use Tax

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

ISR
Penalty

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

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 ● 93 928 .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. ● 95 928 .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 .00

Your name: **GRAYESKE** Your SSN or ITIN: **547-99-4740**

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		.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100	233	.00

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

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Your name: GRAYESKE Your SSN or ITIN: 547-99-4740

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** ● 111 233 .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 114 233 .00

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

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

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

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

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

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

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

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

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.

Your name:

GRAYESKE

Your SSN or ITIN:

547-99-4740

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

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

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

Your signature

Date

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

**Sign
Here**

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

Joint tax
return?
See
instructions.

☒ Your email address. Enter only one email address.

☒ Preferred phone number

☐ Print paid preparer's name

☐ Paid preparer's phone number

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

SELF - PREPARED

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

☐ PTIN

Firm's address

☐ Firm's FEIN

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

☐ Yes

☒ No

Print Third Party Designee's Name

Telephone Number

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

Name(s) as shown on tax return

SSN or ITIN

ALINA GRAYESKE

547994740

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

1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	☐ 1185 ☐	☐
b Household employee wages not reported on federal Form(s) W-2 1b	☐	☐
c Tip income not reported on line 1a 1c	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26 1e	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 31 1f	☐	☐
g Wages from federal Form 8919, line 6. 1g	☐	☐
h Other earned income. See instr. Enter type & amount. ☐ 1h	☐ 0 ☐	☐
i Nontaxable combat pay election. See instructions. 1i		☐
z Add line 1a through line 1i. 1z	☐ 1185 ☐	☐
2 Taxable interest. a ☐ 2b	☐	☐
3 Ordinary dividends. See instructions. a ☐ 3b	☐	☐
4 IRA distributions. See instructions. a ☐ 4b	☐	☐
5 Pensions and annuities. See instructions. . . . a ☐ 46421 5b	☐ 46421 ☐	☐
6 Social security benefits. a ☐ 6b	☐	
7 a Capital gain or (loss). See instructions 7a	☐	☐

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

1 Taxable refunds, credits, or offsets of state and local income taxes 1	☐ 0 ☐ 0	
2 a Alimony received. b Date of original divorce or separation agreement. See instr. ☐ 2a	☐	☐
3 Business income or (loss). See instructions. . . . 3	☐ 14236 ☐	☐
4 Other gains or (losses) 4	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	☐ -52734 ☐	☐
6 Farm income or (loss) 6	☐	☐
7 Unemployment compensation 7	☐	

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

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	☐	☐	☐
b1 Disaster loss deduction from form FTB 3805V. . 9b1		☐	
b2 NOL deduction from form FTB 3805V 9b2		☐	
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 9b3		☐	
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	☐ 9108	☐ 0	☐

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

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

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	☐		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	☐	☐	☐
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	☐	☐	
d Reforestation amortization and expenses. 24d	☐	☐	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	☐		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	☐	☐	☐
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	☐	☐	☐
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	☐		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. 24i	☐	☐	
j Housing deduction from federal Form 2555 24j	☐	☐	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	☐		
z Other adjustments. List type and amount.			
☐ 24z	☐	☐	☐
25 Total other adjustments. Add line 24a through line 24z 25	☐	☐	☐
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	☐	☐	☐
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	☐ 9108	☐ 0	☐

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Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ 0 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b. ☒ 9108 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 683 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	☒ 0		☒ 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. .5a	☒ 942	☒ 942	
b State and local real estate taxes 5b	☒		
c State and local personal property taxes 5c	☒ 0		
d Add line 5a through line 5c. 5d	☒ 942		
e Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	☒ 942	☒ 942	☒ 0
6 Other taxes. List type ☒ 6	☒	☒	☒
7 Add line 5e and line 6. 7	☒ 942	☒ 942	☒ 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	☒ 0		☒
b Home mortgage interest not reported to you on federal Form 1098. 8b	☒		☒
c Points not reported to you on federal Form 1098. .8c	☒		☒
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e	☒ 0	☒	☒
9 Investment interest. 9	☒	☒	☒
10 Add line 8e and line 9. 10	☒ 0	☒	☒

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check.....11	☒	☒	☒
12 Other than by cash or check.....12	☒	☒	☒
13 Carryover from prior year.....13	☒	☒	☒
14 Add line 11 through line 13.....14	☒	☒	☒
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions..15	☒	☒	☒
Other Itemized Deductions			
16 Other—from list in federal instructions.....16	☒	☒	☒
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C.....17	☒ 942	☒ 942	☒ 0
18 Total. Combine line 17 column A less column B plus column C.....	☒ 18		0

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees.....☒ 20

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

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

23 Enter amount from federal Form 1040 or 1040-SR, line 11b.....☒ 9108

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0.....☒ 24 182

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

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

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

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

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?
Single or married/RDP filing separately.....\$252,203
Head of household.....\$378,310
Married/RDP filing jointly or qualifying surviving spouse/RDP.....\$504,411
No. Transfer the amount on line 28 to line 29.
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29.....☒ 29 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:
Single or married/RDP filing separately. See instructions.....\$5,706
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP...\$11,412
Transfer the amount on line 30 to Form 540, line 18.....☒ 30 5706

2025

**Additional Taxes on Qualified Plans
(Including IRAs) and Other
Tax-Favored Accounts**

3805P

First name ALINA	Initial	Last name GRAYESKE	SSN or ITIN 547994740
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.
City			State
			ZIP code

Part I Additional Tax on Early Distributions – Complete this part if you received a taxable distribution, before you reached age 59½, from a qualified retirement plan (including an IRA) or modified endowment contract. You may also have to complete this part if you received a federal Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1	46421	00
2	Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception number from instructions: 1	2		00
3	Amount subject to additional tax. Subtract line 2 from line 1*	3	46421	00
4	Tax due. Multiply line 3 by 2½% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	4	1161	00

*If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2½% (.025). See instructions.

Part II Additional Tax on Certain Distributions from Education Accounts and ABLÉ Accounts – Complete this part if you included an amount in income on Schedule CA (540 or 540NR) from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLÉ account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLÉ account. See instructions	5		00
6	Distributions included on line 5 that are not subject to additional tax. See instructions	6		00
7	Amount subject to additional tax. Subtract line 6 from line 5.	7		00
8	Tax due. Multiply line 7 by 2½% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	8		00

Part III Additional Tax on Distributions from Archer and Medicare Advantage Medical Savings Accounts (MSAs) – Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

9	Taxable Archer MSA distribution from federal Form 8853, line 8. See instructions	9		00
10 a	If you meet any of the exceptions to the 12.5% tax (see instructions), check here.	10a		
b	Otherwise, multiply line 9 by 12.5% (.125). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	10b		00
11	Additional tax due from Medicare Advantage MSA distributions. Enter the amount from federal Form 8853, line 13b. Also, include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions. Form 540NR filers, see instructions	11		00

Signature. Complete **only** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. It is unlawful to forge a spouse's/registered domestic partner's signature.

Your signature

Date

X

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)

PTIN

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

Firm's FEIN

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone☐ Deceased

Spouse

☐ Other

Your first name and middle initial

Alina

Last name

Grayeske

Your social security number

547 99 4740

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.

4912 Muir Ave

Apt. no.

5

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

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

San Diego

State

CA

ZIP code

921072132

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

Foreign country name

Foreign province/state/county

Foreign postal code

Filing Status☒ Single

Check only one box.

☐ Married filing jointly (even if only one had income)☐ Married filing separately (MFS). Enter spouse's SSN above and full name here: _____☐ Head of household (HOH)☐ Qualifying surviving spouse (QSS)

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

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

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

☐ Yes ☒ No**Dependents**

(see instructions)

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

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

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.**Income****Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.**

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,185.
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount: _____	1h	0.
i	Nontaxable combat pay election (see instructions)	1i	
z	Add lines 1a through 1h	1z	1,185.
2a	Tax-exempt interest	2a	
3a	Qualified dividends	3a	
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions	4a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities	5a	
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits	6a	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐	b	Taxable amount
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐	b	Taxable amount
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	-38,498.
8	Additional income from Schedule 1, line 10	9	9,108.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	10	
10	Adjustments to income from Schedule 1, line 26	11a	9,108.
11a	Subtract line 10 from line 9. This is your adjusted gross income		

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	9,108.
12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
b	☐ Spouse itemizes on a separate return	c	☐ You were a dual-status alien
d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
	Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	0.
b	Additional deductions from Schedule 1-A, line 38	13b	
14	Add lines 12e, 13a, and 13b	14	15,750.
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	0.
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	0.
19	Child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,642.
24	Add lines 22 and 23. This is your total tax	24	4,642.

Standard deduction for—

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

Payments and Refundable Credits

25	Federal income tax withheld from:		
a	Form(s) W-2	25a	0.
b	Form(s) 1099	25b	9,284.
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	9,284.
26	2025 estimated tax payments and amount applied from 2024 return	26	
	If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
27a	Earned income credit (EIC)	27a	
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	9,284.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	4,642.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	4,642.
b	Routing number <u>2 5 6 0 7 4 9 7 4</u>	c	Type: ☒ Checking ☐ Savings
d	Account number <u>7 0 3 3 8 8 6 7 3 5</u>		
36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe

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

Third Party Designee

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

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		Small Business Owner	
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. (760) 793-6808	Email address		

Paid Preparer Use Only

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Alina Grayeske	Your social security number 547-99-4740

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

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

Part I Additional Income		
1	Taxable refunds, credits, or offsets of state and local income taxes	1 0.
2a	Alimony received	2a
b	Date of original divorce or separation agreement (see instructions):	
3	Business income or (loss). Attach Schedule C	3 14,236.
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 -52,734.
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 -38,498.

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	
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	

SCHEDULE 2
(Form 1040)Department of the Treasury
Internal Revenue Service**Additional Taxes**Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

Alina Grayeske

Your social security number

547-99-4740

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	
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	4,642.
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation .	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 .	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z	18		
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b	21		4,642.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. 09

Name of proprietor: Alina Grayeske
Social security number (SSN): 547-99-4740
A Principal business or profession, including product or service (see instructions): Small Business Owner
B Enter code from instructions: 4 5 5 0 0 0
C Business name. If no separate business name, leave blank: The Lucky Parrots
D Employer ID number (EIN) (see instr.):
E Business address (including suite or room no.): 4912 Muir Ave, Apt. 5
City, town or post office, state, and ZIP code: San Diego, CA 92107-2132
F Accounting method: (1) [X] Cash (2) [] Accrual (3) [] Other (specify)
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses: [X] Yes [] No
H If you started or acquired this business during 2025, check here: []
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions: [] Yes [X] No
J If "Yes," did you or will you file required Form(s) 1099?: [] Yes [] No

Part I Income
Table with 3 columns: Line number, Description, Amount.
Line 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. []
Line 2: Returns and allowances
Line 3: Subtract line 2 from line 1
Line 4: Cost of goods sold (from line 42) 2,000.
Line 5: Gross profit. Subtract line 4 from line 3 -2,000.
Line 6: Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)
Line 7: Gross income. Add lines 5 and 6 -2,000.

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 3 columns: Line number, Description, Amount.
Line 8: Advertising
Line 9: Car and truck expenses (see instructions) 8,400.
Line 10: Commissions and fees
Line 11: Contract labor (see instructions)
Line 12: Depletion
Line 13: Depreciation and section 179 expense deduction (not included in Part III) (see instructions)
Line 14: Employee benefit programs (other than on line 19)
Line 15: Insurance (other than health)
Line 16: Interest (see instructions):
a Mortgage (paid to banks, etc.) 16a
b Other 16b
Line 17: Legal and professional services
Line 18: Office expense (see instructions)
Line 19: Pension and profit-sharing plans
Line 20: Rent or lease (see instructions):
a Vehicles, machinery, and equipment 20a
b Other business property 20b
Line 21: Repairs and maintenance
Line 22: Supplies (not included in Part III)
Line 23: Taxes and licenses
Line 24: Travel and meals:
a Travel 24a
b Deductible meals (see instructions) 24b
Line 25: Utilities
Line 26: Wages (less employment credits)
Line 27a: Energy efficient commercial bldgs deduction (attach Form 7205) 27a
Line 27b: Other expenses (from line 48) 27b 0.
Line 28: Total expenses before expenses for business use of home. Add lines 8 through 27b 8,400.
Line 29: Tentative profit or (loss). Subtract line 28 from line 7 -10,400.
Line 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
Line 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.
Line 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 [X] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☒ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35 2,000.
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 2,000.
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 2,000.

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

43	When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2021
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 12,000 b Commuting (see instructions) c Other 0
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

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

Miscellaneous expenses	0.
48 Total other expenses. Enter here and on line 27b	48 0.

At-Risk Limitations

OMB No. 1545-0074

Attach to your tax return.

Go to www.irs.gov/Form6198 for instructions and the latest information.

Attachment
Sequence No. **31**

Name(s) shown on return

Alina Grayeske

Identifying number

547-99-4740

Description of activity (see instructions)

Sch C The Lucky Parrots

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.

See instructions.

1	Ordinary income (loss) from the activity (see instructions)	1	-10,400.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 (Form 1065) or Schedule K-1 (Form 1120-S), that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See the instructions before completing the rest of this form	5	-10,400.

Part II Simplified Computation of Amount at Risk. See the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	
7	Increases for the tax year (see instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount at Risk. If you completed Part III of Form 6198 for the prior year, see the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date		
b	☐ The end of your prior year	18	
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

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

OMB No. 1545-0074

2025
Attachment
Sequence No. 09

Name of proprietor Alina Grayeske	Social security number (SSN) 547-99-4740
A Principal business or profession, including product or service (see instructions) consulting Electrum Performance Strength and Conditioning Gym	B Enter code from instructions 9 9 9 0 0 0
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 4912 Muir Ave, Apt. 5 City, town or post office, state, and ZIP code San Diego, CA 92107-2132	
F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) _____	
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses	☒ Yes ☐ No
H If you started or acquired this business during 2025, check here	☐
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions	☐ Yes ☒ No
J If "Yes," did you or will you file required Form(s) 1099?	☐ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	33,600.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	33,600.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	33,600.
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	33,600.

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

8 Advertising	8	214.	18 Office expense (see instructions)	18	101.
9 Car and truck expenses (see instructions)	9	78.	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	6,784.
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	1,620.
b Other	16b		b Deductible meals (see instructions)	24b	1,124.
17 Legal and professional services	17	278.	25 Utilities	25	2,859.
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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: 800 and (b) the part of your home used for business: 100. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	500.	b Other expenses (from line 48)	27b	5,806.
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	14,236.			
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.		

Part III Cost of Goods Sold (see instructions)

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

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2021</u>
44	Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a	Business <u>0</u> b Commuting (see instructions) _____ c Other <u>10,000</u>
45	Was your vehicle available for personal use during off-duty hours? ☐ Yes ☒ No
46	Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No
47a	Do you have evidence to support your deduction? ☒ Yes ☐ No
b	If "Yes," is the evidence written? ☒ Yes ☐ No

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

Apps/software/web services	801.
Furniture	45.
Other business expenses	4,782.
Uniforms	178.
48 Total other expenses. Enter here and on line 27b	48 5,806.

Name(s) shown on return. Do not enter name and social security number if shown on other side.

Alina Grayeske

Your social security number

547-99-4740

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations**

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (e) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (f) on line 28 and attach **Form 6198**. See instructions.

- 27** Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☒ **Yes** ☐ **No**

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	The Jiu-Jitsu Collective LLC	P	☐	33-2799975	☐	☐
B	UPE	P	☐	33-2799975	☐	☐
C			☐		☐	☐
D			☐		☐	☐

Passive Income and Loss			Nonpassive Income and Loss		
(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1	
A		48,534.			
B		4,200.			
C					
D					
29a Totals					
b Totals		52,734.			
30 Add columns (h) and (k) of line 29a					30
31 Add columns (g), (i), and (j) of line 29b					31 (52,734.)
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31					32 -52,734.

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

Passive Income and Loss			Nonpassive Income and Loss		
(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1		
A					
B					
34a Totals					
b Totals					
35 Add columns (d) and (f) of line 34a					35
36 Add columns (c) and (e) of line 34b					36 ()
37 Total estate and trust income or (loss). Combine lines 35 and 36					37

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q , line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q , line 1b	(e) Income from Schedules Q , line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835 . Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	-52,734.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Alina Grayeske

Business or activity to which this form relates

K1 Partnership SBE The Jiu-Jitsu Collective LLC

Identifying number

547-99-4740

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
j Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

BAA

REV 03/25/26 Intuit.cq.ctp.sp

Form **4562** (2025) Created 10/9/25

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	☐ Yes	☒ No
b If "Yes," is the evidence written?	☐ Yes	☐ No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
Jeep Grand Cherokee	01/14/2025	50.00 %				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21							28	
29 Add amounts in column (i), line 26. Enter here and on line 7							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)	6,000											
31 Total commuting miles driven during the year	6,000											
32 Total other personal (noncommuting) miles driven	0											
33 Total miles driven during the year. Add lines 30 through 32	12,000											
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		X										
35 Was the vehicle used primarily by a more than 5% owner or related person?	X											
36 Is another vehicle available for personal use?	X											

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) *(continued)*

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.			

Part VI

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2025 tax year (see instructions):					
43 Amortization of costs that began before your 2025 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

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

Name(s) shown on return

Alina Grayeske

Your taxpayer identification number

547-99-4740

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	The Lucky Parrots	547-99-4740	0.
ii	Alina Grayeske	547-99-4740	14,236.
iii	The Jiu-Jitsu Collective LLC	33-2799975	-52,734.
iv	The Jiu Jitsu Collective LLC	33-2799975	0.
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 -38,498.	
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 0.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 0.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 0.
11	Taxable income before qualified business income deduction (see instructions)	11 0.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 0.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (38,498.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)



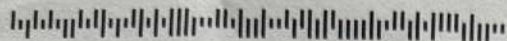
STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001

DLN2616517742Z

Date:
08/03/2026



California Earned Income Tax Credit - Verify Eligibility



ALINA GRAYESKE
4912 MUIR AVE APT 5
SAN DIEGO CA 92107-2132

Account: 214-01705-82

Taxable Year(s):

Why You Received This Letter

The California Franchise Tax Board (FTB) has determined that based on the information provided on your California personal income tax return for the taxable year, you may qualify for the California Earned Income Tax Credit (CalEITC). If you meet all eligibility requirements, you may be entitled to a CalEITC credit of up to \$219.00. CalEITC can reduce your tax liability or result in a cash refund.

What You Need to Do

To claim CalEITC, complete Form FTB 3514, *California Earned Income Tax Credit* and mail it to:

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0001

To get forms, go to ftb.ca.gov/Forms, and search for **3514**.

If you qualify for CalEITC, you may also qualify for the California Young Child Tax Credit (YCTC). If eligible, YCTC provides an additional refundable credit of up to \$1,189.00.

If you meet all eligibility requirements for EITC and YCTC, you may claim CalEITC or YCTC for up to four prior years by filing or amending your California personal income tax return.

Go to ftb.ca.gov/caleitc to view the following:

- Eligibility requirements and credit information for EITC and YCTC.
- EITC calculator to estimate your credit amount.
- FTB 3514 form instructions.



If you have any questions, refer to **Connect With Us** for contact information.

Franchise Tax Board Privacy Notice on Collection

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

Connect With Us

Web: ftb.ca.gov
Phone: 800.852.5711 from 8:00 a.m. to 5:00 p.m. weekdays, except state holidays
916.845.6500 from outside the United States
California Relay Service: 711 or 800.735.2929 for persons with hearing or speaking limitations

PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement of Account

Statement Period
07/23/25 - 08/22/25

Access No. 4132571

Routing Number: 2560-7497-4

#BWNLLSV
#000000P4Q3RUW1A4#000AMU90F
ALINA C GRAYESKE
4929 DEL MONTE AVE APT 114
SAN DIEGO CA 92107-6217

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit navyfederal.org/overseas/
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

IMPORTANT CHANGE IN TERMS OF SERVICE EFFECTIVE AS OF 23 JUNE 2025

We are amending our funds availability policy concerning the deposit of checks into consumer and business accounts. The details of the change can be found here: navyfederal.org/campaigns/essage/change-in-terms-notice.html.

Please read this information carefully. If you have any questions, please contact Navy Federal at 888-842-6328 or send us an eMessage via online banking.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
EveryDay Checking 7033886735	\$2,261.63	\$6,989.92	\$7,140.38	\$2,111.17	\$0.16
Membership Savings 3039782481	\$1,431.16	\$0.30	\$0.00	\$1,431.46	\$2.04
Money Market Savings 3062009497	\$505.01	\$0.00	\$0.00	\$505.01	\$0.00
Totals	\$4,197.80	\$6,990.22	\$7,140.38	\$4,047.64	\$2.20

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

ALINA C GRAYESKE

4132571

DEPOSIT VOUCHER

(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

MARK "X" TO CHANGE
ADDRESS/ORDER
ITEMS ON REVERSE



NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT WITH NOTICE PERIOD FOR IMMEDIATE WITHDRAWAL			
ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7033886735	Checking		
3039782481	Savings		
3062009497	MMSA		
TOTAL			

405703388673530397824813062009497000000000000000000000002



PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
07/23/25 - 08/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
07-23	Beginning Balance		2,261.63
07-23	POS Debit- Debit Card 6560 07-21-25 Staples San Diego CA	1.45-	2,260.18
07-23	POS Debit- Debit Card 6560 07-21-25 Staples San Diego CA	1.58-	2,258.60
07-23	POS Debit- Debit Card 6560 07-23-25 Sp Shorethingtsp 161-99395588 CA	23.15-	2,235.45
07-23	POS Debit- Debit Card 6560 07-22-25 Tst*soi O.B. San Diego CA	31.79-	2,203.66
07-23	Paid To - Venmo Payment Chk 9100001	80.00-	2,123.66
07-25	POS Debit- Debit Card 6560 07-24-25 Lemonade Insurance New York Ny	64.11-	2,059.55
07-28	POS Debit- Debit Card 6560 07-25-25 Citysd Parking 288 San Diego CA	3.84-	2,055.71
07-28	POS Debit- Debit Card 6560 07-26-25 Sq *tiny Giant Tap San Diego CA	27.14-	2,028.57
07-29	Deposit - ACH Paid From Lemonade Insuran Lemonade l 072925	37.60	2,066.17
07-29	Deposit - ACH Paid From Etsy, Inc. Payout 01Afd1	58.29	2,124.46
07-29	POS Debit- Debit Card 6560 07-28-25 CVS/Pharmacy #1050 San Diego CA	11.09-	2,113.37
07-29	POS Debit- Debit Card 6560 07-28-25 Cafe Bella Express San Diego CA	19.02-	2,094.35
07-30	Deposit - ACH Paid From Venmo Cashout 01Afd5	656.00	2,750.35
07-30	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	2,699.18
07-31	Deposit - ACH Paid From Electrum Perform Emp Dpst 01Afd9	2,800.00	5,499.18
07-31	Transfer From Checking Andres M Cervantes	1,483.00	6,982.18
07-31	POS Debit- Debit Card 6560 07-30-25 CA0304 Luv Car Was San Diego CA	10.00-	6,972.18
07-31	Transfer To Credit Card	825.00-	6,147.18
07-31	Dividend	0.03	6,147.21
08-01	Paid To Target Debit Crd 0730 043694 Target 3303 San Diego CA	43.78-	6,103.43
08-01	Paid To - MA Elan The Par Rent Chk 12400005	2,995.64-	3,107.79
08-04	Zelle CR Manuella Guasti Fernandes	164.00	3,271.79
08-04	Deposit - ACH Paid From Venmo Cashout 01Afd5	274.00	3,545.79
08-04	POS Debit- Debit Card 6560 08-01-25 Etsy.Com*us 718-8557955 Ny	9.59-	3,536.20

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement Period
07/23/25 - 08/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
08-04	POS Debit- Debit Card 6560 08-02-25 Petco Park Clubs San Diego CA	9.69-	3,526.51
08-04	POS Debit- Debit Card 6560 08-02-25 Mts- Pronto San Diego CA	10.00-	3,516.51
08-04	POS Debit - Debit Card 6560 Transaction 08-03-25 Victory Wine And Spiri San Diego	15.29-	3,501.22
08-04	POS Debit- Debit Card 6560 08-03-25 Sq *wax Haven Gosq.Com CA	65.00-	3,436.22
08-04	Paid To - Capital One Mobile Pmt Chk 5607361	101.00-	3,335.22
08-04	Paid To - Venmo Payment Chk 9100001	101.00-	3,234.22
08-05	Deposit - ACH Paid From Venmo Cashout 01Afd5	330.00	3,564.22
08-05	POS Debit- Debit Card 6560 08-04-25 Indie Yoga Indieyogasd.C CA	12.00-	3,552.22
08-05	POS Debit- Debit Card 6560 08-04-25 Cafe Bella Express San Diego CA	19.02-	3,533.20
08-05	POS Debit- Debit Card 6560 08-04-25 Lemonade Insurance New York Ny	58.63-	3,474.57
08-05	Transfer To Credit Card	825.00-	2,649.57
08-06	Deposit - ACH Paid From Venmo Cashout 01Afd5	164.00	2,813.57
08-06	POS Debit- Debit Card 6560 08-05-25 Amazon.Com*g76RI0G Amzn.Com/Bill WA	8.59-	2,804.98
08-06	POS Debit- Debit Card 6560 08-06-25 Amazon.Com*vv6Bk0L Amzn.Com/Bill WA	21.63-	2,783.35
08-08	POS Debit- Debit Card 6560 08-07-25 Apple Tree San Diego CA	20.46-	2,762.89
08-08	POS Debit- Debit Card 6560 08-07-25 The Olive Tree Mar 619-2240443 CA	37.92-	2,724.97
08-08	POS Debit- Debit Card 6560 08-07-25 Closet San Diego CA	96.93-	2,628.04
08-11	POS Debit- Debit Card 6560 08-09-25 Ibi*tabletics.Com 844-3225384 CA	69.95-	2,558.09
08-11	POS Debit- Debit Card 6560 08-09-25 IN-N-Out Temecula Temecula CA	72.48-	2,485.61
08-12	Deposit - ACH Paid From Venmo Cashout 01Afd5	189.00	2,674.61
08-13	POS Debit- Debit Card 6560 08-12-25 Apple Tree San Diego CA	12.13-	2,662.48
08-13	POS Debit- Debit Card 6560 08-11-25 Chick-Fil-A #02014 San Diego CA	13.74-	2,648.74
08-13	Paid To - Venmo Payment Chk 9100001	30.00-	2,618.74
08-14	POS Debit- Debit Card 6560 08-13-25 Cafe Bella Express San Diego CA	12.08-	2,606.66
08-14	POS Debit- Debit Card 6560 08-13-25 Amazon MktpI*h56Ff Amzn.Com/Bill WA	43.09-	2,563.57
08-14	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	80.56-	2,483.01
08-15	Transfer From Checking Andres M Cervantes	73.00	2,556.01
08-15	POS Debit- Debit Card 6560 08-14-25 Ibi*tabletics.Com 844-3225384 CA	10.13-	2,545.88
08-15	POS Debit- Debit Card 6560 08-14-25 Apple Tree San Diego CA	25.30-	2,520.58
08-18	Transfer From Checking Andres M Cervantes	126.00	2,646.58
08-18	Transfer From Checking Andres M Cervantes	150.00	2,796.58
08-18	POS Debit- Debit Card 6560 08-16-25 Sp Shorethingptspp 161-99395588 CA	107.61-	2,688.97
08-18	Paid To Target Debit Crd 0816 043694 Target 3303 San Diego CA	36.48-	2,652.49
08-18	Paid To - USAA P&C Autopay Chk 2100002	249.70-	2,402.79
08-19	POS Debit- Debit Card 6560 08-18-25 Cafe Bella Express San Diego CA	19.02-	2,383.77
08-19	Transfer To Credit Card	126.00-	2,257.77
08-19	Paid To - Capital One Mobile Pmt Chk 5607361	150.00-	2,107.77
08-22	Transfer From Checking Andres M Cervantes	485.00	2,592.77
08-22	Transfer To Loan Alina C Grayeske	481.60-	2,111.17
08-22	Ending Balance		2,111.17

Average Daily Balance - Current Cycle: \$2,603.68

Your account earned \$0.03, with an annual percentage yield earned of 0.01%, for the dividend period from 07-01-2025 through 07-31-2025



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Statement of Account
For ALINA C GRAYESKE

Statement Period
07/23/25 - 08/22/25

Access No. 4132571

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
07-23	ACH	80.00	08-04	POS	15.29
07-30	ACH	51.17	08-04	POS	65.00
08-01	ACH	43.78	08-04	POS	9.59
08-01	ACH	2,995.64	08-04	POS	9.69
08-04	ACH	101.00	08-05	POS	58.63
08-04	ACH	101.00	08-05	POS	12.00
08-13	ACH	30.00	08-05	POS	19.02
08-14	ACH	80.56	08-06	POS	21.63
08-18	ACH	36.48	08-06	POS	8.59
08-18	ACH	249.70	08-08	POS	96.93
08-19	ACH	150.00	08-08	POS	20.46
07-23	POS	31.79	08-08	POS	37.92
07-23	POS	1.45	08-11	POS	72.48
07-23	POS	1.58	08-11	POS	69.95
07-23	POS	23.15	08-13	POS	13.74
07-25	POS	64.11	08-13	POS	12.13
07-28	POS	3.84	08-14	POS	12.08
07-28	POS	27.14	08-14	POS	43.09
07-29	POS	11.09	08-15	POS	25.30
07-29	POS	19.02	08-15	POS	10.13
07-31	POS	10.00	08-18	POS	107.61
08-04	POS	10.00	08-19	POS	19.02

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
07-23	Beginning Balance		1,431.16
07-31	Dividend	0.30	1,431.46
08-22	Ending Balance		1,431.46

Your account earned \$0.30, with an annual percentage yield earned of 0.25%, for the dividend period from 07-01-2025 through 07-31-2025

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
07-23	Beginning Balance		505.01
No Transactions This Period			
08-22	Ending Balance		505.01



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Statement Period
07/23/25 - 08/22/25

Access No. 4132571

Statement of Account For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

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Statement of Account

Statement Period
08/23/25 - 09/22/25

Access No. 4132571

Routing Number: 2560-7497-4

#BWNLLSV
#000000P4Q3RUW1A4#000SME90F
ALINA C GRAYESKE
4929 DEL MONTE AVE APT 114
SAN DIEGO CA 92107-6217

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit **navyfederal.org/overseas/**
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

IMPORTANT CHANGE IN TERMS OF SERVICE EFFECTIVE AS OF 23 JUNE 2025

WE ARE AMENDING OUR FUNDS AVAILABILITY POLICY CONCERNING THE DEPOSIT OF CHECKS INTO CONSUMER AND BUSINESS ACCOUNTS. THE DETAILS OF THE CHANGE CAN BE FOUND HERE: navyfederal.org/campaigns/emessage/change-in-terms-notice.html.

Please read this information carefully. If you have any questions, please contact Navy Federal at 888-842-6328 or send us an eMessage via online banking.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
EveryDay Checking 7033886735	\$2,111.17	\$10,863.37	\$10,777.45	\$2,197.09	\$0.18
Membership Savings 3039782481	\$1,431.46	\$1,000.30	\$500.00	\$1,931.76	\$2.34
Money Market Savings 3062009497	\$505.01	\$0.00	\$0.00	\$505.01	\$0.00
Totals	\$4,047.64	\$11,863.67	\$11,277.45	\$4,633.86	\$2.52

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

ALINA C GRAYESKE

4132571

DEPOSIT VOUCHER

(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

MARK "X" TO CHANGE
ADDRESS/ORDER
ITEMS ON REVERSE



NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT OR NOTICE PERMITTED FOR IMMEDIATE WITHDRAWAL			
ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7033886735	Checking		
3039782481	Savings		
3062009497	MMSA		
TOTAL			

405703388673530397824813062009497000000000000000000000002



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Statement of Account
For ALINA C GRAYESKE

Statement Period
08/23/25 - 09/22/25

Access No. 4132571

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
08-23	Beginning Balance		2,111.17
08-25	POS Debit- Debit Card 6560 08-22-25 San Jetbox T2E 625 San Diego CA	4.67-	2,106.50
08-25	POS Debit - Debit Card 6560 Transaction 08-22-25 7-Eleven Dallas	4.75-	2,101.75
08-25	POS Debit- Debit Card 6560 08-23-25 Sq *tennessee Will Key West FL	26.40-	2,075.35
08-25	POS Debit- Debit Card 6560 08-21-25 Chick-Fil-A #02014 619-758-1555 CA	34.72-	2,040.63
08-25	POS Debit- Debit Card 6560 08-24-25 Lemonade Insurance New York Ny	64.11-	1,976.52
08-27	Zelle DB Federico Grosso	150.00-	1,826.52
08-28	POS Debit- Debit Card 6560 08-27-25 Apf*heetwave Prope 888-5574338 CA	45.00-	1,781.52
08-29	Deposit - ACH Paid From Electrum Perform Emp Dpst 01Afd9	2,800.00	4,581.52
08-29	Dividend	0.02	4,581.54
09-02	Transfer From Checking Andres M Cervantes	1,620.00	6,201.54
09-02	POS Debit- Debit Card 6560 09-01-25 Cafe Bella Express San Diego CA	19.02-	6,182.52
09-02	POS Debit- Debit Card 6560 08-31-25 Chris` Ono Grinds San Diego CA	24.14-	6,158.38
09-02	POS Debit- Debit Card 6560 09-02-25 Yelp-Grubhub*alfre 8775851085 Ny	58.86-	6,099.52
09-02	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	6,048.35
09-03	Deposit - ACH Paid From Etsy, Inc. Payout 01Afd1	386.85	6,435.20
09-03	POS Debit- Debit Card 6560 09-02-25 Apple Tree San Diego CA	18.67-	6,416.53
09-03	Paid To - MA Elan The Par Rent Chk 12400005	160.68-	6,255.85
09-03	Paid To - MA Elan The Par Rent Chk 12400005	3,075.00-	3,180.85
09-05	POS Debit- Debit Card 6560 09-04-25 Lemonade Insurance New York Ny	58.63-	3,122.22
09-08	Deposit - RTP Paid From Coinbase	3,663.50	6,785.72
09-08	Zelle DB Federico Grosso	80.00-	6,705.72
09-08	POS Debit- Debit Card 6560 09-04-25 Tst*soi O.B. San Diego CA	11.25-	6,694.47
09-08	POS Debit- Debit Card 6560 09-07-25 Mrs Fields Cookies San Francisco CA	32.00-	6,662.47
09-09	POS Debit- Debit Card 6560 09-07-25 The Hook San Francisco CA	34.15-	6,628.32

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER			DAYTIME TELEPHONE NUMBER
- -	()			()



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Statement Period
08/23/25 - 09/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
09-09	Paid To - Capital One Mobile Pmt Chk 5607361	100.00-	6,528.32
09-09	Paid To - Heetwave Propert Web Pmts Chk 8150350	3,495.00-	3,033.32
09-10	POS Debit - Debit Card 6560 Transaction 09-09-25 Target T-3303 San Diego	23.57-	3,009.75
09-11	POS Debit - Debit Card 6560 Transaction 09-10-25 Target T-0201 San Diego	10.78-	2,998.97
09-11	POS Debit - Debit Card 6560 Transaction 09-10-25 Homegoods #0512 San Diego	44.59-	2,954.38
09-11	POS Debit - Debit Card 6560 Transaction 09-10-25 The Home Depot #0674 San Diego CA	311.40-	2,642.98
09-12	Transfer From Checking The Jiu-Jitsu Collective LLC	180.00	2,822.98
09-12	Transfer From Checking Andres M Cervantes	365.00	3,187.98
09-12	Zelle DB Federico Grosso	180.00-	3,007.98
09-15	Transfer From Checking Andres M Cervantes	73.00	3,080.98
09-16	POS Debit- Debit Card 6560 09-15-25 Cafe Bella Express San Diego CA	19.02-	3,061.96
09-16	POS Debit- Debit Card 6560 09-15-25 Ace Parking 0997 619-2336624 CA	25.00-	3,036.96
09-16	Paid To Target Debit Crd 0914 043694 Target 3303 San Diego CA	55.87-	2,981.09
09-16	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	78.24-	2,902.85
09-16	Paid To - USAA P&C Autopay Chk 2100002	247.94-	2,654.91
09-17	Transfer From Checking Andres M Cervantes	140.00	2,794.91
09-17	POS Debit- Debit Card 6560 09-16-25 Sq *wax Haven Gosq.Com CA	65.00-	2,729.91
09-18	Zelle CR Manuella Guasti Fernandes	1,000.00	3,729.91
09-18	Transfer From Checking Andres M Cervantes	150.00	3,879.91
09-18	POS Debit- Debit Card 6560 09-17-25 Cafe Bella Express San Diego CA	18.90-	3,861.01
09-18	POS Debit- Debit Card 6560 09-17-25 Sq *wax Haven San Diego CA	32.32-	3,828.69
09-18	POS Debit- Debit Card 6560 09-17-25 Sp Tushyme Hellotushy.CO Ny	139.00-	3,689.69
09-18	Transfer To Shares	1,000.00-	2,689.69
09-19	POS Debit- Debit Card 6560 09-18-25 Ob Surf Cafe San Diego CA	23.71-	2,665.98
09-19	POS Debit- Debit Card 6560 09-18-25 Sp Shorethingptspp 161-99395588 CA	49.54-	2,616.44
09-19	Paid To - Capital One Mobile Pmt Chk 5607361	150.00-	2,466.44
09-22	Transfer From Checking Andres M Cervantes	485.00	2,951.44
09-22	Zelle DB Federico Grosso	150.00-	2,801.44
09-22	POS Debit- Debit Card 6560 09-20-25 Chick-Fil-A #02014 San Diego CA	29.09-	2,772.35
09-22	POS Debit - Debit Card 6560 Transaction 09-20-25 Homegoods #0512 San Diego	34.46-	2,737.89
09-22	POS Debit - Debit Card 6560 Transaction 09-20-25 Tjmaxx #0608 San Diego	59.20-	2,678.69
09-22	Transfer To Loan Alina C Grayeske	481.60-	2,197.09
09-22	Ending Balance		2,197.09

Average Daily Balance - Current Cycle: \$3,129.37

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 08-01-2025 through 08-31-2025



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Statement Period
08/23/25 - 09/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
09-02	ACH	51.17	09-05	POS	58.63
09-03	ACH	160.68	09-08	POS	11.25
09-03	ACH	3,075.00	09-08	POS	32.00
09-09	ACH	100.00	09-09	POS	34.15
09-09	ACH	3,495.00	09-10	POS	23.57
09-16	ACH	55.87	09-11	POS	44.59
09-16	ACH	78.24	09-11	POS	311.40
09-16	ACH	247.94	09-11	POS	10.78
09-19	ACH	150.00	09-16	POS	19.02
08-25	POS	64.11	09-16	POS	25.00
08-25	POS	4.67	09-17	POS	65.00
08-25	POS	4.75	09-18	POS	32.32
08-25	POS	26.40	09-18	POS	139.00
08-25	POS	34.72	09-18	POS	18.90
08-28	POS	45.00	09-19	POS	49.54
09-02	POS	19.02	09-19	POS	23.71
09-02	POS	24.14	09-22	POS	29.09
09-02	POS	58.86	09-22	POS	34.46
09-03	POS	18.67	09-22	POS	59.20

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
08-23	Beginning Balance		1,431.46
08-29	Dividend	0.30	1,431.76
09-18	Transfer From Checking	1,000.00	2,431.76
09-19	Transfer To Checking Andres M Cervantes	500.00-	1,931.76
09-22	Ending Balance		1,931.76

Your account earned \$0.30, with an annual percentage yield earned of 0.25%, for the dividend period from 08-01-2025 through 08-31-2025

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
08-23	Beginning Balance		505.01
No Transactions This Period			
09-22	Ending Balance		505.01



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Statement Period
08/23/25 - 09/22/25

Access No. 4132571

Statement of Account For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

405703388673530397824813062009497000000000000000000000002



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Statement Period
09/23/25 - 10/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
09-23	Beginning Balance		2,197.09
09-23	POS Debit- Debit Card 6560 09-22-25 Old Townhouse Rest San Diego CA	52.19-	2,144.90
09-24	POS Debit- Debit Card 6560 09-24-25 Amazon Mark* Gd5Rr Amazon.Com/MA WA	23.69-	2,121.21
09-24	POS Debit- Debit Card 6560 09-23-25 Amazon Mktp*6J55A Amzn.Com/Bill WA	101.56-	2,019.65
09-25	POS Debit- Debit Card 6560 09-24-25 Lemonade Insurance Lemonade.Com Ny	64.11-	1,955.54
09-26	POS Debit- Debit Card 6560 09-25-25 Cafe Bella Express San Diego CA	19.02-	1,936.52
09-26	Paid To Target Debit Crd 0925 043694 Target 0205 San Diego CA	15.14-	1,921.38
09-29	Deposit - ACH Paid From Venmo Cashout 01Afd5	105.00	2,026.38
09-29	Transfer From Shares	200.00	2,226.38
09-29	Zelle DB Federico Grosso	100.00-	2,126.38
09-29	POS Debit- Debit Card 6560 09-26-25 USPS Change Of Add 800-238-3150 TN	1.25-	2,125.13
09-29	POS Debit- Debit Card 6560 09-26-25 Azucar San Diego CA	28.14-	2,096.99
09-29	POS Debit- Debit Card 6560 09-26-25 Fairouz Cafe & Gal San Diego CA	39.21-	2,057.78
09-29	POS Debit - Debit Card 6560 Transaction 09-27-25 Vons #2053 San Diego	161.23-	1,896.55
09-29	Transfer To Credit Card Alina C Grayeske	123.06-	1,773.49
09-29	Paid To Target Debit Crd 0927 043694 Target 3303 San Diego CA	66.49-	1,707.00
09-30	Zelle CR Manuella Guasti Fernandes	73.00	1,780.00
09-30	Deposit - ACH Paid From Electrum Perform Emp Dpst 01Afd9	2,800.00	4,580.00
09-30	POS Debit- Debit Card 6560 09-29-25 Genie Car Wash - W San Diego CA	0.99-	4,579.01
09-30	POS Debit- Debit Card 6560 09-29-25 Cafe Bella San Diego CA	7.12-	4,571.89
09-30	Paid To Target Debit Crd 0928 043694 Target 3303 San Diego CA	27.24-	4,544.65
09-30	Dividend	0.02	4,544.67
10-01	POS Debit- Debit Card 6560 09-30-25 Sp Shorethingptsp 161-99395588 CA	30.16-	4,514.51
10-01	POS Debit- Debit Card 6560 09-29-25 63406 4437 Speedwa San Diego CA	40.14-	4,474.37
10-01	Paid To - MA Elan The Par Rent Chk 12400005	654.15-	3,820.22

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement of Account
For ALINA C GRAYESKE

Statement Period
09/23/25 - 10/22/25

Access No. 4132571

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
10-01	Paid To - Heetwave Propert Web Pmts Chk 8150350	950.00-	2,870.22
10-02	POS Debit- Debit Card 6560 10-01-25 Fastrak Violation 415-486-8655 CA	8.00-	2,862.22
10-02	POS Debit- Debit Card 6560 10-01-25 Fastrak Violation 415-486-8655 CA	11.50-	2,850.72
10-02	POS Debit- Debit Card 6560 10-01-25 Fastrak Violation 415-486-8655 CA	11.50-	2,839.22
10-02	POS Debit- Debit Card 6560 10-01-25 Etsy.Com*theluckyp Etsy.Com Ny	41.31-	2,797.91
10-06	Deposit - ACH Paid From Venmo Cashout 01Afd5	85.00	2,882.91
10-06	Zelle DB Federico Grosso	80.00-	2,802.91
10-06	POS Debit- Debit Card 6560 10-03-25 Cafe Bella San Diego CA	24.54-	2,778.37
10-06	POS Debit- Debit Card 6560 10-04-25 Lemonade Insurance New York Ny	58.63-	2,719.74
10-06	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	2,668.57
10-06	Paid To - Capital One Crcardpmt Chk 5607361	52.00-	2,616.57
10-07	POS Debit- Debit Card 6560 10-04-25 Pizza Port - Ocean San Diego CA	9.62-	2,606.95
10-07	POS Debit- Debit Card 6560 10-06-25 Cafe Bella Express San Diego CA	31.44-	2,575.51
10-08	Transfer From Checking The Jiu-Jitsu Collective LLC	400.00	2,975.51
10-08	POS Debit- Debit Card 6560 10-07-25 Tst*katsu Cafe San Diego CA	36.83-	2,938.68
10-08	Transfer To Credit Card	400.00-	2,538.68
10-09	Zelle CR Manuella Guasti Fernandes	40.00	2,578.68
10-09	Intl Transaction Fee 10-08-25 Sp Glowright Kowloon	0.90-	2,577.78
10-09	POS Debit- Debit Card 6560 10-09-25 Sp Glowright Kowloon	89.98-	2,487.80
10-10	POS Debit- Debit Card 6560 10-09-25 Cafe Bella Express San Diego CA	28.44-	2,459.36
10-10	POS Debit- Debit Card 6560 10-08-25 63406 4437 Speedwa San Diego CA	45.06-	2,414.30
10-14	Zelle CR Manuella Guasti Fernandes	46.00	2,460.30
10-14	POS Debit- Debit Card 6560 10-13-25 Cafe Bella Express San Diego CA	20.12-	2,440.18
10-14	POS Debit- Debit Card 6560 10-13-25 Sp Shorethingtsp 161-99395588 CA	30.16-	2,410.02
10-14	POS Debit - Debit Card 6560 Transaction 10-13-25 Vons #2053 San Diego	140.13-	2,269.89
10-14	Transfer To Checking Andres M Cervantes	50.00-	2,219.89
10-14	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	18.18-	2,201.71
10-14	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	29.34-	2,172.37
10-15	Transfer From Checking Andres M Cervantes	73.00	2,245.37
10-16	POS Debit- Debit Card 6560 10-15-25 Cafe Bella Express San Diego CA	7.12-	2,238.25
10-16	Paid To - USAA P&C Autopay Chk 2100002	247.94-	1,990.31
10-20	Deposit - ACH Paid From Venmo Cashout 01Afd5	68.00	2,058.31
10-20	Transfer From Checking Andres M Cervantes	200.00	2,258.31
10-20	POS Debit- Debit Card 6560 10-19-25 IN-N-Out Sdsportsa San Diego CA	39.33-	2,218.98
10-20	Paid To - Capital One Mobile Pmt Chk 5607361	200.00-	2,018.98
10-21	Transfer From Checking Andres M Cervantes	485.00	2,503.98
10-22	Transfer From Checking Andres M Cervantes	311.11	2,815.09
10-22	Transfer To Loan Alina C Grayeske	481.60-	2,333.49
10-22	Ending Balance		2,333.49

Average Daily Balance - Current Cycle: \$2,376.96

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 09-01-2025 through 09-30-2025



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Statement of Account
For ALINA C GRAYESKE

Statement Period
09/23/25 - 10/22/25

Access No. 4132571

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
09-26	ACH	15.14	09-30	POS	0.99
09-29	ACH	66.49	10-01	POS	30.16
09-30	ACH	27.24	10-01	POS	40.14
10-01	ACH	654.15	10-02	POS	11.50
10-01	ACH	950.00	10-02	POS	41.31
10-06	ACH	51.17	10-02	POS	8.00
10-06	ACH	52.00	10-02	POS	11.50
10-14	ACH	18.18	10-06	POS	24.54
10-14	ACH	29.34	10-06	POS	58.63
10-16	ACH	247.94	10-07	POS	9.62
10-20	ACH	200.00	10-07	POS	31.44
09-23	POS	52.19	10-08	POS	36.83
09-24	POS	101.56	10-09	POS	89.98
09-24	POS	23.69	10-10	POS	28.44
09-25	POS	64.11	10-10	POS	45.06
09-26	POS	19.02	10-14	POS	30.16
09-29	POS	39.21	10-14	POS	140.13
09-29	POS	161.23	10-14	POS	20.12
09-29	POS	1.25	10-16	POS	7.12
09-29	POS	28.14	10-20	POS	39.33
09-30	POS	7.12			

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
09-23	Beginning Balance		1,931.76
09-29	Transfer To Checking	200.00-	1,731.76
09-30	Dividend	0.34	1,732.10
10-22	Ending Balance		1,732.10

Your account earned \$0.34, with an annual percentage yield earned of 0.25%, for the dividend period from 09-01-2025 through 09-30-2025

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
09-23	Beginning Balance		505.01
No Transactions This Period			
10-22	Ending Balance		505.01



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Statement Period
09/23/25 - 10/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

Statement of Account

Statement Period
11/23/25 - 12/22/25

Access No. 4132571

#BWNLLSV
#000000P4Q3RUW1A4#000DME90F
ALINA C GRAYESKE
4912 MUIR AVE
APT 5
SAN DIEGO CA 92107-2132

Routing Number: 2560-7497-4

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit **navyfederal.org/overseas/**
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

Say "Yes" to Paperless Statements

If you haven't already, go paperless! You can access up to 36 months of statements anytime, anywhere. To get started, select "Statements" in digital banking.*

It's an easy way to reduce the risk of identity theft and cut down on paper clutter.

Insured by NCUA. *Message and data rates may apply. Visit navyfederal.org for more information.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
EveryDay Checking 7033886735	\$1,718.25	\$5,326.33	\$4,863.65	\$2,180.93	\$0.25
Membership Savings 3039782481	\$1,732.47	\$0.36	\$0.00	\$1,732.83	\$3.41
Money Market Savings 3062009497	\$2,435.60	\$1.08	\$1,000.00	\$1,436.68	\$1.67
Totals	\$5,886.32	\$5,327.77	\$5,863.65	\$5,350.44	\$5.33

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

ALINA C GRAYESKE

4132571

DEPOSIT VOUCHER

(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

MARK "X" TO CHANGE
ADDRESS/ORDER
ITEMS ON REVERSE



NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7033886735	Checking		
3039782481	Savings		
3062009497	MMSA		
TOTAL			

405703388673530397824813062009497000000000000000000000002



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navyfederal.org

Statement Period
11/23/25 - 12/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
11-23	Beginning Balance		1,718.25
11-24	Deposit - ACH Paid From Venmo Cashout 01Afd5	50.00	1,768.25
11-24	Zelle CR Manuella Guasti Fernandes	80.00	1,848.25
11-24	Transfer From Checking	80.00	1,928.25
	Andres M Cervantes		
11-24	Transfer From Checking	485.00	2,413.25
	Andres M Cervantes		
11-24	Zelle DB Manuella Guasti Fernandes	210.00-	2,203.25
11-24	POS Debit- Debit Card 6560 11-21-25 Publicrecords.US 888-7008184 NM	5.00-	2,198.25
11-24	POS Debit - Debit Card 6560 Transaction 11-23-25 Litickers Liquor San Diego	13.48-	2,184.77
11-25	Transfer From Savings	210.00	2,394.77
11-25	POS Debit- Debit Card 6560 11-24-25 Tst* Prado Perk San Diego CA	11.45-	2,383.32
11-25	POS Debit- Debit Card 6560 11-24-25 Lemonade Insurance Lemonade.Com Ny	64.11-	2,319.21
11-25	POS Debit - Debit Card 6560 Transaction 11-24-25 Ocean Beach Tire Gente San Diego	79.43-	2,239.78
11-26	POS Debit - Debit Card 6560 Transaction 11-25-25 CVS/Pharmacy #10 10508 San Diego CA	21.54-	2,218.24
11-26	POS Debit- Debit Card 6560 11-25-25 Tst*soi O.B. San Diego CA	27.91-	2,190.33
11-28	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,990.33
11-28	Transfer From Savings	160.00	5,150.33
11-28	Zelle DB Manuella Guasti Fernandes	160.00-	4,990.33
11-28	POS Debit- Debit Card 6560 11-26-25 Sq *kilowatt Brewi San Diego CA	10.67-	4,979.66
11-28	POS Debit- Debit Card 6560 11-27-25 Ush Ec Food Carts Los Angeles CA	10.98-	4,968.68
11-28	POS Debit- Debit Card 6560 11-26-25 Cafe Bella San Diego CA	19.63-	4,949.05
11-28	Transfer To Credit Card	153.00-	4,796.05
	Alina C Grayeske		

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement of Account
For ALINA C GRAYESKE

Statement Period
11/23/25 - 12/22/25

Access No. 4132571

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
11-28	Paid To - Venmo Payment Chk 9100001	50.00-	4,746.05
11-28	Dividend	0.02	4,746.07
12-01	POS Debit- Debit Card 6560 11-29-25 Cafe Bella Express San Diego CA	17.68-	4,728.39
12-01	POS Debit- Debit Card 6560 11-28-25 Genie Car Wash - W 619-223-6830 CA	29.99-	4,698.40
12-01	POS Debit - Debit Card 6560 Transaction 11-29-25 63406 4437 Spee San Diego	54.65-	4,643.75
12-01	Paid To Target Debit Crd 1129 043694 Target 3303 San Diego CA	46.05-	4,597.70
12-01	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	4,546.53
12-01	Paid To - Heetwave Propert Web Pmts Chk 8150350	1,050.00-	3,496.53
12-02	POS Debit- Debit Card 6560 12-01-25 Etsy.Com*us 718-8557955 Ny	0.40-	3,496.13
12-02	POS Debit- Debit Card 6560 11-30-25 Ross Stores #257 San Diego CA	61.00-	3,435.13
12-03	POS Debit- Debit Card 6560 12-02-25 Cafe Bella Express San Diego CA	18.41-	3,416.72
12-03	POS Debit- Debit Card 6560 12-02-25 Amazon Mktp*bi7Cn Amzn.Com/Bill WA	24.76-	3,391.96
12-03	POS Debit- Debit Card 6560 12-02-25 Amazon Mktp*bb9G9 Amzn.Com/Bill WA	43.09-	3,348.87
12-04	POS Debit- Debit Card 6560 12-02-25 Vons #2053 San Diego CA	64.78-	3,284.09
12-05	POS Debit- Debit Card 6560 12-04-25 Lemonade Insurance Lemonade.Com Ny	58.63-	3,225.46
12-05	Paid To - Capital One Crcardpmt Chk 5607361	62.00-	3,163.46
12-08	Transfer From Savings	210.00	3,373.46
12-08	Zelle DB Manuella Guasti Fernandes	210.00-	3,163.46
12-08	POS Debit- Debit Card 6560 12-06-25 Etsy, Inc. Brooklyn Ny	21.06-	3,142.40
12-08	POS Debit- Debit Card 6560 12-08-25 Sp Shorethingptspp 161-99395588 CA	30.16-	3,112.24
12-08	POS Debit - Debit Card 6560 Transaction 12-07-25 Vons #2053 San Diego	111.12-	3,001.12
12-08	Transfer To Checking Andres M Cervantes	100.00-	2,901.12
12-09	POS Debit- Debit Card 6560 12-07-25 Publicrecords.US 888-7008184 NV	5.00-	2,896.12
12-09	POS Debit- Debit Card 6560 12-08-25 Cafe Bella Express San Diego CA	17.85-	2,878.27
12-09	POS Debit- Debit Card 6560 12-07-25 Blick Art Material San Diego CA	42.55-	2,835.72
12-10	POS Debit- Debit Card 6560 12-10-25 Sp Shorethingptspp 161-99395588 CA	34.46-	2,801.26
12-11	Paid To Target Debit Crd 1209 043694 Target 3303 San Diego CA	33.07-	2,768.19
12-12	POS Credit Adjustment 6560 Transaction 12-10-25 Ross Stores #257	18.31	2,786.50
12-12	POS Debit - Debit Card 6560 Transaction 12-11-25 CVS/Pharmacy #09 09922 San Diego CA	3.09-	2,783.41
12-12	POS Debit- Debit Card 6560 12-10-25 Tst*soi O.B. San Diego CA	50.10-	2,733.31
12-15	Zelle CR Manuella Guasti Fernandes	53.00	2,786.31
12-15	Transfer From Checking Andres M Cervantes	73.00	2,859.31
12-15	Transfer From Savings	210.00	3,069.31
12-15	Zelle DB Manuella Guasti Fernandes	210.00-	2,859.31
12-15	POS Debit- Debit Card 6560 12-13-25 Cafe Bella Express San Diego CA	11.66-	2,847.65
12-15	POS Debit- Debit Card 6560 12-13-25 Sq *heavenly Bodeg San Diego CA	14.62-	2,833.03
12-15	POS Debit- Debit Card 6560 12-11-25 Sq *cali Baguette San Diego CA	26.40-	2,806.63
12-15	POS Debit- Debit Card 6560 12-14-25 Sq *wax Haven Gosq.Com CA	65.00-	2,741.63
12-15	POS Debit - Debit Card 6560 Transaction 12-13-25 Vons #2053 San Diego	153.85-	2,587.78
12-15	Paid To Target Debit Crd 1214 043694 Target 0201 San Diego CA	30.76-	2,557.02
12-16	POS Debit- Debit Card 6560 12-15-25 Amazon Mktp*im7Ll Amzn.Com/Bill WA	10.21-	2,546.81
12-16	Paid To - USAA P&C Autopay Chk 2100002	133.39-	2,413.42
12-16	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	154.78-	2,258.64
12-17	Zelle CR Manuella Guasti Fernandes	52.00	2,310.64
12-18	Transfer From Checking Andres M Cervantes	150.00	2,460.64



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Statement Period
11/23/25 - 12/22/25

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-18	POS Debit - Debit Card 6560 Transaction 12-17-25 Costco Gas #0488 San Diego CA	55.96-	2,404.68
12-19	Transfer From Savings	210.00	2,614.68
12-19	Zelle DB Manuella Guasti Fernandes	210.00-	2,404.68
12-19	POS Debit- Debit Card 6560 12-19-25 Sp Shorethingptspp 161-99395588 CA	34.90-	2,369.78
12-22	Transfer From Checking	485.00	2,854.78
	Andres M Cervantes		
12-22	Transfer To Loan	481.60-	2,373.18
	Alina C Grayeske		
12-22	Paid To Target Debit Crd 1220 043694 Target 3303 San Diego CA	17.25-	2,355.93
12-22	Paid To - Capital One Mobile Pmt Chk 5607361	175.00-	2,180.93
12-22	Ending Balance		2,180.93

Average Daily Balance - Current Cycle: \$2,871.47

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 11-01-2025 through 11-30-2025

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
11-28	ACH	50.00	12-02	POS	61.00
12-01	ACH	46.05	12-02	POS	0.40
12-01	ACH	51.17	12-03	POS	24.76
12-01	ACH	1,050.00	12-03	POS	43.09
12-05	ACH	62.00	12-03	POS	18.41
12-11	ACH	33.07	12-04	POS	64.78
12-15	ACH	30.76	12-05	POS	58.63
12-16	ACH	133.39	12-08	POS	21.06
12-16	ACH	154.78	12-08	POS	30.16
12-22	ACH	17.25	12-08	POS	111.12
12-22	ACH	175.00	12-09	POS	5.00
11-24	POS	13.48	12-09	POS	17.85
11-24	POS	5.00	12-09	POS	42.55
11-25	POS	79.43	12-10	POS	34.46
11-25	POS	11.45	12-12	POS	50.10
11-25	POS	64.11	12-12	POS	3.09
11-26	POS	27.91	12-15	POS	11.66
11-26	POS	21.54	12-15	POS	14.62
11-28	POS	19.63	12-15	POS	26.40
11-28	POS	10.67	12-15	POS	65.00
11-28	POS	10.98	12-15	POS	153.85
12-01	POS	29.99	12-16	POS	10.21
12-01	POS	54.65	12-18	POS	55.96
12-01	POS	17.68	12-19	POS	34.90

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
11-23	Beginning Balance		1,732.47
11-28	Dividend	0.36	1,732.83
12-22	Ending Balance		1,732.83

Your account earned \$0.36, with an annual percentage yield earned of 0.25%, for the dividend period from 11-01-2025 through 11-30-2025

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
11-23	Beginning Balance		2,435.60
11-25	Transfer To Checking	210.00-	2,225.60
11-28	Transfer To Checking	160.00-	2,065.60



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Statement of Account
For ALINA C GRAYESKE

Statement Period
11/23/25 - 12/22/25

Access No. 4132571

Money Market Savings - 3062009497

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
11-28	Dividend	1.08	2,066.68
12-08	Transfer To Checking	210.00-	1,856.68
12-15	Transfer To Checking	210.00-	1,646.68
12-19	Transfer To Checking	210.00-	1,436.68
12-22	Ending Balance		1,436.68

Your account earned \$1.08, with an annual percentage yield earned of 0.52%, for the dividend period from 11-01-2025 through 11-30-2025

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- Account information:** Your name and account number.
- Dollar amount:** The dollar amount of the suspected error.
- Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

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Statement Period
05/23/26 - 06/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-23	Beginning Balance		1,904.85
05-26	Zelle CR Manuella Guasti Fernandes	124.00	2,028.85
05-26	Transfer From Checking Andres M Cervantes	124.00	2,152.85
05-26	POS Debit- Debit Card 6560 05-26-26 Amazon Reta* Jz0Jw Www.Amazon.CO WA	7.53-	2,145.32
05-26	POS Debit- Debit Card 6560 05-23-26 Ob Deli San Diego CA	12.56-	2,132.76
05-26	POS Debit- Debit Card 6560 05-22-26 Tst* Belly Up - Sa Solana Beach CA	25.30-	2,107.46
05-26	POS Debit- Debit Card 6560 05-24-26 Lemonade Insurance Lemonade.Com Ny	64.12-	2,043.34
05-26	Paid To Target Debit Crd 0523 043694 Target 3303 San Diego CA	29.94-	2,013.40
05-29	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,813.40
05-29	POS Debit- Debit Card 6560 05-28-26 Amazon Mark* Ob5Yo Amazon.Com/MA WA	13.98-	4,799.42
05-29	Dividend	0.03	4,799.45
06-01	Deposit - ACH Paid From Coinbase Inc. C2604Eca 01Afd1	4,000.00	8,799.45
06-01	POS Debit- Debit Card 6560 05-30-26 Ob Deli San Diego CA	5.20-	8,794.25
06-01	POS Debit- Debit Card 6560 05-29-26 Apple Tree San Diego CA	6.45-	8,787.80
06-01	POS Debit- Debit Card 6560 05-29-26 Cafe Bella Express San Diego CA	17.18-	8,770.62
06-01	POS Debit- Debit Card 6560 05-31-26 Plato's Closet #80 San Diego CA	30.92-	8,739.70
06-01	POS Debit - Debit Card 6560 Transaction 05-30-26 63406 4437 Speedway San Diego CA	56.02-	8,683.68
06-01	POS Debit- Debit Card 6560 05-28-26 Smog Oasis San Diego CA	70.04-	8,613.64
06-01	Transfer To Checking The Jiu-Jitsu Collective LLC	4,000.00-	4,613.64
06-01	Paid To Target Debit Crd 0528 043694 Target 0201 San Diego CA	46.64-	4,567.00
06-01	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	4,515.83
06-01	Paid To - Southwest Equity Web Pmts Chk 8150350	1,000.00-	3,515.83
06-02	POS Debit- Debit Card 6560 06-01-26 Etsy*monthly Bill 718-8557955 Ny	0.40-	3,515.43

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement Period
05/23/26 - 06/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
06-02	POS Debit- Debit Card 6560 06-01-26 Sound by The Sea Oceanside CA	72.95-	3,442.48
06-02	Paid To - Venmo Payment Chk 9100001	50.00-	3,392.48
06-03	POS Debit- Debit Card 6560 06-01-26 Chick-Fil-A #02014 619-758-1555 CA	16.71-	3,375.77
06-04	Zelle DB Manuella Guasti Fernandes	35.00-	3,340.77
06-04	POS Debit- Debit Card 6560 06-03-26 Cafe Bella Express San Diego CA	13.00-	3,327.77
06-05	POS Debit- Debit Card 6560 06-04-26 Apple Tree San Diego CA	6.99-	3,320.78
06-05	POS Debit- Debit Card 6560 06-04-26 Ob Deli San Diego CA	7.28-	3,313.50
06-05	POS Debit- Debit Card 6560 06-04-26 Lemonade Insurance Lemonade.Com Ny	58.63-	3,254.87
06-08	Zelle CR Manuella Guasti Fernandes	93.00	3,347.87
06-08	POS Debit- Debit Card 6560 06-05-26 Tst*soi O.B. San Diego CA	24.42-	3,323.45
06-08	POS Debit- Debit Card 6560 06-06-26 Genie Car Wash - W 619-223-6830 CA	24.99-	3,298.46
06-08	POS Debit- Debit Card 6560 06-06-26 Tst*city Tacos - O San Diego CA	28.37-	3,270.09
06-08	POS Debit - Debit Card 6560 Transaction 06-06-26 Vons #2053 San Diego	120.59-	3,149.50
06-08	POS Debit- Debit Card 6560 06-05-26 Costco Whse #0488 San Diego CA	163.08-	2,986.42
06-09	POS Debit- Debit Card 6560 06-08-26 Cafe Bella Express San Diego CA	6.75-	2,979.67
06-10	Intl Transaction Fee 06-10-26 Beducated Educatio Munchen	0.19-	2,979.48
06-10	POS Debit- Debit Card 6560 06-10-26 Beducated Educatio Munchen	18.99-	2,960.49
06-10	Paid To Target Debit Crd 0608 043694 Target 3303 San Diego CA	6.54-	2,953.95
06-11	Transfer To Checking Andres M Cervantes	35.00-	2,918.95
06-12	POS Debit- Debit Card 6560 06-11-26 Azucar San Diego CA	20.03-	2,898.92
06-15	Zelle CR Rebecca Roberson	1,000.00	3,898.92
06-15	Transfer From Checking The Jiu-Jitsu Collective LLC	60.00	3,958.92
06-15	Zelle DB Federico Grosso	60.00-	3,898.92
06-15	POS Debit- Debit Card 6560 06-12-26 Newport Quick Stop San Diego CA	20.53-	3,878.39
06-15	POS Debit - Debit Card 6560 Transaction 06-12-26 63406 4437 Speedway San Diego CA	68.24-	3,810.15
06-16	Deposit	23.69	3,833.84
06-16	POS Debit- Debit Card 6560 06-15-26 Apple Tree San Diego CA	9.48-	3,824.36
06-16	POS Debit- Debit Card 6560 06-15-26 Sp Shorethingptspp 161-99395588 CA	27.15-	3,797.21
06-16	POS Debit- Debit Card 6560 06-16-26 Wax Haven Inc Www.Waxhavens CA	32.50-	3,764.71
06-16	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	126.27-	3,638.44
06-16	Paid To - USAA P&C Billpymnt Chk 2100002	244.86-	3,393.58
06-17	Zelle CR Manuella Guasti Fernandes	42.00	3,435.58
06-17	POS Debit- Debit Card 6560 06-17-26 Amazon Mark* 606Gi Amazon.Com/MA WA	17.23-	3,418.35
06-17	POS Debit- Debit Card 6560 06-17-26 Amazon Reta* E44Lb Www.Amazon.CO WA	24.77-	3,393.58
06-17	POS Debit - Debit Card 6560 Transaction 06-16-26 63406 4437 Speedway San Diego CA	60.03-	3,333.55
06-17	Transfer To Checking Andres M Cervantes	164.00-	3,169.55
06-17	Transfer To Credit Card	300.00-	2,869.55
06-18	POS Debit- Debit Card 6560 06-17-26 Wax Haven Inc 161-99949652 CA	32.50-	2,837.05
06-18	Paid To - Capital One Mobile Pmt Chk 5607361	500.00-	2,337.05
06-22	Transfer From Checking Andres M Cervantes	300.00	2,637.05
06-22	Transfer From Shares The Jiu-Jitsu Collective LLC	575.00	3,212.05
06-22	Zelle DB Dylan Markham	575.00-	2,637.05



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Statement Period
05/23/26 - 06/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
06-22	POS Debit- Debit Card 6560 06-18-26 Newport Quick Stop San Diego CA	8.96-	2,628.09
06-22	POS Debit - Debit Card 6560 Transaction 06-21-26 Dollar Tree LA Mesa	10.35-	2,617.74
06-22	POS Debit - Debit Card 6560 Transaction 06-21-26 Summit/Auto Bis San Diego	53.35-	2,564.39
06-22	POS Debit - Debit Card 6560 Transaction 06-19-26 Vons #2116 San Diego	70.68-	2,493.71
06-22	Transfer To Checking Andres M Cervantes	30.00-	2,463.71
06-22	Paid To - Capital One Mobile Pmt Chk 5607361	100.00-	2,363.71
06-22	Paid To - Capital One Crcardpmt Chk 5607361	197.00-	2,166.71
06-22	Ending Balance		2,166.71

Average Daily Balance - Current Cycle: \$2,956.56

Your account earned \$0.03, with an annual percentage yield earned of 0.01%, for the dividend period from 05-01-2026 through 05-31-2026

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
05-26	ACH	29.94	06-04	POS	13.00
06-01	ACH	46.64	06-05	POS	6.99
06-01	ACH	51.17	06-05	POS	7.28
06-01	ACH	1,000.00	06-05	POS	58.63
06-02	ACH	50.00	06-08	POS	24.99
06-10	ACH	6.54	06-08	POS	28.37
06-16	ACH	126.27	06-08	POS	120.59
06-16	ACH	244.86	06-08	POS	163.08
06-18	ACH	500.00	06-08	POS	24.42
06-22	ACH	100.00	06-09	POS	6.75
06-22	ACH	197.00	06-10	POS	18.99
05-26	POS	64.12	06-12	POS	20.03
05-26	POS	7.53	06-15	POS	68.24
05-26	POS	12.56	06-15	POS	20.53
05-26	POS	25.30	06-16	POS	32.50
05-29	POS	13.98	06-16	POS	9.48
06-01	POS	56.02	06-16	POS	27.15
06-01	POS	70.04	06-17	POS	17.23
06-01	POS	5.20	06-17	POS	24.77
06-01	POS	6.45	06-17	POS	60.03
06-01	POS	17.18	06-18	POS	32.50
06-01	POS	30.92	06-22	POS	53.35
06-02	POS	72.95	06-22	POS	70.68
06-02	POS	0.40	06-22	POS	8.96
06-03	POS	16.71	06-22	POS	10.35

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-23	Beginning Balance		1,734.63
05-29	Dividend	0.37	1,735.00
06-22	Ending Balance		1,735.00

Your account earned \$0.37, with an annual percentage yield earned of 0.25%, for the dividend period from 05-01-2026 through 05-31-2026

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-23	Beginning Balance		2,066.68
No Transactions This Period			
06-22	Ending Balance		2,066.68



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Statement Period
05/23/26 - 06/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

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- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

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- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

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- Tell us your name and account number (if any).
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- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

405703388673530397824813062009497000000000000000000000002



PO Box 3000 • Merrifield, VA • 22119-3000
navyfederal.org

Statement Period
04/23/26 - 05/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
04-23	Beginning Balance		2,016.90
04-23	POS Debit - Debit Card 6560 Transaction 04-22-26 63406 4437 Speedway San Diego CA	50.01 -	1,966.89
04-24	POS Debit - Debit Card 6560 Transaction 04-23-26 The Home Depot #0680 San Diego CA	25.26 -	1,941.63
04-27	POS Credit Adjustment 6560 Transaction 04-23-26 The Home Depot #06	6.33	1,947.96
04-27	Zelle DB Manuella Guasti Fernandes	40.00 -	1,907.96
04-27	POS Debit- Debit Card 6560 04-26-26 Sq *sur At Ob Bean San Diego CA	7.30 -	1,900.66
04-27	POS Debit- Debit Card 6560 04-25-26 Amazon Mark* Bsl 12 Amazon.Com/MA WA	8.61 -	1,892.05
04-27	POS Debit- Debit Card 6560 04-24-26 Plato's Closet #80 San Diego CA	53.89 -	1,838.16
04-27	POS Debit- Debit Card 6560 04-24-26 Lemonade Insurance Lemonade.Com Ny	64.11 -	1,774.05
04-27	POS Debit - Debit Card 6560 Transaction 04-25-26 Vons #2053 San Diego	83.62 -	1,690.43
04-28	POS Debit- Debit Card 6560 04-27-26 Cafe Bella Express San Diego CA	17.18 -	1,673.25
04-29	Transfer To Credit Card Alina C Grayeske	210.46 -	1,462.79
04-30	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,262.79
04-30	Transfer From Checking The Jiu-Jitsu Collective LLC	100.00	4,362.79
04-30	Paid To - Cox Comm San Purchase Chk 9100001	51.17 -	4,311.62
04-30	Dividend	0.02	4,311.64
05-01	POS Debit- Debit Card 6560 04-30-26 Tst*brew Wave Coff San Diego CA	13.90 -	4,297.74
05-01	POS Debit- Debit Card 6560 04-30-26 Wax Haven Inc Www.Waxhavens CA	32.50 -	4,265.24
05-01	POS Debit- Debit Card 6560 05-01-26 Sp Shorethingptspp 161-99395588 CA	41.69 -	4,223.55
05-01	POS Debit - Debit Card 6560 Transaction 04-30-26 Target T-3303 San Diego	61.37 -	4,162.18
05-01	Paid To - Southwest Equity Web Pmts Chk 8150350	1,050.00 -	3,112.18
05-04	POS Debit- Debit Card 6560 05-01-26 Etsy*monthly Bill 718-8557955 Ny	0.60 -	3,111.58

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
— —	()		()	



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Statement Period
04/23/26 - 05/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-04	POS Debit- Debit Card 6560 05-01-26 Chick-Fil-A #02014 619-758-1555 CA	30.45-	3,081.13
05-04	POS Debit- Debit Card 6560 05-04-26 Lemonade Insurance Lemonade.Com Ny	58.63-	3,022.50
05-05	POS Debit - Debit Card 6560 Transaction 05-04-26 63406 4437 Speedway San Diego CA	74.00-	2,948.50
05-06	Zelle CR Manuella Guasti Fernandes	58.00	3,006.50
05-06	Transfer From Checking Andres M Cervantes	58.00	3,064.50
05-06	POS Debit - Debit Card 6560 Transaction 05-05-26 Litickers Liquor San Diego CA	19.15-	3,045.35
05-06	POS Debit- Debit Card 6560 05-05-26 Costco Whse #0488 San Diego CA	173.16-	2,872.19
05-06	Paid To - Capital One Crcardpmt Chk 5607361	137.00-	2,735.19
05-07	POS Debit- Debit Card 6560 05-06-26 Apple Tree San Diego CA	9.48-	2,725.71
05-07	POS Debit- Debit Card 6560 05-06-26 Genie Car Wash - W 619-223-6830 CA	24.99-	2,700.72
05-07	POS Debit- Debit Card 6560 05-06-26 Tst* Hungry Lu's N San Diego CA	27.98-	2,672.74
05-07	POS Debit- Debit Card 6560 05-06-26 Wax Haven Inc 161-99949652 CA	32.50-	2,640.24
05-08	POS Debit- Debit Card 6560 05-07-26 Sp Shorethingptspp 161-99395588 CA	19.40-	2,620.84
05-08	POS Debit- Debit Card 6560 05-07-26 Ob Noodle House Ba 619-2559858 CA	33.27-	2,587.57
05-11	POS Debit- Debit Card 6560 05-09-26 Ob Quick Stop San Diego CA	3.35-	2,584.22
05-11	POS Debit- Debit Card 6560 05-11-26 Tst*the Lot LA Jol LA Jolla CA	45.25-	2,538.97
05-11	POS Debit- Debit Card 6560 05-08-26 Vons #2053 San Diego CA	67.35-	2,471.62
05-11	POS Debit- Debit Card 6560 05-09-26 The Lot LA Jolla 858-777-0069 CA	92.00-	2,379.62
05-11	Transfer To Checking Andres M Cervantes	25.00-	2,354.62
05-11	Paid To - ST Of CA Dmv Purchase Chk 4200001	220.00-	2,134.62
05-12	Deposit - ACH Paid From IRS Treas 310 Tax Ref 01Afd9	4,642.00	6,776.62
05-12	Intl Transaction Fee 05-11-26 Beducated Educatio Munchen	0.19-	6,776.43
05-12	POS Debit- Debit Card 6560 05-12-26 Beducated Educatio Munchen	18.99-	6,757.44
05-12	POS Debit- Debit Card 6560 05-10-26 Tst*richard Walker LA Jolla CA	66.92-	6,690.52
05-12	Paid To Target Debit Crd 0510 043694 Target 3303 San Diego CA	6.45-	6,684.07
05-13	POS Debit- Debit Card 6560 05-13-26 Sp Shorethingptspp 161-99395588 CA	30.16-	6,653.91
05-14	POS Debit- Debit Card 6560 05-14-26 Amazon Mark* Bv00V Amazon.Com/MA WA	8.61-	6,645.30
05-14	POS Debit- Debit Card 6560 05-12-26 Tst*steamy Piggy San Diego CA	27.24-	6,618.06
05-15	Transfer From Checking Andres M Cervantes	73.00	6,691.06
05-15	Transfer To Credit Card	1,000.00-	5,691.06
05-15	Transfer To Savings	2,000.00-	3,691.06
05-15	Paid To - Capital One Mobile Pmt Chk 5607361	1,000.00-	2,691.06
05-18	Zelle CR Manuella Guasti Fernandes	20.00	2,711.06
05-18	POS Debit- Debit Card 6560 05-16-26 Azucar San Diego CA	36.69-	2,674.37
05-18	POS Debit - Debit Card 6560 Transaction 05-15-26 Ocean Beach Tire Cente San Diego CA	50.00-	2,624.37
05-18	POS Debit - Debit Card 6560 Transaction 05-17-26 63406 4437 Speedway San Diego CA	60.51-	2,563.86
05-18	POS Debit- Debit Card 6560 05-15-26 Vons #2053 San Diego CA	90.21-	2,473.65
05-18	Paid To - USAA P&C Autopay Chk 2100002	244.86-	2,228.79
05-19	Transfer From Checking Andres M Cervantes	200.00	2,428.79
05-19	POS Debit- Debit Card 6560 05-18-26 Cafe Bella Express San Diego CA	12.79-	2,416.00
05-19	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	150.74-	2,265.26
05-19	Paid To - Capital One Crcardpmt Chk 5607361	195.00-	2,070.26



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Statement Period
04/23/26 - 05/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-20	POS Debit- Debit Card 6560 05-19-26 Ob Deli San Diego CA	9.84 -	2,060.42
05-21	Deposit - ACH Paid From Lemonade Insuran Lemonade I 052126	121.31	2,181.73
05-22	Transfer From Checking The Jiu-Jitsu Collective LLC	150.00	2,331.73
05-22	Transfer From Checking Andres M Cervantes	485.00	2,816.73
05-22	Zelle DB Federico Grosso	150.00 -	2,666.73
05-22	POS Debit- Debit Card 6560 05-21-26 Old Townhouse Rest San Diego CA	57.54 -	2,609.19
05-22	POS Debit- Debit Card 6560 05-21-26 Costco Whse #0488 San Diego CA	222.74 -	2,386.45
05-22	Transfer To Loan Alina C Grayeske	481.60 -	1,904.85
05-22	Ending Balance		1,904.85

Average Daily Balance - Current Cycle: \$2,866.18

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 04-01-2026 through 04-30-2026

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
04-30	ACH	51.17	05-06	POS	173.16
05-01	ACH	1,050.00	05-06	POS	19.15
05-06	ACH	137.00	05-07	POS	27.98
05-11	ACH	220.00	05-07	POS	32.50
05-12	ACH	6.45	05-07	POS	9.48
05-15	ACH	1,000.00	05-07	POS	24.99
05-18	ACH	244.86	05-08	POS	19.40
05-19	ACH	150.74	05-08	POS	33.27
05-19	ACH	195.00	05-11	POS	67.35
04-23	POS	50.01	05-11	POS	92.00
04-24	POS	25.26	05-11	POS	3.35
04-27	POS	83.82	05-11	POS	45.25
04-27	POS	7.30	05-12	POS	66.92
04-27	POS	8.61	05-12	POS	18.99
04-27	POS	53.89	05-13	POS	30.16
04-27	POS	64.11	05-14	POS	8.61
04-28	POS	17.18	05-14	POS	27.24
05-01	POS	13.90	05-18	POS	90.21
05-01	POS	32.50	05-18	POS	36.69
05-01	POS	41.69	05-18	POS	50.00
05-01	POS	61.37	05-18	POS	60.51
05-04	POS	30.45	05-19	POS	12.79
05-04	POS	58.63	05-20	POS	9.84
05-04	POS	0.60	05-22	POS	57.54
05-05	POS	74.00	05-22	POS	222.74

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
04-23	Beginning Balance		1,734.27
04-30	Dividend	0.36	1,734.63
05-22	Ending Balance		1,734.63

Your account earned \$0.36, with an annual percentage yield earned of 0.25%, for the dividend period from 04-01-2026 through 04-30-2026

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
04-23	Beginning Balance		66.68
05-15	Transfer From Checking	2,000.00	2,066.68



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Statement Period
04/23/26 - 05/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Money Market Savings - 3062009497

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
05-22	Ending Balance		2,066.68

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- Account information:** Your name and account number.
- Dollar amount:** The dollar amount of the suspected error.
- Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union, and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

Statement of Account

Statement Period
03/23/26 - 04/22/26

Access No. 4132571

#BWNLLSV
#000000P4Q3RUW1A4#000AMP90F
ALINA C GRAYESKE
4912 MUIR AVE
APT 5
SAN DIEGO CA 92107-2132

Routing Number: 2560-7497-4

Questions about this Statement?
Toll-free in the U.S. 1-888-842-6328
For toll-free numbers when overseas,
visit navyfederal.org/overseas/
Collect internationally 1-703-255-8837

Say "Yes" to Paperless! View your digital statements via Mobile or Navy Federal Online Banking.

Say "Yes" to Paperless Statements

If you haven't already, go paperless! You can access up to 36 months of statements anytime, anywhere. To get started, select "Statements" in digital banking.*

It's an easy way to reduce the risk of identity theft and cut down on paper clutter.

Insured by NCUA. *Message and data rates may apply. Visit navyfederal.org for more information.

Summary of your deposit accounts

	Previous Balance	Deposits/ Credits	Withdrawals/ Debits	Ending Balance	YTD Dividends
EveryDay Checking 7033886735	\$1,557.51	\$9,115.52	\$8,656.13	\$2,016.90	\$0.06
Membership Savings 3039782481	\$1,733.90	\$0.37	\$0.00	\$1,734.27	\$1.07
Money Market Savings 3062009497	\$66.68	\$0.00	\$0.00	\$66.68	\$0.00
Totals	\$3,358.09	\$9,115.89	\$8,656.13	\$3,817.85	\$1.13

REMITTANCE RECEIVED AFTER STATEMENT PERIOD WILL APPEAR ON YOUR NEXT STATEMENT

ALINA C GRAYESKE

4132571

DEPOSIT VOUCHER

(FOR MAIL USE ONLY. DO NOT SEND CASH THROUGH THE MAIL
DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL)

MARK "X" TO CHANGE
ADDRESS/ORDER
ITEMS ON REVERSE



NFCU
PO BOX 3100
MERRIFIELD VA 22119-3100

DEPOSIT CASH NOTICE (AVAILABLE FOR IMMEDIATE WITHDRAWAL)			
ACCOUNT NUMBER	ACCOUNT TYPE	AMOUNT ENCLOSED	
7033886735	Checking		
3039782481	Savings		
3062009497	MMSA		
TOTAL			

405703388673530397824813062009497000000000000000000000002



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navyfederal.org

Statement of Account
For ALINA C GRAYESKE

Statement Period
03/23/26 - 04/22/26

Access No. 4132571

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
03-23	Beginning Balance		1,557.51
03-23	Transfer From Checking	485.00	2,042.51
	Andres M Cervantes		
03-23	POS Debit- Debit Card 6560 03-21-26 Sq *ob Hardware San Diego CA	7.53-	2,034.98
03-23	POS Debit- Debit Card 6560 03-19-26 The Home Depot #06 San Diego CA	38.89-	1,996.09
03-23	POS Debit - Debit Card 6560 Transaction 03-22-26 63406 4437 Spee San Diego	50.21-	1,945.88
03-24	POS Debit- Debit Card 6560 03-23-26 Spo*hugo'Scocina San Diego CA	28.44-	1,917.44
03-24	POS Debit- Debit Card 6560 03-23-26 Wax Haven Inc 161-99949652 CA	32.50-	1,884.94
03-25	POS Debit- Debit Card 6560 03-24-26 Lemonade Insurance New York Ny	64.11-	1,820.83
03-26	POS Debit- Debit Card 6560 03-25-26 Cafe Bella Express San Diego CA	7.43-	1,813.40
03-27	Deposit - RTP Paid From Coinbase	4,912.50	6,725.90
03-27	POS Debit- Debit Card 6560 03-26-26 Amazon Reta* B53R4 Www.Amazon.CO WA	36.60-	6,689.30
03-27	Transfer To Checking	4,912.00-	1,777.30
	The Jiu-Jitsu Collective LLC		
03-30	Zelle CR Manuella Guasti Fernandes	30.00	1,807.30
03-30	POS Debit- Debit Card 6560 03-30-26 Sp Shorethingptspp 161-99395588 CA	42.65-	1,764.65
03-30	POS Debit - Debit Card 6560 Transaction 03-29-26 Vons #2053 San Diego	87.73-	1,676.92
03-30	Paid To Target Debit Crd 0326 043694 Target 3303 San Diego CA	33.66-	1,643.26
03-30	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	1,592.09
03-31	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,392.09
03-31	Dividend	0.02	4,392.11
04-01	Paid To - Southwest Equity Web Pmts Chk 8150350	1,050.00-	3,342.11
04-02	POS Debit- Debit Card 6560 04-01-26 Etsy.Com*theluckyp 718-8557955 Ny	0.60-	3,341.51
04-03	POS Debit- Debit Card 6560 04-02-26 Sq *cali Baguette San Diego CA	30.36-	3,311.15
04-06	POS Debit- Debit Card 6560 04-03-26 Cafe Bella Express San Diego CA	17.18-	3,293.97
04-06	POS Debit- Debit Card 6560 04-04-26 San Diego County F Del Mar CA	20.00-	3,273.97

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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navyfederal.org

Statement of Account
For ALINA C GRAYESKE

Statement Period
03/23/26 - 04/22/26

Access No. 4132571

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
04-06	POS Debit- Debit Card 6560 04-03-26 Amazon Mark* Bg4WA Amazon.Com/MA WA	48.48-	3,225.49
04-06	POS Debit- Debit Card 6560 04-04-26 Lemonade Insurance Lemonade.Com Ny	58.63-	3,166.86
04-07	POS Debit- Debit Card 6560 04-06-26 Amazon Mark* B70TH Amazon.Com/MA WA	7.52-	3,159.34
04-07	POS Debit- Debit Card 6560 04-06-26 Amazon Mark* B73Cb Amazon.Com/MA WA	17.21-	3,142.13
04-07	POS Debit- Debit Card 6560 04-06-26 Genie Car Wash - W 619-223-6830 CA	24.99-	3,117.14
04-07	POS Debit- Debit Card 6560 04-06-26 Amazon Mark* B79TH Amazon.Com/MA WA	127.51-	2,989.63
04-08	Deposit - ACH Paid From Venmo Cashout 01Afd5	80.00	3,069.63
04-10	Intl Transaction Fee 04-10-26 Beducated Educatio Munchen	0.19-	3,069.44
04-10	POS Debit- Debit Card 6560 04-09-26 Fsp*wise Man Brewi Winston-Salem NC	16.69-	3,052.75
04-10	POS Debit- Debit Card 6560 04-10-26 Beducated Educatio Munchen	18.99-	3,033.76
04-13	POS Debit- Debit Card 6560 04-10-26 Starbucks North Gs Greensboro NC	5.23-	3,028.53
04-13	POS Debit- Debit Card 6560 04-10-26 The Local Gso Greensboro NC	13.87-	3,014.66
04-13	POS Debit- Debit Card 6560 04-09-26 Tst*krankies - Win Winston Salem NC	24.63-	2,990.03
04-13	POS Debit- Debit Card 6560 04-11-26 Forward Wellness Forwardwellne CA	100.00-	2,890.03
04-14	POS Debit- Debit Card 6560 04-13-26 Tst* Selva Coffee San Diego CA	8.88-	2,881.15
04-14	POS Debit- Debit Card 6560 04-13-26 Its A Taco Shop San Diego CA	16.49-	2,864.66
04-14	POS Debit - Debit Card 6560 Transaction 04-13-26 63406 4437 Speedway San Diego CA	50.13-	2,814.53
04-14	Paid To - Franchise Tax Bo Payments Chk 4200001	233.00-	2,581.53
04-15	Transfer From Checking Andres M Cervantes	73.00	2,654.53
04-15	POS Debit- Debit Card 6560 04-14-26 Indie Yoga Indiegasd.C CA	12.00-	2,642.53
04-15	POS Debit- Debit Card 6560 04-13-26 Tst*soi O B. San Diego CA	31.79-	2,610.74
04-15	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	151.72-	2,459.02
04-16	POS Debit- Debit Card 6560 04-15-26 Apple Tree San Diego CA	12.33-	2,446.69
04-16	POS Debit- Debit Card 6560 04-15-26 Hungry Lu's San Diego CA	13.49-	2,433.20
04-16	Paid To - USAA P&C Autopay Chk 2100002	244.86-	2,188.34
04-17	POS Debit- Debit Card 6560 04-16-26 Tst*brew Wave Coff San Diego CA	7.45-	2,180.89
04-17	POS Debit- Debit Card 6560 04-16-26 Amazon Mark* Bs6Oe Amazon.Com/MA WA	34.47-	2,146.42
04-20	Transfer From Checking Andres M Cervantes	250.00	2,396.42
04-20	Zelle DB Manuella Guasti Fernandes	40.00-	2,356.42
04-20	POS Debit- Debit Card 6560 04-17-26 Nayvax Vending 99 Hunt Valley MD	6.00-	2,350.42
04-20	POS Debit- Debit Card 6560 04-19-26 Cafe Bella San Diego CA	9.82-	2,340.60
04-20	POS Debit- Debit Card 6560 04-17-26 Surf & Sub Deli San Diego CA	20.21-	2,320.39
04-20	Paid To - Capital One Mobile Pmt Chk 5607361	50.00-	2,270.39
04-20	Paid To - Capital One Crcardpmt Chk 5607361	199.00-	2,071.39
04-21	POS Debit- Debit Card 6560 04-21-26 Sp Shorethingtpstpp 161-99395588 CA	27.15-	2,044.24
04-22	Transfer From Checking Andres M Cervantes	485.00	2,529.24
04-22	POS Debit- Debit Card 6560 04-20-26 Newport Quick Stop San Diego CA	13.56-	2,515.68
04-22	POS Debit- Debit Card 6560 04-21-26 Cafe Bella San Diego CA	17.18-	2,498.50
04-22	Transfer To Loan Alina C Grayeske	481.60-	2,016.90
04-22	Ending Balance		2,016.90

Average Daily Balance - Current Cycle: \$2,564.06

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 03-01-2026 through 03-31-2026



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Statement of Account
For ALINA C GRAYESKE

Statement Period
03/23/26 - 04/22/26

Access No. 4132571

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
03-30	ACH	33.66	04-07	POS	24.99
03-30	ACH	51.17	04-07	POS	127.51
04-01	ACH	1,050.00	04-07	POS	7.52
04-14	ACH	233.00	04-10	POS	18.99
04-15	ACH	151.72	04-10	POS	16.69
04-16	ACH	244.86	04-13	POS	13.87
04-20	ACH	50.00	04-13	POS	24.63
04-20	ACH	199.00	04-13	POS	100.00
03-23	POS	50.21	04-13	POS	5.23
03-23	POS	7.53	04-14	POS	50.13
03-23	POS	38.89	04-14	POS	8.88
03-24	POS	28.44	04-14	POS	16.49
03-24	POS	32.50	04-15	POS	12.00
03-25	POS	64.11	04-15	POS	31.79
03-26	POS	7.43	04-16	POS	13.49
03-27	POS	36.60	04-16	POS	12.33
03-30	POS	42.65	04-17	POS	7.45
03-30	POS	87.73	04-17	POS	34.47
04-02	POS	0.60	04-20	POS	20.21
04-03	POS	30.36	04-20	POS	6.00
04-06	POS	20.00	04-20	POS	9.82
04-06	POS	48.48	04-21	POS	27.15
04-06	POS	58.63	04-22	POS	13.56
04-06	POS	17.18	04-22	POS	17.18
04-07	POS	17.21			

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
03-23	Beginning Balance		1,733.90
03-31	Dividend	0.37	1,734.27
04-22	Ending Balance		1,734.27

Your account earned \$0.37, with an annual percentage yield earned of 0.25%, for the dividend period from 03-01-2026 through 03-31-2026

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
03-23	Beginning Balance		66.68
No Transactions This Period			
04-22	Ending Balance		66.68

2025 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	3.78	MMSA DIVIDENDS	1.67
CHECKING DIVIDENDS	0.27	FINANCE CHARGE CHECKING LOC	0.00



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Statement Period
03/23/26 - 04/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

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Statement Period
02/23/26 - 03/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
02-23	Beginning Balance		1,304.50
02-23	Zelle CR Manuella Guasti Fernandes	30.00	1,334.50
02-23	Transfer From Checking Andres M Cervantes	485.00	1,819.50
02-23	POS Debit- Debit Card 6560 02-22-26 Ladot Meter Parkin Los Angeles CA	2.38-	1,817.12
02-23	POS Debit- Debit Card 6560 02-22-26 The Getty Parking Los Angeles CA	25.00-	1,792.12
02-23	Paid To - Venmo Payment Chk 9100001	65.00-	1,727.12
02-23	Paid To Target Debit Crd 0222 043694 Target 3303 San Diego CA	68.82-	1,658.30
02-25	POS Debit- Debit Card 6560 02-24-26 Cafe Bella San Diego CA	7.98-	1,650.32
02-25	POS Debit- Debit Card 6560 02-24-26 Its A Taco Shop San Diego CA	26.00-	1,624.32
02-25	POS Debit- Debit Card 6560 02-24-26 Lemonade Insurance New York Ny	64.11-	1,560.21
02-26	POS Debit- Debit Card 6560 02-25-26 Ob Deli San Diego CA	32.29-	1,527.92
02-26	POS Debit- Debit Card 6560 02-25-26 Sp Shorethingptspp 161-99395588 CA	38.77-	1,489.15
02-26	Paid To Target Debit Crd 0225 043694 Target 3303 San Diego CA	1.73-	1,487.42
02-27	Deposit - ACH Paid From Lemonade Insuran Lemonade I 022726	50.00	1,537.42
02-27	Deposit - ACH Paid From Lemonade Insuran Lemonade I 022726	167.03	1,704.45
02-27	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,504.45
02-27	POS Debit - Debit Card 6560 Transaction 02-26-26 Pet Hosp Of Tierrasant San Diego CA	238.64-	4,265.81
02-27	Transfer To Credit Card Alina C Grayeske	207.92-	4,057.89
02-27	Dividend	0.02	4,057.91
03-02	Zelle DB Manuella Guasti Fernandes	30.00-	4,027.91
03-02	POS Debit- Debit Card 6560 02-27-26 Apple Tree San Diego CA	23.90-	4,004.01
03-02	POS Debit - Debit Card 6560 Transaction 03-01-26 Cf United LLC 27 San Diego	52.67-	3,951.34
03-02	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	3,900.17

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement Period
02/23/26 - 03/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
03-02	Paid To - Southwest Equity Web Pmts Chk 8150350	1,050.00-	2,850.17
03-03	POS Debit- Debit Card 6560 03-02-26 Sq *scoops Ocean B San Diego CA	8.70-	2,841.47
03-03	POS Debit- Debit Card 6560 03-02-26 Old Townhouse Rest San Diego CA	52.19-	2,789.28
03-05	POS Debit- Debit Card 6560 03-04-26 Lemonade Insurance New York Ny	58.63-	2,730.65
03-06	Paid To - Capital One Crcardpmt Chk 5607361	89.00-	2,641.65
03-09	POS Debit- Debit Card 6560 03-07-26 Vons #2053 San Diego CA	8.97-	2,632.68
03-09	POS Debit- Debit Card 6560 03-06-26 Genie Car Wash - W 619-223-6830 CA	24.99-	2,607.69
03-09	Paid To - Venmo Payment Chk 9100001	38.00-	2,569.69
03-10	Intl Transaction Fee 03-10-26 Beducated Educatio Munchen	0.19-	2,569.50
03-10	POS Debit- Debit Card 6560 03-10-26 Beducated Educatio Munchen	18.99-	2,550.51
03-10	Paid To - Venmo Payment Chk 9100001	36.00-	2,514.51
03-13	Deposit - ACH Paid From Venmo Cashout 01Afd5	28.00	2,542.51
03-13	POS Debit- Debit Card 6560 03-12-26 Cafe Bella Express San Diego CA	15.71-	2,526.80
03-16	Transfer From Checking Andres M Cervantes	73.00	2,599.80
03-16	POS Debit- Debit Card 6560 03-15-26 Cheesecake San Die San Diego CA	16.18-	2,583.62
03-16	POS Debit- Debit Card 6560 03-14-26 Amazon Mark* BP6Qm Amazon.Com/MA WA	19.35-	2,564.27
03-16	Transfer To Credit Card	100.00-	2,464.27
03-17	Transfer From Checking Andres M Cervantes	1,000.00	3,464.27
03-17	Transfer From Checking Andres M Cervantes	1,140.00	4,604.27
03-17	POS Debit- Debit Card 6560 03-16-26 Cafe Bella Express San Diego CA	14.83-	4,589.44
03-17	Transfer To Credit Card	500.00-	4,089.44
03-17	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	185.50-	3,903.94
03-17	Paid To - USAA P&C Autopay Chk 2100002	244.86-	3,659.08
03-19	Zelle CR Manuella Guasti Fernandes	61.00	3,720.08
03-19	Transfer From Checking Andres M Cervantes	200.00	3,920.08
03-19	Paid To Target Debit Crd 0317 043694 Target 3303 San Diego CA	49.47-	3,870.61
03-19	Paid To - Capital One Crcardpmt Chk 5607361	179.00-	3,691.61
03-19	Paid To - Capital One Mobile Pmt Chk 5607361	1,600.00-	2,091.61
03-20	POS Debit- Debit Card 6560 03-19-26 Wax Haven Inc Www.Waxhavens CA	32.50-	2,059.11
03-20	Transfer To Loan Alina C Grayeske	481.60-	1,577.51
03-20	Paid To - Capital One Mobile Pmt Chk 5607361	20.00-	1,557.51
03-22	Ending Balance		1,557.51

Average Daily Balance - Current Cycle: \$2,566.51

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 02-01-2026 through 02-28-2026

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
02-23	ACH	65.00	03-19	ACH	179.00
02-23	ACH	68.82	03-19	ACH	1,600.00
02-26	ACH	1.73	03-20	ACH	20.00
03-02	ACH	51.17	02-23	POS	2.38
03-02	ACH	1,050.00	02-23	POS	25.00
03-06	ACH	89.00	02-25	POS	7.98
03-09	ACH	38.00	02-25	POS	26.00
03-10	ACH	36.00	02-25	POS	64.11
03-17	ACH	185.50	02-26	POS	32.29
03-17	ACH	244.86	02-26	POS	38.77
03-19	ACH	49.47	02-27	POS	238.64



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Statement Period
02/23/26 - 03/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Items Paid

(Continued from previous page)

Date	Item	Amount(\$)	Date	Item	Amount(\$)
03-02	POS	52.67	03-10	POS	18.99
03-02	POS	23.90	03-13	POS	15.71
03-03	POS	52.19	03-16	POS	16.18
03-03	POS	8.70	03-16	POS	19.35
03-05	POS	58.63	03-17	POS	14.83
03-09	POS	8.97	03-20	POS	32.50
03-09	POS	24.99			

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
02-23	Beginning Balance		1,733.57
02-27	Dividend	0.33	1,733.90
03-22	Ending Balance		1,733.90

Your account earned \$0.33, with an annual percentage yield earned of 0.25%, for the dividend period from 02-01-2026 through 02-28-2026

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
02-23	Beginning Balance		66.68
	No Transactions This Period		
03-22	Ending Balance		66.68

2025 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	3.78	MMSA DIVIDENDS	1.67
CHECKING DIVIDENDS	0.27	FINANCE CHARGE CHECKING LOC	0.00



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Statement Period
02/23/26 - 03/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

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Statement Period
01/23/26 - 02/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
01-23	Beginning Balance		1,858.54
01-23	POS Debit- Debit Card 6560 01-21-26 Vons#2053 San Diego CA	105.90-	1,752.64
01-26	Zelle CR Manuella Guasti Fernandes	50.00	1,802.64
01-26	Transfer From Savings	210.00	2,012.64
01-26	Zelle DB Manuella Guasti Fernandes	210.00-	1,802.64
01-26	POS Debit- Debit Card 6560 01-23-26 Sq *sourdough & MO San Diego CA	25.30-	1,777.34
01-26	POS Debit- Debit Card 6560 01-25-26 Amazon Mktp*rm6Qx Amzn.Com/Bill WA	28.00-	1,749.34
01-26	POS Debit- Debit Card 6560 01-23-26 Sp Shorethingptspp 161-99395588 CA	34.90-	1,714.44
01-26	POS Debit- Debit Card 6560 01-25-26 Tst*soi 30TH- Nort San Diego CA	43.69-	1,670.75
01-26	POS Debit- Debit Card 6560 01-24-26 Lemonade Insurance Lemonade.Com Ny	64.11-	1,606.64
01-26	Transfer To Credit Card	50.00-	1,556.64
01-27	POS Debit- Debit Card 6560 01-26-26 Apple Tree San Diego CA	7.48-	1,549.16
01-27	Paid To Target Debit Crd 0125 043694 Target 3205 San Diego CA	35.92-	1,513.24
01-30	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,313.24
01-30	POS Debit - Debit Card 6560 Transaction 01-29-26 63406 4437 Spee San Diego	50.03-	4,263.21
01-30	Paid To - Cox Comm San Purchase Chk 9100001	51.17-	4,212.04
01-30	Dividend	0.02	4,212.06
02-02	Zelle CR Manuella Guasti Fernandes	33.00	4,245.06
02-02	Transfer From Savings	210.00	4,455.06
02-02	Zelle DB Manuella Guasti Fernandes	100.00-	4,355.06
02-02	Zelle DB Manuella Guasti Fernandes	210.00-	4,145.06
02-02	POS Debit- Debit Card 6560 02-01-26 Etsy.Com*us 718-8557955 Ny	0.20-	4,144.86
02-02	POS Debit - Debit Card 6560 Transaction 01-31-26 Ob Donuts San Diego CA	21.00-	4,123.86
02-02	POS Debit- Debit Card 6560 01-30-26 Lauren Isaako Www.Waxhavens CA	32.50-	4,091.36
02-02	POS Debit- Debit Card 6560 01-30-26 IN-N-Out Sdsportsa San Diego CA	40.89-	4,050.47
02-02	POS Debit - Debit Card 6560 Transaction 02-01-26 Vons #2053 San Diego	99.06-	3,951.41

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement of Account
For ALINA C GRAYESKE

Statement Period
01/23/26 - 02/22/26

Access No. 4132571

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
02-02	Transfer To Credit Card	100.00-	3,851.41
02-02	Paid To - Heetwave Propert Web Pmts Chk 8150350	1,050.00-	2,801.41
02-03	POS Debit- Debit Card 6560 02-02-26 Charli's Landing San Diego CA	40.56-	2,760.85
02-03	POS Debit- Debit Card 6560 02-02-26 Lauren Isaako 619-9949652 CA	49.74-	2,711.11
02-04	POS Debit- Debit Card 6560 02-03-26 Sp Shorethingptspp 161-99395588 CA	30.16-	2,680.95
02-05	POS Debit- Debit Card 6560 02-04-26 Lemonade Insurance Lemonade.Com Ny	58.63-	2,622.32
02-05	Paid To - Venmo Payment Chk 9100001	27.00-	2,595.32
02-06	Paid To - Capital One Crcardpmt Chk 5607361	92.00-	2,503.32
02-09	Zelle CR Manuella Guasti Fernandes	200.00	2,703.32
02-09	POS Debit- Debit Card 6560 02-06-26 Genie Car Wash - W San Diego CA	24.99-	2,678.33
02-09	POS Debit- Debit Card 6560 02-06-26 Sq *invictus Moder Carlsbad CA	100.00-	2,578.33
02-09	POS Debit- Debit Card 6560 02-08-26 Costco Whse #0488 San Diego CA	297.69-	2,280.64
02-09	Paid To Target Debit Crd 0206 043694 Target 3303 San Diego CA	62.56-	2,218.08
02-10	Intl Transaction Fee 02-09-26 Beducated Educatio Munchen	0.19-	2,217.89
02-10	POS Debit- Debit Card 6560 02-10-26 Beducated Educatio Munchen	18.99-	2,198.90
02-17	POS Credit Adjustment 6560 Transaction 02-14-26 Homegoods #0512	39.24	2,238.14
02-17	POS Credit Adjustment 6560 Transaction 02-14-26 Homegoods #0512	154.70	2,392.84
02-17	Transfer From Checking Andres M Cervantes	73.00	2,465.84
02-17	POS Debit- Debit Card 6560 02-13-26 Hungry Lu's San Diego CA	13.49-	2,452.35
02-17	POS Debit - Debit Card 6560 Transaction 02-14-26 CVS/Pharmacy #09 09165 San Diego CA	56.31 -	2,396.04
02-17	POS Debit- Debit Card 6560 02-13-26 Homegoods #0512 San Diego CA	154.70-	2,241.34
02-17	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	170.27-	2,071.07
02-18	POS Debit - Debit Card 6560 Transaction 02-17-26 63406 4437 Spee San Diego	55.35-	2,015.72
02-18	Paid To - USAA P&C Autopay Chk 2100002	246.62-	1,769.10
02-19	Transfer From Checking Andres M Cervantes	200.00	1,969.10
02-19	Paid To - Capital One Crcardpmt Chk 5607361	183.00-	1,786.10
02-20	Transfer To Loan Alina C Grayeske	481.60-	1,304.50
02-22	Ending Balance		1,304.50

Average Daily Balance - Current Cycle: \$2,239.97

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 01-01-2026 through 01-31-2026

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
01-27	ACH	35.92	02-02	POS	32.50
01-30	ACH	51.17	02-02	POS	40.89
02-02	ACH	1,050.00	02-02	POS	99.06
02-05	ACH	27.00	02-02	POS	0.20
02-06	ACH	92.00	02-02	POS	21.00
02-09	ACH	62.56	02-03	POS	40.56
02-17	ACH	170.27	02-03	POS	49.74
02-18	ACH	246.62	02-04	POS	30.16
02-19	ACH	183.00	02-05	POS	58.63
01-23	POS	105.90	02-09	POS	100.00
01-26	POS	64.11	02-09	POS	297.69
01-26	POS	25.30	02-09	POS	24.99
01-26	POS	28.00	02-10	POS	18.99
01-26	POS	34.90	02-17	POS	13.49
01-26	POS	43.69	02-17	POS	56.31
01-27	POS	7.48	02-17	POS	154.70
01-30	POS	50.03	02-18	POS	55.35



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Statement Period
01/23/26 - 02/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
01-23	Beginning Balance		1,733.20
01-30	Dividend	0.37	1,733.57
02-22	Ending Balance		1,733.57

Your account earned \$0.37, with an annual percentage yield earned of 0.25%, for the dividend period from 01-01-2026 through 01-31-2026

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
01-23	Beginning Balance		486.68
01-26	Transfer To Checking	210.00-	276.68
02-02	Transfer To Checking	210.00-	66.68
02-22	Ending Balance		66.68

2025 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	3.78	MMSA DIVIDENDS	1.67
CHECKING DIVIDENDS	0.27	FINANCE CHARGE CHECKING LOC	0.00

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
- You may also determine the amount of interest charges by multiplying the "Balance Subject to Interest Rate" by the number of days in the billing cycle and the daily periodic rate. The "Balance Subject to Interest Rate" disclosed in the Interest Charge Calculation table is the "average daily balance." To calculate the "average daily balance" add up all the "daily balances" for the billing cycle and divide the total by the number of days in the billing cycle.
- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

If you think there is an error on your statement, write to us at:

Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- Account information:** Your name and account number.
- Dollar amount:** The dollar amount of the suspected error.
- Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

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Statement Period
12/23/25 - 01/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Checking

EveryDay Checking - 7033886735

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-23	Beginning Balance		2,180.93
12-23	POS Debit- Debit Card 6560 12-22-25 Cafe Bella Express San Diego CA	18.10-	2,162.83
12-23	Paid To Target Debit Crd 1221 043694 Target 3303 San Diego CA	27.40-	2,135.43
12-26	POS Debit- Debit Card 6560 12-23-25 Publicrecords.US 888-7008184 NV	5.00-	2,130.43
12-26	POS Debit- Debit Card 6560 12-24-25 Lemonade Insurance New York Ny	64.11-	2,066.32
12-26	Paid To Target Debit Crd 1223 043694 Target 3303 San Diego CA	22.08-	2,044.24
12-29	Zelle CR Manuella Guasti Fernandes	68.00	2,112.24
12-29	POS Debit- Debit Card 6560 12-26-25 Sq *timbers Tap Ho Nederland CO	6.01-	2,106.23
12-29	POS Debit - Debit Card 6560 Transaction 12-26-25 7-Eleven Longmont	18.22-	2,088.01
12-29	POS Debit- Debit Card 6560 12-28-25 Fsp*left Hand Brew Longmont CO	25.20-	2,062.81
12-29	POS Debit- Debit Card 6560 12-28-25 Genie Car Wash - W 619-223-6830 CA	29.99-	2,032.82
12-29	Transfer To Credit Card Alina C Grayeske	151.43-	1,881.39
12-29	Paid To - Venmo Payment Chk 9100001	51.00-	1,830.39
12-30	Deposit - ACH Paid From Electrum Perform Payroll 01Afd9	2,800.00	4,630.39
12-30	Transfer From Savings	150.00	4,780.39
12-30	POS Debit- Debit Card 6560 12-29-25 Sq *sur At Ob Bean San Diego CA	18.16-	4,762.23
12-30	Paid To - Cox Comm San Purchase Chk 9100001	91.17-	4,671.06
12-31	POS Debit- Debit Card 6560 12-30-25 Sp Shorethingtsp 161-99395588 CA	30.16-	4,640.90
12-31	POS Debit - Debit Card 6560 Transaction 12-30-25 Vons #2053 San Diego	89.60-	4,551.30
12-31	Paid To Target Debit Crd 1230 043694 Target 3303 San Diego CA	33.13-	4,518.17
12-31	Paid To - Venmo Payment Chk 9100001	150.00-	4,368.17
12-31	Paid To - Heetwave Propert Web Pmts Chk 8150350	1,050.00-	3,318.17
12-31	Dividend	0.02	3,318.19
01-02	Zelle CR Manuella Guasti Fernandes	30.00	3,348.19
01-02	POS Debit- Debit Card 6560 01-01-26 Etsy.Com*us 718-8557955 Ny	0.80-	3,347.39

CHANGE OF ADDRESS

PLEASE PRINT. USE BLUE OR BLACK BALL POINT PEN.

RANK/RATE	NAME (FIRST	MI	LAST)	ACCOUNT NUMBERS AFFECTED
ADDRESS (NO. STREET)				
CITY	STATE		ZIP CODE	
SIGNATURE OF NAVY FEDERAL MEMBER				
EFFECTIVE DATE (MO., DAY, YR.)	HOME TELEPHONE NUMBER		DAYTIME TELEPHONE NUMBER	
- -	()		()	



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Statement of Account
For ALINA C GRAYESKE

Statement Period
12/23/25 - 01/22/26

Access No. 4132571

EveryDay Checking - 7033886735

(Continued from previous page)

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
01-02	POS Debit- Debit Card 6560 12-31-25 Closet San Diego CA	17.21 -	3,330.18
01-02	Transfer To Credit Card	50.00 -	3,280.18
01-05	Transfer From Savings	230.00	3,510.18
01-05	Zelle DB Manuella Guasti Fernandes	110.00 -	3,400.18
01-05	Zelle DB Manuella Guasti Fernandes	270.00 -	3,130.18
01-05	POS Debit- Debit Card 6560 01-04-26 Dumpling Inn & Sha San Diego CA	35.00 -	3,095.18
01-05	POS Debit- Debit Card 6560 01-03-26 Azucar San Diego CA	42.21 -	3,052.97
01-05	POS Debit- Debit Card 6560 01-04-26 Lemonade Insurance New York Ny	58.63 -	2,994.34
01-05	POS Debit - Debit Card 6560 Transaction 01-04-26 63406 4437 Spee San Diego	74.00 -	2,920.34
01-05	POS Debit- Debit Card 6560 01-02-26 Amazon Mktp* e791E Amzn.Com/Bill WA	172.36 -	2,747.98
01-05	Paid To - Venmo Payment Chk 9100001	50.00 -	2,697.98
01-05	Paid To - Capital One Crcardpmt Chk 5607361	78.00 -	2,619.98
01-06	Zelle DB Manuella Guasti Fernandes	40.00 -	2,579.98
01-06	POS Debit- Debit Card 6560 01-05-26 Cafe Bella Express San Diego CA	8.99 -	2,570.99
01-07	POS Debit- Debit Card 6560 01-06-26 Cafe Bella Express San Diego CA	15.95 -	2,555.04
01-09	POS Debit- Debit Card 6560 01-07-26 Kiros Sushi Izakaya San Diego CA	37.25 -	2,517.79
01-12	Transfer From Savings	210.00	2,727.79
01-12	Zelle DB Manuella Guasti Fernandes	50.00 -	2,677.79
01-12	Zelle DB Manuella Guasti Fernandes	210.00 -	2,467.79
01-12	Transfer To Credit Card	150.00 -	2,317.79
01-13	POS Debit- Debit Card 6560 01-12-26 Apple Tree San Diego CA	11.77 -	2,306.02
01-13	POS Debit- Debit Card 6560 01-12-26 Cafe Bella Express San Diego CA	12.15 -	2,293.87
01-13	Paid To - SD Gas & Elec Paid Sdger Chk 11100002	148.19 -	2,145.68
01-14	Paid To Target Debit Crd 0112 043694 Target 3303 San Diego CA	37.53 -	2,108.15
01-15	POS Debit- Debit Card 6560 01-14-26 The Olive Tree Mar 619-2240443 CA	4.19 -	2,103.96
01-15	POS Debit - Debit Card 6560 Transaction 01-14-26 63406 4437 Spee San Diego	50.04 -	2,053.92
01-16	Transfer From Checking Andres M Cervantes	73.00	2,126.92
01-16	ATM Fee - Withdrawal 01-15-26 P404151 San Diego CA	1.00 -	2,125.92
01-16	ATM Fee - Inquiry 01-15-26 P404151 San Diego CA	1.00 -	2,124.92
01-16	ATM Withdrawal 01-15-26 P404151 San Diego CA	43.50 -	2,081.42
01-16	Paid To - USAA P&C Autopay Chk 2100002	247.93 -	1,833.49
01-20	Transfer From Checking Andres M Cervantes	200.00	2,033.49
01-20	Transfer From Savings	210.00	2,243.49
01-20	Zelle DB Manuella Guasti Fernandes	210.00 -	2,033.49
01-20	POS Debit- Debit Card 6560 01-16-26 San Diego Parking San Diego CA	4.10 -	2,029.39
01-20	POS Debit- Debit Card 6560 01-18-26 Sq *liberty Public San Diego CA	9.25 -	2,020.14
01-21	Zelle CR Manuella Guasti Fernandes	35.00	2,055.14
01-21	Paid To - Capital One Mobile Pmt Chk 5607361	200.00 -	1,855.14
01-22	Transfer From Checking Andres M Cervantes	485.00	2,340.14
01-22	Transfer To Loan Alina C Grayeske	481.60 -	1,858.54
01-22	Ending Balance		1,858.54

Average Daily Balance - Current Cycle: \$2,421.45

Your account earned \$0.02, with an annual percentage yield earned of 0.01%, for the dividend period from 12-01-2025 through 12-31-2025



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Statement Period
12/23/25 - 01/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Items Paid

Date	Item	Amount(\$)	Date	Item	Amount(\$)
12-23	ACH	27.40	12-30	POS	18.16
12-26	ACH	22.08	12-31	POS	89.60
12-29	ACH	51.00	12-31	POS	30.16
12-30	ACH	91.17	01-02	POS	0.80
12-31	ACH	33.13	01-02	POS	17.21
12-31	ACH	150.00	01-05	POS	42.21
12-31	ACH	1,050.00	01-05	POS	58.63
01-05	ACH	50.00	01-05	POS	74.00
01-05	ACH	78.00	01-05	POS	172.36
01-13	ACH	148.19	01-05	POS	35.00
01-14	ACH	37.53	01-06	POS	8.99
01-16	ACH	247.93	01-07	POS	15.95
01-21	ACH	200.00	01-09	POS	37.25
12-23	POS	18.10	01-13	POS	11.77
12-26	POS	5.00	01-13	POS	12.15
12-26	POS	64.11	01-15	POS	4.19
12-29	POS	29.99	01-15	POS	50.04
12-29	POS	6.01	01-20	POS	9.25
12-29	POS	18.22	01-20	POS	4.10
12-29	POS	25.20	01-16	ATMO	43.50

Savings

Membership Savings - 3039782481

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-23	Beginning Balance		1,732.83
12-31	Dividend	0.37	1,733.20
01-22	Ending Balance		1,733.20

Your account earned \$0.37, with an annual percentage yield earned of 0.25%, for the dividend period from 12-01-2025 through 12-31-2025

Money Market Savings - 3062009497

Joint Owner(s): NONE

Date	Transaction Detail	Amount(\$)	Balance(\$)
12-23	Beginning Balance		1,436.68
12-30	Transfer To Checking	150.00-	1,286.68
01-05	Transfer To Checking	150.00-	1,136.68
	Andres M Cervantes		
01-05	Transfer To Checking	230.00-	906.68
01-12	Transfer To Checking	210.00-	696.68
01-20	Transfer To Checking	210.00-	486.68
01-22	Ending Balance		486.68

2025 Year to Date Federal Income Tax Information

SAVINGS DIVIDENDS	3.78	MMSA DIVIDENDS	1.67
CHECKING DIVIDENDS	0.27	FINANCE CHARGE CHECKING LOC	0.00



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Statement Period
12/23/25 - 01/22/26

Access No. 4132571

Statement of Account
For ALINA C GRAYESKE

Disclosure Information

- The interest charge on the Checking Line of Credit advances begins to accrue on the date an advance is posted to your account and continues to accrue daily on the unpaid principal balance.
- We calculate the interest charge on your account by applying the daily periodic rate to the "daily balance" of your account for each day in the billing cycle. To get the "daily balance" we take the beginning balance of your account each day, add any new advances or fees, and subtract any payments, credits, or unpaid interest charges.
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- If there are two or more daily periodic rates imposed during the billing cycle, you may determine the amount of interest charges by multiplying each of the "Balances Subject to Interest Rate" by the number of days the applicable rate was in effect and multiplying each of the results by the applicable daily periodic rate and adding the results together.

What to Do if You Think You Find a Mistake on Your Statement

Errors Related to a Checking Line of Credit Advance

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Navy Federal Credit Union, PO Box 3000, Merrifield, VA 22119-3000; or by fax, 1-703-206-4244.

You may also contact us on the Web: navyfederal.org.

In your letter, give us the following information:

- **Account information:** Your name and account number.
- **Dollar amount:** The dollar amount of the suspected error.
- **Description of problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement.

You must notify us of any potential errors in writing (or electronically). You may call us, but if you do, we are not required to investigate any potential error, and you may have to pay the amount in question.

While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

If we take more than 10 days in resolving an electronic transfer inquiry, we will provisionally credit your account for the amount in question so that you will have access to the funds during the time of our investigation.

Errors Within Your Checking Account, Money Market Savings Account, or Savings Account

In case of errors or questions about your electronic transfers telephone us at 1-888-842-6328, write us at the address provided above, or through Navy Federal Online Banking as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer listed on the statement or receipt. We must hear from you no later than 60 days after we sent the FIRST statement on which the problem or error appeared.

- Tell us your name and account number (if any).
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will provisionally credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

Payments

Your check must be payable to Navy Federal Credit Union and include your Checking Line of Credit account number. Include the voucher found at the bottom of your statement and mail the enclosed envelope to: Navy Federal Credit Union, PO Box 3100, Merrifield, VA 22119-3100. Payments received by 5:00 pm Eastern Time at the mail address above will be credited the same day. Mailed payments for your Checking Line of Credit account may not be commingled with funds designated for credit to other Navy Federal Credit Union accounts.

Proof of Service

On this day, I, Otavio Haverroth Silva, served a copy of the following documents:

**RESPONDENT’S MOTION FOR CUSTODY REDETERMINATION AND REQUEST
FOR RELEASE ON RECOGNIZANCE OR, IN THE ALTERNATIVE, BOND**

To the following:

Office Location:	Mailing Address:
Office of the Principal Legal Advisor Department of Homeland Security 7488 Calzada de la Fuente San Diego, CA 92154	US Immigration and Customs Enforcement US Department of Homeland Security Office of the Principal Legal Advisor, San Diego (Otay Mesa) P.O BOX 438150 San Diego, CA 92143

by:

☒ Through the EOIR Courts and Appeals System (ECAS), which will automatically send service notification to both parties that a new document has been filed.



Otavio Silva (Bar N. 343486)
Attorney at Law
P.O. Box 90487
San Diego, CA 92169
Counsel for Respondent