Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Flavia Alessandra	Middle Name (if any) Silva	Family Name (Last Name) LIBORIO

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Flavia Alessandra	Middle Name (if any) Silva	Family Name (Last Name) LIBORIO

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Guilherme	Middle Name (if any) N/A	Family Name (Last Name) TAVARES DE OLIVEIRA

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

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

Form I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Guilherme	Middle Name (if any) N/A	Family Name (Last Name) TAVARES DE OLIVEIRA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Guilherme	Middle Name (if any) N/A	Family Name (Last Name) TAVARES DE OLIVEIRA
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 630 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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

RE: Form I-130, Petition for Alien Relative
Petitioner: Flavia Alessandra Silva Liborio
Beneficiaries: Guilherme Tavares de Oliveira (Spouse) and Caleb Carnaubas Tavares (Stepchild);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Guilherme Tavares de Oliveira and Caleb Carnaubas Tavares.**

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

- **Flavia Alessandra Silva Liborio's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-130, Petition for Alien Relative (for beneficiary Guilherme);
  - Form I-130, Petition for Alien Relative (for beneficiary Caleb);
  - Form I-864, Affidavit of Support Under Section 213A of the INA;

- **Guilherme Tavares de Oliveira's Signed Forms:**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-130A, Supplemental Information for a Spouse Beneficiary;
  - Form I-485, Application to Register Permanent Residence or Adjust Status;
  - Form I-765, Application for Employment Authorization;
  - Form I-131, Application for Travel Document;

- **Caleb Carnaubas Tavares' Signed Forms (Minor):**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;

- **Antonio Pedro Rodrigues's Signed Forms (Joint-Sponsor):**
  - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
  - Form I-864, Affidavit of Support Under Section 213A of the INA;

I. Flavia Alessandra Silva Liborio's Identification Documents

- Flavia Alessandra Silva Liborio's Birth Certificate;

- Flavia Alessandra Silva Liborio's Valid Passport;
- Flavia Alessandra Silva Liborio's Driver License;

II. Guilherme Tavares de Oliveira's Identification Documents

- Guilherme Tavares de Oliveira's Birth Certificate with English Translation;
- Guilherme Tavares de Oliveira's Valid Passport;
- Guilherme Tavares de Oliveira's Copy of I-94 and Travel History;
- Guilherme Tavares de Oliveira's Driver License;

III. Caleb Carnaubas Tavares' Identification Documents

- Caleb Carnaubas Tavares' Birth Certificate with English Translation;
- Caleb Carnaubas Tavares' Valid Passport;
- Caleb Carnaubas Tavares' Expired Passport with U.S. Visa**;**
- Caleb Carnaubas Tavares' Copy of I-94 and Travel History;

IV. Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio's Marriage Certificate

V. Guilherme Tavares de Oliveira's Marriage Dissolution Decree with English Translation;

VI. Evidence of Bona Fide Marriage

- Flavia Alessandra Silva Liborio's Personal Declaration;
- Guilherme Tavares de Oliveira's Personal Declaration with English Translation;
- First Page of Form 1040 - Joint IRS Income Tax Return - 2025
- Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio' Proof of Joint Residence;
- Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio' Joint Bank Account - Bank of America;

VII. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by James Kauan Cordeiro Roberto;
- Letter of Support Delivered by Antonio Pedro Rodrigues;
- Letter of Support Delivered by Monica Nunes Ferreira;

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

- Photographic Evidence of Relationship;

IX. Petitioner's Financial Information

- Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira's Joint IRS Federal Income Tax Return - 2025;
- Flavia Silva Liborio's 2025 W-2 and Earnings Summary - Columbia Auto Body;
- Flavia Silva Liborio's 2025 W-2 and Earnings Summary - Second Generation Donuts;

X. Joint Sponsor's Financial Information - Antonio Pedro Rodrigues

- Antonio Pedro Rodrigues' Valid Passport;
- Antonio Pedro Rodrigues' Application for Automatic Extension of Time To File U.S. Individual Income Tax Return - 2025;
- Antonio Pedro Rodrigues' IRS Federal Income Tax Return - 2024

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

Sincerely,



_____ 07/06/2026

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

Flavia Alessandra Silva Liborio's Signed Forms:

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

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

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

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

2.b. Name of Recognized Organization: N/A

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

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130, I-130A, I-864

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): LIBORIO

6.b. Given Name (First Name): Flavia Alessandra

6.c. Middle Name: Silva

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+1 (774) 2368304

11. Mobile Telephone Number (if any)

+1 (774) 2368304

12. Email Address (if any)

flavialiborio456@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Ilana Lubaru

2.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/10/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): LIBORIO

1.b. Given Name (First Name): Flavia Alessandra

1.c. Middle Name: Silva

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

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

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

1. I am filing this petition for my (Select **only one** box):
   ☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
   - ☐ Child was born to parents who were married to each other at the time of the child's birth
   - ☐ Stepchild/Stepparent
   - ☐ Child was born to parents who were not married to each other at the time of the child's birth
   - ☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- N/A
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 030887788

Your Full Name

4.a.	Family Name (Last Name)	LIBORIO
4.b.	Given Name (First Name)	Flavia Alessandra
4.c.	Middle Name	Silva

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Weymouth

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 10/05/2005

9. Sex ☐ Male ☒ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 1777 Bay St

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W

12.c. City or Town: Fall River

12.d. State: MA **12.e.** ZIP Code: 02724

12.f. Province:

12.g. Postal Code:

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/02/2025

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

Physical Address 2

14.a. Street Number and Name: 34 Priscilla Alden Rd

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town: Abington

14.d. State: MA **14.e.** ZIP Code: 02351

14.f. Province:

14.g. Postal Code:

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 06/27/2022

15.b. Date To (mm/dd/yyyy): 12/02/2025

Your Marital Information

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

17. Current Marital Status

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

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy): 12/02/2025

Place of Your Current Marriage (if married)

19.a. City or Town: Quincy

19.b. State: MA

19.c. Province:

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): TAVARES DE OLIVEIRA

20.b. Given Name (First Name): Guilherme

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

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

24.b. Given Name (First Name): Wagner Jose

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 06/05/1978

26. Sex: ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Quincy

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): SOUZA E SILVA

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

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 09/24/1982

32. Sex: ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Abington

35. Country of Residence: USA

Additional Information About You (Petitioner)

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

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

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

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

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

39.a. Certificate Number: N/A

39.b. Place of Issuance: N/A

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

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Unemployed

43.a. Street Number and Name N/A

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town N/A

43.d. State **43.e.** ZIP Code N/A

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

N/A

44. Your Occupation

N/A

45.a. Date From (mm/dd/yyyy) 11/15/2025

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

Employer 2

46. Name of Employer/Company

Columbia Auto Body

47.a. Street Number and Name 1440 New States Hwy

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town Raynham

47.d. State MA **47.e.** ZIP Code 02767

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

Driver

49.a. Date From (mm/dd/yyyy) 01/06/2025

49.b. Date To (mm/dd/yyyy) 11/14/2025

Part 3. Biographic Information

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

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

☐ Hispanic or Latino
☒ Not Hispanic or Latino

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

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

3. Height Feet 5 Inches 10

4. Weight Pounds 2 1 6

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

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

3. U.S. Social Security Number (if any)
► N/A

Beneficiary's Full Name

4.a. Family Name (Last Name) TAVARES DE OLIVEIRA
4.b. Given Name (First Name) Guilherme
4.c. Middle Name N/A

Other Names Used (if any)

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

5.a. Family Name (Last Name) N/A
5.b. Given Name (First Name) N/A
5.c. Middle Name N/A

Other Information About Beneficiary

6. City/Town/Village of Birth
São Paulo

7. Country of Birth
Brazil

8. Date of Birth (mm/dd/yyyy) 10/28/1989

9. Sex ☒ Male ☐ Female

10. Has anyone else ever filed a petition for the beneficiary?
☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name 1777 Bay St
11.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W
11.c. City or Town Fall River
11.d. State MA 11.e. ZIP Code 02724
11.f. Province
11.g. Postal Code
11.h. Country
USA

Other Address and Contact Information

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

12.a Street Number and Name SAME
12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
12.c. City or Town N/A
12.d. State 12.e. ZIP Code N/A

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

13.a. Street Number and Name N/A
13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
13.c. City or Town N/A
13.d. Province N/A
13.e. Postal Code N/A
13.f. Country
N/A

14. Daytime Telephone Number (if any)
+13213143606

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
+13213143606

16. Email Address (if any)
gtavares.advogado@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ▶ 2

18. Current Marital Status

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

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 12/02/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Quincy

20.b. State: MA

20.c. Province:

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): LIBORIO
21.b. Given Name (First Name): Flavia Alessandra
21.c. Middle Name: Silva
22. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

23.a. Family Name (Last Name): DO CARMO CARNAUBAS TAVARES
23.b. Given Name (First Name): Samara Clarice
23.c. Middle Name: N/A
24. Date Marriage Ended (mm/dd/yyyy): 10/15/2019

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): CARNAUBAS TAVARES
25.b. Given Name (First Name): Caleb
25.c. Middle Name: N/A
26. Relationship: CHILD
27. Date of Birth (mm/dd/yyyy): 03/07/2016
28. Country of Birth: Brazil

Person 2

29.a. Family Name (Last Name): LIBORIO
29.b. Given Name (First Name): Flavia Alessandra
29.c. Middle Name: Silva
30. Relationship: Spouse
31. Date of Birth (mm/dd/yyyy): 10/05/2005
32. Country of Birth: USA

Person 3

33.a. Family Name (Last Name): N/A
33.b. Given Name (First Name): N/A
33.c. Middle Name: N/A
34. Relationship: N/A
35. Date of Birth (mm/dd/yyyy): N/A
36. Country of Birth: N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

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

☒ Yes ☐ No

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

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

46.b. Form I-94 Arrival-Departure Record Number: ▶ 52071431 6A2

46.c. Date of Arrival (mm/dd/yyyy): 03/06/2020

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 09/05/2020

47. Passport Number: FX730356

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 12/17/2028

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): TNT Cleaning Services

51.b. Street Number and Name: 1821 County St

51.c. ☒ Apt. ☐ Ste. ☐ Flr. 1W

51.d. City or Town: Somerset

51.e. State: MA **51.f.** ZIP Code: 02726

51.g. Province:

51.h. Postal Code:

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 04/05/2021

Additional Information About Beneficiary

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

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town:

55.b. State:

56. Date (mm/dd/yyyy):

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

59.a. Street Number and Name: 1777 Bay St

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W

59.c. City or Town: Fall River

59.d. State: MA **59.e.** ZIP Code: 02724

59.f. Province:

59.g. Postal Code:

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 12/02/2025

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

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

61.a. City or Town: Boston

61.b. State: MA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

5. Result (for example, approved, denied, withdrawn)

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

Relative 1

6.a. Family Name (Last Name): CARNAUBA TAVARES

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

6.c. Middle Name: N/A

7. Relationship: Stepchild

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: +1 774 236-8304

4. Petitioner's Mobile Telephone Number (if any): +1 774 236-8304

5. Petitioner's Email Address (if any): flavialiborio456@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink): Flavia Liborio

6.b. Date of Signature (mm/dd/yyyy): 04/10/2024

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

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

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

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
N/A

1.b. Interpreter's Given Name (First Name)
N/A

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
N/A

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

6. Interpreter's Email Address (if any)
N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A,

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province:

3.g. Postal Code:

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): **LIBORIO**

1.b. Given Name (First Name): **Flavia Alessandra**

1.c. Middle Name: **Silva**

2. A-Number (if any) ► A- N/A

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

3.d.
Physical Address 3:
Rua Principal, 383, Floresta Central de Minas, Minas Gerais, 35260000. Brazil
From: 2005
To: 12/01/2022

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

4.d.
The petitioner was unemployed prior to June 1, 2025, and has not held any other employment.

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d. N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

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

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

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

1. I am filing this petition for my (Select **only one** box):
   ☐ Spouse ☐ Parent ☐ Brother/Sister ☒ Child
2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
   - ☐ Child was born to parents who were married to each other at the time of the child's birth
   - ☒ Stepchild/Stepparent
   - ☐ Child was born to parents who were not married to each other at the time of the child's birth
   - ☐ Child was adopted (not an Orphan or Hague Convention adoptee)
3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

1. Alien Registration Number (A-Number) (if any)
   ► A- N/A
2. USCIS Online Account Number (if any)
   ► N/A
3. U.S. Social Security Number (if any)
   ► 0 3 0 8 8 7 7 8 8

Your Full Name

4.a.	Family Name (Last Name)	LIBORIO
4.b.	Given Name (First Name)	Flavia Alessandra
4.c.	Middle Name	Silva

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Weymouth

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 05/10/2005

9. Sex ☐ Male ☒ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr.

10.d. City or Town: San Diego

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

10.g. Province:

10.h. Postal Code:

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 1777 Bay St

12.b. ☒ Apt. ☐ Ste. ☐ Flr.: 1W

12.c. City or Town: Fall River

12.d. State: MA **12.e.** ZIP Code: 02724

12.f. Province:

12.g. Postal Code:

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/02/2025

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

Physical Address 2

14.a. Street Number and Name: 34 Priscilla Alden Rousseff

14.b. ☐ Apt. ☐ Ste. ☐ Flr.:

14.c. City or Town: Abington

14.d. State: MA **14.e.** ZIP Code: 02351

14.f. Province:

14.g. Postal Code:

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 06/27/2022

15.b. Date To (mm/dd/yyyy): 12/02/2025

Your Marital Information

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

17. Current Marital Status

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

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy): 12/02/2025

Place of Your Current Marriage (if married)

19.a. City or Town: Quincy

19.b. State: MA

19.c. Province:

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): TAVARES DE OLIVEIRA

20.b. Given Name (First Name): Guilherme

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

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

24.b. Given Name (First Name): Wagner Jose

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 07/05/1978

26. Sex: ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Quincy

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): SOUZA E SILVA

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

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 09/24/1982

32. Sex: ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Abington

35. Country of Residence: USA

Additional Information About You (Petitioner)

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

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

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

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

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

39.a. Certificate Number: N/A

39.b. Place of Issuance: N/A

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

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Unemployed

43.a. Street Number and Name N/A

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town N/A

43.d. State N/A **43.e.** ZIP Code N/A

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

N/A

44. Your Occupation

N/A

45.a. Date From (mm/dd/yyyy) 11/15/2025

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

Employer 2

46. Name of Employer/Company

Columbia Auto Body

47.a. Street Number and Name 1440 New States Hwy

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town Raynham

47.d. State MA **47.e.** ZIP Code 02767

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

Driver

49.a. Date From (mm/dd/yyyy) 01/06/2025

49.b. Date To (mm/dd/yyyy) 11/14/2025

Part 3. Biographic Information

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

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

☐ Hispanic or Latino
☒ Not Hispanic or Latino

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

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

3. Height Feet 5 Inches 10

4. Weight Pounds 2 1 6

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

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

3. U.S. Social Security Number (if any)
▶ N/A

Beneficiary's Full Name

4.a. Family Name (Last Name) CARNAUBAS TAVARES
4.b. Given Name (First Name) Caleb
4.c. Middle Name N/A

Other Names Used (if any)

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

5.a. Family Name (Last Name) N/A
5.b. Given Name (First Name) N/A
5.c. Middle Name N/A

Other Information About Beneficiary

6. City/Town/Village of Birth
São Paulo

7. Country of Birth
Brazil

8. Date of Birth (mm/dd/yyyy) 03/07/2016

9. Sex ☒ Male ☐ Female

10. Has anyone else ever filed a petition for the beneficiary?
☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name Av Dom Rodrigo Sanches, 525
11.b. ☒ Apt. ☐ Ste. ☐ Flr. 24, Block C
11.c. City or Town São Paulo
11.d. State 11.e. ZIP Code
11.f. Province SP
11.g. Postal Code 05892-360
11.h. Country
Brazil

Other Address and Contact Information

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

12.a Street Number and Name 1777 Bay St
12.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W
12.c. City or Town Fall River
12.d. State MA 12.e. ZIP Code 02724

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

13.a. Street Number and Name SAME
13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
13.c. City or Town N/A
13.d. Province N/A
13.e. Postal Code N/A
13.f. Country

14. Daytime Telephone Number (if any)
+1 (321) 3143606

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
+1 (321) 3143606

16. Email Address (if any)
gtavares.advogado@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ▶ 0

18. Current Marital Status

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

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) N/A

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town N/A

20.b. State N/A

20.c. Province N/A

20.d. Country
N/A

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name) N/A

21.b. Given Name (First Name) N/A

21.c. Middle Name N/A

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

Spouse 2

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

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

23.c. Middle Name N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) N/A

25.b. Given Name (First Name) N/A

25.c. Middle Name N/A

26. Relationship N/A

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

28. Country of Birth
N/A

Person 2

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

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

29.c. Middle Name N/A

30. Relationship N/A

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

32. Country of Birth
N/A

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

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

36. Country of Birth
N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name N/A

38. Relationship N/A

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

40. Country of Birth

N/A

Person 5

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

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

41.c. Middle Name N/A

42. Relationship N/A

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

44. Country of Birth

N/A

Beneficiary's Entry Information

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

☒ Yes ☐ No

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

46.a. He or she arrived as a (Class of Admission):

N/A

46.b. Form I-94 Arrival-Departure Record Number

► N/A

46.c. Date of Arrival (mm/dd/yyyy) N/A

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

N/A

47. Passport Number

FX809188

48. Travel Document Number

N/A

49. Country of Issuance for Passport or Travel Document

Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/01/2022

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable)

N/A

51.b. Street Number and Name N/A

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town N/A

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

51.g. Province N/A

51.h. Postal Code N/A

51.i. Country

N/A

52. Date Employment Began (mm/dd/yyyy) N/A

Additional Information About Beneficiary

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

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

N/A

55.b. State N/A

56. Date (mm/dd/yyyy) N/A

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name N/A

58.a. Street Number and Name N/A

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town N/A

58.d. Province N/A

58.e. Postal Code N/A

58.f. Country

N/A

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

59.a. Street Number and Name N/A

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town N/A

59.d. State N/A **59.e.** ZIP Code N/A

59.f. Province N/A

59.g. Postal Code N/A

59.h. Country

N/A

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

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

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

61.a. City or Town N/A

61.b. State N/A

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

62.a. City or Town Rio de Janeiro

62.b. Province

62.c. Country

Brazil

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. City or Town

3.b. State

4. Date Filed (mm/dd/yyyy)

5. Result (for example, approved, denied, withdrawn)

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

Relative 1

6.a. Family Name (Last Name) TAVARES DE OLIVEIRA

6.b. Given Name (First Name) Guilherme

6.c. Middle Name N/A

7. Relationship Spouse

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: +1 774 236-8304

4. Petitioner's Mobile Telephone Number (if any): +1 774 236-8304

5. Petitioner's Email Address (if any): flavialiborio456@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink): Flavia Liborio

6.b. Date of Signature (mm/dd/yyyy): 04/10/2024

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

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

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

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)
N/A

1.b. Interpreter's Given Name (First Name)
N/A

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
N/A

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

6. Interpreter's Email Address (if any)
N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

+1 510 241 9336

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

+1 510 241 9336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

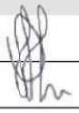
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): **LIBORIO**

1.b. Given Name (First Name): **Flavia Alessandra**

1.c. Middle Name: **Silva**

2. A-Number (if any) ► A- N/A

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

3.d.
Physical Address 3:
Rua Principal, 383, Floresta Central de Minas, Minas Gerais, 35260000. Brazil
From: 2005
To: 12/01/2022

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

4.d.
The petitioner was unemployed prior to June 1, 2025, and has not held any other employment.

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

7.a. Page Number: N/A **7.b.** Part Number: **7.c.** Item Number:

7.d. N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☐ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
LIBORIO	Flavia Alessandra	Silva

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Silva

Street Number and Name: P.O Box 90487 | Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: San Diego | State: CA | ZIP Code: 92169

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

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

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

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

Street Number and Name: 1777 Bay St | Apt. Ste. Flr. Number: ☒ ☐ ☐ 1W

City or Town: Fall River | State: MA | ZIP Code: 02724

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

Other Information

5. Country of Domicile: USA

6. Date of Birth (mm/dd/yyyy): 05/10/2005

7. Country of Birth: USA

8. U.S. Social Security Number (Required)
► 0 3 0 8 8 7 7 8 8

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

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

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

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

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

Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
TAVARES DE OLIVEIRA	Guilherme	N/A

2. Current Mailing Address

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

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 10/28/1989

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

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

7. Daytime Telephone Number: 7742368304

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

4. If you have dependent children, enter the number here. **(NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.)** **1**

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

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

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

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

Household Size: **3**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an **N/A**

2. Name of Employer 1 **N/A**

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

4. ☐ Self-Employed as a/an (Occupation) **N/A**

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

6. ☒ Unemployed Since (mm/dd/yyyy) **11/14/2025**

7. My current individual annual income is: $ **0.00**

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

For USCIS Use Only	

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

8. Person 1

Name: N/A

Relationship: N/A

Current Income $ N/A

9. Person 2

Name: N/A

Relationship: N/A

Current Income $ N/A

10. Person 3

Name: N/A

Relationship: N/A

Current Income $ N/A

11. Person 4

Name: N/A

Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 0,00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 46,925
16.b. 2nd M Recent	N/A	$ N/A
16.c. 3rd Most Recent	N/A	$ N/A

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

6.	Enter the balance of the principal immigrant's savings and checking accounts.	$	None
7.	Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)	$	None
8.	Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.**	$	None
9.	Add together **Item Numbers 6. - 8.** and enter the number here.	$	None

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: +1 774 236-8304

4. Sponsor's Mobile Telephone Number (if any): +1 774 236-8304

5. Sponsor's Email Address (if any): flavialiborio456@gmail.com

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature ➡ Flavia Liborio — Date of Signature (mm/dd/yyyy): 04/10/2026

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

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): N/A
   Interpreter's Given Name (First Name): N/A
2. Interpreter's Business or Organization Name: N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: N/A
4. Interpreter's Mobile Telephone Number (if any): N/A
5. Interpreter's Email Address (if any): N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature: N/A
   Date of Signature (mm/dd/yyyy): N/A

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

Preparer's Full Name

1. Preparer's Family Name (Last Name): HAVERROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: +1 510 241 9336
4. Preparer's Mobile Telephone Number (if any): +1 510 241 9336
5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature: 
   Date of Signature (mm/dd/yyyy): 04/10/2026

Part 11. Additional Information

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

1. Family Name (Last Name): **LIBORIO** | Given Name (First Name): **Flavia Alessandra** | Middle Name (if applicable): **Silva**

2. A-Number (if any) ► A- **N/A**

3. Page Number: **6** | Part Number: **6** | Item Number: **15**

The petitioner was born on October 5, 2005. She has only filed a 2025 IRS Income Tax Return because she was not legally required to file a federal income tax return for any prior tax years, as her income did not meet the filing threshold.

4. Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

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

5. Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

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N/A
N/A

6. Page Number: **N/A** | Part Number: **N/A** | Item Number: **N/A**

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

Guilherme Tavares de Oliveira's Signed Forms:

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

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

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

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

2.b. Name of Recognized Organization: N/A

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

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

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

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☒ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): TAVARES DE OLIVEIRA

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

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+13213143606

11. Mobile Telephone Number (if any)

+13213143606

12. Email Address (if any)

gtavares.advogado@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Guilherme Araujo

2.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/10/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): TAVARES DE OLIVEIRA

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

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Supplemental Information for Spouse Beneficiary

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

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

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

☒ Select this box if Form G-28 is attached.	Volag Number (if any)	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
	N/A	343486	0 0 7 4 9 2 6 2 5 4 3 8

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): TAVARES DE OLIVEIRA

3.b. Given Name (First Name): Guilherme

3.c. Middle Name: N/A

Address History

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

Physical Address 1

4.a. Street Number and Name: 1777 Bay St

4.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W

4.c. City or Town: Fall River

4.d. State: MA 4.e. ZIP Code: 02724

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 05/04/2020

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

Physical Address 2

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

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: N/A

6.d. State: N/A 6.e. ZIP Code: N/A

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: N/A

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

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

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Raimon de Miraval, 7A

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: São Paulo

8.d. Province: São Paulo

8.e. Postal Code: 05833-350

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 10/28/1989

9.b. Date To (mm/dd/yyyy): 03/03/2020

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): TAVARES DE OLIVEIRA

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

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 06/09/1962

12. Sex: ☒ Male ☐ Female

13. City/Town/Village of Birth: São Paulo

14. Country of Birth: Brazil

15. City/Town/Village of Residence: São Paulo

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): Giorgi

17.b. Given Name (First Name): Aparecida Andrea

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 07/07/1955

19. Sex: ☐ Male ☒ Female

20. City/Town/Village of Birth: São Paulo

21. Country of Birth: Brazil

22. City/Town/Village of Residence: São Paulo

23. Country of Residence: Brazil

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company: TNT Cleaning Services

2.a. Street Number and Name: 1821 County St

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: Somerset

2.d. State: MA **2.e.** ZIP Code: 02726

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Supervisor

4.a. Date From (mm/dd/yyyy): 04/04/2021

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

Employer 2

5. Name of Employer/Company: N/A

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

6.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

6.c. City or Town: N/A

6.d. State: N/A **6.e.** ZIP Code: N/A

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: N/A

Part 2. Information About Your Employment (continued)

7. Your Occupation: N/A

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

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

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company: Construcap CCPS Engenharia e Comercio

2.a. Street Number and Name: Avenida Dra.Ruth Cardoso, 8501

2.b. ☐ Apt. ☐ Ste. ☒ Flr. 32

2.c. City or Town: São Paulo

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

2.f. Province: SP

2.g. Postal Code: 05425070

2.h. Country: Brazil

3. Your Occupation: Attorney

4.a. Date From (mm/dd/yyyy): 09/01/2014

4.b. Date To (mm/dd/yyyy): 02/02/2020

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: +17742368304

4. Spouse Beneficiary's Mobile Telephone Number (if any): +17742368304

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

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ Guilherme [signature]

6.b. Date of Signature (mm/dd/yyyy): 04/10/2026

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 04/10/2026

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

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

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): TAVARES DE OLIVEIRA

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

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

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only		
Preference Category:	**Receipt**	**Action Block**
Country Chargeable:		
Priority Date:		
Date Form I-693 Signed By Civil Surgeon:		
☐ Applicant Interviewed ☐ Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	**Section of Law** ☐ INA 209(a) ☐ INA 245(m) ☐ INA 209(b) ☐ INA 249 ☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57 ☐ INA 245(i) ☐ Cuban Adjustment Act ☐ INA 245(j) ☐ Other _____	

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
TAVARES DE OLIVEIRA	Guilherme	N/A

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

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

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

3. Date of Birth (mm/dd/yyyy) 10/28/1989

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

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

A-Number ► A- N/A

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

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

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

A-Number (if any) ► A-

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

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

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: São Paulo

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

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

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: FX730356

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 12/17/2028

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): 20192176910014

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 08/07/2019

Place and Date of Last Arrival into the United States

City or Town: Orlando

State: FL

Date of Last Arrival (mm/dd/yyyy): 03/06/2020

11. When I last arrived in the United States:

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

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

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

☐ Other:

A-Number ▶ A- N/A

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

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

Family Name (Last Name): TAVARES DE OLIVEIRA

Given Name (First Name): Guilherme

Form I-94 Arrival/Departure Record Number ▶ 52071431 6A2

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 09/05/2020

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

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Guilherme Tavares de Oliveira

Street Number and Name: 1777 Bay St

Apt. ☒ Ste. ☐ Flr. ☐ Number: 1W

City or Town: Fall River

State: MA

ZIP Code: 02724

Date You First Resided at This Address (mm/dd/yyyy): 05/04/2020

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: San Diego

State: CA

ZIP Code: 92169

A-Number ▶ A- N/A

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

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

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

Prior Address

In Care Of Name (if any)

N/A

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

N/A | ☐ ☐ ☐ | N/A

City or Town | State | ZIP Code

N/A | N/A | N/A

Province | Postal Code | Country

N/A | N/A | N/A

Dates of Residence

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

Most Recent Address Outside the United States

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

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

Rua Raimon de Miraval, 7A | ☐ ☐ ☐ | N/A

City or Town | State | ZIP Code

São Paulo | SP | 05833350

Province | Postal Code | Country

N/A | N/A | Brazil

Dates of Residence

From (mm/dd/yyyy) 10/28/1989 To (mm/dd/yyyy) 03/03/2020

19. Social Security Card

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

If you answered "Yes," provide your U.S. Social Security Number (SSN). ▶

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

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

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

A-Number ► A- N/A

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born in the United States Under Diplomatic Status

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

☐ Other Eligibility

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town

Country

3. Decision (for example, approved, refused, denied, withdrawn)

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

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

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

Employment and Educational History

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

Employer or School (current or most recent)

Employer

Name of Employer, Company, or School

TNT Cleaning Services INC.

Your Occupation (if unemployed or retired, so state)

Supervisor

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 1821 County St | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Somerset | State: MA | ZIP Code: 02726

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 04/04/2021 | To (mm/dd/yyyy): PRESENT

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

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

Name of Employer, Company, or School: Construcap CCPS Engenharia e Comércio | Your Occupation (if unemployed or retired, so state): Attorney

Address of Employer, Company, or School

Street Number and Name: Avenida Doutora Ruth Cardoso, 8501 | Apt. Ste. Flr. ☐ ☐ ☒ | Number: 32

City or Town: São Paulo | State: SP | ZIP Code: 05425070

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 09/01/2014 | To (mm/dd/yyyy): 02/02/2020

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

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): TAVARES DE OLIVEIRA | Given Name (First Name): Edson | Middle Name (if applicable): N/A

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

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

3. Date of Birth (mm/dd/yyyy): 06/09/1962

Part 5. Information About Your Parents (continued)

4. Country of Birth
Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

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

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

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

7. Date of Birth (mm/dd/yyyy) 07/07/1955

8. Country of Birth
Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 2

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

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
LIBORIO	Flávia Alessandra	Silva

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

6. Current Spouse's Date of Birth (mm/dd/yyyy) 10/05/2005

7. Current Spouse's Country of Birth
USA

8. Current Spouse's Current Physical Address

Street Number and Name: 1777 Bay St
Apt. ☒ Ste. ☐ Flr. ☐ Number: 1W

City or Town: Fall River
State: MA
ZIP Code: 02724

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

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: Quincy

State or Province: Massachusets

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 12/02/2025

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): DO CARMO CARNAÚBAS TAVARES

Given Name (First Name): Samara Clarice

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): 03/21/1992

13. Prior Spouse's Country of Birth: Brazil

14. Prior Spouse's Country of Citizenship or Nationality: Brazil

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): 07/27/2013

16. Place of Marriage to Prior Spouse

City or Town: Embu Guaçu

State or Province: São Paulo

Country: Brazil

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: Embu Guaçu

State or Province: São Paulo

Country: Brazil

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 10/15/2019

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

☐ Annulled ☒ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

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

   NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage. 1

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

2. Child 1

   Current Legal Name

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

   A-Number (if any) ► A- N / A
   Date of Birth (mm/dd/yyyy): 07/03/2016

   Country of Birth: Brazil

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

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

3. Child 2

   Current Legal Name

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

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

   Country of Birth: N/A

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

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

Part 8. Biographic Information

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

   ☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

   ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

   ☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 10 4. Weight Pounds 165

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds

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

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

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

Organization 1

2. Name of Organization

3. City or Town

   State or Province

   Country

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

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

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town | State or Province

Country

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

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

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

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

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

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

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

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

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

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

57. What is the size of your household? 3

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

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

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

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

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

☐ Doctorate degree

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

List of Certifications
OAB (Ordem dos Advogados do Brasil) - License to Practice Law, Brazil
Bachelor of Laws / LL.B. – Law Degree, Brazil

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Illegal Entries and Other Immigration Violations

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ► A- N/A

Part 10. Applicant's Contact Information, Certification, and Signature

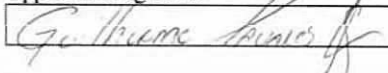
Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number
   3213143606
2. Applicant's Mobile Telephone Number (if any)
   3213143606
3. Applicant's Email Address (if any)
   gtavares.advogado@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
   ➡ 
   Date of Signature (mm/dd/yyyy)
   04/10/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

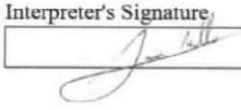
1. Interpreter's Family Name (Last Name)
   INACIO PENNA MELLO
   Interpreter's Given Name (First Name)
   Andre Vinicius
2. Interpreter's Business or Organization Name
   HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
   4154252508
4. Interpreter's Mobile Telephone Number (if any)
   4154252508
5. Interpreter's Email Address (if any)
   andre@yousalaw.com

Interpreter's Certification and Signature

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

6. Interpreter's Signature
   
   Date of Signature (mm/dd/yyyy)
   04/10/2026

A-Number ► A- N/A

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name): HAVEROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: 5102419336
4. Preparer's Mobile Telephone Number (if any): 5102419336
5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature
   Date of Signature (mm/dd/yyyy): 04/10/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1. Family Name (Last Name): **TAVARES DE OLIVEIRA** | Given Name (First Name): **Guilherme** | Middle Name (if applicable): **N/A**

2. Page Number: **14** | Part Number: **9** | Item Number: **12**

The Applicant worked without authorization to financially support himself in the United States.

3. Page Number: **14** | Part Number: **9** | Item Number: **13**

The Applicant entered the United States on a B-2 Visa on March 06, 2020, and remained beyond the authorized period of stay, accruing unlawful presence from March 07, 2020 to the present and worked without authorization to financially support himself.

4. Page Number: **21** | Part Number: **9** | Item Number: **76**

The Applicant entered the United States on a B-2 Visa on March 06, 2020, and remained beyond the authorized period of stay, accruing unlawful presence from March 07, 2020 to the present.

5. Page Number | Part Number | Item Number

Application For Employment Authorization

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

USCIS Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only			
	☐ **Authorization/Extension Valid From** _____	**Fee Stamp**	**Action Block**
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

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

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): TAVARES DE OLIVEIRA

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

1.c. Middle Name: N/A

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

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

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: 1777 Bay St

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 1W

7.c. City or Town: Fall River

7.d. State: MA **7.e.** ZIP Code: 02724

Other Information

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

9. USCIS Online Account Number (if any)
► N/A

10. Sex ☒ Male ☐ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
► N/A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

São Paulo

15.b. State/Province of Birth

São Paulo

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 10/28/1989

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

▶ 52071431 6A2

18. Passport Number of Your Most Recently Issued Passport

FX730356

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 12/17/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 03/06/2020

23. Place of Your Last Arrival Into the United States

Orlando

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B-2

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

Adjustment of Status Pending - Form I-485

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

▶ N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

▶

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

▶

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories, Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

Portuguese,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

+17742368304

4. Applicant's Mobile Telephone Number (if any)

+17742368304

5. Applicant's Email Address (if any)

gtavares.advogado@gmail.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that I provided or authorized all of the information in my application, I understand all of the information contained in, and submitted with, my application, and that all of this information is complete, true, and correct.

Applicant's Signature

7.a. Applicant's Signature

➡ Guthume Tavares Jr

7.b. Date of Signature (mm/dd/yyyy) 04/10/2026

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, USCIS may deny your application.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

1.b. Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name (if any)

HS Law Corp

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: (415) 425-2508

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

6. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and Portuguese, which is the same language specified in **Part 3., Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 04/10/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name): HAVERROTH SILVA

1.b. Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name (if any): HS Law Corp

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: (510) 241-9336

5. Preparer's Mobile Telephone Number (if any): (510) 241-9336

6. Preparer's Email Address (if any): otavio@legalhs.com

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

7.a. ☐ I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.

7.b. ☒ I am an attorney or accredited representative and my representation of the applicant in this case ☒ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this application at the request of the applicant. The applicant then reviewed this completed application and informed me that he or she understands all of the information contained in, and submitted with, his or her application, including the **Applicant's Certification**, and that all of this information is complete, true, and correct. I completed this application based only on information that the applicant provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 6. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name): TAVARES DE OLIVEIRA

1.b. Given Name (First Name): Guilherme

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

7.a. Page Number: N/A **7.b.** Part Number: N/A **7.c.** Item Number: N/A

7.d.
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
			☒ Fill in box if G-28 is attached to represent the applicant.

☐ **Document Hand Delivered**
By: _____ Date: ___/___/_____

Document Issued

☐ Re-entry Permit *(Update "Mail To" Section)*
☐ Refugee Travel Document *(Update "Mail To" Section)*
☐ Single Advance Parole
☐ Multiple Advance Parole *Valid Until:* ___/___/___
☐ TPS Travel Authorization Documentation *Valid Until:* ___/___/___/

Mail To ***(Reentry Permit and Refugee Travel Document Only)***
☐ Address in **Part 2.**
☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at: _____

► **START HERE - Type or print in black ink.**

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

N/A

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

N/A

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

K. ☐ An approved V Nonimmigrant Status, receipt number:

N/A

L. ☐ CNMI long-term residence, receipt number:

N/A

M. ☐ Other (provide explanation):

N/A

N/A

N/A

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

E. ☐ Other: (List specific parole program or process)

N/A

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

C. ☐ Other: (List specific program or process)

N/A

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

- **A.** ☐ Family Reunification Parole Process
- **B.** ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)
- **C.** ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)
- **D.** ☐ Filipino World War II Veterans Parole (FWVP) Program
- **E.** ☐ Immigrant Military Members and Veterans Initiative (IMMVI)
  - **(1)** ☐ A current or former service member.
  - **(2)** ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.
  - **(3)** ☐ Current legal guardian or surrogate of a current or former service member.
- **F.** ☐ Central American Minors (CAM) Program
- **G.** ☐ Family Reunification Task Force (FRTF) Process
- **H.** ☐ Military Parole in Place (Military PIP)
  - **(1)** ☐ A current or former service member.
  - **(2)** ☐ A spouse, parent, son, or daughter of a current or former service member.
- **I.** ☐ Other Program or Process (List specific program or process):

  N/A

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☐ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
TAVARES DE OLIVEIRA	Guilherme	N/A

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable)

In Care Of Name (if any): Otavio Silva

Street Number and Name: P.O Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Province: N/A

Postal Code: N/A

Country: USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any): Guilherme Tavares de Oliveira

Street Number and Name: 1777 Bay St

Apt. ☒ Ste. ☐ Flr. ☐ Number: 1W

City or Town: Fall River

State: MA

ZIP Code: 02724

Province: N/A

Postal Code: N/A

Country: USA

Other Information

5. Alien Registration Number (A-Number) (if any)
► A- N/A

6. Country of Birth: Brazil

7. Country of Citizenship or Nationality: Brazil

8. Sex: ☒ Male ☐ Female

9. Date of Birth (mm/dd/yyyy): 10/28/1989

10. U.S. Social Security Number (if any)
► N/A

11. USCIS Online Account Number (if any)
► N/A

If you are physically present in the United States, **and** you are seeking a Temporary Protected Status (TPS) travel authorization document, advance parole, a renewed period of parole (re-parole), or parole in place, (**Part 1.**, **Item Numbers 4.**, **5.**, **8.**, **9.**, **10.**, or **11.**) complete the following:

12. Class of Admission (COA) (if any): B2

13. Most Recent Form I-94 Arrival/Departure Record Number (if any): 520714316A2

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy): 09/05/2020

15. eMedical U.S. Parolee ID (USPID) (if any): N/A

Information About Them (Complete this section only if you are applying on behalf of someone else.)

If you are requesting parole on behalf of someone other than yourself, provide the following information about that person in **Item Numbers 16. - 27.** Do not complete this section if filing for yourself.

16. Family Name (Last Name): N/A | Given Name (First Name): N/A | Middle Name (if applicable): N/A

17. Their Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

18. Date of Birth (mm/dd/yyyy): N/A

19. Country of Birth: N/A

20. Country of Citizenship or Nationality: N/A

21. Daytime Phone Number: N/A

22. Email Address (if any): N/A

23. Alien Registration Number (A-Number) (if any): ► A- N/A

24. Their Current Mailing Address

In Care Of Name (if any): N/A

Street Number and Name: N/A | Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A | State: N/A | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

25. Their Current Physical Address

In Care Of Name (if any): N/A

Street Number and Name: N/A | Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: N/A | State: N/A | ZIP Code: N/A

Province: N/A | Postal Code: N/A | Country: N/A

Part 2. Information About You (continued)

Their Other Information

26. Class of Admission (COA) (if any)

N/A

27. Most Recent Form I-94 Arrival/Departure Record Number (if any)

N/A

Part 3. Biographic Information of the Person Who Will Receive the Travel Document, Parole Document, or Arrival/Departure Record

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 10 **4.** Weight Pounds 1 6 5

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Maroon ☐ Pink ☐ Unknown/Other

6. Hair Color (Select **only one** box)

☐ Bald (No Hair) ☐ Black ☐ Blond ☒ Brown ☐ Gray ☐ Red ☐ Sandy ☐ White ☐ Unknown/ Other

Part 4. Processing Information

1. Has the person who will receive the travel document, parole document, or Arrival/Departure Record, if approved, been in any exclusion, deportation, removal, or rescission proceedings? ☐ Yes ☒ No

2.a. Have you **EVER** before been issued a Reentry Permit or Refugee Travel Document? (If you answered "Yes," provide the information in **Item Numbers 2.b. - 2.c.** for the last document issued to you.) ☐ Yes ☒ No

2.b. Date Issued (mm/dd/yyyy)

2.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

3.a. Have you **EVER** been issued an Advance Parole Document? (If you answered "Yes," please provide the information in **Item Numbers 3.b. - 3.c.** for the last document issued to you.) ☐ Yes ☒ No

3.b. Date Issued (mm/dd/yyyy)

3.c. Disposition (attached, lost, stolen, damaged/destroyed, still in my possession, etc.):

If you are requesting **parole from outside the United States, parole in place, or re-parole from inside the United States, SKIP to Part 8.**

4. Are you requesting a **replacement** Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document? ☐ Yes ☒ No

Part 4. Processing Information (continued)

5. If you answered "Yes," select one of the following boxes and complete **Item Numbers 6.a. - 6.b.** If you answered "No," you can skip to **Item Number 7.a.**

- ☐ My document was issued, but I did not receive it.
- ☐ I received my document, but then it was lost, stolen, or damaged.
- ☐ I received my document, but it has incorrect information because of an error caused by me or because my information has changed.
- ☐ I received my document, but it has incorrect information because of an error not caused by me (such as a U.S. Citizenship and Immigration Services (USCIS) error).

6.a. If you are replacing your Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document because it has incorrect information, please select the applicable box(es) indicating the information that needs to be corrected and then provide any additional information in the text box that helps USCIS confirm the correction needed.

- ☐ Name
- ☐ A-Number
- ☐ Country of Birth/Citizenship
- ☐ Terms and Conditions
- ☐ Date of Birth
- ☐ Sex
- ☐ Validity Date
- ☐ Photo

Provide an explanation of what is incorrect on your current document to support your request for a correction and attach copies of any documents supporting your request.

N/A

N/A

N/A

6.b. Provide the receipt number for the Form I-131 related to the Reentry Permit, Refugee Travel Document, Advance Parole Document, or TPS Travel Authorization Document that you are seeking to replace:

N/A

If you are applying for an Advance Parole Document, SKIP to Part 7.

You must complete the rest of Part 4. if you are requesting a Reentry Permit or Refugee Travel Document.

Where do you want your Reentry Permit or Refugee Travel Document sent? Please note that if you want your Reentry Permit or Refugee Travel Document sent to another country, you will need to pick it up at a U.S. Embassy, U.S. Consulate, or USCIS international field office. (Select one)

7.a. ☐ To the U.S. address shown in **Part 2., Item Number 3.** of this application.

7.b. ☐ To a U.S. Embassy, U.S. Consulate, USCIS international field office, or Department of Homeland Security (DHS) office overseas at:

City or Town **N/A** Country **N/A**

Part 4. Processing Information (continued)

If you are requesting that the Reentry Permit or Refugee Travel Document be sent to a U.S. Embassy, U.S. Consulate, or USCIS international field office, where should the **notification** to pick up the travel document be sent?

8.a. ☐ To the address shown in **Part 2., Item Number 3.** of this application.

8.b. ☐ To the address shown below in **Part 4., Item Number 9.a.** of this application.

9.a. In Care Of Name (if any)

N/A

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Province

N/A

Postal Code

N/A

Country

N/A

9.b. Daytime Phone Number

N/A

9.c. Email Address

N/A

Part 5. Complete Only If Applying for a Reentry Permit (Part 1., Item Number 1.)

1. Since becoming a permanent resident of the United States (or during the past 5 years, whichever is less), how much total time have you spent outside the United States?

- ☐ Less Than 6 Months
- ☐ 6 Months to 1 Year
- ☐ 1 to 2 Years
- ☐ 2 to 3 Years
- ☐ 3 to 4 Years
- ☐ More Than 4 Years

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.)

1. Country from which you are a refugee or asylee:

N/A

If you answer "Yes" to Item Numbers 2. - 6.c. below, use the space provided in **Part 13. Additional Information** to provide an explanation.

2. Do you plan to travel to the country named above in **Item Number 1.**? ☐ Yes ☐ No

Since you were admitted to the United States as a refugee or granted asylee status, have you **EVER**:

3.a. Returned to the country named above in **Item Number 1.**? ☐ Yes ☐ No

3.b. Applied for and/or obtained a national passport, passport renewal, or entry permit from the country in **Item Number 1.**? ☐ Yes ☐ No

3.c. Applied for and/or received any benefit from the country named in **Item Number 1.** (for example, health insurance benefits)? ☐ Yes ☐ No

Part 6. Complete Only If Applying for a Refugee Travel Document (Part 1., Item Number 2. or 3.) (continued)

Since you were admitted to the United States as a refugee or granted asylee status in the United States, have you, by any legal procedure or voluntary act:

4.a. Reacquired the nationality of the country named above in **Item Number 1.**? ☐ Yes ☐ No

4.b. Acquired a new nationality? ☐ Yes ☐ No

4.c. Been granted refugee or asylee status in any other country? ☐ Yes ☐ No

5. Are you filing for a Refugee Travel Document before departing the United States? ☐ Yes ☐ No

If you answered "Yes" to **Item Number 5.**, because you are filing for a Refugee Travel Document before departing the United States, you may skip **Item Numbers 6.a. - 6.c.**

If you answered "No" to **Item Number 5.**, you must answer **Item Numbers 6.a. - 6.c.**

6.a. Are you currently outside the United States? ☐ Yes ☐ No

6.b. If you answered "Yes," what is your current location (City or Town and Country)?

N/A

6.c. If you answered "Yes," what other countries have you traveled to since leaving the United States?

N/A

Part 7. Information About Your Proposed Travel (Complete only if you are applying for an Advance Parole Document (Part 1., Item Number 5.).)

1. Date of Intended Departure (mm/dd/yyyy) 01/10/2027

2. Purpose of trip. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

To visit my family

3. List the countries you intend to visit. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.)

BRAZIL

4. How many trips do you intend to use this document?

☐ One Trip ☒ More than one trip

5. Expected Length of Trip (in days) 20

Part 8. Complete Only If Applying for an Initial Parole Document, Parole In Place, or Re-parole (Part 1., Item Numbers 6. - 11.)

1. Explain how you qualify for parole, parole in place, or re-parole. (If you need extra space to complete this section, use the space provided in **Part 13. Additional Information**.) Include copies of any supporting documents or evidence you wish considered. (See Instructions.)
   N/A

2. Expected Length of Stay in the United States: N/A

If the person intended to receive the parole document is outside the United States, complete the following **Item Numbers**:

3.a. Date of Intended Arrival to the United States (mm/dd/yyyy): N/A

3.b. Location (City or Town and Country) of the U.S. Embassy, U.S. Consulate, or the USCIS international field office that you want us to notify.

City or Town	Country
N/A	N/A

Part 9. Employment Authorization For New Period of Parole (Re-parole) (Part 1., Item Number 10. or 11.)

1. ☐ I am requesting an Employment Authorization Document (EAD) upon approval of my new period of parole (re-parole) selected under **Part 1., Item Number 10.** or **11.**

Part 10. Applicant's Contact Information, Certification, and Signature (Read the information on penalties and travel warnings in the form Instructions before completing this Part 10.)

Applicant's Contact Information

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number: +17742368304
2. Applicant Mobile Telephone Number (if any): +17742368304
3. Applicant's Email Address (if any): gtavares.advogado@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application (as explained to me by the interpreter), and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Guilherme Tavares
   Date of Signature (mm/dd/yyyy): 04/10/2026

Part 11. Interpreter's Contact Information, Certification, and Signature (if applicable) (If no interpreter was used, skip to Part 12.)

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): INACIO PENNA MELLO
   Interpreter's Given Name (First Name): Andre Vinicius
2. Interpreter's Business or Organization Name (if any): HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508
4. Interpreter's Mobile Telephone Number (if any): 4154252508
5. Interpreter's Email Address (if any): andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature
   Date of Signature (mm/dd/yyyy): 04/10/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name): HAVERROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: +1 510 241 9336
4. Preparer's Mobile Telephone Number (if any): +1 510 241 9336
5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature 
   Date of Signature (mm/dd/yyyy): 04/10/2026

Part 13. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which the answer refers; and sign and date each sheet.

1. Family Name (Last Name): TAVARES DE OLIVEIRA | Given Name (First Name): Guilherme | Middle Name: N/A

2. A-Number (if any) ► A- N/A

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A
N/A
N/A
N/A

4. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A
N/A
N/A
N/A

5. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A
N/A
N/A
N/A

6. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A
N/A
N/A
N/A

7. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A
N/A
N/A
N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-130

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☐ Requestor

☒ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): CARNAUBAS TAVARES

6.b. Given Name (First Name): Caleb

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

+13213143606

11. Mobile Telephone Number (if any)

+13213143606

12. Email Address (if any)

gtavares.advogado@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ Guilherme Araujo

2.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 04/10/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): CARNAUBAS TAVARES

1.b. Given Name (First Name): Caleb

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
► 007492625438

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): HAVERROTH SILVA

2.b. Given Name (First Name): Otavio

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: O Box 90487

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA 3.e. ZIP Code: 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

6. Email Address (if any): otavio@legalhs.com

7. Fax Number (if any): N/A

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

1.b. Bar Number (if applicable): 343486

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable): HS Law Corp

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization: N/A

2.c. Date of Accreditation (mm/dd/yyyy): N/A

3. ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate: N/A

Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-864

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

N/A

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

N/A

4. Receipt Number (if any)

► N/A

5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☐ Petitioner ☒ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name): RODRIGUES

6.b. Given Name (First Name): Antonio

6.c. Middle Name: Pedro

7.a. Name of Entity (if applicable)

N/A

7.b. Title of Authorized Signatory for Entity (if applicable)

N/A

8. Client's USCIS Online Account Number (if any)

► N/A

9. Client's Alien Registration Number (A-Number) (if any)

► A- 0 7 3 6 1 8 3 9 2

Client's Contact Information

10. Daytime Telephone Number

+1 (508) 4004508

11. Mobile Telephone Number (if any)

+1 (508) 4004508

12. Email Address (if any)

trod61376@gmail.com

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name: PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

13.d. State: CA **13.e.** ZIP Code: 92169

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 04/10/2026

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 04/10/2026

2.a. Signature of Law Student or Law Graduate

N/A

2.b. Date of Signature (mm/dd/yyyy) N/A

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name): RODRIGUES

1.b. Given Name (First Name): Antonio

1.c. Middle Name: Pedro

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

3.a. Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

3.d. N/A

4.a. Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

4.d. N/A

5.a. Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

5.d. N/A

6.a. Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

6.d. N/A

Antonio Pedro Rodrigues's Signed Forms:

Affidavit of Support Under Section 213A of the INA

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS Form I-864
OMB No. 1615-0075
Expires 10/31/2027

For USCIS Use Only	Affidavit of Support Submitter	Section 213A Review	Number of Support Affidavits in File
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

I am the sponsor submitting this affidavit of support because (Select **only one** box).

1.a. ☐ I am the petitioner. I filed or am filing for the immigration of my relative.

1.b. ☐ I filed an alien worker petition on behalf of the intending immigrant,who is related to me as my _____

1.c. ☐ I have an ownership interest of at least 5 percent in _____ which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my _____

1.d. ☒ I am the only joint sponsor.

1.e. ☐ I am the ☐ first ☐ second of two joint sponsors.

1.f. ☐ The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's _____

NOTE: As a sponsor, you must include proof of your U.S. citizenship, U.S. national status, or lawful permanent resident status.

Part 2. Information About You (Sponsor)

1. Sponsor's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
RODRIGUES	Antonio	Pedro

Part 2. Information About You (Sponsor) (continued)

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Silva

Street Number and Name
P.O Box 90487

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town
San Diego

State
CA

ZIP Code
92169

Province

Postal Code

Country
USA

3. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 3.**, provide your physical address in **Item Number 4.**

4. Sponsor's Physical Address (if different from the address above)

Street Number and Name
6 Nottingham Way

Apt. Ste. Flr. ☐ ☐ ☐ Number

City or Town
Assonet

State
MA

ZIP Code
02726

Province

Postal Code

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
06/13/1976

7. Country of Birth
Cape Verde

8. U.S. Social Security Number (Required)
► 0 2 4 8 2 4 4 3 6

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A- 0 7 3 6 1 8 3 9 2

11. USCIS Online Account Number (if any)
► N/A

Military Service (To be completed by petitioner sponsors only.)

12. I am currently on **active duty** in the United States Armed Forces or U.S. Coast Guard. ☐ Yes ☒ No

Part 3. Information About the Principal Immigrant

1. Principal Immigrant's Full Legal Name (**Do not** provide a nickname)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
TAVARES DE OLIVEIRA	Guilherme	N/A

2. Current Mailing Address

In Care Of Name (if any): Otavio Silva

Street Number and Name	Apt. Ste. Flr.	Number
P.O Box 90487	☐ ☐ ☐	

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
		USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 10/28/1989

5. Alien Registration Number (A-Number) (if any): ► A- N/A

6. USCIS Online Account Number (if any): ► N/A

7. Daytime Telephone Number: +1 (321) 314-3606

Part 4. Information About the Immigrants You Are Sponsoring

1. I am sponsoring the principal immigrant named in **Part 3.**

☒ Yes ☐ No, I am sponsoring family members in **Part 4.** as the second joint sponsor or I am sponsoring family members who are immigrating more than six months after the principal immigrant.

2. ☐ I am sponsoring the following family members immigrating at the same time or within six months of the principal immigrant named in **Part 3.** (List family members in **Item Numbers 4. - 7.** Do not include any relative listed on a separate visa petition.)

3. ☐ I am sponsoring the following family members who are immigrating more than six months after the principal immigrant. (List family members in **Item Numbers 4. - 7.**)

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	► N/A

USCIS Online Account Number (if any): ► N/A

Part 4. Information About the Immigrants You Are Sponsoring (continued)

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	▶ N/A

USCIS Online Account Number (if any)
▶ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**.

For USCIS Use Only	

Part 5. Sponsor's Household Size

NOTE: Do not count any member of your household more than once.

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4., Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **1**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**
3. If you are currently married, enter "1" for your spouse. **(NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.)** **1**
4. If you have dependent children, enter the number here. **(NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.)** **2**
5. If you have any other dependents, enter the number here. **(NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.)** **none**
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. **(NOTE:** Enter "0" if you already counted these persons in **Item Number 1.)** **none**
7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. **(NOTE:** Enter "0" if you already counted these persons in **Item Number 1.)** **none**
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

Household Size: **5**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an
2. Name of Employer 1
3. Name of Employer 2 (if applicable)
4. ☒ Self-Employed as a/an (Occupation) **President - TNT Cleaning Services INC/Auto Select INC**
5. ☐ Retired Since (mm/dd/yyyy)
6. ☐ Unemployed Since (mm/dd/yyyy)
7. My current individual annual income is: $ **110,000**

Income you are using from any other person who was counted in your household size, including, in certain conditions, the intending immigrant. (See Form I-864 Instructions.) Please indicate name, relationship, and income.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

8. Person 1

Name: N/A

Relationship: N/A

Current Income $ N/A

9. Person 2

Name: N/A

Relationship: N/A

Current Income $ N/A

10. Person 3

Name: N/A

Relationship: N/A

Current Income $ N/A

11. Person 4

Name: N/A

Relationship: N/A

Current Income $ N/A

If you need additional space, use the space provided in **Part 11. Additional Information**

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ **110,000**

13. ☐ The people listed in **Item Numbers 8. - 11.** have completed Form I-864A. I am filing along with this affidavit all necessary Form I-864As completed by these people.

14. ☐ One or more of the people listed in **Item Numbers 8. - 11.** do not need to complete Form I-864A because he or she is the intending immigrant and has no accompanying dependents. N/A

Federal Tax Return Information

15. Have you filed a Federal income tax return for each of the three most recent tax years? ☒ Yes ☐ No

NOTE: You **MUST** attach a photocopy or transcript of your Federal income tax return for only the most recent tax year and complete **Item Number 16.a.** If you believe additional returns may help you to establish your ability to maintain sufficient income, you may submit transcripts or photocopies of your Federal individual income tax returns for the three most recent years and complete **Item Numbers 16.a. - 16.c.**

Type or print the most recent tax year and your total income for that most recent tax year. If the amount was zero, type or print "zero" or if you were not required to file a Federal income tax return type or print "N/A" for not applicable. Type or print "N/A" for not applicable for **Item Numbers 16.b. - 16.c.** if you do are not submitting any additional tax returns.

For USCIS Use Only	

Part 6. Sponsor's Employment and Income (continued)

My total income (adjusted gross income on IRS Form 1040EZ) as reported on my Federal income tax returns for the most recent year was:

	Tax Year	Total Income
16.a. Most Recent	**2024**	$ **(281,974)**
16.b. 2nd Most Recent	**2023**	$ **(309,930)**
16.c. 3rd Most Recent	**2022**	$ **302,644**

17. ☐ I was not required to file a Federal income tax return as my income was below the IRS required level and I have attached evidence to support this.

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income *(Page 5, Line 10)*	Remarks
	☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ Other_____	Year: 2 0____ Poverty Line: $_____	$_____	*The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USCs, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.*

Part 7. Use of Assets to Supplement Income (if Applicable)

If your income, or the total income for you and your household, from **Part 6.**, **Item Numbers 12.** or **16.** exceeds the Federal Poverty Guidelines for your household size, **YOU ARE NOT REQUIRED** to complete this **Part 7.** Skip to **Part 8.**

Your Assets (if applicable)

1.	Enter the balance of all cash, savings, and checking accounts.	$ None
2.	Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $	$ None
3.	Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number** 1. or **Item Number 2.**	$ None
4.	Add together **Item Numbers 1. - 3.** and enter the number here.	$ None

Assets of your household members (if applicable)

Your household members who are combining their income with yours, report their assets on Form I-864A **Part 4.**, in **Item Number 6.**

5.	Add together the household members' assets reported on all the Form I-864A **Part 4.**, **Item Number 6.** and enter the number here.	**TOTAL:** $ None

Part 7. Use of Assets to Supplement Income (if Applicable) (continued)

Assets of the principal sponsored immigrant (if applicable).

The principal sponsored immigrant is the person listed in **Part 3., Item Number 1.** Only include the assets if the principal immigrant is being sponsored by this affidavit of support.

6.	Enter the balance of the principal immigrant's savings and checking accounts.	$ None
7.	Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.)	$ None
8.	Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.**	$ None
9.	Add together **Item Numbers 6. - 8.** and enter the number here.	$ None

Total Value of Assets

10.	Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here.	**TOTAL:** $ None

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-864 Instructions before completing this part.

Sponsor's Contract

Please note that, by signing this Form I-864, you agree to assume certain specific obligations under the Immigration and Nationality Act (INA) and other Federal laws. The following paragraphs describe those obligations. Please read the following information carefully before you sign Form I-864. If you do not understand the obligations, you may wish to consult an attorney or accredited representative.

What is the Legal Effect of My Signing Form I-864?

If you sign Form I-864 on behalf of any person (called the intending immigrant) who is applying for an immigrant visa or for adjustment of status to a lawful permanent resident, and that intending immigrant submits Form I-864 to the U.S. Government with his or her application for an immigrant visa or adjustment of status, under INA section 213A, these actions create a contract between you and the U.S. Government. The intending immigrant becoming a lawful permanent resident is the consideration for the contract.

Under this contract, you agree that, in deciding whether the intending immigrant can establish that he or she is not inadmissible to the United States as a person likely to become a public charge, the U.S. Government can consider your income and assets as available for the support of the intending immigrant.

What If I Choose Not to Sign Form I-864?

The U.S. Government cannot make you sign Form 1-864 if you do not want to do so. But if you do not sign Form I-864, the intending immigrant may not become a lawful permanent resident in the United States.

What Does Signing Form I-864 Require Me To Do?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, you must:

A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and

B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

What Other Consequences Are There?

If an intending immigrant becomes a lawful permanent resident in the United States based on a Form I-864 that you have signed, then, until your obligations under Form I-864 terminate, the U.S. Government may consider (deem) your income and assets as available to that person, in determining whether he or she is eligible for certain Federal means-tested public benefits and also for state or local means-tested public benefits, if the state or local government's rules provide for consideration (deeming) of your income and assets as available to the person.

This provision does **not** apply to public benefits specified in section 403(c) of the Welfare Reform Act such as emergency Medicaid, short-term, non-cash emergency relief; services provided under the National School Lunch and Child Nutrition Acts; immunizations and testing and treatment for communicable diseases; and means-tested programs under the Elementary and Secondary Education Act.

What If I Do Not Fulfill My Obligations?

If you do not provide sufficient support to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, that person may sue you for this support.

If a Federal, state, local, or private agency provided any covered means-tested public benefit to the person who becomes a lawful permanent resident based on a Form I-864 that you signed, the agency may ask you to reimburse them for the amount of the benefits they provided. If you do not make the reimbursement, the agency may sue you for the amount that the agency believes you owe.

If you are sued, and the court enters a judgment against you, the person or agency that sued you may use any legally permitted procedures for enforcing or collecting the judgment. You may also be required to pay the costs of collection, including attorney fees.

If you do not file a properly completed Form I-865 within 30 days of any change of address, USCIS may impose a civil fine for your failing to do so.

When Will These Obligations End?

Your obligations under a Form I-864 that you signed will end if the person who becomes a lawful permanent resident based on that affidavit:

A. Becomes a U.S. citizen;

B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;

C. No longer has lawful permanent resident status and has departed the United States;

D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or

E. Dies.

NOTE: Divorce **does not** terminate your obligations under Form I-864.

Your obligations under a Form I-864 that you signed also end if you die. Therefore, if you die, your estate is not required to take responsibility for the person's support after your death. However, your estate may owe any support that you accumulated before you died.

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

   A. ☒ I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.

   B. ☐ The interpreter named in **Part 9.** read to me every question and instruction on this affidavit and my answer to every question in N/A, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 10.**, Otavio Haverroth Silva, prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: +15084004508

4. Sponsor's Mobile Telephone Number (if any): +15084004508

5. Sponsor's Email Address (if any): trod61376@gmail.com

Sponsor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS or the U.S. Department of State (DOS) may require that I submit original documents to USCIS or DOS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS or DOS may need to determine my eligibility for the immigration benefit I seek.

I furthermore authorize release of information contained in this affidavit, in supporting documents, and in my USCIS or DOS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I certify, under penalty of perjury, that all of the information in my affidavit and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my affidavit, and that all of this information is complete, true, and correct.

A. I know the contents of this affidavit of support that I signed;

B. I have read and I understand each of the obligations described in **Part 8.**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3.** to become a lawful permanent resident of the United States;

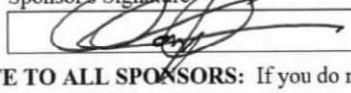
C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;

D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;

E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and

F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature ➡ 

Date of Signature (mm/dd/yyyy): 04/10/2026

NOTE TO ALL SPONSORS: If you do not completely fill out this affidavit or fail to submit required documents listed in the Instructions, USCIS or DOS may deny your request.

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): N/A

Interpreter's Given Name (First Name): N/A

2. Interpreter's Business or Organization Name: N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: N/A

4. Interpreter's Mobile Telephone Number (if any): N/A

5. Interpreter's Email Address (if any): N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that: that I am fluent in English and N/A, and I have interpreted every question on the affidavit and Instructions and interpreted the sponsor's answers to the questions in that language, and the sponsor informed me that they understood every instruction, question, and answer on the affidavit.

6. Interpreter's Signature: N/A

Date of Signature (mm/dd/yyyy): N/A

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Affidavit, if Other Than the Sponsor

Preparer's Full Name

1. Preparer's Family Name (Last Name): HAVERROTH SILVA

Preparer's Given Name (First Name): Otavio

2. Preparer's Business or Organization Name: HS Law

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: +1 510 241 9336

4. Preparer's Mobile Telephone Number (if any): +1 510 241 9336

5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this affidavit for the sponsor at their request and with express consent and that all of the responses and information contained in and submitted with the affidavit are complete, true, and correct and reflects only information provided by the sponsor. The sponsor reviewed the responses and information and informed me that they understand the responses and information in or submitted with the affidavit.

6. Preparer's Signature



Date of Signature (mm/dd/yyyy): 04/10/2026

Part 11. Additional Information

If you need extra space to provide any additional information within this contract, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this contract or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name): **RODRIGUES** | Given Name (First Name): **Antonio** | Middle Name (if applicable): **Pedro**

2. A-Number (if any) ► **A-** 0 7 3 6 1 8 3 9 2

3. Page Number: 6 | Part Number: 6 | Item Number: 15

The 2025 Federal Income Tax information was not included because the Sponsor filed an official extension (IRS Form 4868) and has not yet submitted the 2025 return. Therefore, the 2024 return is provided as the most recent tax year filed. The reported business loss (2023/2024) was due to a one-time transfer of funds between the Sponsor's companies (TNT Cleaning and Car Connection) to settle outstanding debts. This was a specific financial restructuring that has been fully resolved. The Sponsor's current income remains stable and exceeds the required poverty guidelines.

4. Page Number | Part Number | Item Number

5. Page Number | Part Number | Item Number

N/A

6. Page Number | Part Number | Item Number

N/A

Exhibit list

Exhibits:	Pages:
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Guilherme Tavares de Oliveira's Copy of I-94 and Travel History	25-26
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Exhibit 3 - Caleb Carnaubas Tavares’ Identification Documents	
Caleb Carnaubas Tavares's Birth certificate with English Translation	28-32
Caleb Carnaubas Tavares's Valid Passport	33-51
Caleb Caranaubas Tavares' Expired Passport with U.S. Visa	52-69
Caleb Carnaubas Tavares' Copy of I-94 and Travel History	70-72
Exhibit 4 - Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio’s Marriage Certificate	
Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio's Marriage Certificate	73

Exhibit 5 - Evidence of Guilherme Tavares de Oliveira’s Marital Status - Dissolution of Prior Marriage

Guilherme Tavares de Oliveira's Marriage Dissolution Decree with English Translation	74-83

Exhibit 6 - Evidence of Bona Fide Marriage

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Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio’ Joint Proof of Residence	90-95
Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio’ Joint Bank Account - Bank of America	96

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

Letter of Support Delivered by James Kauan Cordeiro Roberto	97-98
Letter of Support Delivered by Antonio Pedro Rodrigues	99-101
Letter of Support Delivered by Monica Nunes Ferreira	102-103

Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Photographic Evidence of Relationship	104-121

Exhibit 9 - Petitioner’s Financial Information - Flavia Alessandra Silva Liborio

Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira's Joint IRS Federal Income Tax Return - 2025	122-141

Flavia Silva Liborio's 2025 W-2 and Earnings Summary - Columbia Auto Body 142-143

Flavia Silva Liborio's 2025 W-2 and Earnings Summary - Second Generation Donuts 144

Exhibit 10 - Joint Sponsor’s Financial Information - Antonio Pedro Rodrigues

Antonio Pedro Rodrigues' Valid Passport 145-153

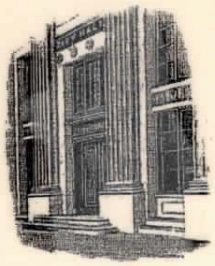
Antonio Pedro Rodrigues' Application for Automatic Extension of Time To File U.S. Individual Income Tax Return - 2025 154-156

Antonio Pedro Rodrigues' IRS Federal Income Tax Return - 2024 157-233

Exhibit 1 - Flavia Alessandra Silva Liborio's Identification Documents

City of Quincy, Massachusetts

Mayor James R. McIntyre City Hall
1305 Hancock Street
Quincy, Massachusetts 02169



Office of the City Clerk
JOSEPH P. SHEA
City Clerk

MAUREEN L. HALLSEN
Assistant City Clerk

TEL: (617) 376-1131
FAX: (617) 376-1139

The Commonwealth of Massachusetts
DEPARTMENT OF PUBLIC HEALTH
REGISTRY OF VITAL RECORDS AND STATISTICS
STANDARD CERTIFICATE OF LIVE BIRTH

STATE USE ONLY
05-776
3D. REGISTERED NUMBER
3067

CHILD

3 PLACE OF BIRTH
3C. CITY/TOWN: WEYMOUTH
3B. COUNTY: NORFOLK

3A. FACILITY NAME-IF NOT IN FACILITY, NUMBER AND STREET: SOUTH SHORE HOSPITAL

NAME — 4A. FIRST: FLAVIA ALESSANDRA | 4B. MIDDLE: SILVA | 4C. LAST: LIBORIO

5. SEX	6A. PLURALITY	6B. BIRTH ORDER	7. TIME	8. DATE OF BIRTH (Month, Day, Year)
FEMALE	SINGLE	---	07:54 AM	OCTOBER 5,2005

CERTIFIER

9A. NAME: KATHLEEN JOYCE | 9B. TITLE: MD

9C. CERTIFIER TYPE: AT-BIRTH | 9D. LICENSE NUMBER: 72424

9E. NUMBER AND STREET: 300 CONGRESS ST | 9F. CITY/TOWN: QUINCY | 9G. STATE: MA | 9H. ZIP CODE: 02169

MOTHER

NAME — 10A. FIRST: LUCINEIA | 10B. MIDDLE: SOUZA | 10C. LAST: SILVA | 10D. MAIDEN SURNAME: SILVA

BIRTHPLACE — 11A. CITY/TOWN: SAO GERALDO DO BAIXIO | 11B. STATE/COUNTRY: BRAZIL | 12. DATE OF BIRTH (Month, Day, Year): SEPTEMBER 24,1982

RESIDENCE (Do not use mailing address) — 13A. NUMBER AND STREET: 530 WHEELER ST # 101 | 13B. CITY/TOWN: QUINCY | 13C. COUNTY: NORFOLK | 13D. STATE: MA | 13E. ZIP CODE: 02169

FATHER

NAME — 14A. FIRST: WAGNER | 14B. MIDDLE: JOSE | 14C. LAST: LIBORIO

BIRTHPLACE — 15A. CITY/TOWN: SAO GERALDO DO BAIXIO | 15B. STATE/COUNTRY: BRAZIL | 16. DATE OF BIRTH (Month, Day, Year): JULY 5,1978

INFORMANT

17A. I (WE) CERTIFY THAT THE PERSONAL INFORMATION APPEARING ABOVE IS TRUE AND CORRECT. | 17B. RELATIONSHIP TO CHILD: PARENTS

17C. DATE SIGNED (Month, Day, Year): OCTOBER 7,2005 | 17D. MAILING ADDRESS (If different from item # 13 above) NUMBER AND STREET | CITY | STATE | ZIP CODE

CLERK

18. DATE OF RECORD (Month, Day, Year): OCT 13 2005 | 19. SUPPLEMENT FILED (Month, Day, Year) | 20. CLERK/REGISTRAR: Franklin Fraser

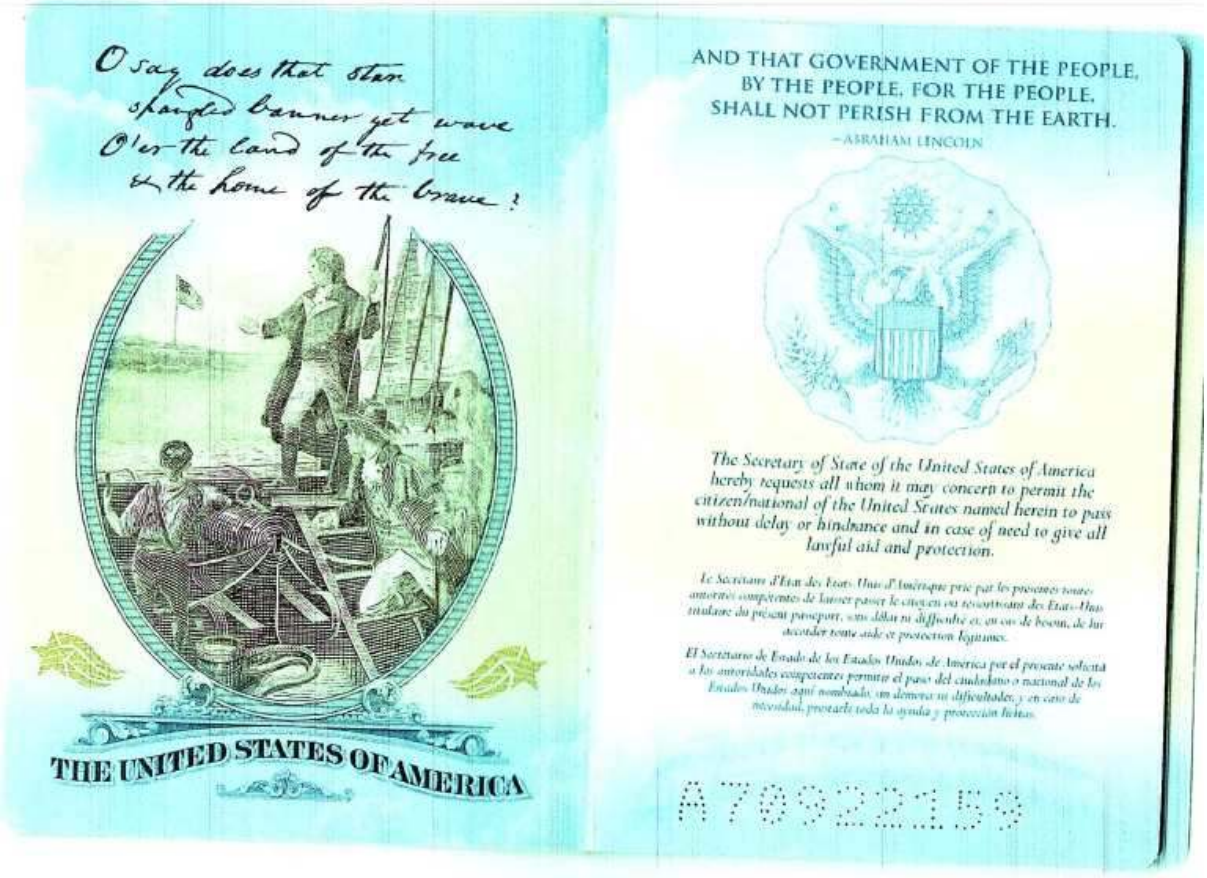
21. DPH USE ONLY

And I do certify that the foregoing is a true copy from said records:
Witness my hand and seal of said City of Quincy.

On this 24th day of February 2006

Joseph P. Shea
City Clerk

75


O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave!
THE UNITED STATES OF AMERICA
AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.
–ABRAHAM LINCOLN
The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.
Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.
El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado sin demoras ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.
A70922159



IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT

USA

THE UNITED STATES OF AMERICA

Type/Type/Tipo P

Code/Code/Código USA

Passport No./No. du Passeport/No. de Pasaporte A70922159

Surname/Nom/Apellidos LIBORIO

Given names/Prénoms/Nombres FLAVIA ALESSANDRA SILVA

Nationality/Nationalité/Nacionalidad UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento 05 OCT 2005

Sex/Sexe/Sexo F

Place of birth/Lieu de naissance/Lugar de nacimiento MASSACHUSETTS, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición 23 JAN 2026

Date of expiration/Date d'expiration/Fecha de caducidad 22 JAN 2036

Authority/Autorité/Autoridad UNITED STATES DEPARTMENT OF STATE

P<USALIBORIO<<FLAVIA<ALESSANDRA<SILVA<<<<<<<

A709221593USA0510051F3601224582852076<401716

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE
An image of the document holder is printed over security artwork.



MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER
The passport number is perforated throughout the passport.



COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.



P<USSSMITH

IMPORTANT TRAVEL AND SAFETY DATA

Scan for important passport information and travel requirements.

travel.state.gov/ivacs

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

It is recommended to renew your passport at least one year prior to the expiration date of the passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

This passport is not valid unless signed by the bearer in the area designated on page three.

A70822159

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

P<USSSMITH

IMPORTANT INFORMATION

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT *TRAVEL.STATE.GOV/PASSPORTINFO* FOR UP-TO-DATE INFORMATION.

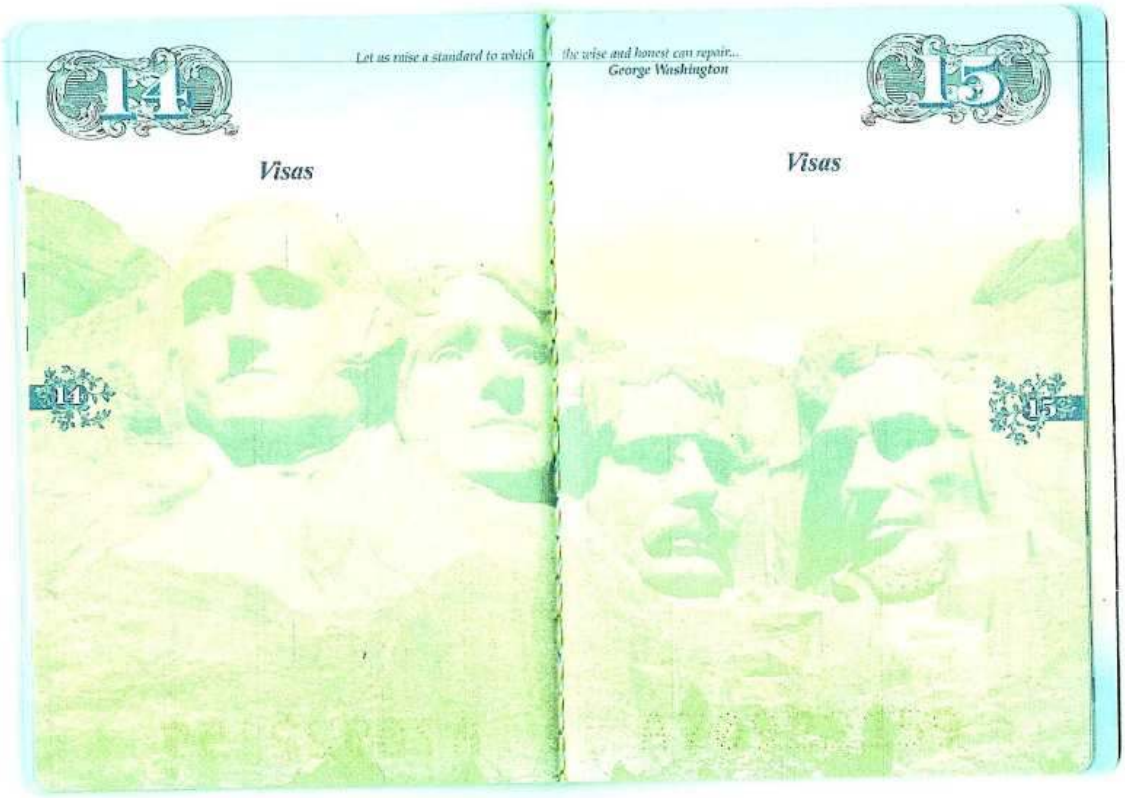
This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

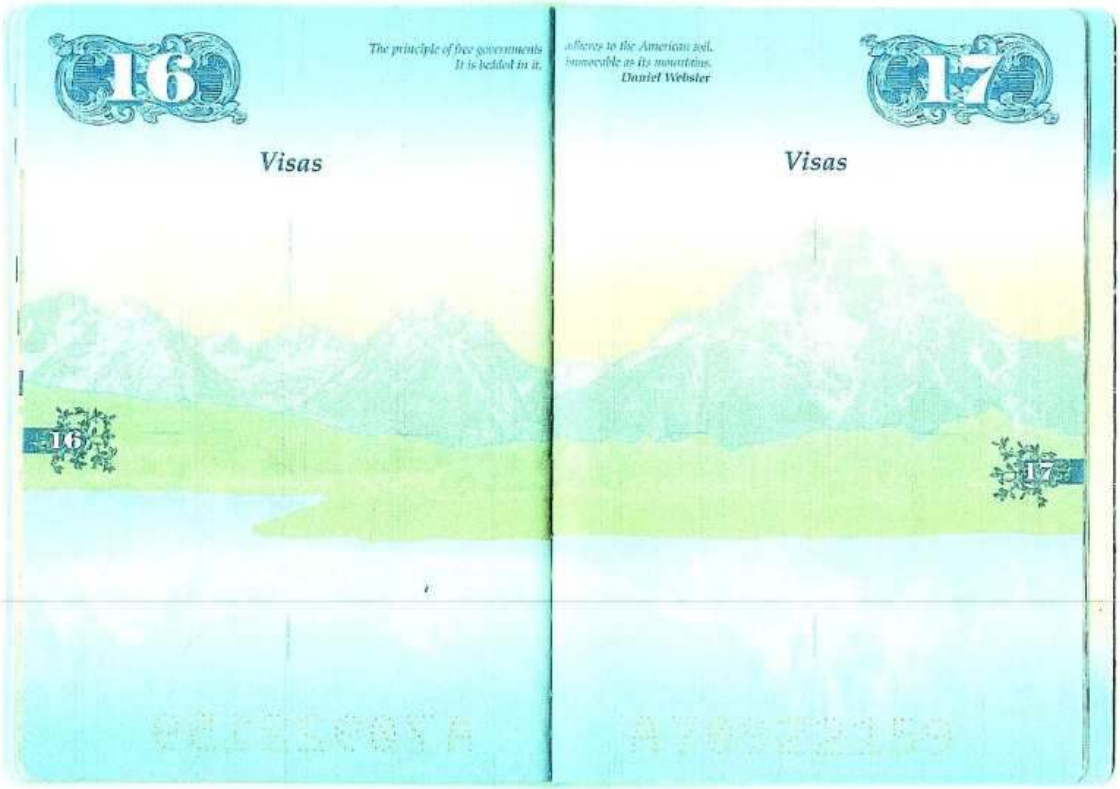
A70822159


8
We have a great dream. It started way back in 1776.
Visas
8
9
and God grant that America will be true to her dream.
Martin Luther King, Jr.
Visas
9
IN CONGRESS, JULY 4th 1776.
States of America


10
Let every nation know, whether it wishes us well or
Visas
10
11
ill, that we shall pay any price, bear any burden, meet
John F. Kennedy
Visas
11


12
This is a new nation, based on a mighty
Visas
12
13
continent, of boundless possibilities.
Theodore Roosevelt
Visas
13


14
Let us raise a standard to which
Visas
14
15
the wise and honest can repair...
George Washington
Visas
15


16
The principle of free governments
It is bedded in it.
Visas
16
17
...ffers to the American soil,
...immovable as its mountains.
Daniel Webster
Visas
17


18
Whatever America hopes to bring to pass in the
Visas
18
19
...world must first come to pass in the heart of America.
Dwight D. Eisenhower
Visas
19


20
For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend
Visas
21
It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it is the hopes of man.
Lyndon B. Johnson
Visas


22
Every generation has the obligation
to look out from a higher
Visas
23
to free men's minds for a look at new worlds...
plateau than the last generation.
Ellison S. Onizuka
Visas


24
May God continue the unity of our country as this
Visas
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
25
Visas


26
Visas
The cause of freedom is not the cause of a race or a sect, a party or a class — it is the cause of humankind, the very birthright of humanity.
~Anna Julia Cooper
A70922159



MASSACHUSETTS
UNDER 21 DRIVER'S LICENSE

UNDER 21 UNTIL 10/05/2026
4a ISS 01/17/2026
9 CLASS D
12 REST NONE
9a END NONE

4d NUMBER SA5821944
4b EXP 10/05/2028
3 DOB 10/05/2005
1 LIBORIO
2 FLAVIA ALESSANDRA SILVA
8 1777 BAY ST
APT 1W
FALL RIVER, MA 02724-1138

10/05/05 15 SEX F 16 HGT 5'-10" 18 EYES BRO
5 DD 01/20/2026 Rev 02/22/2016

20021A38
21944601
www.mass.gov/rmv
MA 02/22/2016
10/05/2005
CLASS -
D: Small vehicle less than
26,001 lbs, except school
bus.
ENDORSEMENTS -
NONE
RESTRICTIONS -
NONE
CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.

Exhibit 2 - Guilherme Tavares de Oliveira's Identification Documents

Coat of arms of Brazil

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Civil Registry Stamp

C E R T I FI C A T E
(Full Content)

Luiz Orlando de Barros Segala, Registrar of the Civil Registry of Natural Persons of the 16th Subdistrict - Mooca - of this Capital, in the exercise of his duties,

REGISTRATION
115188 01 55 1989 1 00056 003 0003352-18

CERTIFIES,
at the request of an interested person, and reviewing the birth record books, in book no. **A-56**, at page **no. 03**, under entry **no. 3353**, he found the following record: On November thirteenth, nineteen hundred and eighty-nine, in this Sixteenth Subdistrict, Mooca, District of São Paulo, EDSON TAVARES DE OLIVEIRA, salesman, twenty-seven years old, appeared at the registry office, and before the witnesses named below and signed at the end, declared that, on the twenty-eighth day of October of the current year, at eleven hours and thirty minutes (11:30 a.m.), at Anna Nery Hospital, in this Subdistrict, a male child of white skin color was born, who received the name **GUILHERME TAVARES DE OLIVEIRA**, son of the declarant and of **APARECIDA ANDREA GIORGI**, homemaker, thirty-four full years old, from this Capital, single, residing at Rua José Maria Coelho, number one hundred and twenty-seven, Itaberaba, Freguesia do Ó, in this Capital, fourth child. The paternal grandparents are: PEDRO JOAQUIM DE OLIVEIRA and MARIA TAVARES DA SILVA, and maternal: LUIZ GIORGI and MARIA GIORGI. He declared nothing further. Read and found to be correct, the declarant signs with the witnesses: Marco Antonio Ferreira da Silva, maintenance mechanic, residing at Rua Pedro de Viviane, number one hundred and ninety-seven, São Miguel Paulista, of this Capital and José Cavalcanti de Melo, press operator, residing at Rua Independência, number one hundred and twenty, Cambuci, in this Capital. I, Maria Cecilia Costa, acting clerk, wrote and sign it. (sig.) Edson Tavares de Oliveira, Marco Antonio Ferreira da Silva, José Cavalcanti de Melo, Maria Cecília Costa. / / / / / **IN THE MARGIN OF THE ENTRY THE FOLLOWING APPEARS**: Married at the Registry of Embu Guaçu, of this State, on 07/27/2013, to Samara Clarice do Carmo Carnaubas, the bride adopted the name Samara Clarice do Carmo Carnaubas Tavares and the groom did not change his name, according to entry no. 9866, page 46, book B-44 and filed notice. São Paulo, 07/30/2013. (sig.) Heloísa Maria Netto Rahal, authorized clerk. / / / / Under the provisions of subparagraph "a" of item 141, chapter XVII of the extrajudicial service standards of the Judicial Administrative Department/SP, I amend the present record to rectify its sequential number, that is, number 3352 and not as previously stated. SP, 12/27/2013. (sig.) Luiz Orlando de Barros Segala, Registrar. **NOTHING FURTHER. All the aforementioned is true and I so certify. São Paulo, on the twenty-seventh day of the month of February of the year two thousand and nineteen (02/27/2019). I** **-----//signature//-----** **(Gláucia Silva dos Santos), Authorized Clerk, typed, verified, certify, and sign it.**

16 CRNP
FEB 27, 2019
MOOCA – SÃO PAULO

-----//signature//-----
Gláucia Silva dos Santos
Authorized Clerk

16th Subdistrict – Mooca
São Paulo – SP
Gláucia Silva dos Santos
Authorized Clerk

Code:
1151882CE000000001214819P

Fees: Registry: R$53.06 IPESP: R$ 10.61 ISS: R$1.08 TOTAL: R$64.75 FORM: 048/19

11518-8 - AA 000070649

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: April 14, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Registro Civil das Pessoas Naturais do 16º Subdistrito - São Paulo - SP Oficial
MOÓCA

CERTIDÃO
(Inteiro Teor)

Luiz Orlando de Barros Segala, Oficial de Registro Civil das Pessoas Naturais do 16º Subdistrito - Mooca - desta Capital, no uso de suas atribuições,

MATRICULA
115188 01 55 1989 1 00056 003 0003352-18

CERTIFICA,

a pedido de pessoa interessada, e que revendo os livros de registros de nascimentos, no de **n.º A-56,** à folha **n.º 03**, no termo **n.º 3353** encontrou o assento que segue: Em treze de Novembro de mil novecentos e oitenta e nove, neste Décimo Sexto Subdistrito, Moóca, Distrito de São Paulo em cartório compareceu **EDSON TAVARES DE OLIVEIRA**, vendedor, com vinte e sete anos de idade, e, perante as testemunhas adiante nomeadas e no fim assinadas, declarou que, no dia vinte e oito de Outubro do corrente ano, às onze horas e trinta minutos, no Hospital Anna Nery, neste Subdistrito nasceu uma criança do sexo masculino, côr branca, que recebeu o nome de **GUILHERME TAVARES DE OLIVEIRA**, filho dele declarante e de **APARECIDA ANDREA GIORGI,** de prendas domesticas, com trinta e quatro anos de idade completos, naturais desta Capital, solteiros, residentes à Rua José Maria Coelho, cento e vinte e sete Itaberaba, Freguesia do Ó, nesta Capital, quarto filho. São avós paternos: PEDRO JOAQUIM DE OLIVEIRA e MARIA TAVARES DA SILVA e maternos: LUIZ GIORGI e MARIA GIORGI. Nada mais declarou. Lido e achado conforme, assina o declarante com as testemunhas: Marco Antonio Ferreira da Silva, mecânico de manutenção, residente à Rua Pedro de Viviane, cento e noveta e sete, São Miguel Paulista, desta Capital e José Cavalcanti de Melo, prensista, residente à Rua independencia, cento e vinte, Cambuci, nesta Capital. Eu, Maria Cecilia Costa, escrivã interina, o escrevi e assino. (a.a) Edson Tavares de Oliveira, Marco Antonio Ferreira da Silva, José Cavalcanti de Melo, Maria Cecilia Costa. / / / / / **À MARGEM DO TERMO CONSTA O SEGUINTE:** Casou-se no Oficial de Embú Guaçu, deste Estado, em 27/07/2013, com Samara Clarice do Carmo Carnaubas, a contraente adotou o nome de Samara Clarice do Carmo Carnaubas Tavares e o contraente não mudou o nome, conforme termo nº 9866, fls. 46, livro B-44 e comunicação arquivada. Sao Paulo, 30/07/2013.(a) Heloisa Maria Netto Rahal, escrevente autorizada. / / / / Nos termos do disposto na alinea "a" do item 141, co capitulo XVII, das normas do serviço extrajudicial da E Corregedoria Geral da Justiça / SP, corrijo o presente registro para retificar o seu número de ordem, ou seja, número 3352 e não como constou. SP, 27/12/2013. (a) Luiz Orlando de Barros Segala, Oficial. / / / / **NADA MAIS. Todo referido é verdade e dou fé. São Paulo, aos vinte e sete dias do mês de fevereiro do ano de dois mil e dezenove (27/02/2019). Eu_____(Gláucia Silva dos Santos), Escrevente Autorizada, digitei, conferi, dou fe e assino.**

16 RCPN
27 FEV 2019
MOOCA-SÃO PAULO

Gláucia Silva dos Santos
Escrevente Autorizada

16º Subdistrito - Mooca
SÃO Paulo - SP
Gláucia Silva dos Santos
Escrevente Autoriz...

Código:
1151882CE000000001214819P

Emolumentos: Oficial: R$ 53,06 IPESP: R$ 10,61 ISS: R$ 1,08 TOTAL: R$ 64,75 GUIA: 048/19

11518-8 - AA 000070649

Este passaporte contem 32 páginas numeradas.

Ce passeport comporte 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es valido para todos los países con los que Brasil mantiene relaciones diplomaticas.

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE



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.

FX730356

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

P
BRA
FX730356

TAVARES DE OLIVEIRA

GUILHERME

BRASILEIRO(A)

23 OUT/OCT 1969

M
SÃO PAULO/SP

EDSON TAVARES DE OLIVEIRA

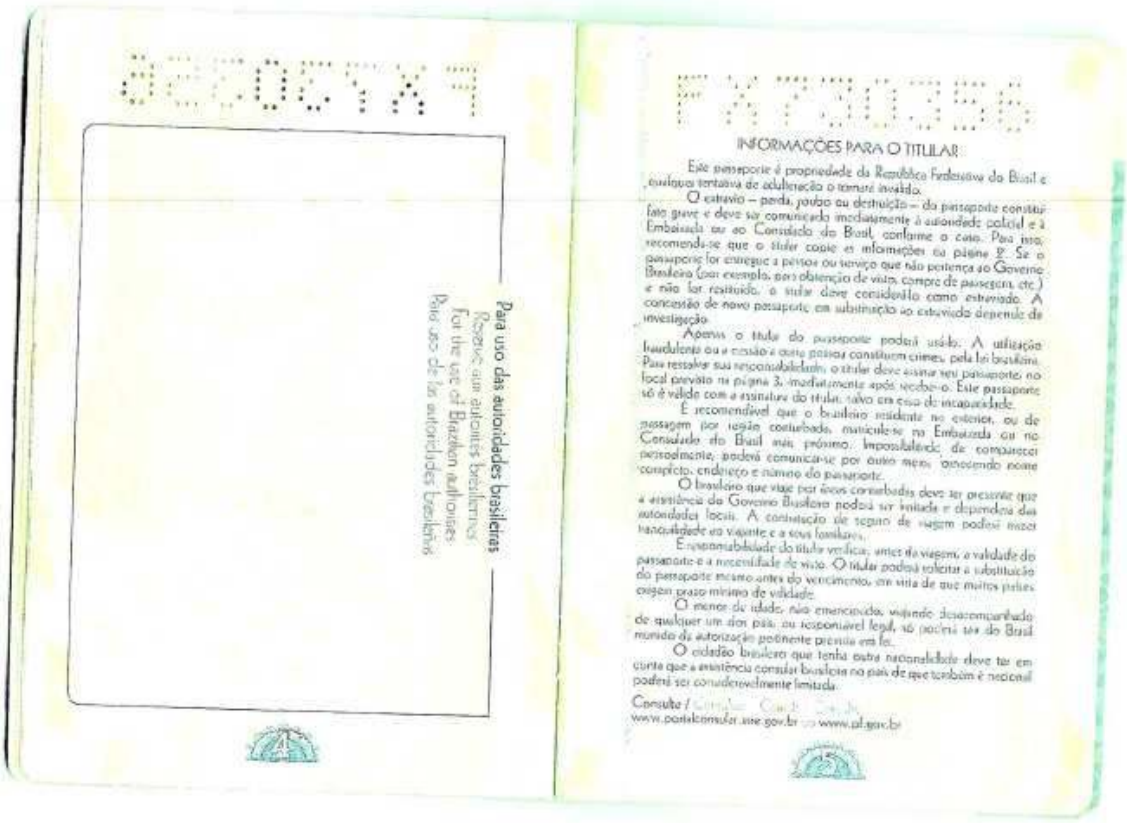
APARECIDA ANDREA GIORGI

18 DEZ/DEC 2018

17 DEZ/DEC 2028

NUPAS/SR/SP

P<BRATAVARES<DE<OLIVEIRA<<GUILHERME<<<<<<<<<
FX730356<8BRA8910288M2812173<<<<<<<<<<<<<<00



PASSAPORTE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o torna inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagens, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte, em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá mesmo inexistir na viagem e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá ser do Brasil munido de autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

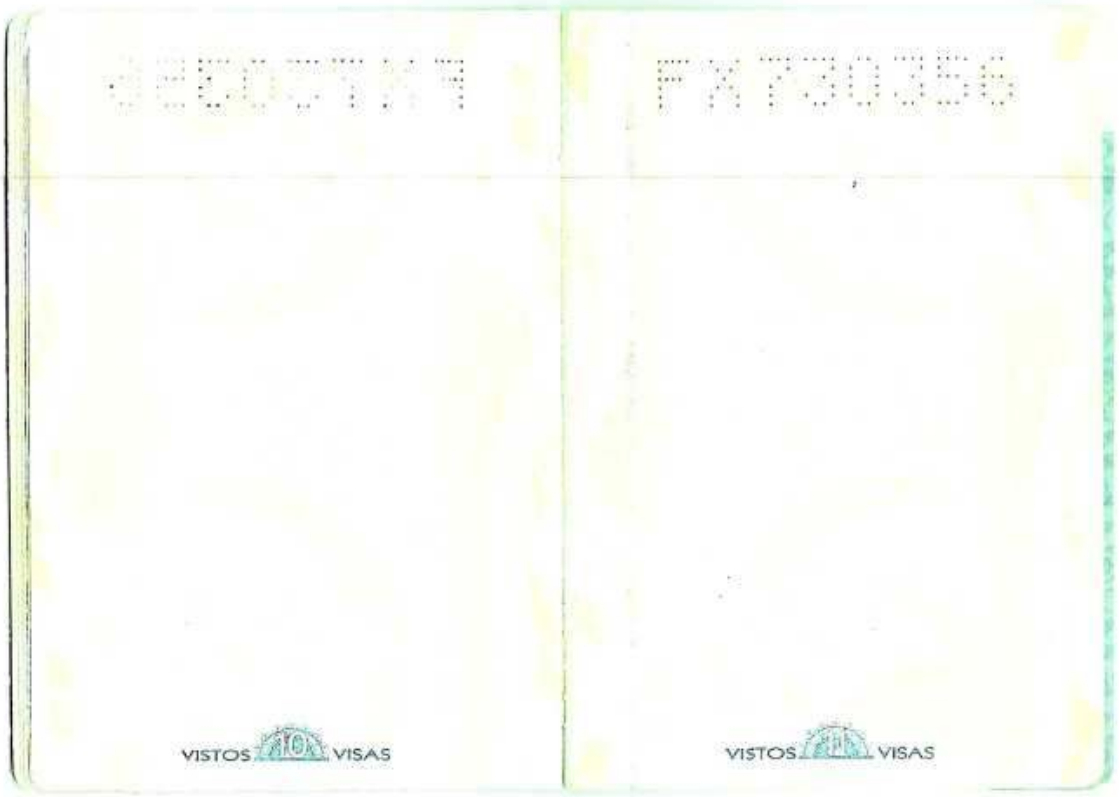
Consulte / Consulte: Cartão Consular
www.portalconsular.itae.gov.br e www.pf.gov.br

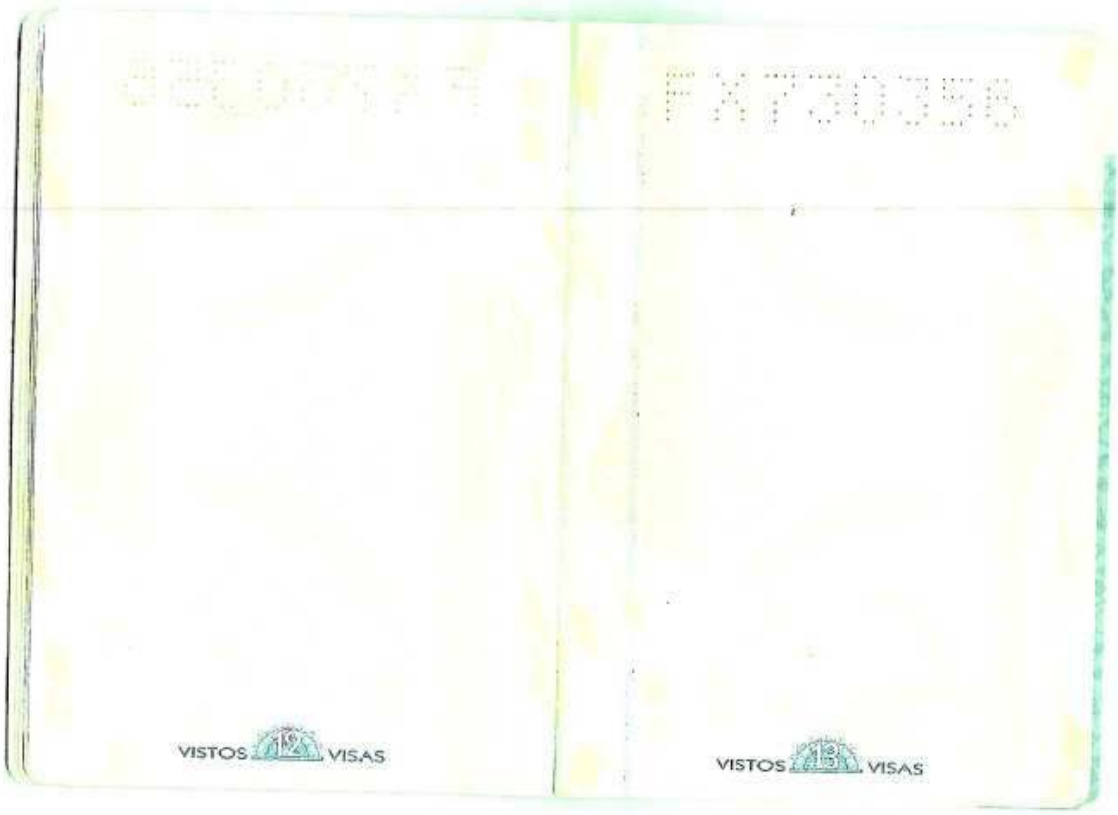
Para uso das autoridades brasileiras
Reserved for Brazilian authorities
Pour les autorités brésiliennes
Para uso de las autoridades brasileñas

VISTOS VISAS

VISTOS VISAS


VISTOS VISAS
VISA
Issuing Post Name
SAO PAULO
Control Number
20192176910014
Surname
TAVARES DE OLIVEIRA
Given Name
GUILHERME
Visa Type /Class
R B1/B2
Passport Number
FX730356
Sex
M
Birth Date
28OCT1989
Nationality
BRZL
Entries
M
Issue Date
07AUG2019
Expiration Date
04AUG2029
0111
Annotation
VNUSATAVARES<DE<OLIVEIRA<<GUILHERME<<<<<<<<<
FX730356<8BRA8910288M2908041B3SPL33K9K460142

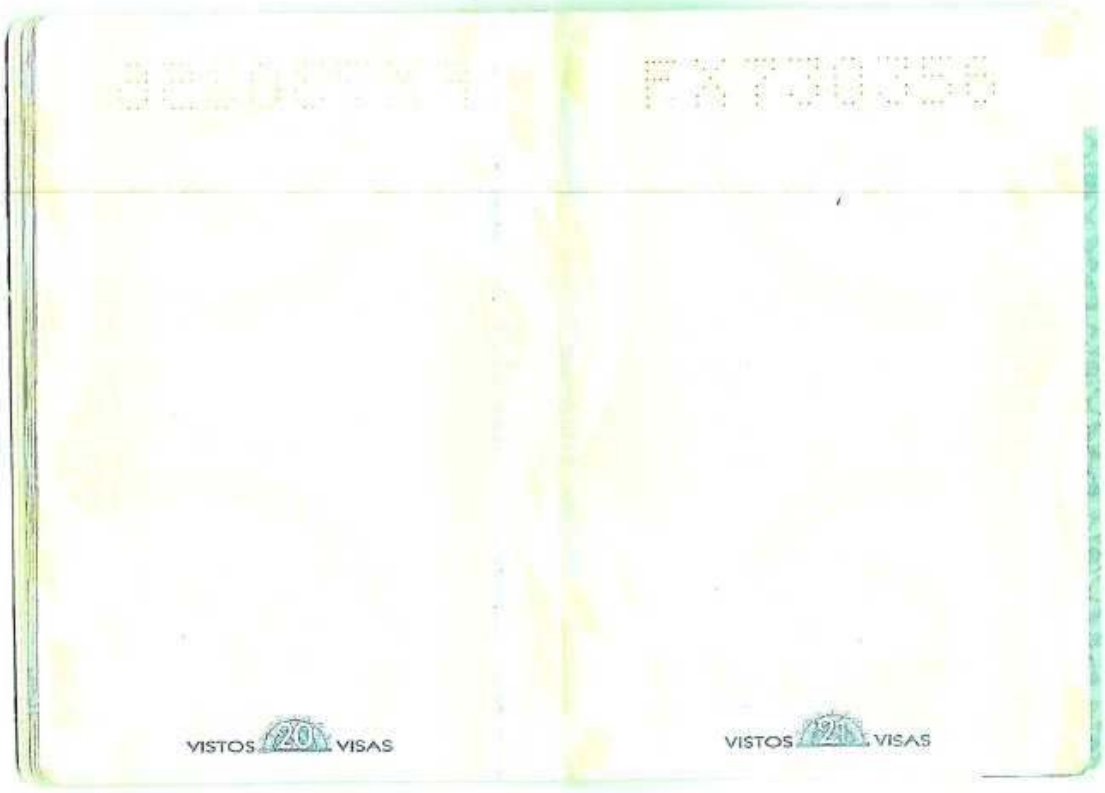

VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS

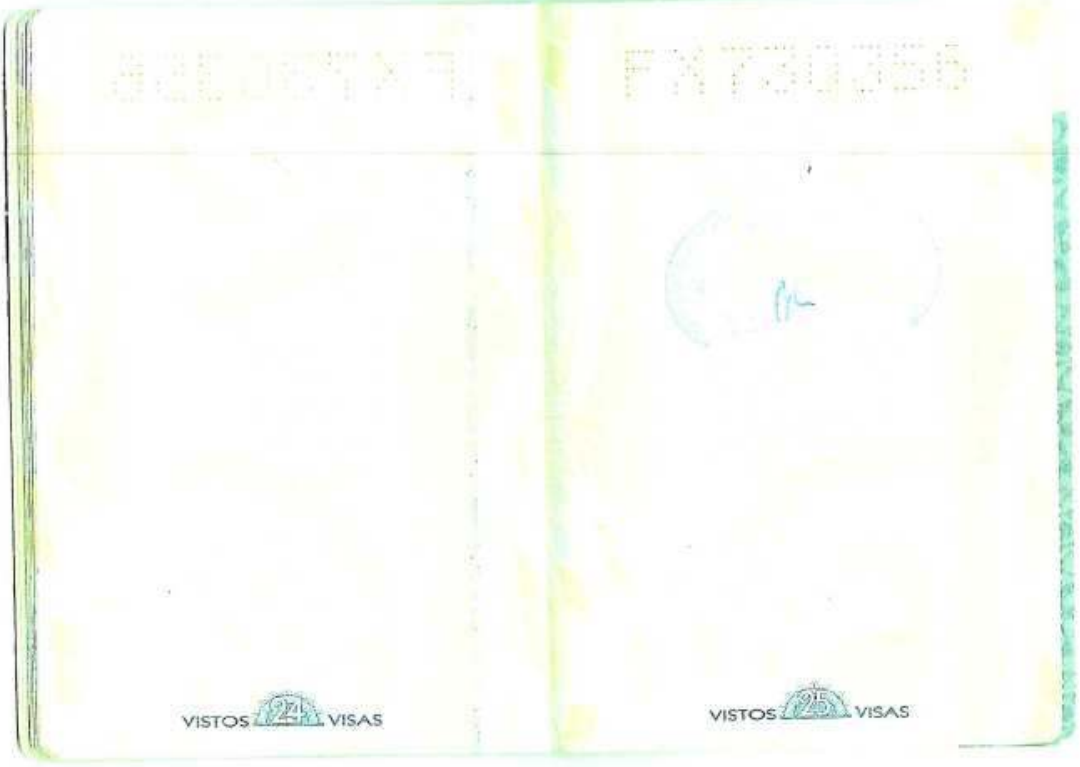

VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS VISAS
VISTOS VISAS


Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.
ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
Endereço / Address
Cidade / City
Estado / State
País / Country
Telefone / Phone
Em caso de acidente, avisar à Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:
Nome / Name
Endereço / Address
Cidade / City
Estado / State
País / Country
Telefone / Phone
Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e fortes campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.
NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA
DO NOT STAPLE OR STAMP THIS PAGE
NO GRAPAR O ESTAMPAR ESTA PÁGINA
Símbolo Internacional do Passaporte Eletrônico
CASA DA MOEDA DO BRASIL

For: **GUILHERME TAVARES DE OLIVEIRA**

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: 520714316A2

Arrival/Issued Date: 2020 March 06

Class of Admission: B2

Admit Until Date: 2020 September 05

Details provided on the I-94 Information form:

Last/Surname: TAVARES DE OLIVEIRA

First (Given) Name: GUILHERME

Birth Date: 1989 October 28

Document Number: FX730356

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.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 04/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FX730356**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2020-03-06	Arrival	ORL

OMB No. 1651-0111 Expiration Date: 04/30/2026



MASSACHUSETTS
DRIVER'S LICENSE
NOT FOR FEDERAL ID

4a ISS 08/19/2023
4d NUMBER SA6600993
4b EXP 10/28/2027
3 DOB 10/28/1989
9 CLASS D
12 REST NONE
9a END NONE

1 TAVARES DE OLIVEIRA
2 GUILHERME
8 1777 BAY ST
FALL RIVER, MA 02724-1138

10 EYES BRO
15 SEX M
16 HGT 5'-09"
5 DD 08/21/2023 Rev 02/22/2016

10/28/89



222335A08
009930601

www.mass.gov/rmv
MA 02/22/2016
10/28/1989
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.

ENDORSEMENTS -
NONE

RESTRICTIONS -
NONE

CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.

Exhibit 3 - Caleb Carnaubas Tavares' Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

CALEB CARNAUBAS TAVARES

REGISTRATION:

122044 01 55 2016 1 00543 218 0261630 94

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
March seventh, two thousand sixteen	07	03	2016

TIME OF BIRTH	CITY OF BIRTH AND STATE
7:04 AM	São Paulo - SP

CITY OF REGISTRATION AND STATE	PLACE OF BIRTH	SEX
São Paulo - 9th Subdistrict - Vila Mariana - SP	Santa Joana Hospital and Maternity - Rua do Paraíso, 432	Male

FILIATION

Father: GUILHERME TAVARES DE OLIVEIRA - Born in São Paulo - SP
Mother: SAMARA CLARICE DO CARMO CARNAUBAS TAVARES - Born in São Paulo - SP

GRANDPARENTS

Paternal: EDSON TAVARES DE OLIVEIRA and APARECIDA ANDREA GIORGI
Maternal: GLAUCO DA VEIGA CARNAUBAS and GISELE AMÉLIA DO CARMO CARNAUBAS

TWINS	NAME AND REGISTRATION NUMBER OF TWIN(S)
NO	No Record.

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
March eighth, two thousand sixteen	30-68132520-0

NOTES / ANNOTATIONS

Registered with CPF under No. 50984610812, in accordance with RFB Normative Instruction No. 1548/15

Certificate drawn up by Valdiele Gonçalves de Souza - Clerk of the Civil Registry of São Paulo - 9th Subdistrict - Vila Mariana, who electronically signed it pursuant to Article 13 of National Council of Justice, Provision No. 13.

I certify that, on March 8, 2016, this certificate was materialized from the one sent by the Civil Registry Information Center, and I verified the authenticity of its ICP-Brasil standard digital signature.

The content of this certificate is true. I certify.

----//signature//----
Valdiele Gonçalves de Souza
Clerk

1st copy of the certificate
EXEMPT FROM FEES

Civil Registry Office of Natural Persons
São Paulo - 9th Subdistrict - Vila Mariana

João Baptista Martelletto
Registrar

City of São Paulo - SP
Praça Oswaldo Cruz, 39 - ZIP Code: 04004-070
Phone: 3059-2210 / 3059-2211 - Email: saopaulo9@arpensp.org.br

FEDERATIVE REPUBLIC OF BRAZIL

CIVIL REGISTRY OFFICE
OF NATURAL PERSONS
9TH SUBDISTRICT
VILA MARIANA

Bachelor João Baptista Martelletto
REGISTRAR

PRAÇA OSWALDO CRUZ, 39 - ZIP Code 04004-070 - São Paulo-SP.
Phone: (11) 3059-2211/3885-3469

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: April 2, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome
CALEB CARNAUBAS TAVARES

MATRÍCULA:
122044 01 55 2016 1 00543 218 0261630 94

DATA DE NASCIMENTO POR EXTENSO	DIA	MÊS	ANO
sete de março de dois mil e dezesseis	07	03	2016

HORA	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
07:04 horas	São Paulo - SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL DE NASCIMENTO	SEXO
São Paulo - 9º Subdistrito - Vila Mariana - SP	Hospital e Maternidade Santa Joana - Rua do Paraíso, 432	Masculino

FILIAÇÃO
Pai: GUILHERME TAVARES DE OLIVEIRA - Natural de São Paulo - SP
Mãe: SAMARA CLARICE DO CARMO CARNAUBAS TAVARES - Natural de São Paulo - SP

AVÓS
Paternos: EDSON TAVARES DE OLIVEIRA e APARECIDA ANDREA GIORGI
Maternos: GLAUCO DA VEIGA CARNAUBAS e GISELE AMÉLIA DO CARMO CARNAUBAS

GÊMEOS	NOME E MATRÍCULA DO(S) GÊMEO(S)
Não	Nada Consta.

DATA DO REGISTRO POR EXTENSO	Nº DA DECLARAÇÃO DE NASCIDO VIVO
oito de março de dois mil e dezesseis	30-68132520-0

OBSERVAÇÕES AVERBAÇÕES
Inscrito(a) no CPF sob o nº 50984610812, conforme Instrução Normativa RFB nº 1548/15.

Certidão lavrada por Valdiele Gonçalves de Souza - Escrevente do Registro Civil São Paulo - 9º Subdistrito - Vila Mariana, o(a) qual assinou eletronicamente, nos termos do artigo 13 do Provimento nº 13 do CNJ.

Certifico que, em data de 8 de março de 2016, foi extraída esta certidão do Sistema Interligado de Registro de Nascimento, sendo a autenticidade de sua assinatura digital padrão ICP-Brasil por mim conferida.

O conteúdo da certidão é verdadeiro. Dou fé

Valdiele Gonçalves de Souza
Escrevente

1ª via certidão
ISENTO DE EMOLUMENTOS

Oficial de Registro Civil das Pessoas Naturais
São Paulo - 9º Subdistrito - Vila Mariana

João Baptista Martelletto
Oficial

Município de São Paulo - SP
Praça Oswaldo Cruz, 39 - CEP: 04004-070
Tel: 3059-2210 / 3059-2211 - E-mail: saopaulo9@arpensp.org.br

12204-4-097001-10500-0116

REPÚBLICA FEDERATIVA DO BRASIL

OFICIAL DE REGISTRO CIVIL
DAS PESSOAS NATURAIS
9.º SUBDISTRITO
VILA MARIANA

Bel. João Baptista Martelletto
OFICIAL

PRAÇA OSWALDO CRUZ, 39 - CEP 04004-070 - São Paulo - SP.
Fone:(11) 3059-2211 / 3885-3469


MERCOSUL
REPÚBLICA FEDERATIVA DO BRASIL
15 de Novembro de 1889
REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE


Este documento pertence à
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Este documento pertenece a la
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE



YF 186577

Assinatura do titular / Signature du titulaire / Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
PP

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
YF186577

SOBRENOME / SURNAME
CARNAUBAS TAVARES

NOME / GIVEN NAMES
CALEB

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
07 MAR/MAR 2016

CPF / PERSONAL NUMBER
509846108-12

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
SÃO PAULO/SP

FILIAÇÃO / PARENTS
SAMARA CLARICE DO CARMO CARNAUBAS TAVARES

GUILHERME TAVARES DE OLIVEIRA

O(A) TITULAR ESTÁ AUTORIZADO(A) PELOS RESPONSÁVEIS LEGAIS, PELO PRAZO DESTE DOCUMENTO, A VIAJAR COM APENAS UM DELES (RES. CNJ 131/11, ART. 13).

DATA DE EMISSÃO / DATE OF ISSUE
15 MAI/MAY 2025

AUTORIDADE / AUTHORITY
BOSTON CG

VÁLIDO ATÉ / DATE OF EXPIRY
14 MAI/MAY 2030

PPBRACARNAUBAS<TAVARES<<CALEB<<<<<<<<<<<<<<<

YF186577<3BRA1603073M3005143509846108l2<<<62

4

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.





Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

REPÚBLICA
FEDERATIVA
DO BRASIL

5

PAGOU
R$-Ouro 80.00
US$ 80.00
TEC 1.01.01.000.007
YF186577

15 MAI/MAY 2025
JANETE VALLADARES FENELON SANTOS
VICE-CÔNSUL

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE Nº FX809188.

CONSULADO-GERAL DO BRASIL EM BOSTON

BRA

598730MT

REPÚBL
FEDERATIVA
DO BRASIL

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.





Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado.

A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

REPÚBLICA FEDERATIVA DO BRASIL



É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista que muitos países exigem prazo mínimo de validade.

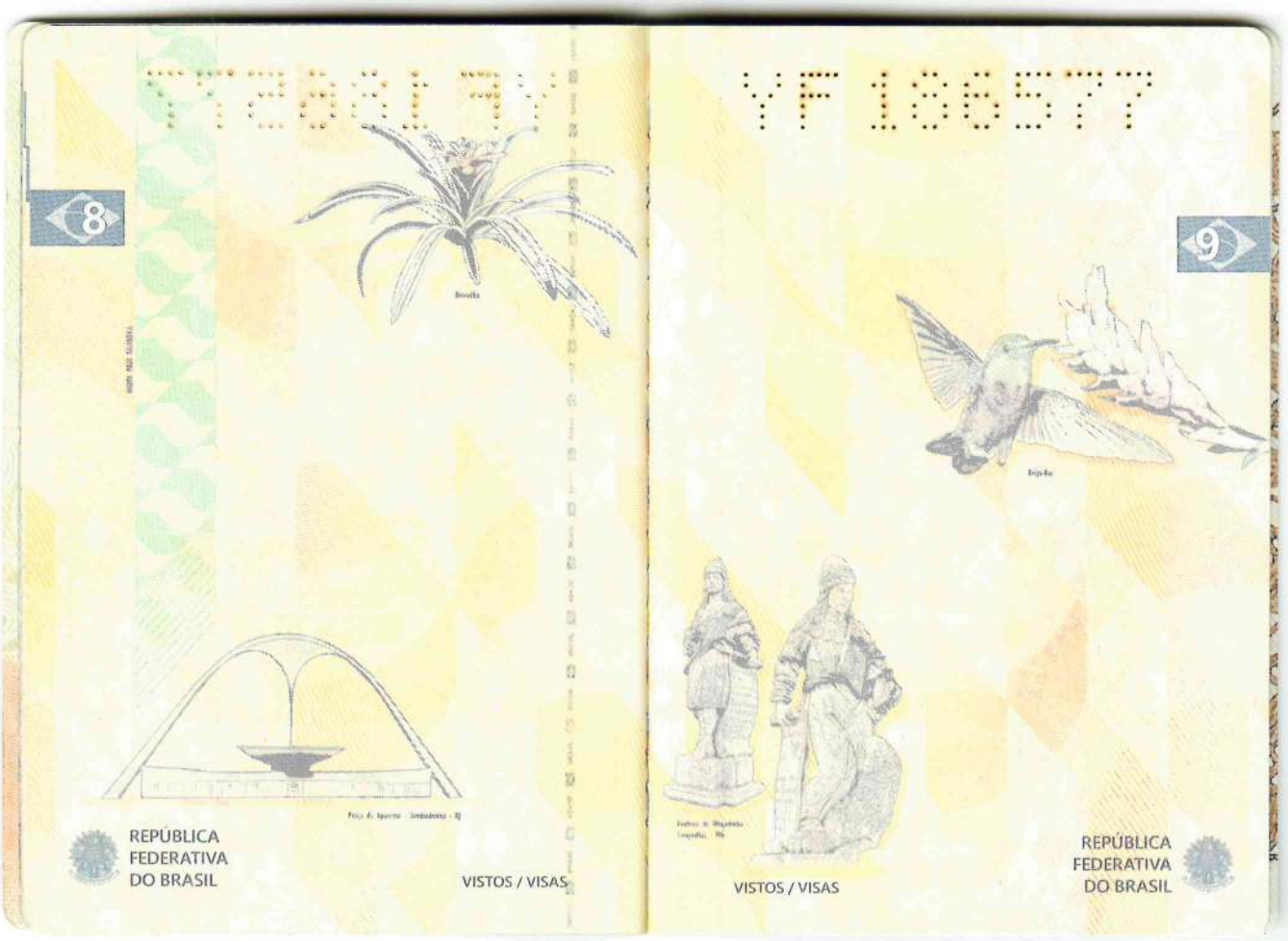
O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



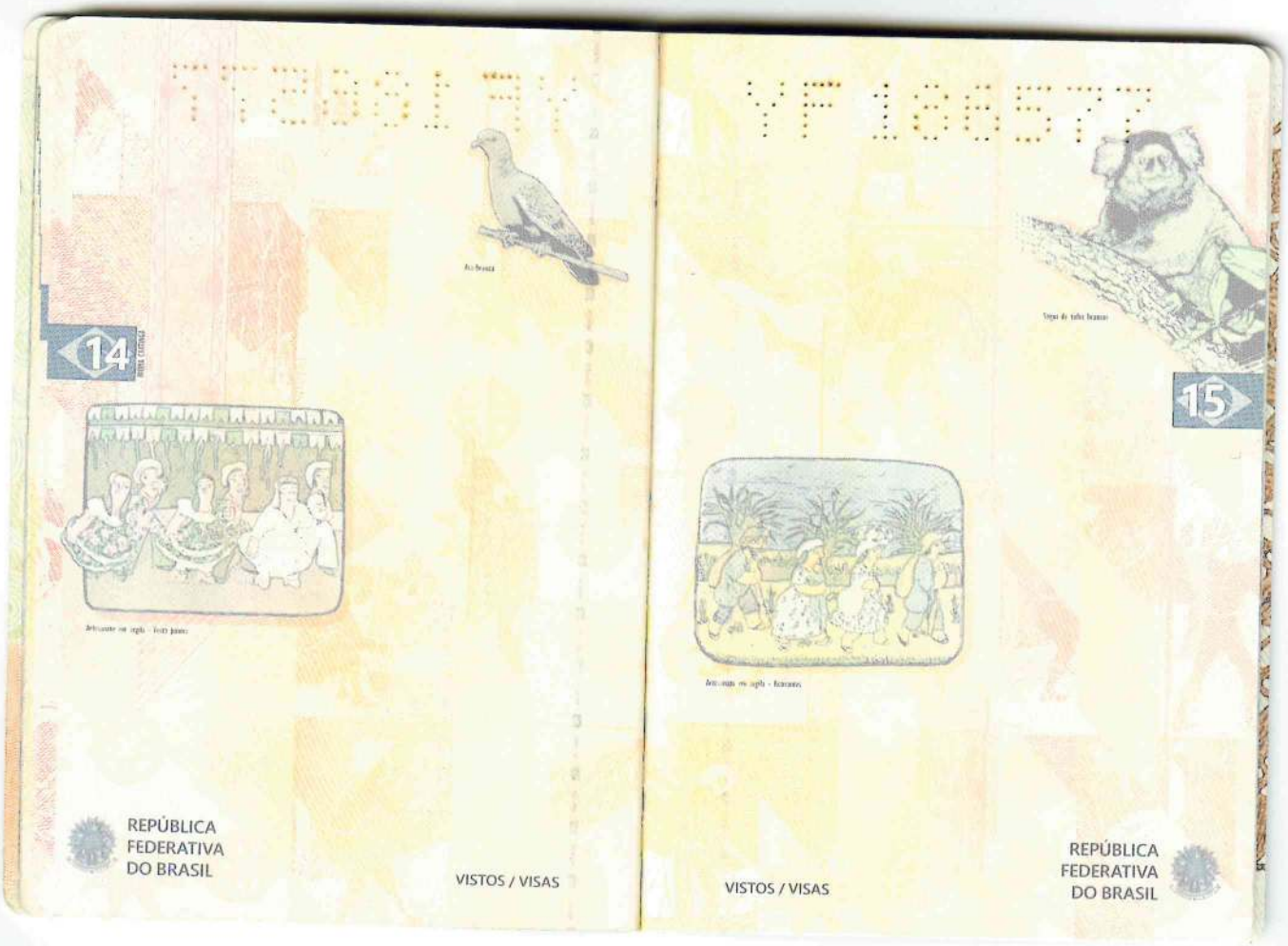
Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou **www.pf.gov.br**

REPÚBLICA FEDERATIVA DO BRASIL


YF186577
8
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
YF186577
9
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


YF186577
10
11
REPÚBLICA
FEDERATIVA
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VISTOS / VISAS
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DO BRASIL


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REPÚBLICA
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VISTOS / VISAS
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VISTOS / VISAS
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FEDERATIVA
DO BRASIL

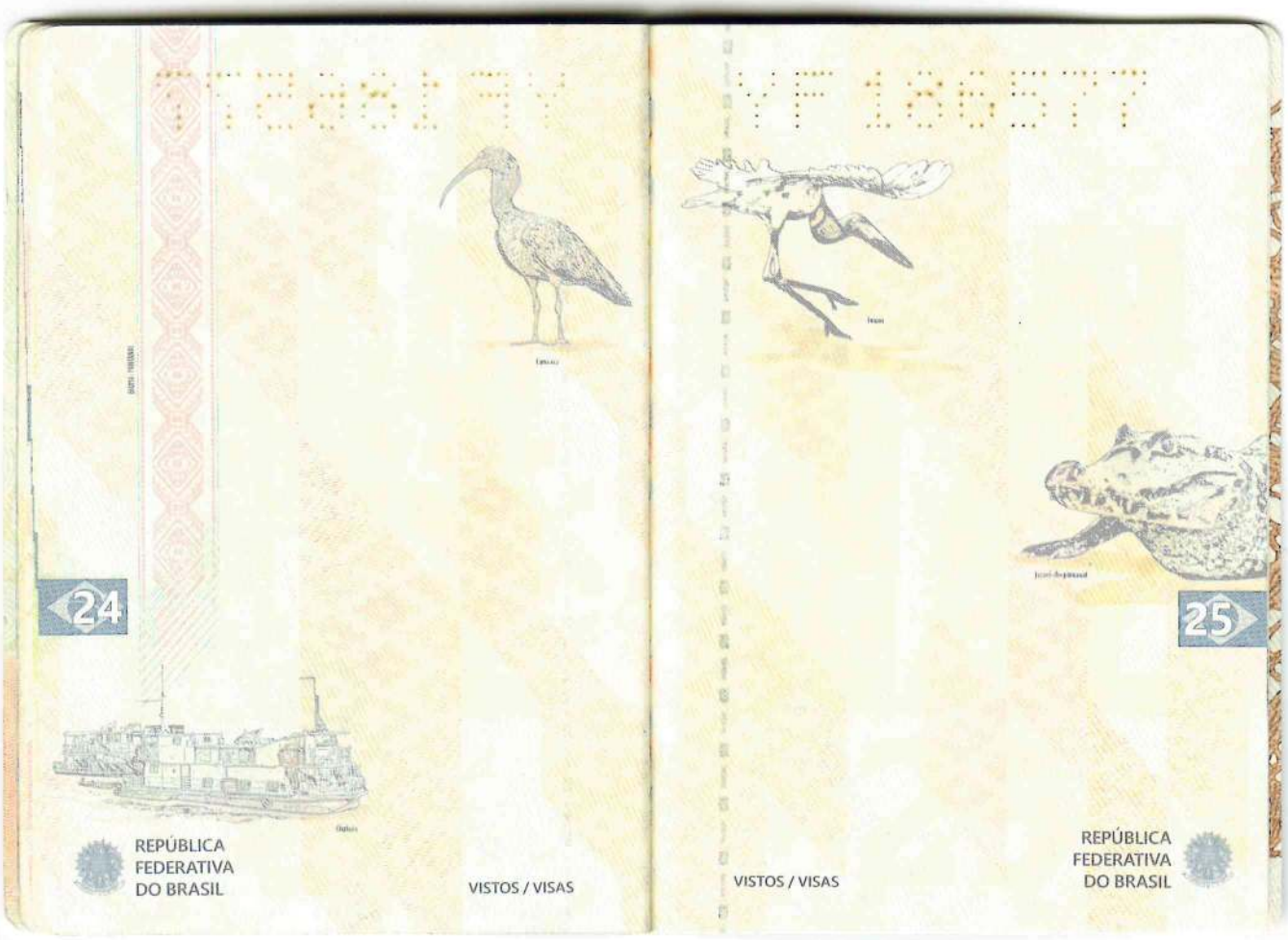

14
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REPÚBLICA
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DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

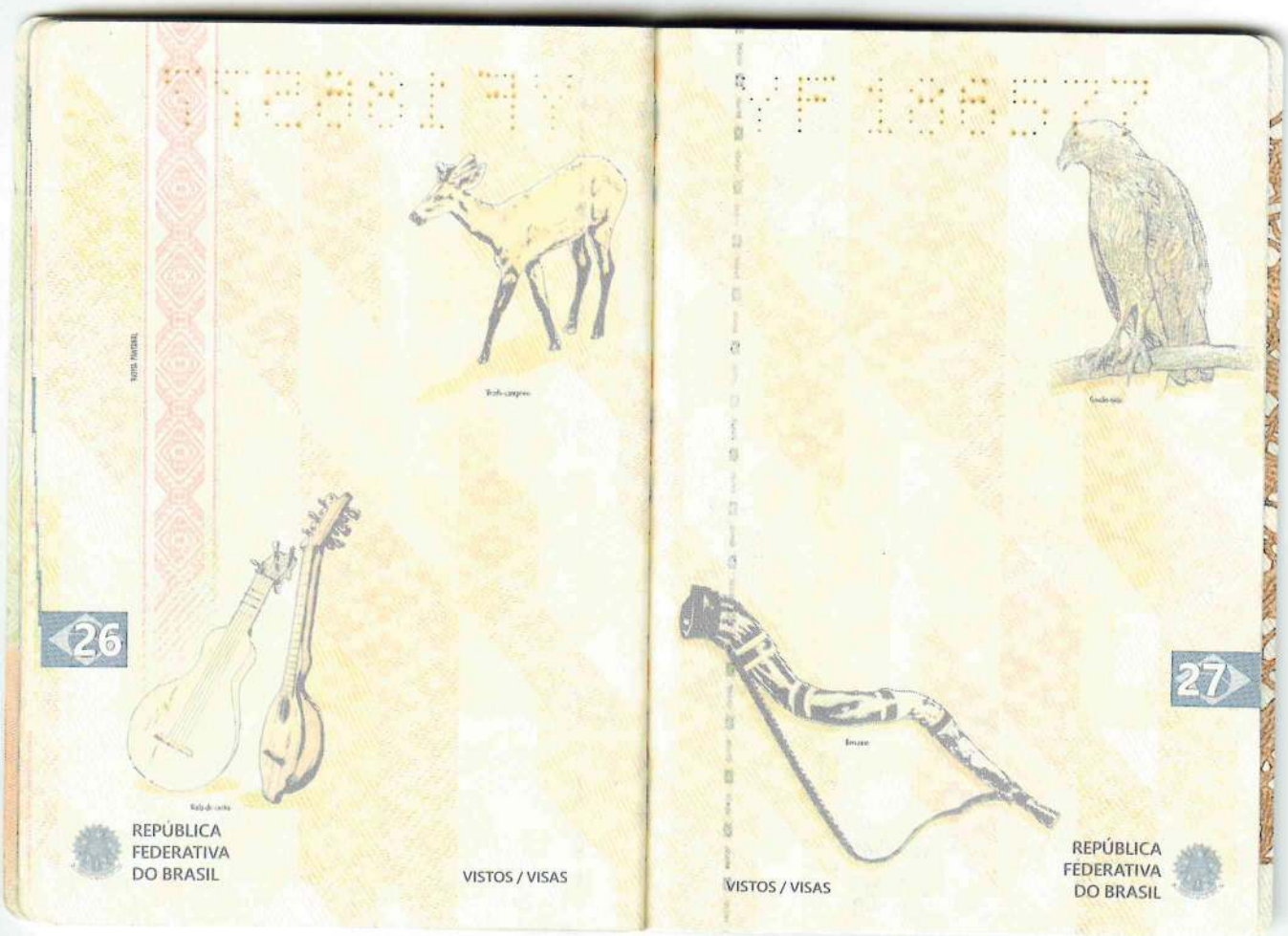

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17
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


Brasil
YF 18877
18
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REPÚBLICA
FEDERATIVA
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VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

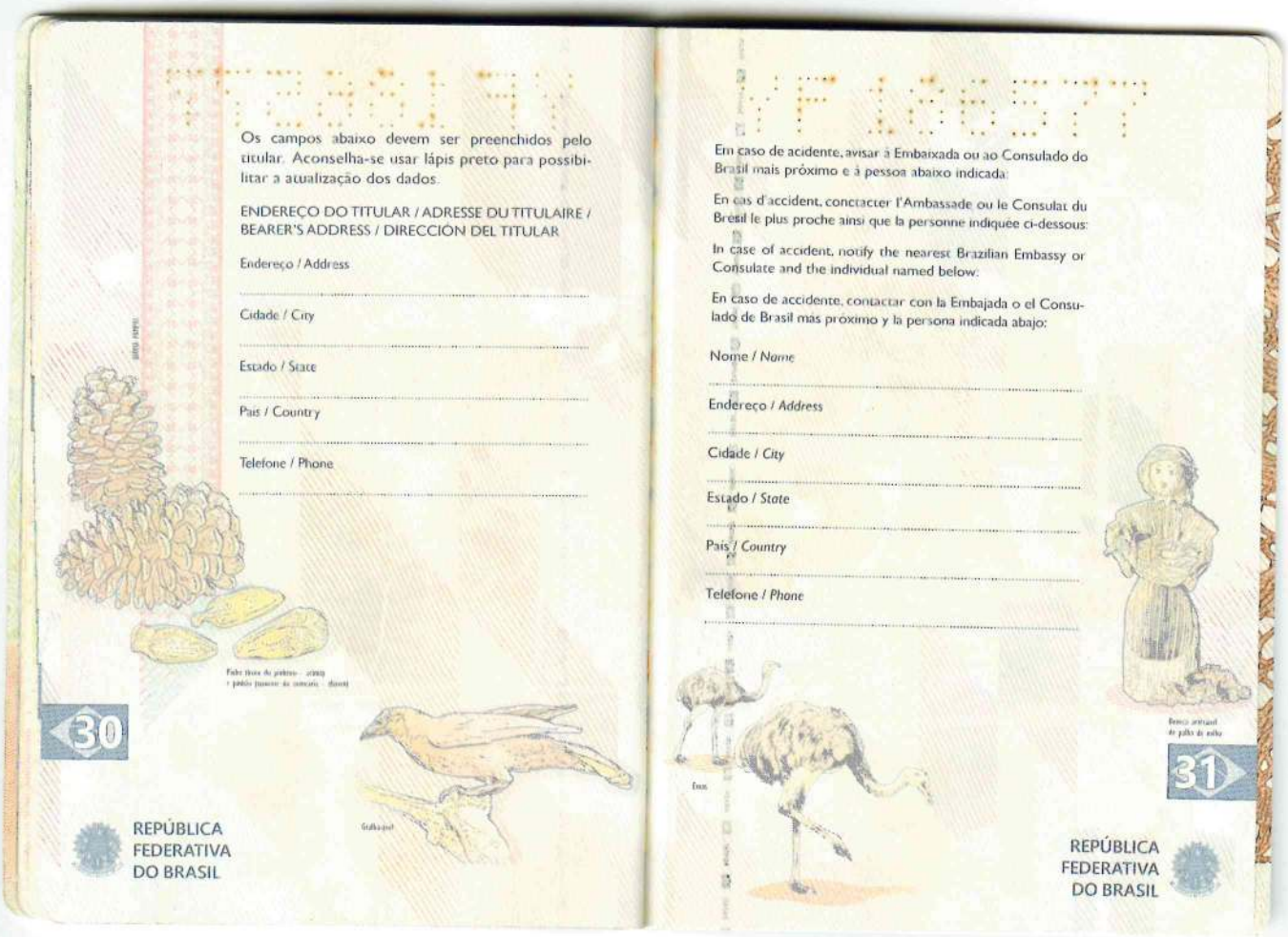

20
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
21
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


22
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
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DO BRASIL


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25
REPÚBLICA
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FEDERATIVA
DO BRASIL


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DO BRASIL
VISTOS / VISAS
27
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


28
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
29
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL



Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone

30

REPÚBLICA FEDERATIVA DO BRASIL

Em caso de acidente, avisar à Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / *Name*

Endereço / *Address*

Cidade / *City*

Estado / *State*

País / *Country*

Telefone / *Phone*

31

REPÚBLICA FEDERATIVA DO BRASIL


Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.
Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.
Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.
https://www.casadamoeda.gov.br/passaporteBrasileiro
32
REPÚBLICA FEDERATIVA DO BRASIL
BRA
NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA
NE PAS AGRAFER OU TAMPONNER CETTE PAGE
DO NOT STAPLE OR STAMP THIS PAGE
NO GRAPAR NI SELLAR ESTA PAGINA
Símbolo Internacional do Passaporte Eletrônico
CASA DA MOEDA DO BRASIL


MERCOSUL
REPÚBLICA FEDERATIVA DO BRASIL
15 de Novembro de 1889
REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE


REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE
MERCOSUL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Rogá-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.

BRA

Este documento pertence à
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Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE


Menor não alfabetizado.
Illiterate minor.
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FX809188
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité
This passport must be signed, except where the bearer is unable to do so
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
TIPO / TYPE
P
PAÍS EMISSOR / ISSUING COUNTRY
BRA
PASSAPORTE Nº / PASSPORT No.
FX809188
SOBRENOME / SURNAME
CARNAUBAS TAVARES
NOME / GIVEN NAMES
CALEB
NACIONALIDADE / NATIONALITY
BRASILEIRO(A)
DATA DO NASCIMENTO / DATE OF BIRTH
07 MAR/MAR 2016
IDENTIDADE Nº / PERSONAL No.
SEXO / SEX
M
NATURALIDADE / PLACE OF BIRTH
SÃO PAULO/SP
FILIAÇÃO / FILIATION
GUILHERME TAVARES DE OLIVEIRA
SAMARA CLARICE DO CARMO CARNAUBAS TAVARES
O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.
DATA DE EXPEDIÇÃO / DATE OF ISSUE
02 JAN/JAN 2019
AUTORIDADE / AUTHORITY
NUPAS/SR/SP
VÁLIDO ATÉ / DATE OF EXPIRY
01 JAN/JAN 2022
P<BRACARNAUBAS<TAVARES<<CALEB<<<<<<<<<<<<<<
FX809188<0BRA1603073M2201018<<<<<<<<<<<<<<04

PASSAPORTE

Para uso das autoridades brasileiras
Reservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

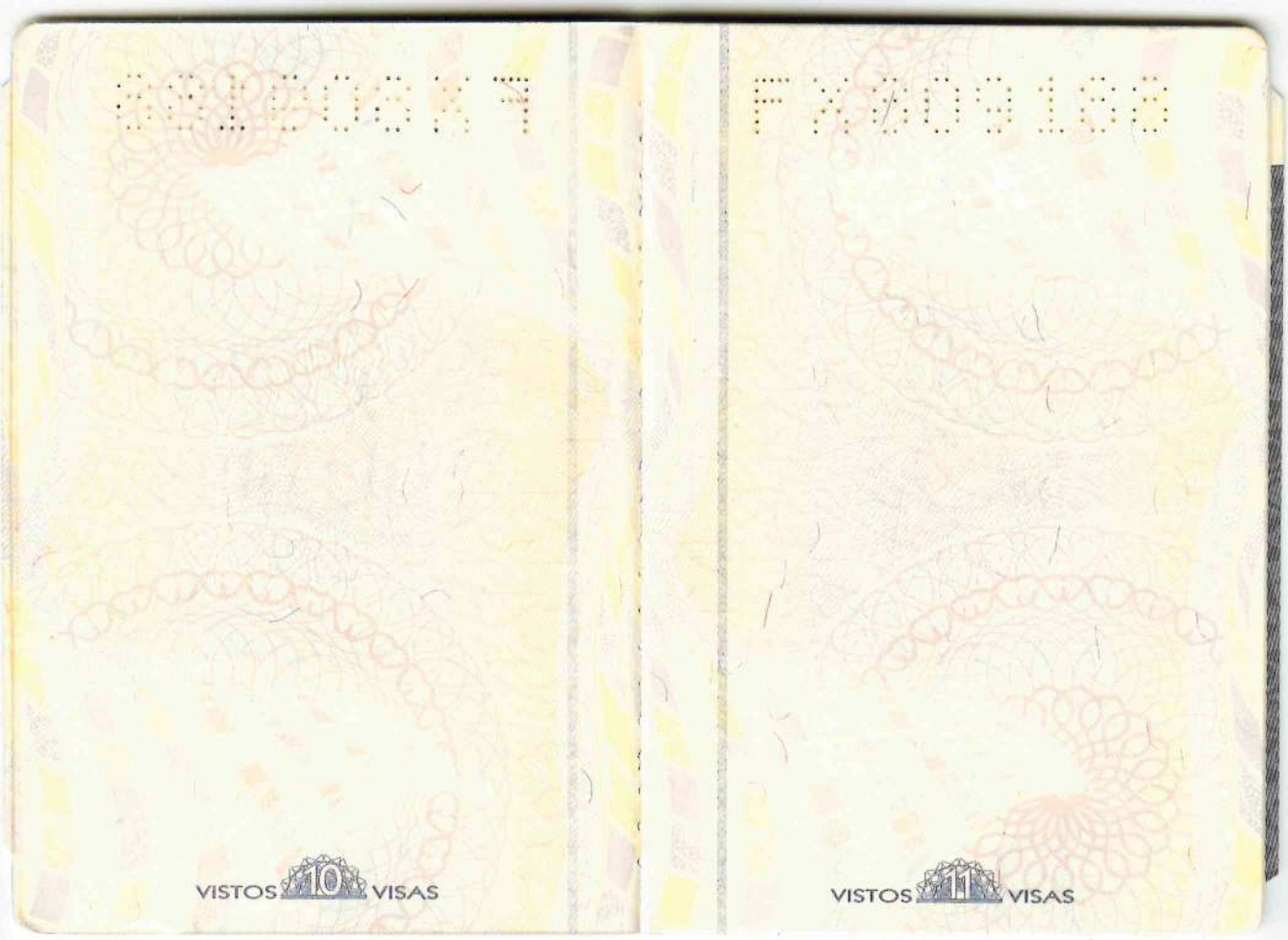
O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

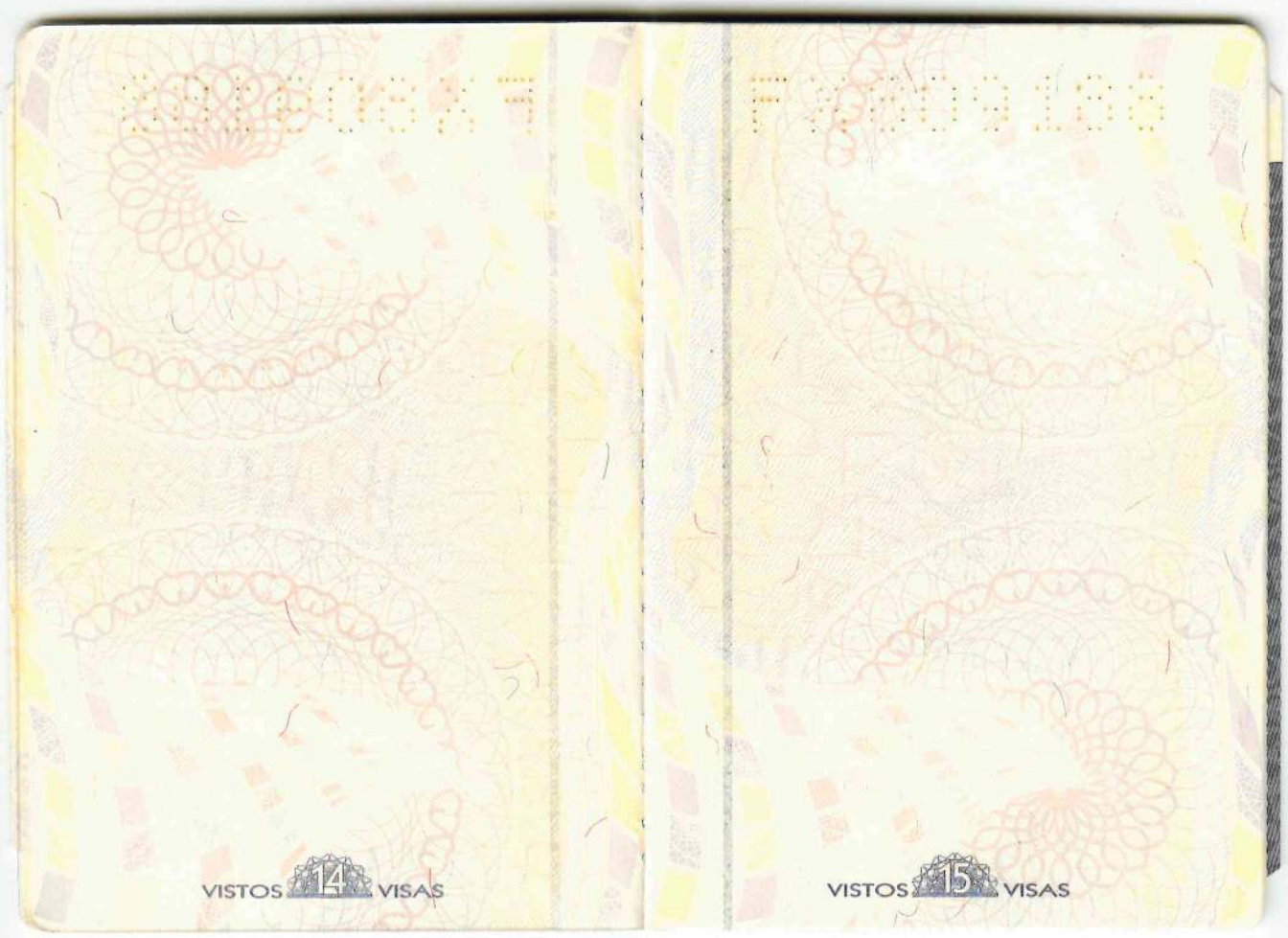
Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br


VISTOS 6 VISAS
VISTOS 7 VISAS


VISTOS VISAS
VISA
UNITED STATES OF AMERICA
Issuing Post Name
SAO PAULO
Control Number
20192176910012
Surname
CARNAUBAS TAVARES
Given Name
CALEB
Visa Type /Class
R B1/B2
Passport Number
FX809188
Sex
M
Birth Date
07MAR2016
Nationality
BRZL
Entries
M
Issue Date
07AUG2019
Expiration Date
04AUG2029
1011
Annotation
P2070373
VNUSACARNAUBAS<TAVARES<<CALEB<<<<<<<<<<<<<<<
FX809188<0BRA1603073M2908041B3SPL33K9B242499


VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS

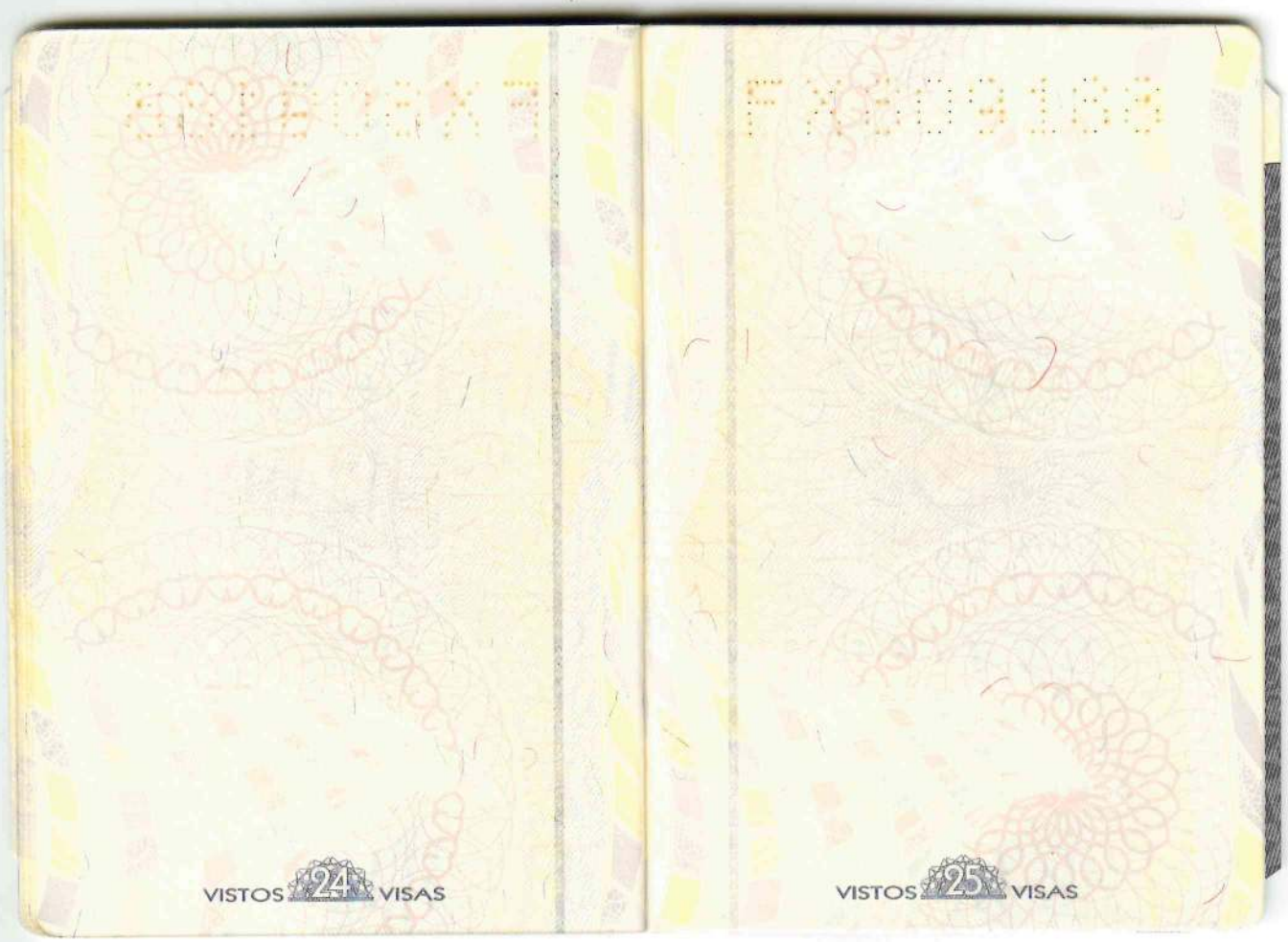

VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS

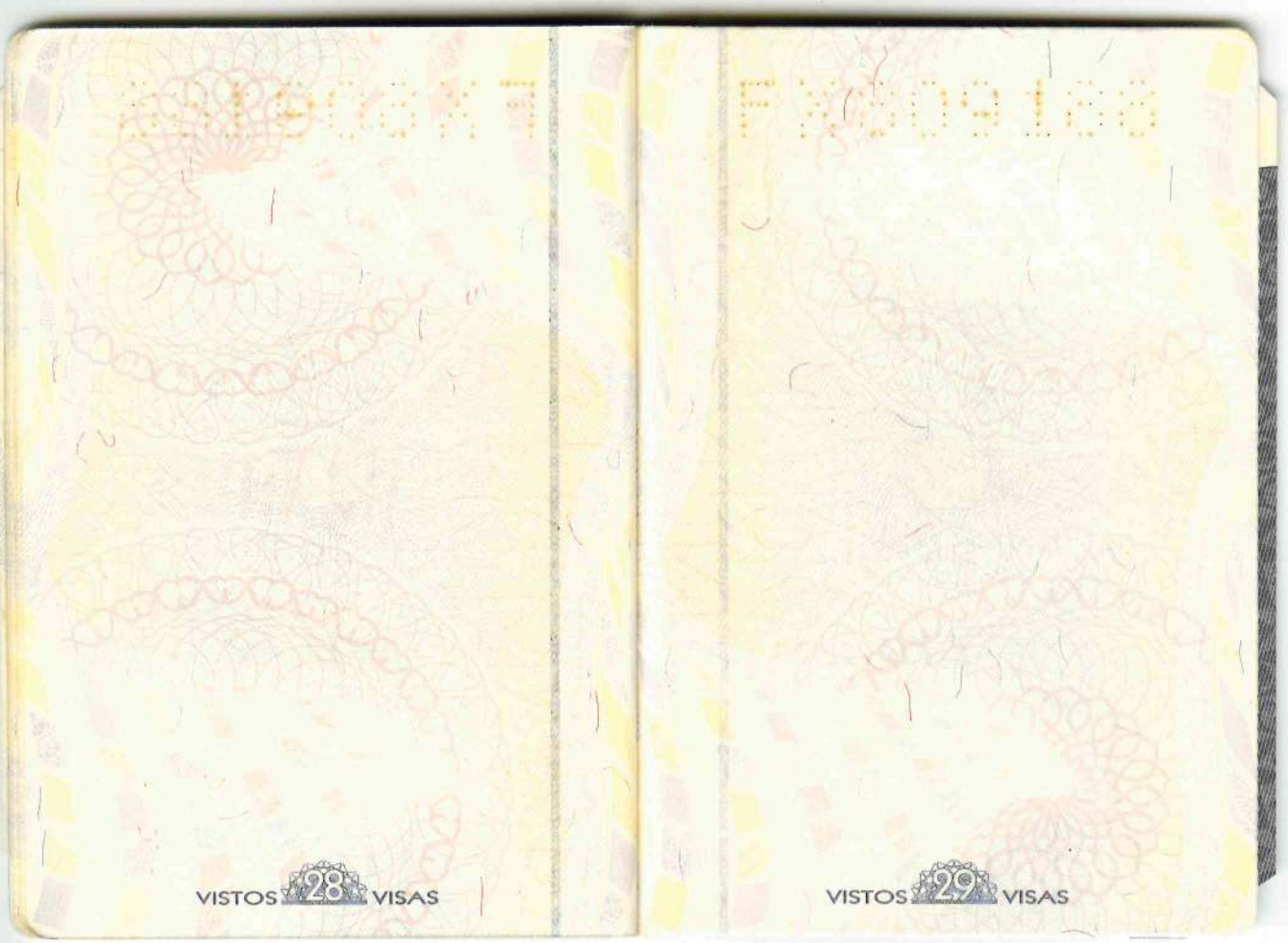

VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **CALEB CARNAUBAS TAVARES**

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: 520716332A2

Arrival/Issued Date: 2020 March 06

Class of Admission: B2

Admit Until Date: 2020 September 05

Details provided on the I-94 Information form:

Last/Surname: CARNAUBAS TAVARES

First (Given) Name: CALEB

Birth Date: 2016 March 07

Document Number: FX809188

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.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 04/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **YF186577**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2025-08-04	Departure	NYC
2	2020-03-06	Arrival	ORL

OMB No. 1651-0111 Expiration Date: 04/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FX809188**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2025-08-04	Departure	NYC
2	2020-03-06	Arrival	ORL

OMB No. 1651-0111 Expiration Date: 04/30/2026

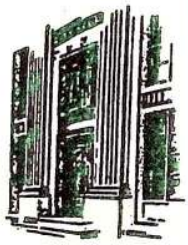
Exhibit 4 - Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio’s Marriage Certificate

Office of the City Clerk
NICOLE L. CRISPO, C.M.C.
City Clerk

JOSEPH J. NEWTON
Assistant City Clerk

City of Quincy, Massachusetts

Mayor James R. McIntyre City Hall
1305 Hancock Street
Quincy, Massachusetts 02169



TEL: 617-376-1131
FAX: 617-376-1082
Email: ncrispo@quincyma.gov

Marriage Certificate

Form R-201-01-2024

The Commonwealth of Massachusetts

State File Number

Department of Public Health ▪ Registry of Vital Records and Statistics

CERTIFICATE OF MARRIAGE

R ☐ This certificate is not to be used outside of MA.

Do not copy margin.

Not Valid After: JAN. 17 2026

This is a permanent record.

Use only permanent black ink.

Alterations are not allowed. Penalty for violation. MGL c 207, §§ 28, 28A, 48, 49, 54, 57 and c 46, § 18.

☐ Court Waiver
☐ Commission

For State Use: Original record if amended

Vol.: ____

Page ____

No. ____

Quincy City/Town Making Return	939 Intention Number 890 Registered Number
QUINCY	DECEMBER 2 2025
1. Place of Marriage (City/Town)	2. Date of Marriage
GUILHERME TAVARES DE OLIVEIRA	FLAVIA SILVA LIBORIO
3. Full Name – Party A	11. Full Name – Party B
GUILHERME TAVARES DE OLIVEIRA	FLAVIA SILVA LIBORIO
3A. Name after Marriage	11A. Name after Marriage
OCT. 28 1989 / Account Manager	OCT. 5 2005 / Driver
4. Date of Birth / 5. Occupation	12. Date of Birth / 13. Occupation
1777 BAY STREET 1 W	34 PRISCILLA ALDEN ROAD
6. Residence (No. & St.)	14. Residence (No. & St.)
FALL RIVER MA 02724	ABINGTON MA 02351
(City/Town, State or Country, Zip Code)	(City/Town, State or Country, Zip Code)
2ND / DIV.	1ST / -----
7. Number of Marriage / 7A. Widowed/Divorced	15. Number of Marriage / 15A. Widowed/Divorced
SAO PAULO BRAZIL	WEYMOUTH MA
8. Birthplace (City/Town and State or Country)	16. Birthplace (City/Town and State or Country)
APARECIDA ANDREA GIORGI/GIORGI	LUCINEIA SOUZA E. SILVA/SILVA
9. Name of Parent	17. Name of Parent
EDSON TAVARES DE OLIVEIRA	WAGNER JOSE LIBORIO
10. Name of Parent	18. Name of Parent

19. The INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of Quincy according to law, this 18TH (Day) day of NOVEMBER (Month), 20 25 (Year)

Issued DECEMBER (Month) 2 (Day) 2025 (Year) by Nicole L. Crispo
City or Town Clerk or Registrar

20. SOLEMNIZER: I hereby certify that I solemnized the marriage of the above-named persons at the place and date listed below:

1305 HANCOCK STREET Place (Number & Street, or Name of Place of Worship)	QUINCY (City/Town)
DECEMBER 2 2025 Date Solemnized	JUSTICE OF THE PEACE Title (Clergy Member, Priest, Rabbi, Imam, Justice of the Peace)
Nicole L. Crispo Name of Solemnizer & Signature	55 Pawsey Street Quincy MA 02169 Address

DECEMBER 2 2025 — Date of Record

Date of Amendment

Nicole L. Crispo — City/Town Clerk or Registrar

I, Nicole L. Crispo, hereby certify that I hold the Office of City Clerk of Quincy in the County of Norfolk, and Commonwealth of Massachusetts: That the Records of Birth, Marriage and Deaths are in my custody and that the above is a True Copy from the records as certified by me.

Witness My Hand and Seal of the City of Quincy DEC 02 2025
(Date)

Nicole L. Crispo
City Clerk

Exhibit 5 - Evidence of Guilherme Tavares de Oliveira’s Marital Status - Dissolution of Prior Marriage

1153942CE0295IA8108776261
Digital Seal 1153942CE02951A8108776261

To verify the authenticity of this document, scan the printed QR Code or visit the website: https://selodigital.tjsp.jus.br

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

MARRIAGE CERTIFICATE

Current name of spouses	CPF
GUILHERME TAVARES DE OLIVEIRA	380.377.408-03
SAMARA CLARICE DO CARMO CARNAUBAS TAVARES	368.164.458-64

Registration
115394 01 55 2013 2 00044 046 0009866-64

1st Spouse	Date of birth		
GUILHERME TAVARES DE OLIVEIRA	10	28	1989

Nationality	Marital Status	City of Birth	State
Brazilian	Single	São Paulo	SP

Parents
EDSON TAVARES DE OLIVEIRA; APARECIDA ANDREA GIORGI

Name adopted
GUILHERME TAVARES DE OLIVEIRA

2nd Spouse	Date of birth		
SAMARA CLARICE DO CARMO CARNAUBAS	03	21	1992

Nationality	Marital Status	City of Birth	State
Brazilian	Single	São Paulo	SP

Parents
GLAUCO DA VEIGA CARNAUBAS; GISELE AMÉLIA DO CARMO CARNAUBAS

Name adopted
SAMARA CLARICE DO CARMO CARNAUBAS TAVARES

Date of the marriage ceremony or, in the case of a stable union conversion, date of registration			
July twenty-seventh, two thousand thirteen	07	27	2013

Marital Property Regime
Partial Community of Property

Date of the marriage registration	Month	Date	Year
July twenty-seventh, two thousand thirteen	07	27	2013

Notes / Annotations

CPF: According to a search conducted in the database of the Brazilian Federal Revenue Service, via CRC, the contracting party is registered in the CPF/MF 380.377.408-03. Embu-Guaçu, 09/18/2019. According to a search conducted in the database of the Brazilian Federal Revenue Service, via CRC, the contracting party is registered in the CPF/MF 368.164.458-64. Embu-Guaçu, 09/18/2019.

DIVORCE: In compliance with the court order duly signed by Her Honor the Judge of the 8th Family and Succession Court, Regional Forum II - Santo Amaro, Judicial District of São Paulo-SP, Dr. Jucimara Esther de Lima Bueno, I made the marginal note alongside the entry, registering the DIVORCE of the couple on 10/15/2019, case No. 1050459-22.2019.8.26.0002, which became final and unappealable on 10/15/2019, with the contracting party continuing to use her married name, that is, SAMARA CLARICE DO CARMO CARNAUBAS TAVARES. Embu-Guaçu, 03/05/2026. I, Priscila Moscan Domingues dos Santos, Deputy Registrar, annotated and signed. Digital seal No. 1153942AVC28Y90000000226K. Protocol No. 120/2026. Fees: Registrar R$ 96.15 / Service Fee R$ 19.23 / ISS R$ 4.81 / Total R$ 120.19. Court order filed in folder No. 22, under No. 034.

(Record entered in Book. B-44, page 46-F, No. 9866, 07/27/1023).

Voluntary registration notes
NO RECORD

See Reverse

IA018108776

Continuation of page 1

CNS No. 11539-4
Civil Registry Office and Notary Office of Embu Guaçu

Embu-Guaçu-SP

Valdemar de Melo Neves
Civil Registry Registrar

Rua Independência, 163
06900140-Embu-Guaçu-SP

The content of this certificate is true. I certify.

Embu-Guaçu-SP, 03/05/2026

PRISCILA MOSCAN DOMINGUES DOS SANTOS
Deputy Registrar

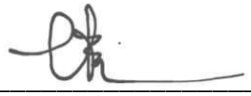
No Fees

CIVIL REGISTRY AND NOTARY
OFFICE OF EMBU-GUAÇU
Priscila Moscan Domingues dos Santos
Deputy Registrar
Phone: 4662-1501

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DETAILED INFORMATION OF THE REGISTRATION			
REGISTRATION STANDARD			YEAR OF REGISTRATION
	DETAILING		TYPE OF BOOK, BEING: 1: BOOK A (BIRTH) 2: BOOK B (MARRIAGE) 3: BOOK B (RELIGIOUS MARRIAGE REGISTRATION FOR CIVIL PURPOSES) 4: BOOK C (DEATH) 5: AUXILIARY BOOK C (STILLBIRTH REGISTRATION) 6: BOOK C-(PUBLICATION OF BANNS REGISTRATION) 7: BOOK E (OTHER ACTS RELATED TO CIVIL REGISTRATION)
	NATIONAL REGISTRY OFFICE CODE (UNIQUE IDENTIFICATION OF THE NOTARY OFFICE)		BOOK NUMBER
	ARCHIVE CODE, BEING: 01 – OWN ARCHIVE OTHER – INCORPORATED ARCHIVES		PAGE NUMBER
	TYPE OF SERVICE PROVIDED, BEING: 51: NOTARY SERVICE 52: TITLE PROTEST SERVICE 53: REAL ESTATE REGISTRATION SERVICE 54: TITLE AND DOCUMENT REGISTRATION SERVICE AND CIVIL REGISTRATION OF LEG 55: CIVIL REGISTRATION SERVICE OF NATURAL PERSONS 56: MARITIME CONTRACT REGISTRATION SERVICE 57: DISTRIBUTION REGISTRY		ENTRY NUMBER
			CHECK DIGIT

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: April 2, 2026.

1153942CE0295IA8108776261
Selo Digital 1153942CE0295IA8108776261

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REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO

Nome atual dos cônjuges:	Número do CPF
GUILHERME TAVARES DE OLIVEIRA	380.377.408-03
SAMARA CLARICE DO CARMO CARNAUBAS TAVARES	368.164.458-64

Matrícula

115394 01 55 2013 2 00044 046 0009866-64

1° Cônjuge

GUILHERME TAVARES DE OLIVEIRA — Data de nascimento: 28 / 10 / 1989

Nacionalidade: Brasileiro | Estado Civil: Solteiro | Município de naturalidade: São Paulo | UF: SP

Genitor(es): EDSON TAVARES DE OLIVEIRA; APARECIDA ANDREA GIORGI

Nome que passou a utilizar: GUILHERME TAVARES DE OLIVEIRA

2° Cônjuge

SAMARA CLARICE DO CARMO CARNAUBAS — Data de nascimento: 21 / 03 / 1992

Nacionalidade: Brasileira | Estado Civil: Solteira | Município de naturalidade: São Paulo | UF: SP

Genitor(es): GLAUCO DA VEIGA CARNAUBAS; GISELE AMÉLIA DO CARMO CARNAUBAS

Nome que passou a utilizar: SAMARA CLARICE DO CARMO CARNAUBAS TAVARES

Data da Celebração do casamento ou, se for o caso de conversão da união estavel, data do registro: vinte e sete de julho de dois mil e treze — 27 / 07 / 2013

Regime de Bens: Comunhão Parcial de Bens

Data de registro do casamento: vinte e sete de julho de dois mil e treze — 27 / 07 / 2013

Anotações/Averbações

CPF : Conforme busca realizada na base da Receita Federal do Brasil, via CRC, o contraente está inscrito no CPF/MF 380.377.408-03. Embu-Guaçu, 18/09/2019. Conforme busca realizada na base da Receita Federal do Brasil, via CRC, a contraente está inscrita no CPF/MF 368.164.458-64. Embu-Guaçu, 18/09/2019.

DIVÓRCIO : Em cumprimento ao mandado judicial devidamente assinado pela MMª. Juíza de Direito da 8ª Vara da Família e Sucessões, Foro Regional II - Santo Amaro, Comarca de São Paulo-SP, Dra. Jucimara Esther de Lima Bueno, faço a margem do assento ao lado, averbação para ficar constando o DIVÓRCIO do casal, em 15/10/2019, proc. nº 1050459-22.2019.8.26.0002, regularmente transitado em julgado, aos 15/10/2019, continuando a contraente a usar o nome de casada, ou seja, SAMARA CLARICE DO CARMO CARNAUBAS TAVARES. Embu-Guaçu, 05/03/2026. Eu, Priscila Moscan Domingues dos Santos, Substituta, averbei e subscrevi. Selo digital nº 1153942AVC28Y90000000226K. Protocolo nº 120/2026. Emol:Oficial R$ 96,15/Cart.Serv.R$19,23/ISS.R$4,81/Total R$120,19. Mandado arquivado na pasta nº 22, sob o nº 034.

(Reg. lavrado no Lv. B-44, fls. 46-F,nº 9866, aos 27/07/2013).

Anotações voluntárias de cadastro

NÃO CONSTA

IA 018108776

Vide verso

CNS nº11539-4
Cartório de Registro Civil e Tabelionato de Notas de Embu Guaçu

Embu-Guaçu-SP

Valdemar de Melo Neves
Oficial de Registro Civil

Rua Independência, 163
06900140-Embu-Guaçu-SP

O conteúdo da certidão é verdadeiro, Dou fé.

Embu-Guaçu-SP, 05/03/2026

PRISCILA MOSCAN DOMINGUES DOS SANTOS
Oficial Substituta

Sem Ônus

REGISTRO CIVIL E TABELIONATO
DE NOTAS DE EMBU-GUAÇU
Priscila Moscan Domingues dos Santos
Substituta
Tel: 4662-1501

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COURT OF JUSTICE OF THE STATE OF SÃO PAULO
JUDICIAL DISTRICT OF SÃO PAULO
II REGIONAL JURISDICTION - SANTO AMARO
8th FAMILY AND SUCCESSION COURT
AVENIDA DAS NAÇÕES UNIDAS, No. 22.939, São Paulo - SP - ZIP CODE 04795-100

JUDGMENT

Digital Case No.: 1050459-22.2019.8.26.0002
Class - Subject Consensual Divorce - Dissolution
Petitioner: Guilherme Tavares de Oliveira and Samara Clarice do Carmo Carnaubas Tavares

Judge of Law: Dr. Jucimara Esther de Lima Bueno

Verified.

Considering that the initial petition is signed by the petitioners and in view of the favorable opinion of the Public Prosecutor's Office, I ratify the agreement on pages 1/4 and 27/30 to decree the divorce of the couple Guilherme Tavares de Oliveira and Samara Clarice do Carmo Carnaubas Tavares, based on §6 of Article 226 of the Federal Constitution, amended by Constitutional Amendment 66/2010, recognizing the cessation of the duties of cohabitation, fidelity, mutual support, and the property regime.

As a consequence, I DECLARE THE CASE CLOSED, pursuant to Article 487, III, letter b, of the New Civil Procedure Code, with judgment on the merits.

Caleb Carnaúbas Tavares shall be under joint custody, residing with the mother. The certificate is to be issued.

The remaining terms are established as agreed.

This judgment shall serve as an order for annotation to the Civil Registry of Natural Persons of Embu-Guaçu, so that the necessary annotation may be made in the margin of the parties' marriage record under No. 115394 01 55 2013 2 00044 046 0009866 64.

The parties are responsible for printing and forwarding this document.

The divorcing party will continue to use her married name.

In the absence of an appeal, I consider the judgment final, and the issuance of a certificate to that effect is waived, in accordance with Article 1,000, sole paragraph, of the Civil Procedure Code.

Costs as provided by law.

Issue a judgment letter, with the petitioners required to pay the fee

This document is a copy of the original, digitally signed by JUCIMARA ESTHER DE LIMA BUENO, released in the case files on 10/15/2019 at 5:05 PM.
To verify the original, access the website https://esaj.tjsp.jus.br/pastadigital/pg/abrirConferenciaDocumento.do, enter case number 1050459-22.2019.8.26.0002 and code A5F3B12.

necessary for its issuance, if applicable.

At the appropriate time, file the case.

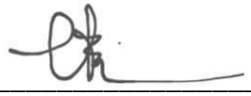
Publish, Register, and Notify. Record in the system.

São Paulo, October 15, 2019.

DOCUMENT DIGITALLY SIGNED IN ACCORDANCE WITH LAW 11,419/2006,
AS SHOWN IN THE RIGHT MARGIN PRINT

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To verify the original, access the website https://esaj.tjsp.jus.br/pastadigital/pg/abrirConferenciaDocumento.do, enter case number 1050459-22.2019.8.26.0002 and code A5F3B12.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.


_____ Date: April 6, 2026.

TRIBUNAL DE JUSTIÇA DO ESTADO DE SÃO PAULO
COMARCA DE SÃO PAULO
FORO REGIONAL II - SANTO AMARO
8ª VARA DA FAMÍLIA E SUCESSÕES
AVENIDA DAS NAÇÕES UNIDAS, Nº 22.939, São Paulo - SP - CEP 04795-100

SENTENÇA

Processo Digital nº: 1050459-22.2019.8.26.0002
Classe - Assunto Divórcio Consensual - Dissolução
Requerente: Guilherme Tavares de Oliveira e Samara Clarice do Carmo Carnaubas Tavares

Juiz(a) de Direito: Dr(a). Jucimara Esther de Lima Bueno

Vistos.

Considerando que a petição inicial está subscrita pelos requerentes e tendo em vista o parecer favorável do Ministério Público, homologo o acordo de fls. 1/4 e 27/30 para decretar o divórcio do casal Guilherme Tavares de Oliveira e Samara Clarice do Carmo Carnaubas Tavares, com fundamento no §6º, do artigo 226, da Constituição Federal, alterado pela Emenda Constitucional 66/2010, considerando cessados os deveres de coabitação, fidelidade, assistência mútua e o regime de bens.

Em consequência, JULGO EXTINTO o processo, nos termos do artigo 487, inciso III, alínea b, do Novo Código de Processo Civil, com julgamento do mérito.

A guarda de Caleb Carnaúbas Tavares será compartilhada, com residência materna. Expeça-se a certidão.

Os demais termos ficam fixados conforme acordado.

Esta sentença servirá como mandado de averbação ao Cartório de Registro Civil das Pessoas Naturais de Embu-Guaçu, para que proceda à margem do assento de casamento das partes sob o nº 115394 01 55 2013 2 00044 046 0009866 64, a necessária averbação.

As partes ficam responsáveis por sua impressão e encaminhamento.

A divorcianda continuará a usar o nome de casada.

Ausente o interesse recursal, considero a sentença transitada em julgado nesta data, dispensada a expedição de certidão nesse sentido, conforme artigo 1.000, parágrafo único, do Código de Processo Civil.

Custas na forma da lei.

Expeça-se carta de sentença, devendo, os requerentes, recolher a taxa

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TRIBUNAL DE JUSTIÇA DO ESTADO DE SÃO PAULO
COMARCA DE SÃO PAULO
FORO REGIONAL II - SANTO AMARO
8ª VARA DA FAMÍLIA E SUCESSÕES
AVENIDA DAS NAÇÕES UNIDAS, Nº 22.939, São Paulo - SP - CEP 04795-100

necessária à sua expedição, se o caso.

Oportunamente, arquivem-se.

P.R.I. Anote-se no sistema.

São Paulo, 15 de outubro de 2019.

DOCUMENTO ASSINADO DIGITALMENTE NOS TERMOS DA LEI 11.419/2006, CONFORME IMPRESSÃO À MARGEM DIREITA

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Para conferir o original, acesse o site https://esaj.tjsp.jus.br/pastadigital/pg/abrirConferenciaDocumento.do, informe o processo 1050459-22.2019.8.26.0002 e código A5F3B12.

Exhibit 6 - Evidence of Bona Fide Marriage

Flávia Alessandra Silva Liborio

1777 Bay St, apt 1W Fall River, MA - 02724

(774) 236-8304

Flavialiborio456@gmail.com

04/15/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

I, Flávia Liborio, am writing to share my personal statement regarding my relationship with my husband, Guilherme Tavares de Oliveira.

I first met Guilherme in September 2025 at a small gathering with mutual friends. What started as a casual introduction quickly turned into something special, as we connected very naturally and began spending more time together. From the beginning, I could see that he was someone genuine, caring, and aligned with my values.

In October 2025, on my birthday, Guilherme asked me to be his girlfriend. It was a simple moment, but very meaningful to me. As our relationship continued to grow, I felt increasingly confident about our future together. Later that same month, he proposed, and I said yes without hesitation.

We got married in December 2025 and started our life together as a married couple. Since then, we have been sharing our daily routines, supporting each other, and building a strong and stable relationship based on love, respect, and partnership.

Looking ahead, we have many plans and dreams together. We want to travel, buy a home, have children, and continue growing as a family. I truly believe in our relationship and in the life we are building together.

I affirm under penalty of perjury that the information provided above is true and correct to the best of my knowledge and belief.

Sincerely,

Flávia Alessandra Silva Liborio

Flavia Liborio

Guilherme Tavares de Oliveira

1777 Bay St, apt 1W, Fall River – MA – 02724

(321) 314-3606

Gtavares.advogado@gmail.com

Personal Statement About My Relationship

April 10, 2026

To whom it may concern,

I, Guilherme Tavares de Oliveira, am writing this letter to sincerely share the story of my relationship with my wife, Flávia Liborio.

I met Flávia in September 2025 during a gathering with mutual friends. From the very first moment, something felt different. We had an immediate, easy, and genuine connection, as if we had known each other for a long time. From that day on, we grew closer and closer, and every conversation, every time we met, only reinforced how much we enjoyed each other's presence.

As time went by, what began as a special friendship turned into a deep and meaningful relationship. In October 2025, on her birthday, I chose a simple but heartfelt moment to ask her to be my girlfriend. It was an important step for both of us and marked the beginning of something even more serious.

Shortly afterward, already certain of what I felt, I realized that I wanted to build a life by her side. Still in that same month, I decided to take a bigger step and ask her to marry me, with my heart full of conviction and happiness.

In December 2025, we got married and officially began our life together as husband and wife. Since then, we have shared not only the same home, but also responsibilities, dreams, challenges, and achievements. We have learned to grow together, support each other through difficult times, and celebrate every small victory in everyday life.

Our relationship is based on respect, partnership, care, and, above all, true love. We have built a strong relationship grounded in communication, understanding, and a constant desire to make each other happy.

Today, we continue planning our future together, with shared dreams such as traveling, owning our own home, starting a family, and continuing to strengthen the life we are building side by side.

I declare, under penalty of perjury, that all of the information above is true and sincerely reflects my story and my feelings.

Sincerely,

----//signature//----
Guilherme Tavares de Oliveira

April 10, 2026

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: April 17, 2026.

Guilherme Tavares de Oliveira

1777 Bay St, apt 1W, Fall River - MA - 02724

(321) 314-3606

Gtavares.advogado@gmail.com

Declaração Pessoal sobre Meu Relacionamento

10 de abril de 2026

A quem possa interessar,

Eu, Guilherme Tavares de Oliveira, venho por meio desta compartilhar, de forma sincera, a história do meu relacionamento com minha esposa, Flávia Liborio.

Conheci a Flávia em setembro de 2025, durante um encontro entre amigos em comum. Desde o primeiro momento, algo foi diferente. Tivemos uma conexão imediata, leve e verdadeira, como se já nos conhecêssemos há muito tempo. A partir daquele dia, começamos a nos aproximar cada vez mais, e cada conversa, cada encontro, só reforçava o quanto gostávamos da presença um do outro.

Com o passar do tempo, o que começou como uma amizade especial se transformou em um relacionamento profundo e significativo. Em outubro de 2025, no aniversário dela, escolhi um momento simples, mas cheio de sentimento, para pedir que ela fosse minha namorada. Foi um passo importante para nós dois, e marcou o início de algo ainda mais sério.

Pouco tempo depois, já com a certeza do que eu sentia, percebi que queria construir uma vida ao lado dela. Ainda naquele mesmo mês, tomei a decisão de dar um passo maior e a pedi em casamento, com o coração cheio de convicção e felicidade.

Em dezembro de 2025, nos casamos e começamos oficialmente nossa vida juntos como marido e mulher. Desde então, dividimos não apenas o mesmo lar, mas também responsabilidades, sonhos, desafios e conquistas. Aprendemos a crescer juntos, a nos apoiar nos momentos difíceis e a celebrar cada pequena vitória do dia a dia.

Nosso relacionamento é baseado em respeito, parceria, cuidado e, acima de tudo, amor verdadeiro. Construímos uma relação sólida, com diálogo, compreensão e o desejo constante de fazer o outro feliz.

Hoje, seguimos planejando nosso futuro juntos, com sonhos em comum como viajar, conquistar nossa casa própria, formar uma família e continuar fortalecendo a vida que estamos construindo lado a lado.

Declaro, sob as penas da lei, que todas as informações acima são verdadeiras e refletem, com sinceridade, minha história e meus sentimentos.

Atenciosamente,



Guilherme Tavares de Oliveira

10 de abril de 2026

Form 1040 U.S. Individual Income Tax Return 2025

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 | See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
GUILHERME	TAVARES	975-98-8832
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
FLAVIA ALESSANDRA SI	LIBORIO	030-88-7788

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 1W

1777 BAY STREET

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. State: MA ZIP code: 02724

Fall River

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status

Check only one box.

☐ Single
☒ 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	CALEB			
(2) Last name	CARNAUBAS TAVARES			
(3) SSN	977-96-6427			
(4) Relationship	Son			
(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	33,372
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	33,372
2a	Tax-exempt interest 2a	b Taxable interest	2b
3a	Qualified dividends 3a	b Ordinary dividends	3b
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a	b Taxable amount	4b
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a	b Taxable amount	5b
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		
6a	Social security benefits 6a	b Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	14,584
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	47,956
10	Adjustments to income from Schedule 1, line 26	10	1,031
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	46,925

Attach Sch. B if required.

AT&T Services, Inc.
PO BOX 5093
CAROL STREAM, IL 60197-5093

12/17/2025

FLAVIA LIBORIO
1777 BAY ST
UNIT 1W
FALL RIVER, MA 02724

Explore AT&T's Products and Services!
Thank you for being a valued customer.
Discover our wide range of products and services designed to enhance your experience. Visit us at https://www.att.com/deals to find the perfect solutions for your needs.

Order Number: 512167230914

Dear FLAVIA LIBORIO:

Thank you for applying for AT&T services. Below is your request for this order and the decision(s) you received:

- Real-Time - Based on the service selected, a security requirement was not required

As of 12/16/2025, your AT&T credit score was: 713.

AT&T utilizes a proprietary credit rating system that creates a score based on information derived from your credit history as supplied by the consumer reporting agency listed below. Your AT&T credit score is unique to AT&T and differs from scores commonly supplied by credit reporting agencies. Your credit score can change, and credit scores range from 001 to 999. The credit score values are established based upon comparative analyses of repayment histories of large numbers of customers.

Below are the specific consumer reporting agency credit factors that affected your score:

- Total Balance On Bankcard Accounts
- Age of Accounts
- Age of Revolving Accounts
- Insufficient Information On or Lack of Bankcard Accounts

Our credit decision was based in whole or in part on information obtained in a report from the consumer reporting agency listed below. To meet Federal guidelines, all individuals receive this letter even when a security requirement is not required. You have a right under the Fair Credit Reporting Act to know the information contained in your credit file at the consumer reporting agency. The reporting agency played no part in our decision and is unable to supply specific reasons why we have denied credit to you. You also have a right to a free copy of your report from the reporting agency, if you request it no later than 60 days after you receive this notice. In addition, if you find that any information contained in the report you receive is inaccurate or incomplete, you have the right to dispute the matter with the reporting agency.

Trans Union (TRU)
2 Baldwin Place
P.O. Box 1000
Chester, PA 19022
1-800-888-4213
www.transunion.com/direct

If you would like a statement of specific reasons why your application was denied, please contact us within 60 days of the date of this letter. We will provide you with the statement of reasons within 30 days after receiving your request.

Should you like to request the statement of reasons or have any additional questions, please contact us at 1-800-288-2020 or at the address provided below.

Once again, thank you for applying for AT&T communications or AT&T TV services; we appreciate the opportunity to serve you.

Sincerely,

AT&T Services, Inc.

2621.001.003384.01.01.0000000 NNNNNNNN 007091.007091

Subsidiaries and affiliates of AT&T Inc. provide products and services under the AT&T brand. AT&T, the AT&T logo and all other AT&T marks contained herein are trademarks of AT&T Intellectual Property and/or AT&T affiliated companies. © 2010 AT&T Intellectual Property. All rights reserved.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission, Equal Credit Opportunity, Washington, DC 20580.

Letter 70 - AA High

AT&T Services, Inc.
PO BOX 5093
CAROL STREAM, IL 60197-5093

2621.1.17.3384 1 MB 0.672 GC

FLAVIA LIBORIO
UNIT 1W
1777 BAY ST
FALL RIVER MA 02724-1138

MASS DOT
REGISTRY OF MOTOR VEHICLES DIVISION
POST OFFICE BOX 55889
BOSTON, MA 02205-5889

FLAVIA LIBORIO
1777 BAY ST
APT 1W
FALL RIVER MA 02724-1138

935

SKIP THE LINE, GO ONLINE

Mass.Gov/RMV

REGISTRATION/TITLE
- Cancel My Registration
- Check Status of a Registration
- Print My Registration
- Renew My Registration
- Replace My Registration
- Title and Register My Vehicle

LICENSE/ID
- Add an Endorsement to My CDL
- Apply for a Learner's Permit
- Apply for a Liquor ID
- Apply for a Mass ID
- Apply for a Real ID
- Downgrade to Passenger License
- Renew My Driver's License
- Renew My Mass ID
- Replace My Driver's License
- Replace My Learner's Permit
- Replace My Liquor ID
- Replace My Mass ID
- Self-Certify a Commercial License

OTHER
- Change My Address/Contacts
- Enroll as an Organ and Tissue Donor
- I-Pay-Tax Complaint
- Pay a Citation
- Pay License and Road Test Fees
- Pay My EZ Pass Fees
- Pay My Reinstatement Fees
- Prove Lawful Presence
- Request a Court Hearing
- Request a Crash Report
- Request a Public Driving Record

HANDS-FREE USE OF ELECTRONIC DEVICES WHILE DRIVING.

IT'S THE LAW.

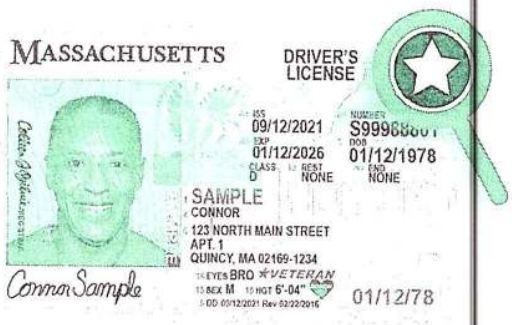


Operators of motor vehicles cannot use an electronic device unless it is used in hands-free mode.

More details at **Mass.Gov/Handsfree**

NEW MASS LICENSE OR ID

Please record your license number that begins with an "S" or "SA" and keep in a safe place.



GET THE FACTS ABOUT REAL ID AT MASS.GOV/ID

Look for the star. Beginning May 7, 2025, you will need a REAL ID or other acceptable form of ID such as a valid passport to fly within the U.S. and enter certain federal buildings.

Call 857-368-8000 from the 339/617/781/857 area codes or 800-858-3926 from all other MA area codes.
Customer Service Representatives are available weekdays 9 a.m. until 5 p.m.

IMPORTANT INFORMATION

Moving? Don't forget to tell us – it's the law that you report any address change within 30 days. Visit **Mass.Gov/RMV** to change your address online.

Massachusetts law requires convicted sex offenders to register with their local police departments. For information, call 800-93MEGAN or visit **Mass.Gov/orgs/sex-offender-registry-board**

01.09.23

BOARD OF ELECTIONS DEPT., 1 GOVERNMENT CENTER, RM 636, FALL RIVER, MA 02722 Ph. (508) 324-2630 Fax (508) 324-2633

Acknowledgment Notice / Aviso de Recepción

LIBORIO, FLAVIA ALESSANDRA SILV
1777 BAY ST, Unit 1W
FALL RIVER, MA 02724

Jan 22, 2026

We have received your information from your agency transaction and have either updated your existing voter registration or registered you as a voter. Below is your current voter registration information:

- Name / Nombre: LIBORIO, FLAVIA ALESSANDRA SILV
- Residential Address / Dirección Residencial: 1777 BAY ST, Unit 1W FALL RIVER, MA 02724.
- Party / Partido: UNENROLLED
- You are now eligible to vote in all future elections. / Ahora usted es elegible para votar en todas las elecciones futuras.

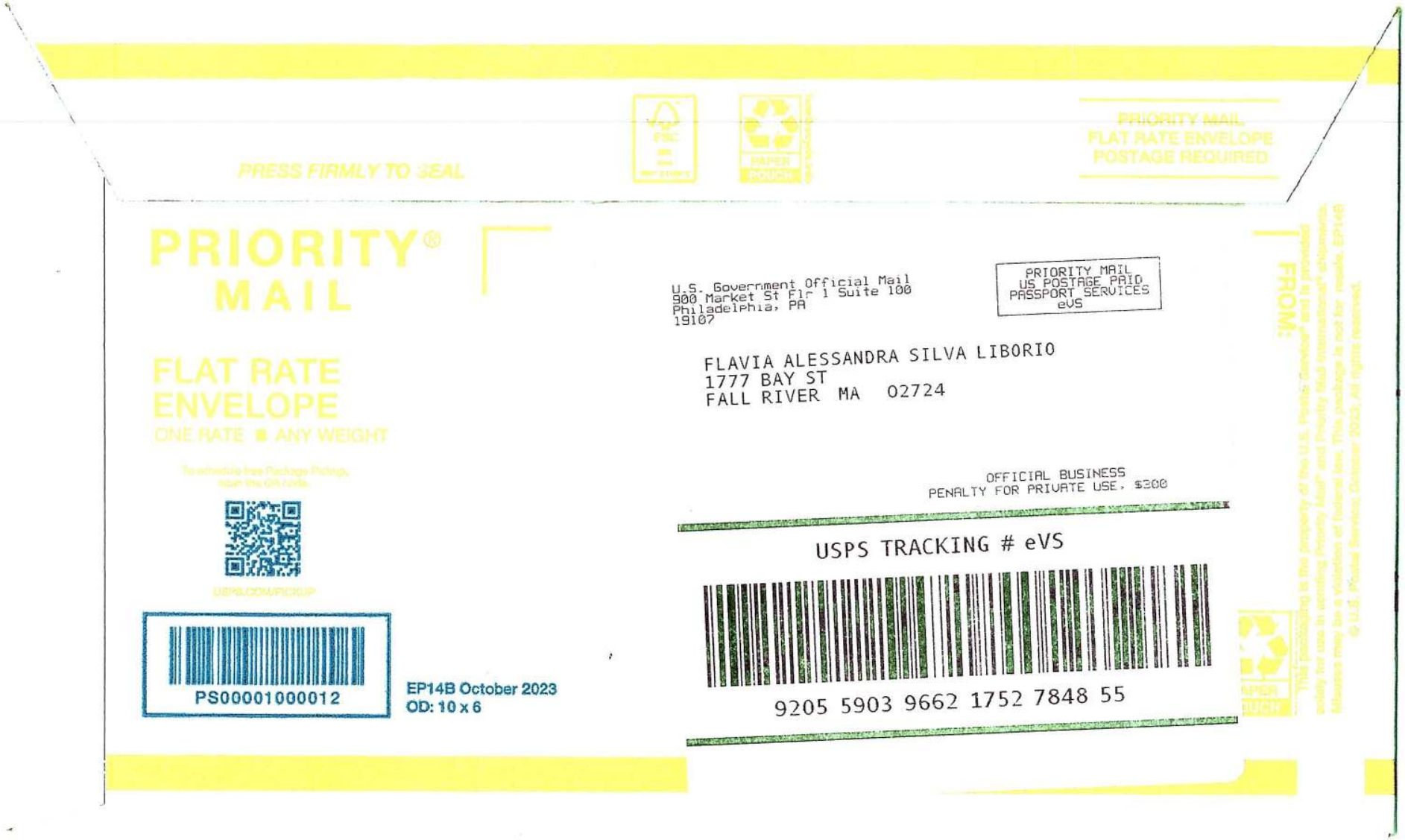
Hemos recibido su información de una transacción de agencia y hemos actualizado su registro de votante existente o lo hemos registrado como votante. Arriba está su información de registro de votante actual.

You are registered to vote at / Estás inscrito en 1777 BAY ST, Unit 1W, FALL RIVER, MA 02724.
Please be advised to remain on the active voter list, you must respond to your annual street list.
You must re-register to vote if there are any changes to the information above such as your address, name, or if you wish to change your party affiliation.
If you wish to be removed as a voter, send a written request to the address listed above.

Tenga en cuenta que para permanecer en la lista activa de votantes, debe responder a su censo anual.
Debe volver a inscribirse para votar si hay algún cambio en la información anterior, como su dirección, nombre o si desea cambiar su afiliación de partido.
Si desea ser eliminado como votante, envíe una solicitud por escrito a la dirección indicada anteriormente.

Your Polling Place is / Tu lugar de votación es
WARD 3 PRECINCT B
GOOD SHEPHERD PARISH, 1598 SOUTH MAIN STREET

RYAN LYONS
CHAIRMAN & DIRECTOR


PRESS FIRMLY TO SEAL
PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED
PRIORITY®
MAIL
FLAT RATE
ENVELOPE
ONE RATE ■ ANY WEIGHT
USPS.COM/PICKUP
PS00001000012
EP14B October 2023
OD: 10 x 6
U.S. Government Official Mail
900 Market St Flr 1 Suite 100
Philadelphia, PA
19107
PRIORITY MAIL
US POSTAGE PAID
PASSPORT SERVICES
eVS
FLAVIA ALESSANDRA SILVA LIBORIO
1777 BAY ST
FALL RIVER MA 02724
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, $300
USPS TRACKING # eVS
9205 5903 9662 1752 7848 55
FROM:

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

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

GUILHERME TAVARES DE OLIVEIRA
1777 BAY ST APT 1W
FALL RIVER, MA 02724-1138

Your combined statement

for December 6, 2025 to January 6, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	4660 0593 1116	$52.08	Page 3
Bank of America Advantage Savings	4660 1831 6317	$2,140.35	Page 11
Total balance		**$2,192.43**	

How are we doing? Your opinion is important to us.

You are invited to join the Bank of America® Advisory Panel and share what you think we are doing right — and what we need to do better.

Enter code CADD at bankofamerica.com/AdvisoryPanel to learn more and join.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. Inclusion on the Advisory Panel is subject to qualifications.

SSM 07-24-0067.B | 6864134

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

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

FLAVIA ALESSADRA SILVA LIBORIO
GUILHERME TAVARES DE OLIVEIRA
1777 BAY ST APT 1W
FALL RIVER, MA 02724-1138

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv SafeBalance Banking

for February 25, 2026 to March 26, 2026 Account number: 4660 2583 5399

FLAVIA ALESSADRA SILVA LIBORIO GUILHERME TAVARES DE OLIVEIRA

Account summary

Beginning balance on February 25, 2026	$508.43
Deposits and other additions	0.00
ATM and debit card subtractions	-118.50
Other subtractions	-65.57
Service fees	-0.00
Ending balance on March 26, 2026	**$324.36**

NEW: BankAmeriDeals® is better than ever.

Find more cash back deals from thousands of top brands. Check it out today!

Explore your deals at bankofamerica.com/deals.

When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.

SSM-08-25-0441.B | 8548559

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

James Kauan Cordeiro Roberto

1777 Bay St, apt 2W
Fall River - MA
(774) 518-2818

February, 23, 2026

U.S. Citizenship and Immigration Services (USCIS)

Re: Affidavit in Support of the Marriage of Guilherme Tavares and Flávia Liborio.

To Whom It May Concern,

My name is James Kauan Cordeiro Roberto. I currently reside at the address listed above. I am writing this letter in support of the marriage of Guilherme Tavares and Flávia Liborio

I have known Guilherme for several years, as we have been neighbors for a long time. Throughout these years, we have maintained a friendly and respectful relationship as neighbors.

I first met Flávia around September 2025, when I began seeing her visiting Guilherme's home frequently. Over time, her presence became consistent, and it was clear they were in a committed relationship.

After their marriage in December 2025, I observed that Flávia began residing with Guilherme at the same address. Since then, I have regularly seen them together as a married couple.

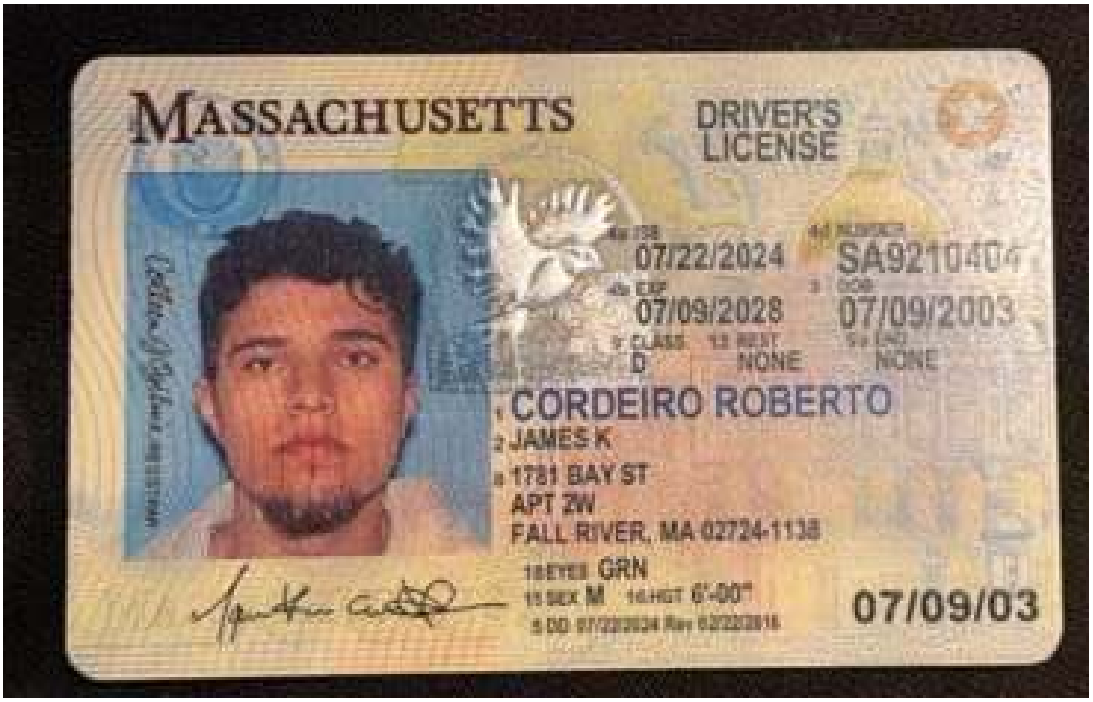
As neighbors, we often see each other when coming or going from our homes. We greet each other, exchange normal conversations about how our day is going, and ask if everything is alright. Their interactions are natural, respectful, and consistent with a genuine marital relationship.

Based on my personal observations, I believe their marriage is real and entered into in good faith.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Sincerely,

James Kauan Cordeiro Roberto


MASSACHUSETTS
DRIVER'S LICENSE
07/22/2024
SA9210404
07/09/2028
07/09/2003
D
NONE
NONE
1 CORDEIRO ROBERTO
2 JAMES K
3 1781 BAY ST
APT 2W
FALL RIVER, MA 02724-1138
18 EYES GRN
15 SEX M
16 HGT 6'-00"
07/09/03

Affidavit Letter of Support

I, Antonio Pedro Rodrigues, currently residing at:

Address: 6 Nottingham Way, Assonet, MA 02702-1403

Phone: (508) 400-4508

Email: trod61376@gmail.com

Date: March 10, 2026

I am writing this letter in support of the marriage between Guilherme Tavares de Oliveira and Flávia Liborio.

I have known Guilherme Tavares de Oliveira for approximately four years. We work together, and during this time I have come to know him well and can attest to his honest character and good nature. Through our daily interactions at work, I have developed a friendship with him and have had many conversations about his personal life.

Around September of 2025, Guilherme began sharing with me details about his relationship with Flávia Liborio. I was able to follow the development of their relationship through the conversations we had at work, where he often spoke about her and their plans together.

I also know Flávia through Guilherme. On a few occasions, I have seen her accompanying him at work, and I had the opportunity to greet her and briefly speak with her. From what I have observed and from what Guilherme has shared with me, their relationship appears genuine and based on mutual care and commitment.

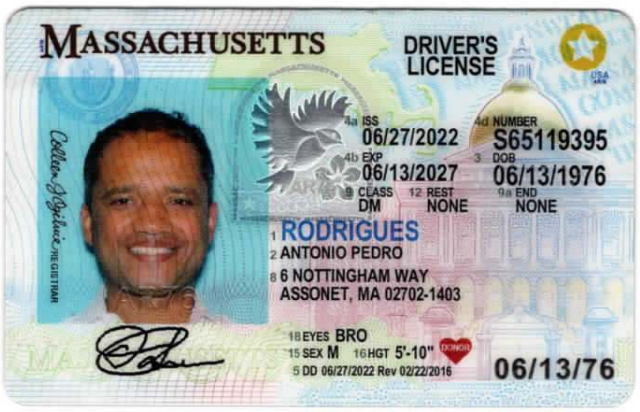
Based on my knowledge of Guilherme and my observations of his relationship with Flávia, I sincerely believe that their marriage is legitimate and entered into in good faith.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Sincerely,



Antonio Pedro Rodrigues


MASSACHUSETTS
DRIVER'S LICENSE
4a ISS 06/27/2022
4d NUMBER S65119395
4b EXP 06/13/2027
3 DOB 06/13/1976
9 CLASS DM
12 REST NONE
9a END NONE
1 RODRIGUES
2 ANTONIO PEDRO
8 6 NOTTINGHAM WAY
ASSONET, MA 02702-1403
18 EYES BRO
15 SEX M
16 HGT 5'-10"
5 DD 06/27/2022 Rev 02/22/2016
06/13/76


221788651
193950601
www.mass.gov/rmv
MA 02/22/2016
06/13/1976
CLASS -
D: Small vehicle less than 26,001 lbs, except school bus.
M: Motorcycle
ENDORSEMENTS -
NONE
RESTRICTIONS -
NONE
CHANGE OF ADDRESS. PRINT BELOW. PERMANENT INK.

Affidavit Letter of Support

I, Monica Nunes Ferreira, currently residing at:

Address: 331 N Elm St, West Bridgewater, MA, Zip 02379

Phone: (774) 707-5778
Email: nbfmonica@gmail.com

I am writing this letter in support of the marriage between Flávia Liborio and Guilherme Tavares.

I am a friend of Flávia Liborio and I also share some mutual friends with Guilherme Tavares. Because of this, I have had the opportunity to witness the beginning and development of their relationship.

I clearly remember when they first met at my home during a small gathering with friends in September. I was very happy to see them meet that day. From that moment on, they developed a strong connection and began spending more and more time together.

As time passed, I was able to observe their relationship grow into a genuine and loving partnership. They showed affection, respect, and support for each other, and it was clear to everyone around them that their relationship was sincere.

I was very happy when they decided to get married. In my opinion, they are both wonderful people, honest, hardworking, and respectful. I truly believe that their marriage is based on real love and commitment.

I am grateful to have witnessed the beginning of their relationship and the development of their life together.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct to the best of my knowledge.

Sincerely,



MONICA NUNES FERREIA

Date: March 16, 2026


We the People
Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.
3
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
PASSPORT
PASSEPORT
PASAPORTE
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. du Passeport / No. de Pasaporte
677115645
Surname / Nom / Apellidos
FERREIRA
Given Names / Prénoms / Nombres
MONICA NUNES
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
20 Dec 2002
Place of birth / Lieu de naissance / Lugar de nacimiento
MASSACHUSETTS, U.S.A.
Sex / Sexe / Sexo
F
Date of issue / Date de délivrance / Fecha de expedición
22 Oct 2021
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
21 Oct 2031
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 51
USA
P<USAFERREIRA<<MONICA<NUNES<<<<<<<<<<<<<<<<<<
6771156454USA0212207F3110212717935130<621388

Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Photographs Evidencing Bona Fide Marriage

of Guilherme Tavares de Oliveira

and Flavia Alessandra Silva Liborio

Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira at their home in Fall River, Massachusetts, on January 17, 2026, prior to going out for dinner together.



Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio with family and friends at a Christmas Eve gathering on December 24, 2025. Pictured from left to right: Júnior (family friend), André (family friend), Leandro (family friend), Ronaldo (Flavia's stepfather), Lucineia (Flavia's mother), Thalita (Flavia's sister), Elisa (niece), Shirlaine and Regis (family friends), Guilherme and Flavia (center back), and Vitória (Flavia's cousin, photographer).



Guilherme Tavares de Oliveira with his wife Flavia Alessandra Silva Liborio, her stepfather Ronaldo, and her mother Lucineia, at a family Christmas Eve gathering on December 24, 2025.



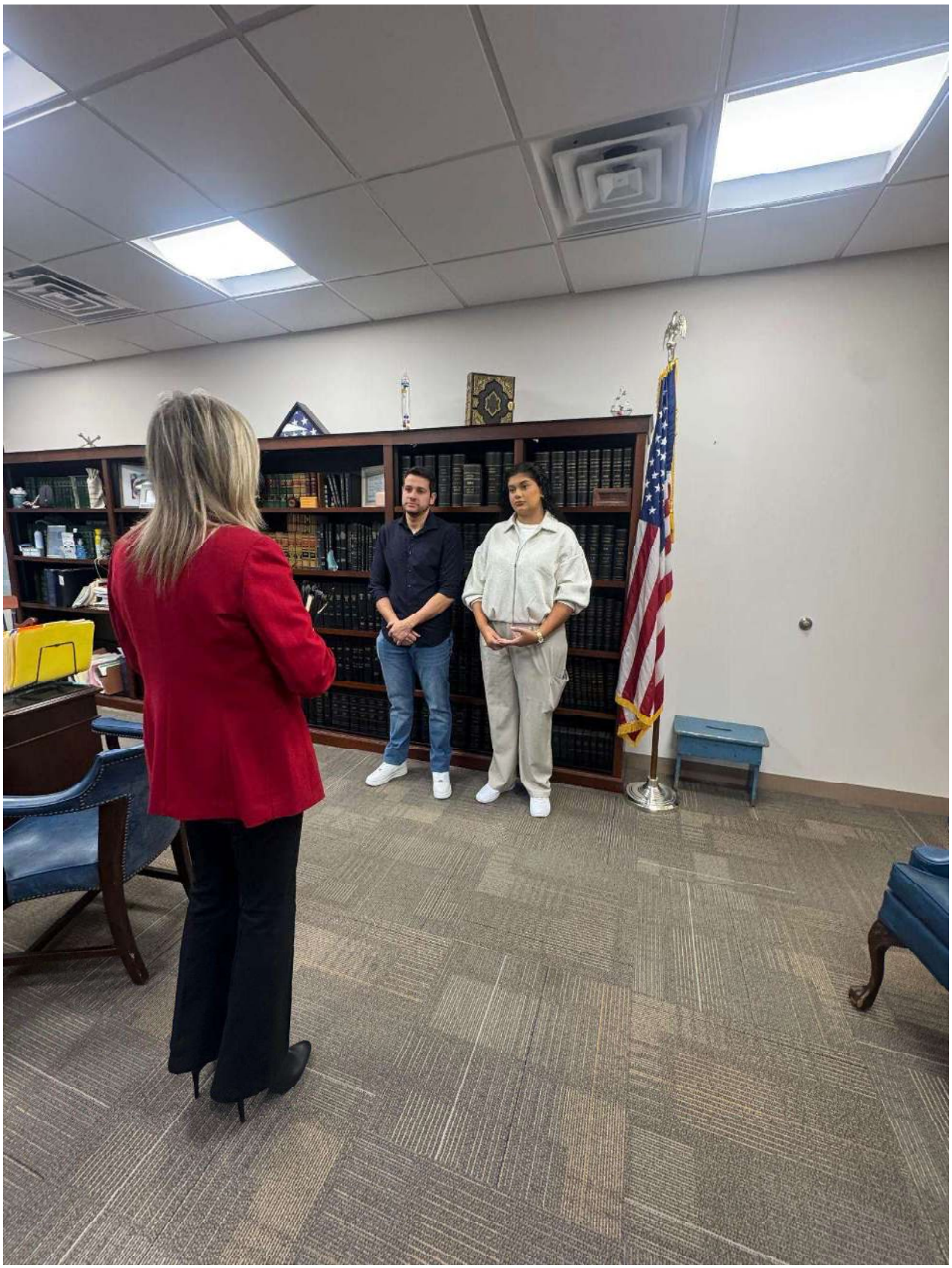
Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira at a restaurant near their home in Fall River, Massachusetts, on December 16, 2025.



Guilherme Tavares de Oliveira and Flavia Silva Liborio during civil marriage ceremony officiated by judge – United States, December 2, 2025.



Guilherme Tavares de Oliveira and Flavia Silva Liborio exchanging rings during civil marriage ceremony – United States, December 2, 2025.



Guilherme Tavares de Oliveira and Flavia Silva Liborio with officiating judge following civil marriage ceremony – United States, December 2, 2025.



Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira on their wedding day, on their way to their civil marriage ceremony, on December 2, 2025.



Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira in front of Quincy City Hall, Quincy, Massachusetts, on November 18, 2025, immediately after scheduling their civil marriage ceremony.



Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira displaying their wedding rings after scheduling their civil marriage ceremony at the Quincy City Hall, Quincy, Massachusetts, on November 18, 2025.



Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira outside Quincy City Hall, Quincy, Massachusetts, on November 18, 2025, on the occasion of scheduling their civil marriage ceremony.



Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira at Guilherme's mother's home on November 15, 2025.



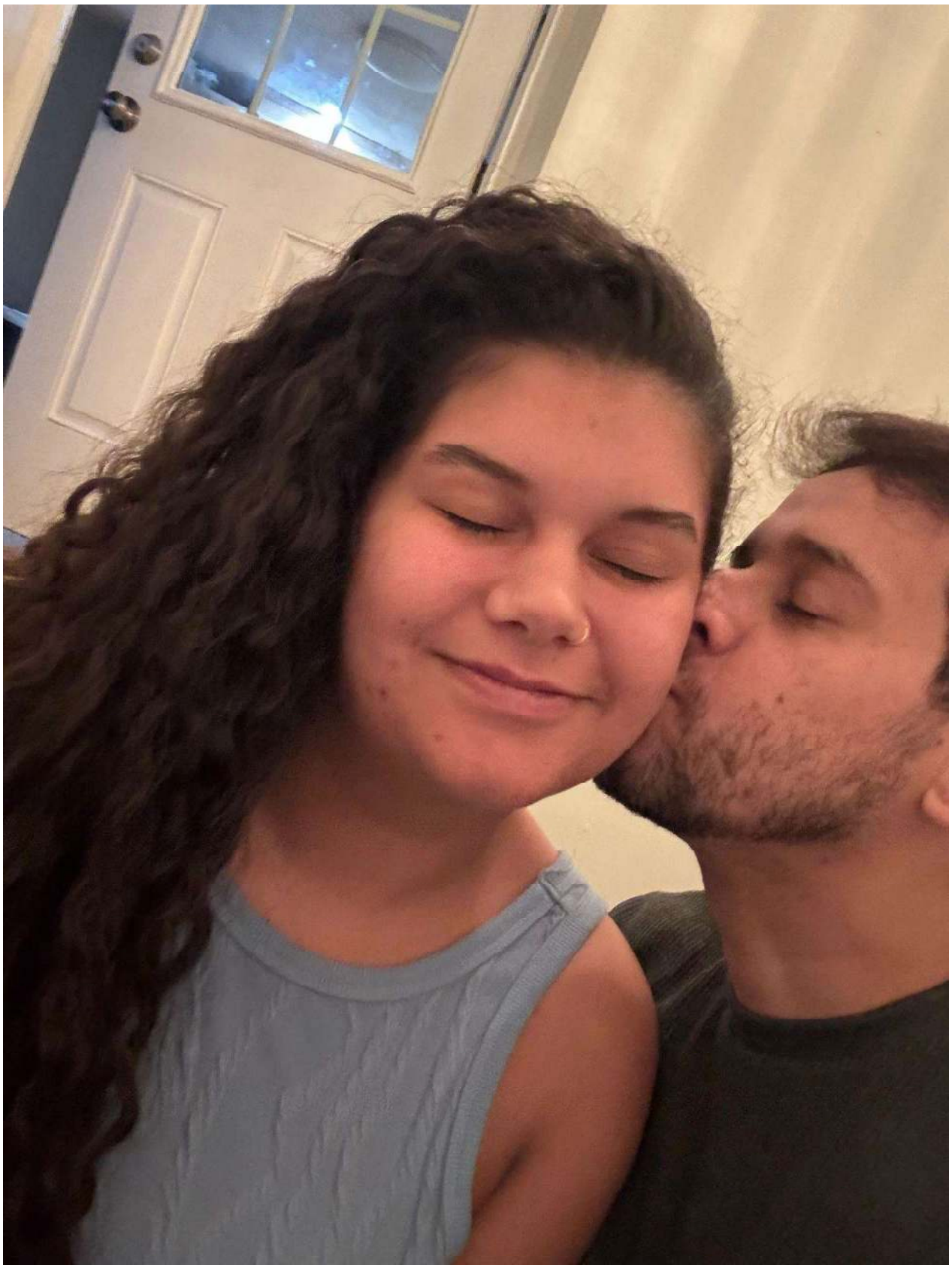
Flavia Alessandra Silva Liborio and Guilherme Tavares de Oliveira at Guilherme's mother's home on November 15, 2025.



Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio with family members at Valeria's 11th birthday celebration – United States, November 8, 2025.



Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio at family gathering, Valeria's birthday celebration – United States, November 8, 2025.



Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio with family members including Valeria, Talita, and friends at birthday celebration – United States, November 8, 2025.



Guilherme Tavares de Oliveira and Flavia Alessandra Silva Liborio with family members including Valeria, Talita, and friends at birthday celebration – United States, November 8, 2025.



Exhibit 9 - Petitioner’s Financial Information - Flavia Alessandra Silva Liborio

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
GUILHERME	TAVARES	975-98-8832
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
FLAVIA ALESSANDRA SI	LIBORIO	030-88-7788

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 1W

1777 BAY STREET

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. State MA ZIP code 02724

Fall River

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

☐ Single
☒ 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	CALEB			
(2) Last name	CARNAUBAS TAVARES			
(3) SSN	977-96-6427			
(4) Relationship	Son			
(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	33,372
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	33,372
2a	Tax-exempt interest 2a b Taxable interest	2b	
3a	Qualified dividends 3a b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b		
4a	IRA distributions 4a b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐		
5a	Pensions and annuities 5a b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐		
6a	Social security benefits 6a b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	14,584
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	47,956
10	Adjustments to income from Schedule 1, line 26	10	1,031
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	46,925

Attach Sch. B if required.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2025) Created 9/5/25

EEA

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	46,925
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for- • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	2,711
	b	Additional deductions from Schedule 1-A, line 38	13b	6,655
	14	Add lines 12e, 13a, and 13b	14	40,866
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	6,059
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	608
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	608
	19	Child tax credit or credit for other dependents from Schedule 8812	19	500
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	500
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	108
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,061
	24	Add lines 22 and 23. This is your **total tax**	24	2,169
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 2,206		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	2,206
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☒		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	0
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	2,206
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	37
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	37
Direct deposit? See instructions.	b	Routing number 011000138 c Type: ☒ Checking ☐ Savings		
	d	Account number 466028358399		
	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	0
	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.

Joint return? See instructions. Keep a copy for your records.

Your signature: 90295 X	Date: 02-04-2026	Your occupation: SUPERVISOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign. 56217 X	Date: 02-04-2026	Spouse's occupation: DRIVER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 321-314-3606	Email address: GTAVARES.ADVOGADO@GMAIL.COM		

Paid Preparer Use Only

Preparer's signature	Date: 02-04-2026	PTIN: P01615047	Check if: ☐ Self-employed
Preparer's name: Eliana P Silva, Tax Preparer	Phone no. 508-536-9495		
Firm's name: CSEP INNOVATION INC			
Firm's address: 711 Pleasant Street, Fall River, MA 02723		Firm's EIN: 45-3868912	

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

GUILHERME TAVARES & FLAVIA LIBORIO

Your social security number

975-98-8832

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See *www.irs.gov/1099k.*

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	14,584
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:		7	
8	Other income:			
a	Net operating loss	8a ( )		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	14,584

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2025 Created 7/25/25

EEA

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	1,031
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	1,031

SCHEDULE 1-A (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **1A**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

GUILHERME TAVARES & FLAVIA LIBORIO

Your social security number

975-98-8832

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			1	46,925
2a	Enter any income from Puerto Rico that you excluded	2a			
b	Enter the amount from Form 2555, line 45	2b			
c	Enter the amount from Form 2555, line 50	2c			
d	Enter the amount from Form 4563, line 15	2d			
e	Add lines 2a, 2b, 2c, and 2d			2e	
3	Add lines 1 and 2e			3	46,925

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *IRS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.				
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes	4a			
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b			
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			5	
6	Add lines 4c and 5			6	
7	Enter the smaller of the amount on line 6 or $25,000			7	
8	Enter the amount from line 3			8	
9	Enter $150,000 ($300,000 if married filing jointly)			9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			10	
11	Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			11	
12	Multiply line 11 by $100			12	
13	**Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0-			13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	6,655		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b			
c	Add lines 14a and 14b			14c	6,655
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			15	6,655
16	Enter the amount from line 3			16	46,925
17	Enter $150,000 ($300,000 if married filing jointly)			17	300,000
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			18	(253,075)
19	Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			19	
20	Multiply line 19 by $100			20	
21	**Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0-			21	6,655

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan: (ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			

23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or $10,000	24	
25	Enter the amount from line 3	25	
26	Enter $100,000 ($200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by $200.	29	
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	
32	Enter $75,000 ($150,000 if married filing jointly)	32	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	33	
34	Multiply line 33 by 6% (0.06)	34	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	35	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	**Enhanced deduction for seniors.** Add lines 36a and 36b	37	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	6,655

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
GUILHERME TAVARES & FLAVIA LIBORIO

Your social security number
975-98-8832

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	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			4	2,061
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Reserved for future use			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	2,061

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: GUILHERME TAVARES

Social security number (SSN): 975-98-8832

A Principal business or profession, including product or service (see instructions): CLEANING SERVICES

B Enter code from instructions: 561720

C Business name. If no separate business name, leave blank.: GUILHERME TAVARES DE OLIVEIRA

D Employer ID number (EIN) (see instr.):

E Business address (including suite or room no.): 1777 BAY STREET APT 1W

City, town or post office, state, and ZIP code: Fall River, MA 02724

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 [X] 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	45,000
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	45,000
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	45,000
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	45,000

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	9,900	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	6,860	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	2,300
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	
				22	Supplies (not included in Part III)	22	5,356
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	3,000
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	1,950
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
b	Other	16b					
17	Legal and professional services	17	300	b	Other expenses (from line 48)	27b	750
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b					28	30,416
29	Tentative profit or (loss). Subtract line 28 from line 7					29	14,584
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30					30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.					31	14,584
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.

EEA

Schedule C (Form 1040) 2025 Created 4/3/25

Name(s) GUILHERME TAVARES | SSN 975-98-8832

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01-15-2023

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 14,143 b Commuting (see instructions) 7,071 c Other

45	Was your vehicle available for personal use during off-duty hours?	☒ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes	☐ No
47a	Do you have evidence to support your deduction?	☒ Yes	☐ No
b	If "Yes," is the evidence written?	☒ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

CLOTHING TO WORK		750

48 **Total other expenses.** Enter here and on line 27a 48 750

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.

Go to *www.irs.gov/ScheduleSE* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)

GUILHERME TAVARES

Social security number of person with **self-employment** income: 975-98-8832

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	14,584
3	Combine lines 1a, 1b, and 2		3	14,584
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	13,468
	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	13,468
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	
6	Add lines 4c and 5b		6	13,468
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025		7	176,100
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $176,100 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	176,100
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,670
11	Multiply line 6 by 2.9% (0.029)		11	391
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	2,061
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 1,031		

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2025 Created 5/7/25

EEA

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return

GUILHERME TAVARES & FLAVIA LIBORIO

Your social security number

975-98-8832

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	46,925
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	46,925
4	Number of qualifying children under age 17 with the required social security number	4			
5	Multiply line 4 by $2,200			5	0
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	1		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	500
8	Add lines 5 and 7			8	500
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000			9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	500
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	608
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			14	500
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use		15	
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit		16a	0
b	Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit		16b	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the **smaller** of line 16a or line 16b		17	
18a	Earned income (see instructions)	18a		
b	Nontaxable combat pay (see instructions)	18b		
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	
	Next. On line 16b, is the amount $5,100 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-		25	
26	Enter the **larger** of line 20 or line 25		26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	0

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return

GUILHERME TAVARES & FLAVIA LIBORIO

Your taxpayer identification number

975-98-8832

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	Schedule C: GUILHERME TAVARES DE OLIVEIRA	975-98-8832	13,553
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	13,553		
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	13,553		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	2,711
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	2,711
11	Taxable income before qualified business income deduction (see instructions)	11	15,425		
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	15,425		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,085
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	2,711
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2025) Created 9/12/25

EEA

Line 11 Enter your taxable income figured before any QBI deduction, computed as follows:

Form 1040 or 1040-SR, line 11a,	46,925
minus Form 1040 or 1040-SR, Schedule 1-A, Part II, line 13,	0
minus Form 1040 or 1040-SR, line 12e,	31,500
Taxable income figured before any QBI deduction	15,425

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **70**

Taxpayer name(s) shown on return: GUILHERME TAVARES & FLAVIA LIBORIO

Taxpayer identification number: 975-98-8832

Preparer's name: Eliana P Silva, Tax Preparer

Preparer tax identification number: P01615047

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☒	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☒	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: Landlord Statement, Healthcare Statement, Medical Records	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

2025 Form 1

MA25001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2025 or other taxable

Year beginning Ending

GUILHERME TAVARES 975-98-8832
FLAVIA ALESSANDR LIBORIO 030-88-7788
1777 BAY STREET APT 1W FALL RIVER MA 02724

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: $1 You $1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse

Taxpayer deceased You Spouse

Fill in if under age 18 You Spouse

Fill in if name change You Spouse

a. Total federal income	47956	Fill in if noncustodial parent
b. Federal adjusted gross income	46925	Fill in if you are a custodial parent who has released claim to exemption for child(ren)
		Fill in if filing Schedule TDS
		Fill in if filing Schedule FCI
		Fill in if reporting crypto currency

1. **Filing status** (select one only):
   - Fill in if not using the same filing status on the federal form
   - Single
   - X Married filing jointly
   - Married filing separate return
   - Head of household
   - Joint filing exemption for spouse with MA gross income under $8,000 NRA

2. **Exemptions**

a. Personal exemptions			2a	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	1	x $1,000 =	2b	1000
c. Age 65 or over before 2026	You + Spouse =	x $700 =	2c	
d. Blindness	You + Spouse =	x $2,200 =	2d	
e. Medical/dental			2e	
f. Adoption			2f	
g Total exemptions. Add items 2a through 2f. Enter here and on line 18			2g	9800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature X Flavia Liborio Date

GTAVARES.ADVOGADO@GMAIL.COM 3213143606

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

02-04-2026

2025 Form 1, pg. 2

MA25001021024

Massachusetts Resident Income Tax Return

975-98-8832

3.	Wages, salaries, tips	3	33372
4.	Taxable pensions and annuities	4	
5.	Mass. bank interest	5	
6a.	Business/profession income/loss	6a	14584
6b.	Farming income/loss	6b	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	7	
8a.	Unemployment	8a	
8b.	Mass. lottery winnings	8b	
9.	Other income from Schedule X, line 7	9	
10.	**TOTAL 5.0% INCOME**	10	47956
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	11a	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	11b	2000
12.	Reserved for future use	12	
13.	Reserved for future use	13	
14.	Rental deduction. a. 10800	÷ 2 = 14	4000
15.	Other deductions from Schedule Y, line 19	15	
16.	**Total deductions.** Add lines 11 through 15	16	8000
17.	**5.0% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. Not less than "0"	17	39956
18.	Exemption amount	18	9800
19.	**5.0% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. Not less than "0"	19	30156
20.	**INTEREST AND DIVIDEND INCOME**	20	
21.	**TOTAL TAXABLE 5.0% INCOME.** Add lines 19 and 20	21	30156
22.	**TAX ON 5.0% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	22	1508
23.	**INCOME FROM SCHEDULE B.** Not less than "0."		
	a. x .085 = **23a**		
	b. x .12 = **23b**		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	23	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

02-04-2026

2025 Form 1, pg. 3
MA25001031024
Massachusetts Resident Income Tax Return
975-98-8832

24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS			24	
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24				
25.	Credit recapture amount (from Credit Recapture Schedule)			25	
26.	Additional tax on installment sale			26	
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28				
28.	**TOTAL INCOME TAX.**				
	a. Income tax. Add lines 22 through 26	28a	1508		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b			
	c. Total tax. Add lines 28a and 28b			28	1508
29.	Limited Income Credit			29	
30.	Income tax due to another state or jurisdiction			30	
31.	Other credits from Credit Manager Schedule			31	
32.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 through 31 from line 28. **Not less than "0"**			32	1508
33.	**Voluntary Contributions**				
	a. Endangered Wildlife Conservation			33a	
	b. Organ Transplant Fund			33b	
	c. Massachusetts Public Health HIV and Hepatitis Fund			33c	
	d. Massachusetts U.S. Olympic Fund			33d	
	e. Massachusetts Military Family Relief Fund			33e	
	f. Homeless Animal Prevention and Care			33f	
	Total. Add lines 33a through 33f			33	
34.	Use tax due on Internet, mail order and other out-of-state purchases			34	
35.	Health care penalty a. You + b. Spouse			35	
36.	**Amended return only.** Overpayment from original return			36	
37.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 36			37	1508
38.	**Massachusetts income tax withheld from**				
	a. Form(s) W-2	38a	1458		
	b. Form(s) 1099. Enclose Schedule 62-WH	38b			
	c. Other forms. Enclose Schedule 62-WH	38c			
	Total. Add lines 38a through 38c			38	1458

02-04-2026

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MA25001041024

Massachusetts Resident Income Tax Return

975-98-8832

39.	2024 overpayment applied to your 2025 estimated tax	**39**		
40.	2025 Massachusetts estimated tax payments	**40**		
41.	Payments made with extension	**41**		
42.	**Amended return only.** Payments made with original return. Not less than "0"	**42**		
43.	Earned Income Credit. a. Number of qualifying children b. Amount from U.S. return	x .40 = **43**		
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit	**44**		
45.	Reserved for future use	**45**		
46.	Child and Family Tax Credit a. 1	x $440 = **46**		440
47.	Other Refundable Credits	**47**		
48.	**Total Refundable Credit.** Add lines 43 through 47	**48**		440
49.	Excess Paid Family Leave Withholding	**49**		
50.	Nonresident withholding on sales of Massachusetts real estate	**50**		
51.	**TOTAL.** Add lines 38 through 42 and lines 48 and 50	**51**		1898
52.	**Overpayment.** Subtract line 37 from line 51	**52**		390
53.	Amount of overpayment you **want applied to your 2026 estimated tax**	**53**		
54.	**Refund.** Subtract line 53 from line 52. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204	**54**		390

Direct deposit of refund. Type of account X checking savings

RTN # 011000138 account # 466025835399

55.	**Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204		**55**	
	Interest	Penalty	M-2210 amt.	EX enclose Form M-2210

May the Department of Revenue discuss this return with the preparer shown here?

I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name: ELIANA P SILVA, TAX PREPARER

Paid preparer's signature

Date: 02042026 Check if self-employed

Paid preparer's SSN/PTIN: P01615047

Paid preparer's phone: 508-536-9495

Paid preparer's EIN: 45-3868912

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

02-04-2026

2025 W-2 and EARNINGS SUMMARY

Employee Reference Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
000106 RZ/6U5			

c Employer's name, address, and ZIP code

COLUMBIA AUTO BODY INC
1440 NEW STATE HWY
RAYNHAM, MA 02767 5440

Batch #98677

e/f Employee's name, address, and ZIP code

FLAVIA LIBORIO
42 PACIFIC STREET
ROCKLAND, MA 02370-2254

b Employer's FED ID number	a Employee's SSA number
27-1315719	XXX-XX-7788

1 Wages, tips, other comp. 33097.90	2 Federal income tax withheld 2205.57
3 Social security wages 33097.90	4 Social security tax withheld 2052.07
5 Medicare wages and tips 33097.90	6 Medicare tax withheld 479.92
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 152.27 MAPFML	12b 12c 12d
	13 Stat emp. Ret. plan 3rd party sick pay
15 State: MA; Employer's state ID no.: WTH-11179854-003	16 State wages, tips, etc. 33097.90
17 State income tax 1448.74	18 Local wages, tips, etc.
19 Local income tax	20 Locality name

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	33,097.90	33,097.90	33,097.90	33,097.90
Reported W-2 Wages	**33,097.90**	**33,097.90**	**33,097.90**	**33,097.90**

2. Employee Name and Address.

FLAVIA LIBORIO
42 PACIFIC STREET
ROCKLAND, MA 02370-2254

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1 Wages, tips, other comp. 33097.90 | 2 Federal income tax withheld 2205.57
3 Social security wages 33097.90 | 4 Social security tax withheld 2052.07
5 Medicare wages and tips 33097.90 | 6 Medicare tax withheld 479.92
d Control number 000106 RZ/6U5 | Dept. | Corp. | Employer use only
c Employer's name, address, and ZIP code: COLUMBIA AUTO BODY INC, 1440 NEW STATE HWY, RAYNHAM, MA 02767 5440
b Employer's FED ID number 27-1315719 | a Employee's SSA number XXX-XX-7788
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12
14 Other 152.27 MAPFML | 12b / 12c / 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIA LIBORIO, 42 PACIFIC STREET, ROCKLAND, MA 02370-2254
15 State MA; Employer's state ID no. WTH-11179854-003 | 16 State wages, tips, etc. 33097.90
17 State income tax 1448.74 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

Federal Filing Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy B to be filed with employee's Federal Income Tax Return.

1 Wages, tips, other comp. 33097.90 | 2 Federal income tax withheld 2205.57
3 Social security wages 33097.90 | 4 Social security tax withheld 2052.07
5 Medicare wages and tips 33097.90 | 6 Medicare tax withheld 479.92
d Control number 000106 RZ/6U5 | Dept. | Corp. | Employer use only
c Employer's name, address, and ZIP code: COLUMBIA AUTO BODY INC, 1440 NEW STATE HWY, RAYNHAM, MA 02767 5440
b Employer's FED ID number 27-1315719 | a Employee's SSA number XXX-XX-7788
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 152.27 MAPFML | 12b / 12c / 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIA LIBORIO, 42 PACIFIC STREET, ROCKLAND, MA 02370-2254
15 State MA; Employer's state ID no. WTH-11179854-003 | 16 State wages, tips, etc. 33097.90
17 State income tax 1448.74 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

MA.State Reference Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

1 Wages, tips, other comp. 33097.90 | 2 Federal income tax withheld 2205.57
3 Social security wages 33097.90 | 4 Social security tax withheld 2052.07
5 Medicare wages and tips 33097.90 | 6 Medicare tax withheld 479.92
d Control number 000106 RZ/6U5 | Dept. | Corp. | Employer use only
c Employer's name, address, and ZIP code: COLUMBIA AUTO BODY INC, 1440 NEW STATE HWY, RAYNHAM, MA 02767 5440
b Employer's FED ID number 27-1315719 | a Employee's SSA number XXX-XX-7788
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 152.27 MAPFML | 12b / 12c / 12d
13 Stat emp. Ret. plan 3rd party sick pay
e/f Employee's name, address and ZIP code: FLAVIA LIBORIO, 42 PACIFIC STREET, ROCKLAND, MA 02370-2254
15 State MA; Employer's state ID no. WTH-11179854-003 | 16 State wages, tips, etc. 33097.90
17 State income tax 1448.74 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

MA.State Filing Copy

W-2 Wage and Tax Statement **2025**

OMB No. 1545-0029

Copy 2 to be filed with employee's State Income Tax Return.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,500 (Generally, $16,500 for SIMPLE plans; $26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,500. Deferrals under code H are limited to $7,000. However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

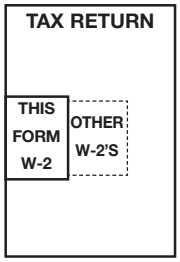
Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

IMPORTANT NOTE:
In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and more than $10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

2025 W-2 and EARNINGS SUMMARY

ADP

Employee Reference Copy
W-2 Wage and Tax Statement **2025**

Copy C for employee's records.

d Control number	Dept.	Corp.	Employer use only
026224 PITT/P07	000603		T EIC 121

c Employer's name, address, and ZIP code
SECOND GENERATION DONUTS LLC
12 RIVERSIDE DR
PEMBROKE MA 02359-4986

Batch #03730

e/f Employee's name, address, and ZIP code
FLAVIA S LIBORIO
34 PRISCILLA ALDEN RD
ABINGTON MA 02351

b Employer's FED ID number	a Employee's SSA number
58-2676673	XXX-XX-7788

1 Wages, tips, other comp.	2 Federal income tax withheld
274.05	
3 Social security wages	4 Social security tax withheld
274.05	16.99
5 Medicare wages and tips	6 Medicare tax withheld
274.05	3.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
14 Other 1.26 MAPFML	12b 12c 12d
	13 Stat emp. Ret. plan 3rd party sick pay

15 State	Employer's state ID no.	16 State wages, tips, etc.
MA	WTH11197236-011	274.05
17 State income tax		18 Local wages, tips, etc.
8.62		
19 Local income tax		20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement **2025**
Copy D to be filed with employer's Federal Income Tax Return. OMB No. 1545-0029

This blue section is your Earnings Summary which provides more detailed information on the generation of your W-2 statement. The reverse side includes instructions and other general information.

1. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	MA. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	274.05	274.05	274.05	274.05
Reported W-2 Wages	274.05	274.05	274.05	274.05

2. Employee Name and Address.

FLAVIA S LIBORIO
34 PRISCILLA ALDEN RD
ABINGTON MA 02351

© 2026 ADP, Inc.

Fold and Detach Here

1 Wages, tips, other comp. 274.05 | 2 Federal income tax withheld
3 Social security wages 274.05 | 4 Social security tax withheld 16.99
5 Medicare wages and tips 274.05 | 6 Medicare tax withheld 3.97
d Control number 026224 PITT/P07 | Dept. 000603 | Corp. | Employer use only T EIC 121
c Employer's name, address, and ZIP code
SECOND GENERATION DONUTS LLC
12 RIVERSIDE DR
PEMBROKE MA 02359-4986
b Employer's FED ID number 58-2676673 | a Employee's SSA number XXX-XX-7788
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a See instructions for box 12
14 Other 1.26 MAPFML | 12b | 12c | 12d
13 Stat emp. | Ret. plan | 3rd party sick pay
e/f Employee's name, address and ZIP code
FLAVIA S LIBORIO
34 PRISCILLA ALDEN RD
ABINGTON MA 02351
15 State MA | Employer's state ID no. WTH11197236-011 | 16 State wages, tips, etc. 274.05
17 State income tax 8.62 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

MA State Reference Copy
W-2 Wage and Tax Statement **2025**
Copy 2 to be filed with employee's State Income Tax Return. OMB No. 1545-0029

1 Wages, tips, other comp. 274.05 | 2 Federal income tax withheld
3 Social security wages 274.05 | 4 Social security tax withheld 16.99
5 Medicare wages and tips 274.05 | 6 Medicare tax withheld 3.97
d Control number 026224 PITT/P07 | Dept. 000603 | Corp. | Employer use only T EIC 121
c Employer's name, address, and ZIP code
SECOND GENERATION DONUTS LLC
12 RIVERSIDE DR
PEMBROKE MA 02359-4986
b Employer's FED ID number 58-2676673 | a Employee's SSA number XXX-XX-7788
7 Social security tips | 8 Allocated tips
9 | 10 Dependent care benefits
11 Nonqualified plans | 12a
14 Other 1.26 MAPFML | 12b | 12c | 12d
13 Stat emp. | Ret. plan | 3rd party sick pay
e/f Employee's name, address and ZIP code
FLAVIA S LIBORIO
34 PRISCILLA ALDEN RD
ABINGTON MA 02351
15 State MA | Employer's state ID no. WTH11197236-011 | 16 State wages, tips, etc. 274.05
17 State income tax 8.62 | 18 Local wages, tips, etc.
19 Local income tax | 20 Locality name

MA State Filing Copy
W-2 Wage and Tax Statement **2025**
Copy 2 to be filed with employer's State Income Tax Return. OMB No. 1545-0029

Exhibit 10 - Joint Sponsor’s Financial Information - Antonio Pedro Rodrigues


PASSPORT
Scan for important passport information and travel requirements.
travel.state.gov/new
United States of America

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.



IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



Endorsements / Mentions Spéciales / Anotaciones

If your passport expires within six months of your date of departure, you may be denied entry into some countries.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P
Code/Code/Código: USA
Passport No./No. du Passeport/No. de Pasaporte: A11796967

USA

Surname/Nom/Apellidos
RODRIGUES

Given names/Prénoms/Nombres
ANTONIO PEDRO

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
13 JUN 1976

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
CABO VERDE

Date of issue/Date de délivrance/Fecha de expedición
02 DEC 2022

Date of expiration/Date d'expiration/Fecha de caducidad
01 DEC 2032

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USARODRIGUES<<ANTONIO<PEDRO<<<<<<<<<<<<<<<<

A117969674USA7606135M3212013696621785<215202

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE
An image of the document holder is printed over security artwork.



MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER
The passport number is perforated throughout the passport.



COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.



PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRÓNICO DEL TITULAR:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES, AT **202-647-5225**, AND THE CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ÉTATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS DU DEPARTMENT D'ETAT, AU **202-647-5225**, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO, AL TELEFONO **202-647-5225**, Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

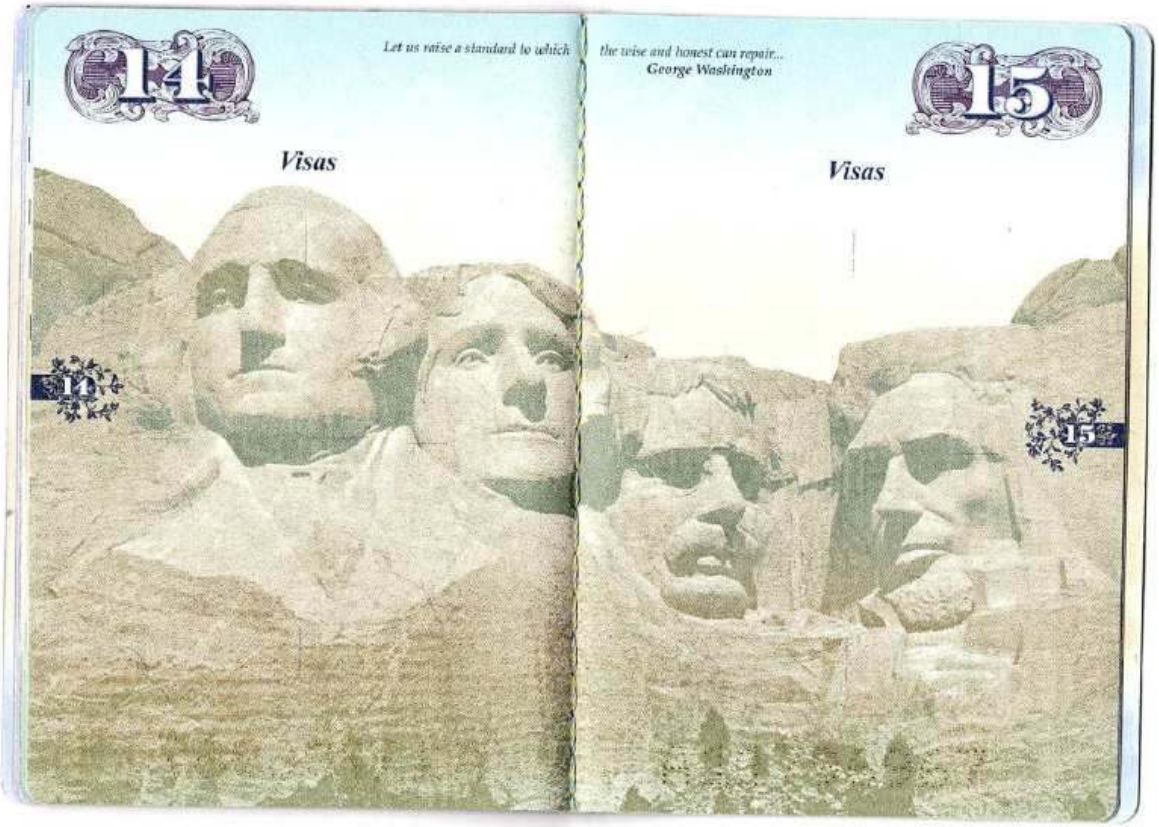
Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electrónico:


8
We have a great dream. It started way back in 1776,
and God grant that America will be true to her dream.
Martin Luther King, Jr.
9
Visas
Visas
8
9
IN CONGRESS, JULY 4, 1776.
Declaration
States of America
AUG 15 2025
07.02.26 04
08.08.25 02
24.08.26 76


10
Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, to
ill, that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.
John F. Kennedy
11
Visas
Visas
10
11
15.08.25
PONTA DELGADA

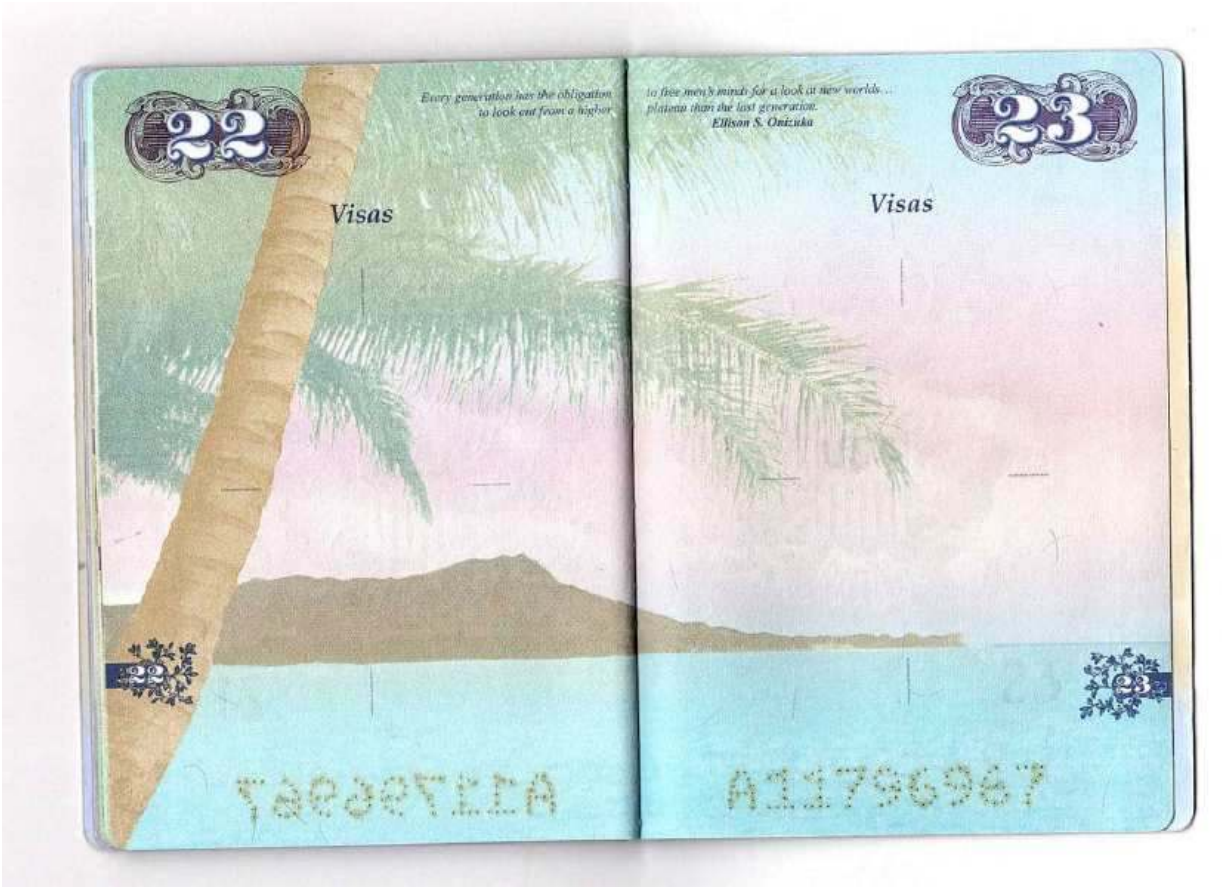

12
This is a new nation, based on a mighty
Visas
12
13
continent, of boundless possibilities.
Theodore Roosevelt
Visas
13
A11786967


14
Let us raise a standard to which
Visas
14
15
the wise and honest can repair...
George Washington
Visas
15


16
The principle of free governments
It is bedded in it,
Visas
16
17
adheres to the American soil.
immovable as its mountains.
Daniel Webster
Visas
17


18
Whatever America hopes to bring to pass in the
Visas
18
19
world must first come to pass in the heart of America.
Dwight D. Eisenhower
Visas
19


20
For this is what America is all about. ridge. It is the star that is not reached and Is our world gone? We say "Farewell." and we will bend
Visas
21
It is the uncrossed desert and the unclimbed the harvest sleeping in the unplowed ground. Is a new world coming? We welcome it— it to the hopes of man.
Lyndon B. Johnson
Visas
20
21
A11796967


22
Every generation has the obligation to look out from a higher
Visas
23
to free men's minds for a look at new worlds... plateau than the last generation.
Ellison S. Onizuka
Visas
22
23
A11796967


24
May God continue the unity of our country as this
Visas
21
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
25
Visas
25


26
Visas
26
The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity.
– Anna Julia Cooper
A11796967

2025 Form 4868 Extension Voucher and Filing Instructions
Antonio & Nancy Rodrigues

Filing method:
The extension has been e-filed.

Due date:
04-15-2026

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

NOTE

DETACH HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2025, or other tax year beginning , 2025, and ending , .

OMB No. 1545-0074

2025

Part I Identification

Antonio & Nancy Rodrigues
6 Notingham Way
Assonet MA 02702

2 Your social security number: 024-82-4436

3 Spouse's social security number: 031-70-9960

Part II Individual Income Tax

4	Estimate of total tax liability for 2025	$ 0
5	Total 2025 payments	0
6	**Balance due.** Subtract line 5 from line 4. See instructions	0
7	Amount you're paying (see instructions)	
8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
EEA

Form **4868** (2025) Created 10/1/25

024824436 JP R0DR 30 0 202512 670

Form **9325**
(January 2017)

Department of the Treasury - Internal Revenue Service

Acknowledgement and General Information for Taxpayers Who File Returns Electronically

Thank you for participating in IRS *e-file*.

Taxpayer name
Antonio & Nancy Rodrigues

Taxpayer address (optional)
6 Notingham Way
Assonet, MA 02702

1. ☐ Your federal income tax return for **2025** was filed electronically with the **IRS** Submission Processing Center. The electronic filing services were provided by **RichardsTimko, P.C.** .

2. ☐ Your return was accepted on _____ using a Personal Identification Number (PIN) as your electronic signature. You entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN for you. The Submission ID assigned to your return is _____ .

3. ☐ Your return was accepted on _____. Allow 4 to 6 weeks for the processing of your return. The Earned Income Credit or a dependent's exemption on your return may be reduced or disallowed due to a child's name and social security number mismatch.

4. ☐ Your electronic funds withdrawal payment request was accepted for processing.

5. ☐ Your electronic funds withdrawal payment request was not accepted for processing. Refer to the "If You Owe Tax" section.

6. ☒ Your Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return, was accepted on **04-15-2026** . The Submission ID assigned to your extension is **0451312026105cnbzcpn** .

DO NOT SEND A PAPER COPY OF YOUR RETURN TO THE IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.

If You Need to Make a Change to Your Return

If you need to make a change or correct the return you filed electronically, you should send a Form 1040X, Amended U.S. Individual Income Tax Return, to the IRS Submission Processing Center that processes paper returns for your area. The address is available at *www.irs.gov*, or you can call the IRS toll-free at 1-800-829-1040.

If You Need to Ask About Your Refund

The IRS notifies your Electronic Return Originator (ERO) when your return is accepted, usually within 48 hours. If your return was not accepted, the IRS notifies your ERO of the reasons for rejection. If it has been more than three weeks since the IRS accepted your return and you have not received your refund, go to *www.irs.gov* and click on "Where's My Refund?" to view your refund status. Exception: If box 3 above is checked, allow 4 to 6 weeks for processing of your return. A notice will be sent to you advising of changes to your return.

Also, you can call the TeleTax line at 1-800-829-4477, for automated refund information. You should have available the first social security number shown on your return, your filing status, and the exact amount of the refund you expect. TeleTax gives you the date for mailing or depositing your refund. You should receive your refund check within 30 days of the date given by TeleTax, or within one week of that date, if you chose direct deposit. If you do not receive it by then, or if TeleTax does not give your refund information, call the Refund Hotline at 1-800-829-1954.

Client Copy

The IRS uses refunds to cover overdue taxes and notifies you when this occurs. The Fiscal Service offsets refunds through the Treasury Offset Program to cover past due child support, federal agency non-tax debts such as student loans and state income tax obligations. Fiscal Service sends you an offset notice if it applies your refund or part of your refund to non-tax debts. If you have questions about the offset, contact the agency identified in the notice. You may also call the Treasury Offset Program Call Center at 1-800-304-3107, if you have additional questions.

If You Owe Tax

If your return has a balance due, you must pay the amount you owe by the prescribed due date. If you paid by electronic funds withdrawal (direct debit) or by credit card, no voucher is needed. The credit card service providers will charge a convenience fee based on the amount of taxes you are paying. The fees and the type of credit or debit cards accepted may vary between providers. You will be told the amount of the fee during the transaction and you will be given the option to either continue or end the transaction. For information on paying your taxes electronically, including by credit or debit card, go to *www.irs.gov/e-pay*.

If you are not paying electronically you may use Form 1040-V, Payment Voucher, which you can obtain from your Electronic Return Originator. If the IRS does not receive your payment by the prescribed due date, you will receive a notice that requests full payment of the tax due, plus penalties and interest. If you can not pay the amount in full, complete Form 9465, Installment Agreement Request, which you may file electronically. To apply for an installment agreement online, go to *www.irs.gov*. You may also order Form 9465 by calling 1-800-TAX-FORM (1-800-829-3676). If approved, the IRS charges a user fee to set up an installment agreement.

If You Need to Inquire About Your Electronic Funds Withdrawal Payment

You may call 1-888-353-4537 to inquire about the status of your electronic funds withdrawal payment. If there is a change to the bank account information included on your return, you should call this number to cancel a scheduled payment. You should have available the social security number of the first person listed on the tax return, the payment amount, and the bank account number. Cancellation requests must be received no later than 11:59 p.m. E.T. two business days prior to the scheduled payment date.

Tax Refund Related Financial Products

Financial institutions offer a variety of financial products to taxpayers based on their refunds. Contracts for financial products are between you and the financial institution. The IRS is not associated with the contract. **If you have questions about tax refund related products, contact your Electronic Return Originator or the lender.**

Instructions for Electronic Return Originators

Line 2 - PIN Presence Indicator - Check box 2 if the taxpayer entered a PIN or authorized the ERO to enter or generate the PIN for the taxpayer, and the Acknowledgement File PIN Presence Indicator is a "Practitioner PIN," "Self-Select PIN" or "Online Filer PIN." Form 8879, IRS *e-file* Signature Authorization, is required if the ERO enters or generates the PIN or if the Practitioner PIN method is used. **Use Form 8453, U.S. Individual Income Tax Transmittal for an IRS *e-file* Return, to send required paper forms or supporting documentation listed next to the form check boxes (do not send Forms W-2, W-2G, or 1099R).**

Line 3 - Exception Processing - Check box 3 if the Acknowledgement File Acceptance Code equals "Exception." The acceptance code indicates that this return has been previously rejected and this subsequent submission still has invalid data.

Line 4 - Payment Acknowledgement Literal - Check box 4 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field equals "Payment Request Received."

Line 5 - Payment Acknowledgement Literal - Check box 5 if the taxpayer requested to use electronic funds withdrawal to pay the balance due, and the Acknowledgement File Payment Acknowledgement Literal field does not equal "Payment Request Received." If box 5 is checked, inform the taxpayer that he/she must pay by check, money order, debit card, or credit card.

Note: EROs can use the Acknowledgement File information, translated by the transmitter, to complete Form 9325.

Client Copy

Antonio & Nancy Rodrigues

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
Antonio	Rodrigues	XXX-XX-4436
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
Nancy	Rodrigues	XXX-XX-9960

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
6 Notingham Way

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Assonet MA 02702

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
Noah	Rodrigues	XXX-XX-8475	Son	☒	☐
Nadia	Rodrigues	XXX-XX-8476	Daughter	☒	☐
				☐	☐
				☐	☐

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	206,091
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	206,091
2a	Tax-exempt interest	2a		b Taxable interest	2b	108
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	(482,173)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	(275,974)
10	Adjustments to income from Schedule 1, line 26				10	6,000
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	(281,974)
12	**Standard deduction or itemized deductions** (from Schedule A)				12	29,200
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	29,200
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	0

Attach Sch. B if required.

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.

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0
	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	
	24	Add lines 22 and 23. This is your **total tax.**		24	0
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 16,007		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	16,007
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27		
	28	Additional child tax credit from Schedule 8812	28 3,400		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	3,400
	33	Add lines 25d, 26, and 32. These are your **total payments.**		33	19,407
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	19,407
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	19,407
Direct deposit? See instructions.	b	Routing number 011075150 c Type: ☒ Checking ☐ Savings			
	d	Account number XXXXXXX7028			
	36	Amount of line 34 you want **applied to your 2025 estimated tax.**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	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: Nicholas Richards, CPA | Phone no.: 508-679-5259 | Personal identification number (PIN): 45664

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.)
82818	11-20-2025	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.)
50150	11-20-2025		

Joint return? See instructions. Keep a copy for your records.

Phone no. 508-644-5010 | Email address tony@tntcleaningma.com

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
	11-21-2025	XXXXX6886	☐ Self-employed
Preparer's name: Nicholas Richards, CPA	Phone no. 508-679-5259		
Firm's name: RichardsTimko, P.C.			
Firm's address: 151 State Road Unit 2, Westport, MA 02790		Firm's EIN: 81-1246619	

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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: **Antonio & Nancy Rodrigues**

Your social security number: XXX-XX-4436

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	(151,177)
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	(330,996)
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	(482,173)

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Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			20	6,000
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	6,000

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SCHEDULE E (Form 1040)

Department of the Treasury
Internal Revenue Service

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)
Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/ScheduleE* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **13**

Name(s) shown on return: **Antonio & Nancy Rodrigues**

Your social security number: XXX-XX-4436

Part I Income or Loss From Rental Real Estate and Royalties

Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . . ☐ **Yes** ☒ **No**

B If "Yes," did you or will you file required Form(s) 1099? . . . . . ☐ **Yes** ☐ **No**

1a Physical address of each property (street, city, state, ZIP code)

A	1821 County St, Somerset, MA 02726
B	
C	

1b Type of Property (from list below)		2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.		Fair Rental Days	Personal Use Days	QJV
A	4		**A**	365	0	☐
B			**B**			☐
C			**C**			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

			Properties: A	B	C
Income:					
3	Rents received	3	108,500		
4	Royalties received	4			
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10	100		
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14			
15	Supplies	15			
16	Taxes	16	3,834		
17	Utilities	17			
18	Depreciation expense or depletion	18	6,287		
19	Other (list) _____	19			
20	Total expenses. Add lines 5 through 19	20	10,221		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	98,279		
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	108,500	
b	Total of all amounts reported on line 4 for all royalty properties	23b	0	
c	Total of all amounts reported on line 12 for all properties	23c	0	
d	Total of all amounts reported on line 18 for all properties	23d	6,287	
e	Total of all amounts reported on line 20 for all properties	23e	10,221	
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		98,279
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here . . .	25		(0)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 .	26		98,279

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Name(s) shown on return. Do not enter name and social security number if shown on page 1. | Your social security number

Antonio & Nancy Rodrigues | XXX-XX-4436

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	TNT Cleaning Services Inc	S	☐	45-3766642	☒	☐
B	Car Connections Inc	S	☐	83-1369722	☒	☐
C	Car Connections Transportation Inc	S	☐	87-2140044	☐	☐
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					237,218
B			666,493		
C			0		
D					
29a Totals					237,218
b Totals			666,493		

30	Add columns (h) and (k) of line 29a	30	237,218
31	Add columns (g), (i), and (j) of line 29b	31	(666,493)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	(429,275)

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	(330,996)
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	

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Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to *www.irs.gov/Form4797* for instructions and the latest information.

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return	Identifying number
Antonio & Nancy Rodrigues	XXX-XX-4436

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FROM K-1 See Statement						(151,177)

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	7	(151,177)
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(151,177)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	(151,177)
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	(151,177)

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SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return: **Antonio & Nancy Rodrigues**

Your social security number: XXX-XX-4436

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			1	(281,974)
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	(281,974)
4	Number of qualifying children under age 17 with the required social security number	4	2		
5	Multiply line 4 by $2,000			5	4,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	4,000
9	Enter the amount shown below for your filing status. • Married filing jointly-$400,000 • All other filing statuses-$200,000			9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	0
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	4,000
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	0
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents.**			14	0
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

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Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27				☐
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			16a	4,000
b	Number of qualifying children under age 17 with the required social security number: 2 x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			16b	3,400
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			17	3,400
18a	Earned income (see instructions)	18a	206,091		
b	Nontaxable combat pay (see instructions) 18b				
19	Is the amount on line 18a more than $2,500?				
	☐ **No.** Leave line 19 blank and enter -0- on line 20.				
	☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	203,591		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	30,539
	Next. On line 16b, is the amount $5,100 or more?				
	☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	21			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . . .	22			
23	Add lines 21 and 22	23			
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24			
25	Subtract line 24 from line 23. If zero or less, enter -0-			25	
26	Enter the **larger** of line 20 or line 25			26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	3,400

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Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return: **Antonio & Nancy Rodrigues**

Your taxpayer identification number: XXX-XX-4436

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	K1S: TNT Cleaning Services Inc	45-3766642	237,218
ii	K1S: Car Connections Inc	83-1369722	(817,670)
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(580,452)		
3	Qualified business net (loss) carryforward from the prior year	3	(821,997)		
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	0		
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0		
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	0
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	(311,174)		
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	(1,402,449)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0)

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For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2024)

EEA

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Amount from Form 1040, line 11.............................. (281,974)
Amount from Form 1040, line 12..............................   29,200

Line 11 above is the difference between these amounts..... (311,174)
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Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
Antonio & Nancy Rodrigues	XXX-XX-4436
Preparer's name	**Preparer tax identification number**
Nicholas Richards, CPA	XXXXX6886

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I–V for the benefit(s) claimed (check all that apply). ☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☒	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☒	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	☒	☐	
	List those documents provided by the taxpayer, if any, that you relied on: Healthcare Statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	☒	☐	☐
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?	☐	☐	☐
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☐	☐	☒

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Part II **Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	☐	☐	
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	☐	☐	
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	☐	☐	☐

Part III **Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	☒	☐	
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	☒	☐	☐
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	☒	☐	☐

Part IV **Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	☐	☐

Part V **Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	☐	☐

Part VI **Eligibility Certification**

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	☒	☐

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THIS FORM IS BEING USED AS A WORKSHEET FOR THE 2025 NII NOL RATIO CALCULATION. IT WILL NOT BE E-FILED.

Form **8960**

Department of the Treasury
Internal Revenue Service

Net Investment Income Tax- Individuals, Estates, and Trusts

KEEP FOR YOUR RECORDS. Attach to your tax return. XXXXXXXXXXXXXX DO NOT SEND TO THE IRS.

Go to *www.irs.gov/Form8960* for instructions and the latest information.

OMB No. 1545-2227

2024

Attachment Sequence No. **72**

Name(s) shown on your tax return	Your social security number or EIN
Antonio & Nancy Rodrigues	XXX-XX-4436

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
- ☐ Section 6013(h) election (see instructions)
- ☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)			1	108
2	Ordinary dividends (see instructions)			2	
3	Annuities (see instructions)			3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a	(330,996)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b	429,275		
c	Combine lines 4a and 4b			4c	98,279
5a	Net gain or loss from disposition of property (see instructions)	5a	(151,177)		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b			
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c			
d	Combine lines 5a through 5c			5d	(151,177)
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)			6	
7	Other modifications to investment income (see instructions)			7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7			8	(52,790)

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a			
b	State, local, and foreign income tax (see instructions)	9b			
c	Miscellaneous investment expenses (see instructions)	9c			
d	Add lines 9a, 9b, and 9c			9d	0
10	Additional modifications (see instructions)			10	
11	Total deductions and modifications. Add lines 9d and 10			11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts, complete lines 18a-21. If zero or less, enter -0-			12	(52,790)
	Individuals:				SEE BELOW
13	Modified adjusted gross income (see instructions)	13			
14	Threshold based on filing status (see instructions)	14			
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0		
16	Enter the smaller of line 12 or line 15			16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			17	0
	Estates and Trusts:				
18a	Net investment income (line 12 above)	18a			
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b			
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c			
19a	Adjusted gross income (see instructions)	19a			
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b			
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c			
20	Enter the smaller of line 18c or line 19c			20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). **Enter here and include on your tax return** (see instructions)			21	

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For Paperwork Reduction Act Notice, see your tax return instructions. Form **8960** (2024)

EEA

1. Net investment income not including prior year NII NOL deduction.....: (52,790)
2. Current year NOL from Form 1045, page 3, plus any ELA from Form 461..: (276,082)
3. Ratio of net investment income to current year NOL.....: 0.1912

Form **4562**

Department of the Treasury
Internal Revenue Service

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	Business or activity to which this form relates	Identifying number
Antonio & Nancy Rodrigues	SCHEDULE E PG 2	XXX-XX-4436

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	0
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	1,220,000

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	10,470
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions		11	0
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	10,470	

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	
			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	
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	
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	

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Form **4562**

Department of the Treasury
Internal Revenue Service

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	Business or activity to which this form relates	Identifying number
Antonio & Nancy Rodrigues	A Rodrigues LLC	XXX-XX-4436

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	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	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	6,287

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	
				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	
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	6,287
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	

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**

Identifying number: **XXX-XX-4436**

A Name of S corporation: **TNT Cleaning Services Inc**

B Employer identification number: **45-3766642**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	1,012,366
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	237,218		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	1		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	237,219
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,249,585
6	Distributions (excluding dividend distributions)			6	114,226
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,135,359
8a	Nondeductible expenses	8a	4,450		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	4,450
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,130,909
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	2,582
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	2,582
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	1,128,327

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C - Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions	2,582		2,582		
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	2,582		2,582		0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**

Identifying number: **XXX-XX-4436**

A Name of S corporation: **Car Connections Inc**

B Employer identification number: **83-1369722**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	1,118,817
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d	53		
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	53
5	Stock basis before distributions. Add lines 1, 2, and 4			5	1,118,870
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	1,118,870
8a	Nondeductible expenses	8a	216		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	216
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	1,118,654
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	817,670
12	Debt basis restoration (see net increase in instructions for line 23)			12	362,084
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	1,179,754
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	0

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☒ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	1,012,716			1,012,716
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17	1,012,716			1,012,716
19	Principal portion of debt repayment (this line doesn't include interest)	1,012,716			1,012,716
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18				

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	650,632			650,632
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)	362,084			362,084
24	Debt basis before repayment. Add lines 21, 22, and 23	1,012,716			1,012,716
25	Divide line 24 by line 18	1.00000			
26	Nontaxable debt repayment. Multiply line 25 by line 19	1,012,716			1,012,716
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C - Gain on Loan Repayment

32	Repayment. Enter the amount from line 19	1,012,716			1,012,716
33	Nontaxable repayments. Enter the amount from line 26	1,012,716			1,012,716
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss	666,493		666,493		
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss	151,177		151,177		
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30	817,670		817,670		0

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Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **Antonio Rodrigues**

Identifying number: **XXX-XX-4436**

A Name of S corporation: **Car Connections Transportation Inc**

B Employer identification number: **87-2140044**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gift **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation . . . . . ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	0
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a			
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	
5	Stock basis before distributions. Add lines 1, 2, and 4			5	
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	0
8a	Nondeductible expenses	8a			
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	0
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	0

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☒ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year	190,040			190,040
17	Additional loans (see instructions)				
18	Loan balance before repayment. Combine lines 16 and 17	190,040			190,040
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract line 19 from line 18	190,040			190,040

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Part II Shareholder Debt Basis *(continued)*

Section B - Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year	130,952			130,952
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23	130,952			130,952
25	Divide line 24 by line 18	0.68908			
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	130,952			130,952
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	130,952			130,952
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	130,952			130,952

Section C - Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on line 11 and enter the total loss in column (d) on line 30					0

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	Federal Supporting Statements	2024 PG01
Name(s) as shown on return		Tax ID Number
Antonio & Nancy Rodrigues		XXX-XX-4436

Schedule 1 - Line 8a - NOL Explanation Statement #1

2023 NOL CF = $466,298.
Total NOL deduction on Schedule 1, line 8 = $0.

Amounts from K-1 to Form 4797, Part I, Line 2 **Statement #2**

Car Connections Inc 83-1369722	**(151,177)**
Total	**(151,177)**

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	Federal Supporting Statements (This page is not filed with the return. It is for your records only.)	2024
Name(s) as shown on return		Your Social Security Number
Antonio & Nancy Rodrigues		**XXX-XX-4436**

Form 8960 Line 4b Item Detail

K-1: TNT Cleaning Services Inc	**(237,218)**
K-1: Car Connections Inc	**666,493**
Total	**429,275**

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8960_ATT.LD

1040	Overflow Statement (This page is not filed with the return. It is for your records only.)	2024 Page 1
Name(s) as shown on return		Tax Identification Number
Antonio & Nancy Rodrigues		XXX-XX-4436

Schedule E, Line 3 - Rent

Description	Amount
Car Connections	$ 60,000
TNT	48,500
Total:	**$ 108,500**

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Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2024 PG01

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

Description	Amount
W2 - City of Fall River	**9,119**
W2 - TNT Cleaning Services, Inc.	**6,387**
W2 - Car Connections Inc	**501**
W-2 Subtotal	**16,007**
Total Withholdings	**16,007**

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W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: Antonio & Nancy Rodrigues

Tax ID Number: XXX-XX-4436

		FEDERAL			STATE	
T/S	Employer Name	Gross	W/H	State Code	Gross	W/H
S	City of Fall River	96,091	9,119	MA	108,993	5,350
T	TNT Cleaning Services, Inc.	102,000	6,387	MA	102,000	4,784
T	Car Connections Inc	8,000	501	MA	8,000	352
	Taxpayer Totals	110,000	6,888		110,000	5,136
	Spouse Totals	96,091	9,119		108,993	5,350
	Totals	206,091	16,007		218,993	10,486

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W2_LIST.LD

Form 1040 or 1040-SR	Investment Income for the Earned Income Credit (This page is not filed with the return. It is for your records only.)	2024
Name(s) as shown on return		Tax ID Number
Antonio & Nancy Rodrigues		XXX-XX-4436

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. 108
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b . . . . . 2.
3. Enter any amount from Form 1040 or 1040-SR, line 3b . . . . . 3.
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) . . . . . 4.

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- . . . . . 5.
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) . . . . . 6.
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) . . . . . 7.

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) . . . . . 8.

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-.) 9. 98,279
10. Adjustment from EIC screen . . . . . 10.
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. 98,387
12. Is the amount on line 11 more than **$11,600?**

    [X] **Yes.** You can't take the credit.

    [ ] **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

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Charitable Deduction Carryover Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1.	Adjusted Gross Income	0	
	Cash contributions subject to the limit based on 60% of AGI		
2.	Multiply Line 1 by .6	0	
3.	Current year 60% limit contributions	2,582	
4.	Carryover of prior year 60% contributions	15,404	
5.	Add lines 3 and 4	17,986	
6.	Enter the lesser of line 2 or line 5		0
7.	Subtract line 6 from line 5. If zero or less enter zero	17,986	
	This is your carryover to next year of 60% limit contributions.		
	Noncash contributions subject to the limit based on 50% of AGI		
8.	Multiply line 1 by .5	0	
9.	Subtract line 6 from line 8. If zero or less enter zero	0	
10.	Current year 50% limit contributions	0	
11.	Carryover of prior year 50% contributions	0	
12.	Add lines 10 and 11	0	
13.	Enter the lesser of line 9 or line 12		0
14.	Subtract line 13 from line 12	0	
	This is your carryover to next year of 50% limit contributions.		
	Contributions (other than capital gain property) subject to limit based on 30% of AGI		
15.	Multiply line 1 by .3	0	
16.	Subtract line 13 from line 9. If zero or less enter zero	0	
17.	Current year 30% limit contributions not capital gain property	0	
18.	Carryover of prior year 30% limit contributions	0	
19.	Add lines 17 and 18	0	
20.	Enter the smallest of line 15, line 16 or line 19		0
21.	Subtract line 20 from line 19. If zero or less enter zero	0	
	This is your carryover to next year of 30% contributions that are not capital gain property.		
	Contributions of capital gain property subject to limit based on 30% of AGI		
22.	Subtract line 20 from line 16. If zero or less enter zero	0	
23.	Current year 30% capital gain property contributions	0	
24.	Carryover of prior year 30% limit contributions	0	
25.	Add lines 22 and 23	0	
26.	Enter the smallest of line 15, line 22, or line 25		0
27.	Subtract line 26 from line 25. If zero or less enter zero	0	
	This is your carryover to next year of contributions of 30% capital gain property.		
	Contributions subject to the limit based on 20% of AGI		
28.	Multiply line 1 by .2	0	
29.	Add lines 20 and 26	0	
30.	Subtract line 29 from line 22. If zero or less enter zero	0	
31.	Current year 20% limit contributions	0	
32.	Carryover of prior year 20% limit contributions	0	
33.	Add lines 31 and 32	0	
34.	Enter the smallest of line 28, line 30, or line 33		0
35.	Subtract line 34 from line 33. If zero or less enter zero	0	
	This is your carryover to next year of 20% limit contributions.		

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(continued on next page)

Charitable Deduction Carryover Worksheet
(continued)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

QCCs subject to limit based on 50% of AGI

36.	Subtract line 34 from line 30. If zero or less enter zero	0	
37.	Current year 50% Qualified Conservation Contributions	0	
38.	Carryover of prior year 50% QCCs	0	
39.	Add lines 37 and 38	0	
40.	Enter the lesser of line 36 or line 39		0
41.	Subtract line 40 from line 39. If zero or less enter zero	0	

This is your carryover to next year of 50% QCCs.

QCCs subject to limit based on 100% of AGI

42.	Add lines 6, 13, 20, 26, 34, and 40	0	
43.	Subtract line 42 from line 1	0	
44.	Current year 100% Qualified Conservation Contributions	0	
45.	Carryover of prior year 100% QCCs	0	
46.	Add lines 44 and 45	0	
47.	Enter the lesser of line 43 or line 46		0
48.	Subtract line 46 from line 45. If zero or less enter zero	0	

This is your carryover to next year of 100% QCCs.

Deduction for the year

49.	Add lines 6, 13, 20, 26, 34, 40, 47	

This is your total charitable deduction amount for the current year.

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Modified Adjusted Gross Income (MAGI)
Form 8582, Line 6

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

	Regular tax	Alt Min Tax
Income		
Wages	206,091	206,091
Interest income before Series EE bond exclusion	108	108
Dividend income		
Taxable state and local refunds		
Alimony received		
Nonpassive business income or (loss)		
Schedule D and Form 4797	(151,177)	(151,177)
Taxable IRA distributions		
Taxable pensions and annuities		
Nonpassive partnership income or (loss) (including overall PTP gains and sold PTP losses)		
Nonpassive S corporation income or (loss)	(429,275)	(429,275)
Nonpassive estate and trust income or (loss)		
Real Estate Mortgage Investment Conduits (REMICS)		
Royalty Income		
Net rental real estate gains for a real estate professional or non-passive rental		
Overall loss from the entire disposition of a passive activity		
Nonpassive farm income or (loss)		
Unemployment compensation		
Other income		
Total income	(374,253)	(374,253)
Adjustments		
Educator expenses		
Certain business expenses of reservists, performing artists, and fee-based government officials		
Health savings account deduction		
Moving expenses		
Self-employed SEP, SIMPLE, and qualified plans		
Self-employed health insurance deduction		
Penalty on early withdrawal of savings		
Alimony paid		
Other adjustments		
Total adjustments	0	0
Subtract total adjustments from total income	(374,253)	(374,253)
MAGI adjustment from input screen E2		
Modified adjusted gross income	(374,253)	(374,253)

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IRA Deduction Worksheet - Schedule 1, Line 20

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Before you begin:

- Be sure you have read the instructions for this line. You may not be able to use this worksheet.
- Figure any write-in adjustments to be entered on Schedule 1, line 24z (see the instructions for Schedule 1, line 24z).
- If you are married filing separately and you lived apart from your spouse for all of 2024, enter "D" on the dotted line next to Schedule 1, line 20. If you don't, you may get a math error notice from the IRS.

		Your IRA	Spouse's IRA
1a.	Were you covered by a retirement plan (see *Were You Covered by a Retirement Plan*)? **1a.** ☐ Yes ☒ No		
b.	If married filing jointly, was your spouse covered by a retirement plan? **1b.** ☒ Yes ☐ No		
	Next. If you checked "No" on line 1a (and "No" on line 1b if married filing jointly), skip lines 2 through 6, enter the applicable amount below on line 7a (and line 7b, if applicable), and go to line 8. • $7,000, if under age 50 at the end of 2024. • $8,000, if age 50 or older at the end of 2024. Otherwise, go to line 2.		
2.	Enter the amount shown below that applies to you. • Single, head of household, or married filing separately and you **lived apart** from your spouse for all of 2024, enter $87,000. • Qualifying surviving spouse, enter $143,000. • Married filing jointly, enter $143,000 in both columns. But if you checked "No" on either line 1a or 1b, enter $240,000 for the person who wasn't covered by a plan. • Married filing separately and you lived with your spouse at any time in 2024, enter $10,000.	**2a.** 240,000	**2b.** 143,000
3.	Enter the amount from Form 1040 or 1040-SR, line 9 **3.** (275,974)		
4.	Enter the total of the amounts from Schedule 1, lines 11 through 19a, plus 23 and 25 **4.**		
5.	Subtract line 4 from line 3. If married filing jointly, enter the result in both columns.	**5a.** (275,974)	**5b.** (275,974)
6.	Is the amount on line 5 less than the amount on line 2?		
☐	**No.** **STOP!** None of your IRA contributions are deductible. For details on nondeductible IRA contributions, see Form 8606.		
☒	**Yes.** Subtract line 5 from line 2 in each column. Follow the instruction below that applies to you. • If single, head of household, or married filing separately, and the result is $10,000 or more, enter the applicable amount below on line 7 for that column and go to line 8. **i.** $7,000, if under age 50 at the end of 2024. **ii.** $8,000, if age 50 or older at the end of 2024. If the result is less than $10,000, go to line 7. • If married filing jointly or qualifying surviving spouse, and the result is $20,000 or more ($10,000 or more in the column for the IRA of a person who wasn't covered by a retirement plan), enter the applicable amount below on line 7 for that column and go to line 8. **i.** $7,000, if under age 50 at the end of 2024. **ii.** $8,000, if age 50 or older at the end of 2024. Otherwise, go to line 7.	**6a.** 515,974	**6b.** 418,974

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IRA Deduction Worksheet - *Continued*

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues

		Your IRA	Spouse's IRA
7.	Multiply lines 6a and 6b by the percentage below that applies to you. If the result isn't a multiple of $10, increase it to the next multiple of $10 (for example, increase $490.30 to $500). If the result is $200 or more, enter the result. But if it is less than $200, enter $200. • Single, head of household, or married filing separately, multiply by 70% (0.70) (or by 80% (0.80) in the column for the IRA of a person who is age 50 or older at the end of 2024). • Married filing jointly or qualifying surviving spouse, multiply by 35% (0.35) (or by 40% (0.40) in the column for the IRA of a person who is age 50 or older at the end of 2024). But if you checked "No" on either line 1a or 1b, then in the column for the IRA of the person who wasn't covered by a retirement plan, multiply by 70% (0.70) (or by 80% (0.80) if age 50 or older at the end of 2024).	**7a.** 7,000	**7b.**
8.	Enter the total of your (and your spouse's if filing jointly): • Wages, salaries, tips, etc. Generally, this is the amount reported in box 1 of Form W-2. Exceptions are explained earlier in these instructions for line 20. • Alimony and separate maintenance payments reported on Schedule 1, line 2a. • Nontaxable combat pay. This amount should be reported in box 12 of Form W-2 with code Q or reported on Form 1040, line 1i.	**8.** 206,091	
9.	Enter the earned income you (and your spouse if filing jointly) received as a self-employed individual or a partner. Generally, this is your (and your spouse's if filing jointly) net earnings from self-employment if your personal services were a material income-producing factor, minus any deductions on Schedule 1, lines 15 and 16. If zero or less, enter -0-. For more details, see Pub. 590-A	**9.**	
10.	Add lines 8 and 9	**10.** 206,091	

CAUTION! *If married filing jointly and line 10 is less than $14,000 ($15,000 if one spouse is age 50 or older at the end of 2024; $16,000 if both spouses are age 50 or older at the end of 2024),* ***stop here*** *and use the worksheet in Pub. 590-A to figure your IRA deduction.*

11.	Enter traditional IRA contributions made, or that will be made by the due date of your 2024 return not counting extensions (April 15, 2025, for most people), for 2024 to your IRA on line 11a and to your spouse's IRA on line 11b	**11a.**	6,000	**11b.**	
12.	On line 12a, enter the **smallest** of line 7a, 10, or 11a. On line 12b, enter the **smallest** of line 7b, 10, or 11b. This is the most you can deduct. Add the amounts on lines 12a and 12b and enter the total on Schedule 1, line 20. Or, if you want, you can deduct a smaller amount and treat the rest as a nondeductible contribution (see Form 8606)	**12a.**	6,000	**12b.**	

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Credit Limit Worksheet A

Schedule 8812 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Credit Limit Worksheet A

1. Enter the amount from Line 18 of your Form 1040, 1040-SR, or 1040-NR **1.** **0**

2. Add the following amounts (if applicable) from:

Schedule 3, Line 1	+	
Schedule 3, Line 2	+	
Schedule 3, Line 3	+	
Schedule 3, Line 4	+	
Schedule 3, line 5b	+	
Schedule 3, line 6d	+	
Schedule 3, line 6f	+	
Schedule 3, line 6l	+	
Schedule 3, line 6m	+	

Enter the total. **2.**

3. Subtract line 2 from line 1 . . . . . **3.**

Complete Credit Limit Worksheet B **only** if you meet all of the following.

1. You are claiming one or more of the following credits.
   a. Mortgage interest credit, Form 8396.
   b. Adoption credit, Form 8839.
   c. Residential clean energy credit, Form 5695, Part I.
   d District of Columbia first-time homebuyer credit, Form 8859.
2. You are not filing Form 2555.
3. Line 4 of Schedule 8812 is more than zero.

4. If you are **not** completing Credit Limit Worksheet B, enter -0-; otherwise, enter the amount from Credit Limit Worksheet B **4.** **0**

5. Subtract line 4 from line 3. Enter here and on Schedule 8812, line 13 . . . . . **5.** **0**

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Earned Income Worksheet

Schedule 8812 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

Before you begin:

- Use this worksheet only if you were sent here from the Credit Limit Worksheet B, earlier, or the instructions for line 18a.
- Disregard community property laws when figuring the amounts to enter on this worksheet.
- If married filing jointly, include your spouse's amounts with yours when completing this worksheet.

1. a. Enter the amount from line 1z of Form 1040, 1040-SR, or 1040-NR **1a.** 206,091

b. Enter the amount of any nontaxable combat pay received. Also enter this amount on Schedule 8812, line 18b. This amount will be reported either on line 1i of Form 1040 or 1040-SR, or should be shown in Form(s) W-2, box 12, with code **Q** . . . . . **1b.**

Next, if you are filing Schedule C, F, or SE, or you received a Schedule K-1 (Form 1065), go to line 2a. Otherwise, skip lines 2a through 2e and go to line 3.

2. a. Enter any statutory employee income reported on line 1 of Schedule C . . . . . **2a.**

b. Enter any net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any statutory employee income or any other amounts exempt from self-employment tax. Options and commodities dealers must add any gain or subtract any loss (in the normal course of dealing in or trading section 1256 contracts) from section 1256 contracts or related property . . . . . **2b.**

c. Enter any net farm profit or (loss) from Schedule F, line 34, and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*. Reduce any Schedule K-1 amounts as described in the instructions for completing Schedule SE in the Partner's Instructions for Schedule K-1. **Do not** include on this line any amounts exempt from self-employment tax . . . . . **2c.**

d. If you used the farm optional method to figure net earnings from self-employment, enter the amount from Schedule SE, line 15. Otherwise, skip this line and enter on line 2e the amount from line 2c . . . . . **2d.**

e. If line 2c is a profit, enter the **smaller** of line 2c or line 2d. If line 2c is a (loss), enter the (loss) from line 2c . . . . . **2e.**

3. Combine lines 1a, 1b, 2a, 2b, and 2e. If zero or less, **stop.** Do not complete the rest of this worksheet. Instead, enter -0- on line 3 of Credit Limit Worksheet B or line 18a of Schedule 8812, whichever applies **3.** 206,091

4. Enter the Medicaid waiver payment amounts excluded from income on Schedule 1 (Form 1040), line 8s, unless you choose to include these amounts in earned income. See the instructions for Schedule 1, line 8s. If you and your spouse both received Medicaid waiver payments during the year, you and your spouse can make different choices about including the full amount of your payments in earned income. Enter only the amount of the Medicaid waiver payments that you or your spouse, if filing a joint return, do not want to include in earned income. To include all nontaxable Medicaid waiver payment amounts in earned income, enter -0- . . . . . **4.**

5. Enter the amount from Schedule 1 (Form 1040), line 15 . . . . . **5.**

6. Add lines 4 and 5 . . . . . **6.**

7. Subtract line 6 from line 3 . . . . . **7.** 206,091

- If you were sent here from Credit Limit Worksheet B, enter this amount on line 3 of that worksheet.
- If you were sent here from the instructions for line 18a, enter this amount on line 18a of Schedule 8812.

** If you have any Schedule K-1 amounts and you are not required to file Schedule SE, complete the appropriate line(s) of Schedule SE. Put your name and social security number on Schedule SE and attach it to your return.*

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* Item is included in UBIA
for Section 199A calculations.
See "UBIA" in lower right corner.

Depreciation Detail Listing

A Rodrigues LLC

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Antonio & Nancy Rodrigues

Social security number/EIN

XXX-XX-4436

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	Land	07-31-2018	154,800	154,800	100.00			0	0		0				
2	Building	07-31-2018	245,200 *		100.00			245,200	39	SL MM	2.564	34,055	6,287	40,342	6,287
	Totals		400,000					245,200				34,055	6,287	40,342	6,287

Land Amount
Net Depreciable Cost 400,000

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus 6,287

ST ADJ:
UBIA: 245,200

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Section 179 Business Income Limit

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5		**1,220,000**
2	Wages, salaries, tips, etc. (Line 1 of 1040)	**206,091**	
3	Non-passive Section 1231 Gains (losses)	**(151,177)**	
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")		
5	Income (loss) from Schedule E line 26 (If Non-Passive)		
6	Income (loss) from Form 4835, line 32 (If Non-Passive)		
7	Income (loss) from Schedule F line 36 (If Non-Passive)		
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10	**(429,221)**	
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11		
10	Total business income (loss). Combine lines 2 through 9		**(374,307)**
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11		**0**

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2024	Remaining carryover
K1S TNT Cleaning Services	2023	10,470			10,470
TOTAL ALLOWABLE (4562 LN 12)				0	
TOTAL C/O TO NEXT YEAR (4562 LN 13)					10,470
TOTAL C/O FROM PRIOR YRS (4562 LN 10)			10,470		

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Section 179 Business Income Limit
RESIDENT STATE CALCULATION

Form 1040 (This page is not filed with the return. It is for your records only.) **2024**

Name(s) as shown on return | Tax ID Number

Antonio & Nancy Rodrigues | **XXX-XX-4436**

1	Dollar limitation for tax year. Enter amount from Form 4562 line 5 . . . . . RESIDENT. STATE . . . . . MA .	1,220,000
2	Wages, salaries, tips, etc. (Line 1 of 1040)	206,091
3	Non-passive Section 1231 Gains (losses)	(151,177)
4	Income (loss) from Schedule C line 31 (Unless Materially Participated = "NO")	
5	Income (loss) from Schedule E line 26 (If Non-Passive)	
6	Income (loss) from Form 4835, line 32 (If Non-Passive)	
7	Income (loss) from Schedule F line 36 (If Non-Passive)	
8	Income (loss) from Sch. K-1S (If Non-Passive): Boxes 1, 2, 3, 4, 5a, 6, 7, 8a/b/c, and 10 . . .	(429,221)
9	Income (loss) from Sch. K-1PTR (If Non-Passive): Boxes 1, 2, 3, 5, 6a, 7, 8, 9a/b/c, and 11 . .	
10	Total business income (loss). Combine lines 2 through 9	(374,307)
11	**Business income limitation.** Lesser of line 1 or line 10, but not less than zero. Enter here and on Form 4562, line 11	0

Distribution among assets	Year Acquired	Elected Section 179	Used in prior years	Used in 2024	Remaining carryover
K1S TNT Cleaning Services	2023	10,470			10,470
TOTAL ALLOWABLE (4562 LN 12)				0	
TOTAL C/O TO NEXT YEAR (4562 LN 13)					10,470
TOTAL C/O FROM PRIOR YRS (4562 LN 10)			10,470		

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Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

					Carryover Amount
Itemized Deductions					
Contributions subject to 100% of AGI limitations					
Contributions subject to 60% of AGI limitations					17,986
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)					
Contributions subject to 30% of AGI limitations					
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)					
Taxable state and local refunds to Schedule 1 (Form 1040) line 1					
State/local taxes paid in 2025 to flow to the Schedule A					
State donations and contributions carryover					
State overpayment applied to next year					
Expenses					
Office in home operating expenses					
Office in home excess casualty losses and depreciation					
Disallowed investment interest expense	AMT		Reg. Tax		
Section 179 expense					10,470
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use					
Losses					
Short-term capital loss	AMT		Reg. Tax		
Long-term capital loss	AMT		Reg. Tax		
Net operating loss	AMT	742,380	Reg. Tax		742,380
Excess business loss from Form 461 (becomes part of NOL next year)	AMT		Reg. Tax		
Qualified REIT and PTP loss carryover					
QBI loss carryover					1,402,449
Nonrecaptured net section 1231 losses from WK_1231C	AMT	185,873	Reg. Tax		185,873
Credits					
Mortgage interest credit					
Credit for prior year minimum tax					
Foreign Tax credit	AMT		Reg. Tax		
District of Columbia first time home owner's credit					
Residential clean energy credit					
Other					
Preparer Fee					
Overpayment applied to next year's estimates					
Estimated Tax Payment 1			Estimated Tax Payment 2		
Estimated Tax Payment 3			Estimated Tax Payment 4		
Federal tax liability for 2210 calculation					0
State tax liability for state 2210 calculation					
IRA basis	Taxpayer	22,992	Spouse		
Disaster distributions taxable in 2025	Taxpayer		Spouse		
Disaster distributions taxable in 2026	Taxpayer		Spouse		
Excess repayments from 8915-F	Taxpayer		Spouse		

Passive Activity

At Risk Limitations

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Worksheet for NOL Carryover From 2024 to 2025 (For an NOL Year Before 2018)

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

USE YOUR 2024 FORM 1040, 1040-SR, OR 1040-NR, TO COMPLETE THIS WORKSHEET:

1.	Enter as a positive number your NOL deduction from Schedule 1 (Form 1040) or Form 1040-NR, line 8a		
2.	Enter your taxable income without the NOL deduction for 2024. See instructions	(311,174)	
3.	Enter as a positive number any net capital loss deduction		
4.	Enter as a positive number any gain excluded on the sale or exchange of qualified small business stock		
5.	Enter as a positive number any qualified business income deduction		
6.	Enter any adjustments to your adjusted gross income. See instructions		
7.	Enter any adjustments to your itemized deductions from line 26 below. See instructions		
8.	**Modified taxable income.** Combine lines 2 through 7. Enter the result (but not less than zero)		0
9.	**NOL carryover to 2025.** Subtract line 8 from line 1. Enter the result (but not less than zero) here and on the "Other income" line 8z of Schedule 1 (Form 1040) or Form 1040-NR in 2025		0
	ADJUSTMENTS TO ITEMIZED DEDUCTIONS:		
10.	Enter your adjusted gross income without the NOL deduction for the NOL year entered above or later years. See instructions		
11.	Combine lines 3, 4, and 6 above		
12.	**Modified adjusted gross income.** Combine lines 10 and 11 above		
	ADJUSTMENT TO MEDICAL EXPENSES:		
13.	Enter your medical expenses from Schedule A (Form 1040), line 4		
14.	Enter your medical expenses from Schedule A (Form 1040), line 1		
15.	Multiply line 12 above by 7.5% (0.075)		
16.	Subtract line 15 from line 14. Enter the result (but not less than zero)		
17.	Subtract line 16 from line 13		
	ADJUSTMENT TO CHARITABLE CONTRIBUTIONS:		
18.	Enter your charitable contributions deductions from Schedule A (Form 1040), line 14; or Schedule A (Form 1040-NR), line 5		
19.	Refigure your charitable contributions deduction using line 12 above as your adjusted gross income. See instructions		
20.	Subtract line 19 from line 18		
	ADJUSTMENT TO CASUALTY AND THEFT LOSSES:		
21.	Enter your casualty and theft losses from Form 4684, line 18		
22.	Enter your casualty and theft losses from Form 4684, line 16		
23.	Multiply line 12 above by 10% (0.10)		
24.	Subtract line 23 from line 22. Enter the result (but not less than zero)		
25.	Subtract line 24 from line 21		
26.	Combine lines 17, 20, and 25, and enter the result here and on line 7		

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Net Operating Loss Carryover / Carryback Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

Year Carried From	Amount Available For Carryover/Carryback	Amount Used Prior to 2024	Amount Used In 2024	Remaining Carryover
2004				
2005				
2006				
2007				
2008				
2009				
2010				
2011				
2012				
2013				
2014				
2015				
2016				
2017				
2018				
2019				
2020				
2021				
2022				
2023	466,298			466,298
2024	276,082			276,082
Totals	742,380			742,380

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The required prior-year NOL Deduction statement for Form 1040, Schedule 1, line 8 has been generated based on the information above. To append anything to that statement, open the SCH screen and select "051" from the "Type of attachment" drop list.

$466,298 of the post-2017 NOL carryforward was not included on Schedule 1, line 8, due to the 80% of taxable income limitation.

1.	Enter the amount from Form 1045, page 3, line 24, if less than zero	(276,082)
2.	Portion of line 1 that is a farming loss that was carried back. Enter as a positive number.	
3.	Excess business loss from Form 461, line 16. Enter as a negative number	
4.	Combine lines 1 through 3. This is your 2024 NOL to carry over to 2025	(276,082)

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Nonrecaptured Net Section 1231 Losses Carryover Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Tax ID Number: **XXX-XX-4436**

Year Carried From	Nonrecaptured net Sec 1231 loss	Amount Used In 2024	Remaining Carryover
2019	0		0
2020	0		0
2021	0		0
2022	34,696		34,696
2023	0		0
2024	151,177		151,177
Totals	185,873		185,873

Net Section 1231 gains are generally treated as long-term capital gains; however, they are treated as ordinary gains to the extent of any net Section 1231 losses recognized in the prior five years. The above worksheet shows the balance of any remaining nonrecaptured net Section 1231 losses that haven't expired or been offset by net Section 1231 gains that will carry over to next year. (The amount will be carried over to Form 4797, line 8, if line 7 results in a gain on the 2025 tax return.) Code Sec. 1231(c)(1-2).

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RichardsTimko, P.C.

151 State Road Unit 2
Westport, MA 02790
office@richardstimko.com
Phone: (508)679-5259 | Fax: (508)679-5125

November 21, 2025

Antonio & Nancy Rodrigues
6 NOTINGHAM WAY
ASSONET, MA 02702

Subject: Preparation of Your 2024 Tax Returns

Antonio & Nancy Rodrigues:

Thank you for choosing RichardsTimko, P.C. to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2024 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. We will perform accounting services only as needed to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover. The law imposes penalties when taxpayers underestimate their tax liability. Call us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them. Our engagement to prepare your 2024 tax returns will conclude with the delivery of the completed returns to you, or with e-filed returns, with your signature and our subsequent submittal of your tax return.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (508)679-5259.

Sincerely,

Nicholas Richards, CPA
RichardsTimko, P.C.

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____
Taxpayer

_____
Spouse

_____
Date

TAX RETURN COMPARISON
2022 / 2023 / 2024

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio & Nancy Rodrigues**

Identifying number: **XXX-XX-4436**

	2022	2023	2024	Difference 2023-2024
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents	2	2	2	
Income				
Wages, salaries, tips, etc.	298,127	274,019	206,091	(67,928)
Taxable interest and dividends	7,150	51	108	57
Taxable state and local refunds				
Alimony				
Business income (loss)	(585,994)			
Gains (losses)	41,074		(151,177)	(151,177)
Pensions and IRA distributions				
Rent and royalty income (loss)	103,751	127,143	98,279	(28,864)
Part, S-corps, trusts income (loss)	438,536	(867,460)	(429,275)	438,185
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)		162,317		(162,317)
Total Income	302,644	(303,930)	(275,974)	27,956
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction		6,000	6,000	
Other adjustments				
Total Adjusted Gross Income	302,644	(309,930)	(281,974)	27,956
Deductions				
Medical deductions				
State and local taxes	10,000	10,000		(10,000)
Interest	9,225	12,548		(12,548)
Contributions	14,900			
Other deductions				
Total itemized deductions	34,125	22,548		(22,548)
Standard deduction	25,900	27,700	29,200	1,500
Total deductions claimed	34,125	27,700	29,200	1,500
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income	268,519			
Tax	52,116			
Credits	4,000			
Self-employment tax				
Other taxes	2,547	330		(330)
Total Tax	50,663	330		(330)
Payments				
Withholdings	26,055	25,214	16,007	(9,207)
Estimated tax payments				
Earned income credit				
Other payments and credits	28,472	14,428	3,400	(11,028)
Estimated tax penalty	644			
Overpayment	3,864	39,312	19,407	(19,905)
Overpayment applied				
Refund	3,220	39,312	19,407	(19,905)
Balance Due				
Marginal tax rate	24.00	10.00	10.00	
Effective tax rate	19.41			

Client Copy

Schedule E Comparison

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return: **Antonio Rodrigues**

Tax ID Number: **XXX-XX-4436**

Property description and address: **A Rodrigues LLC - 1821 County St, Somerset, MA 02726**

Input order: **1**

	2023	2024	Difference
Income			
Rents received	232,500	108,500	(124,000)
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees	100	100	
Management fees			
Mortgage interest	77,362		(77,362)
Other interest			
Repairs			
Supplies			
Taxes	21,608	3,834	(17,774)
Utilities			
Depreciation expense	6,287	6,287	
Other			
Total expenses	105,357	10,221	(95,136)
Net income or (loss)	127,143	98,279	(28,864)
Allowed on return after Form 6198 and Form 8582 limitations	127,143	98,279	(28,864)

Property description and address

Input order

	2023	2024	Difference
Income			
Rents received			
Royalties received			
Expenses			
Advertising			
Auto and travel			
Cleaning and maintenance			
Commissions			
Insurance			
Legal & professional fees			
Management fees			
Mortgage interest			
Other interest			
Repairs			
Supplies			
Taxes			
Utilities			
Depreciation expense			
Other			
Total expenses			
Net income or (loss)			
Allowed on return after Form 6198 and Form 8582 limitations			

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	Account Transaction Summary	2024
Name(s) as shown on return		Tax ID Number
Antonio & Nancy Rodrigues		XXX-XX-4436

Account #1

Financial Institution	Santander
Routing Transit Number	011075150
Account Number	XXXXXXX7028
Account Type	checking

Federal Main Form	
Federal Deposit	19,407
State Main Form(s)	
MA Deposit	10,486
Net Deposit	**29,893**

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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize RichardsTimko, P.C. to use this account.

Your Signature	11-21-2025 Date	Spouse's Signature (If Married Filing Jointly)	11-21-2025 Date

DD_PMT.LD

Form **172**
(December 2024)
Department of the Treasury
Internal Revenue Service

Net Operating Losses (NOLs)

For Individuals, Estates, and Trusts.
Go to *www.irs.gov/Form172* for instructions and the latest information.

OMB No. 1545-0074

For calendar year **2024** , or other tax year beginning _____ and ending _____

Name(s) shown on return			Social security or employer identification number
Antonio & Nancy Rodrigues			**XXX-XX-4436**
Address (number and street). If you have a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
6 Notingham Way			**XXX-XX-9960**
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Daytime phone number
Assonet	**MA**	**02702**	**508-644-5010**
Foreign country name	Foreign province/county		Foreign postal code

Part I **NOL** (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income (AGI) and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount			1	(311,174)
2	Nonbusiness capital losses before limitation. Enter as a positive number		2		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)		3		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-		4		
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions). Enter as a positive number		6	35,200	
7	Nonbusiness income other than capital gains (see instructions)	7 108			
8	Add lines 5 and 7		8	108	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			9	35,092
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	10			
11	Business capital losses before limitation. Enter as a positive number		11		
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12		13		
14	Subtract line 13 from line 11. If zero or less, enter -0-		14		
15	Add lines 4 and 14		15		
16	Enter, if any, the combined net short-term and long-term capital loss from your Schedule D (Form 1040). Estates and trusts, enter, if any, the total net short-term and long-term loss from Schedule D (Form 1041). Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15		16		
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-		18		
19	If line 16 is a loss, enter, as a positive number, the smaller of: • The loss on line 16; or • $3,000 (If filing Form 1040, $1,500 when married filing separately)		19		
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		20		
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	
23	NOL deduction for losses from other years. Enter as a positive number			23	
24	**NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here. If the result is zero or more, you don't have an NOL**			24	(276,082)

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For Paperwork Reduction Act Notice, see the instructions. Form **172** (12-2024)

EEA

FOR ALT MIN TAX PURPOSES ONLY

Form **172** (December 2024)
Department of the Treasury
Internal Revenue Service

Net Operating Losses (NOLs)

For Individuals, Estates, and Trusts.
Go to *www.irs.gov/Form172* for instructions and the latest information.

OMB No. 1545-0074

For calendar year **2024** , or other tax year beginning _____ and ending _____

Name(s) shown on return			Social security or employer identification number
Antonio & Nancy Rodrigues			**XXX-XX-4436**
Address (number and street). If you have a P.O. box, see instructions.		Apt. or suite no.	Spouse's social security number (SSN)
6 Notingham Way			**XXX-XX-9960**
City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Daytime phone number
Assonet	**MA**	**02702**	**508-644-5010**
Foreign country name	Foreign province/county		Foreign postal code

Part I **NOL** (see instructions)

1	For individuals, subtract your standard deduction or itemized deductions from your adjusted gross income (AGI) and enter it here. For estates and trusts, enter taxable income increased by the total of the charitable deduction, income distribution deduction, and exemption amount			1	(311,174)
2	Nonbusiness capital losses before limitation. Enter as a positive number		2		
3	Nonbusiness capital gains (without regard to any section 1202 exclusion)		3		
4	If line 2 is more than line 3, enter the difference. Otherwise, enter -0-		4		
5	If line 3 is more than line 2, enter the difference. Otherwise, enter -0-	5			
6	Nonbusiness deductions (see instructions). Enter as a positive number		6	35,200	
7	Nonbusiness income other than capital gains (see instructions)	7 108			
8	Add lines 5 and 7		8	108	
9	If line 6 is more than line 8, enter the difference. Otherwise, enter -0-			9	35,092
10	If line 8 is more than line 6, enter the difference. Otherwise, enter -0-. **But don't enter more than line 5**	10			
11	Business capital losses before limitation. Enter as a positive number		11		
12	Business capital gains (without regard to any section 1202 exclusion)	12			
13	Add lines 10 and 12		13		
14	Subtract line 13 from line 11. If zero or less, enter -0-		14		
15	Add lines 4 and 14		15		
16	Enter, if any, the combined net short-term and long-term capital loss from your Schedule D (Form 1040). Estates and trusts, enter, if any, the total net short-term and long-term loss from Schedule D (Form 1041). Enter as a positive number. If you don't have a loss on that line (and don't have a section 1202 exclusion), skip lines 16 through 21 and enter on line 22 the amount from line 15		16		
17	Section 1202 exclusion. Enter as a positive number			17	
18	Subtract line 17 from line 16. If zero or less, enter -0-		18		
19	If line 16 is a loss, enter, as a positive number, the smaller of: • The loss on line 16; or • $3,000 (If filing Form 1040, $1,500 when married filing separately)		19		
20	If line 18 is more than line 19, enter the difference. Otherwise, enter -0-		20		
21	If line 19 is more than line 18, enter the difference. Otherwise, enter -0-			21	
22	Subtract line 20 from line 15. If zero or less, enter -0-			22	
23	NOL deduction for losses from other years. Enter as a positive number			23	
24	**NOL. Combine lines 1, 9, 17, and 21 through 23. If the result is less than zero, enter it here. If the result is zero or more, you don't have an NOL**			24	(276,082)

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For Paperwork Reduction Act Notice, see the instructions. Form **172** (12-2024)

EEA

2024 MA1 Filing Instructions
Antonio & Nancy Rodrigues

Form filed:

MA1 and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

10-15-2025

Refund:

$10,486.00

Transaction method:

The refund will be directly deposited into your checking account at Santander ending in 7028.

2024 Form 1

MA24001011024

Massachusetts Resident Income Tax Return

FOR FULL YEAR RESIDENTS ONLY

For the year January 1-December 31, 2024 or other taxable

Year beginning Ending

ANTONIO RODRIGUES XXX-XX-4436
NANCY RODRIGUES XXX-XX-9960
6 NOTINGHAM WAY ASSONET MA 02702

Fill in if: Amended return Other jurisdiction change Enter date of change
Federal amendment Amended return due to IRS BBA Partnership Audit

State Election Campaign Fund: $1 You $1 Spouse TOTAL

Fill in if veteran of Operations Enduring Freedom, Iraqi Freedom, Noble Eagle or Sinai Peninsula You Spouse

Taxpayer deceased You Spouse

Fill in if under age 18 You Spouse

Fill in if name change You Spouse

a. Total federal income -275974

b. Federal adjusted gross income -281974

Fill in if noncustodial parent

Fill in if you are a custodial parent who has released claim to exemption for child(ren)

Fill in if filing Schedule TDS

Fill in if filing Schedule FCI

Fill in if reporting crypto currency

1. Filing status (select one only):

Fill in if not using the same filing status on the federal form

Single

X Married filing jointly

Head of household

Married filing separate return NRA

Fill in if joint filing exemption for spouse with Massachusetts gross income under $8,000

2. Exemptions

a. Personal exemptions			**2a**	8800
b. Number of dependents. (Do not include yourself or your spouse.) Enter number	2	x $1,000 =	**2b**	2000
c. Age 65 or over before 2025	You + Spouse =	x $700 =	**2c**	
d. Blindness	You + Spouse =	x $2,200 =	**2d**	
e. Medical/dental			**2e**	
f. Adoption			**2f**	
g Total exemptions. Add items 2a through 2f. Enter here and on line 18			**2g**	10800

SIGN HERE. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.

Your signature Date Spouse's signature Date

TONY@TNTCLEANINGMA.COM 5086445010

PRIVACY ACT NOTICE AVAILABLE UPON REQUEST

11-21-2025

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2024 Form 1, pg. 2

MA24001021024

Massachusetts Resident Income Tax Return

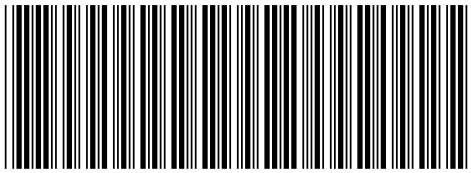
XXX–XX–4436

3.	Wages, salaries, tips	**3**	218993
4.	Taxable pensions and annuities	**4**	
5.	Mass. bank interest	**5**	
6a.	Business/profession income/loss	**6a**	
6b.	Farming income/loss	**6b**	
7.	Rental, royalty and REMIC, partnership, S corp., trust income/loss	**7**	–330996
8a.	Unemployment	**8a**	
8b.	Mass. lottery winnings	**8b**	
9.	Other income from Schedule X, line 7	**9**	
10.	**TOTAL 5.0% INCOME**	**10**	–112003
11a.	Amount paid to Soc. Sec. Medicare, R.R., U.S. or Mass. Retirement	**11a**	2000
11b.	Amount your spouse paid to Soc. Sec., Medicare, R.R., U.S. or Mass. Retirement	**11b**	2000
12.	Reserved for future use	**12**	
13.	Reserved for future use	**13**	
14.	Rental deduction. a.	÷ 2 = **14**	
15.	Other deductions from Schedule Y, line 19	**15**	
16.	**Total deductions.** Add lines 11 through 15	**16**	4000
17.	**5.0% INCOME AFTER DEDUCTIONS.** Subtract line 16 from line 10. Not less than "0"	**17**	
18.	Exemption amount	**18**	10800
19.	**5.0% INCOME AFTER EXEMPTIONS.** Subtract line 18 from line 17. Not less than "0"	**19**	
20.	**INTEREST AND DIVIDEND INCOME**	**20**	
21.	**TOTAL TAXABLE 5.0% INCOME.** Add lines 19 and 20	**21**	0
22.	**TAX ON 5.0% INCOME. Note:** If choosing the optional 5.85% tax rate, fill in and multiply line 21 and the amount in Schedule D, line 21 by .0585	**22**	0
23.	**INCOME FROM SCHEDULE B.** Not less than "0."		
	a. x .085 = **23a**		
	b. x .12 = **23b**		
	TOTAL TAX ON INCOME FROM SCHEDULE B. Add lines 23a and 23b	**23**	

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

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11–21–2025



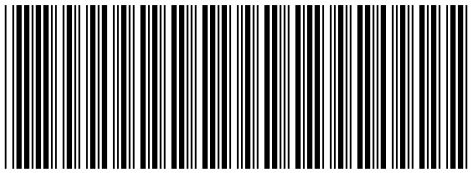


2024 Form 1, pg. 3
MA24001031024
Massachusetts Resident Income Tax Return
XXX-XX-4436

24.	**TAX ON LONG-TERM CAPITAL GAINS. Not less than "0."** Fill in if filing Schedule D-IS			**24**
	Fill in if any excess exemptions were used in calculating lines 20, 23 or 24			
25.	Credit recapture amount (from Credit Recapture Schedule)			**25**
26.	Additional tax on installment sale			**26**
27.	If you qualify for No Tax Status, fill in and enter "0" on line 28		X	
28.	**TOTAL INCOME TAX.**			
	a. Income tax. Add lines 22 through 26	28a		
	b. 4% Surtax. (from Schedule 4% Surtax, line 7)	28b		
	c. Total tax. Add lines 28a and 28b			**28**
29.	Limited Income Credit			**29**
30.	Income tax due to another state or jurisdiction			**30**
31.	Other credits from Credit Manager Schedule			**31**
32.	**INCOME TAX AFTER CREDITS.** Subtract the total of lines 29 through 31 from line 28. **Not less than "0"**			**32**
33.	**Voluntary Contributions**			
	a. Endangered Wildlife Conservation			**33a**
	b. Organ Transplant Fund			**33b**
	c. Massachusetts Public Health HIV and Hepatitis Fund			**33c**
	d. Massachusetts U.S. Olympic Fund			**33d**
	e. Massachusetts Military Family Relief Fund			**33e**
	f. Homeless Animal Prevention and Care			**33f**
	Total. Add lines 33a through 33f			**33**
34.	Use tax due on Internet, mail order and other out-of-state purchases			**34**
35.	Health care penalty a. You + b. Spouse			**35**
36.	**Amended return only.** Overpayment from original return			**36**
37.	**INCOME TAX AFTER CREDITS PLUS CONTRIBUTIONS AND USE TAX.** Add lines 32 through 36			**37**
38.	a. Massachusetts income tax withheld from Form(s) W-2	38a	10486	
	b. Massachusetts income tax withheld from Form(s) 1099	38b		
	c. Massachusetts income tax withheld from other forms	38c		
	Total. Add lines 38a through 38c			**38** 10486

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11-21-2025





2024 Form 1, pg. 4
MA24001041024
Massachusetts Resident Income Tax Return
XXX-XX-4436

39.	2023 overpayment applied to your 2024 estimated tax		**39**	
40.	2024 Massachusetts estimated tax payments		**40**	
41.	Payments made with extension		**41**	
42.	**Amended return only.** Payments made with original return. Not less than "0"		**42**	
43.	Earned Income Credit. a. Number of qualifying children	b. Amount from U.S. return x .40 =	**43**	
	Note: You cannot claim the Earned Income Credit if your filing status is married filing separately unless you qualify for an exception (see instructions). Fill in if you qualify for this exception			
44.	Senior Circuit Breaker Credit		**44**	
45.	Reserved for future use		**45**	
46.	Child and Family Tax Credit			
	a.	x $440 =	**46**	
47.	Other Refundable Credits		**47**	
48.	**Total Refundable Credit.** Add lines 43 through 47		**48**	
49.	Excess Paid Family Leave Withholding		**49**	
50.	**TOTAL.** Add lines 38 through 42 and lines 48 and 49		**50**	10486
51.	**Overpayment.** Subtract line 37 from line 50		**51**	10486
52.	Amount of overpayment you **want applied to your 2025 estimated tax**		**52**	
53.	**Refund.** Subtract line 52 from line 51. Mail to: Massachusetts DOR, PO Box 7000, Boston, MA 02204		**53**	10486

Direct deposit of refund. Type of account X checking savings

RTN # 011075150 account # XXXXXXX7028

54.	**Tax due. Pay online at www.mass.gov/dor/payonline.** Mail to: Mass. DOR, PO Box 7003, Boston, MA 02204		**54**	
	Interest	Penalty	M-2210 amt.	EX enclose Form M-2210

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May the Department of Revenue discuss this return with the preparer shown here? X
I do not want preparer to file my return electronically (this may delay your refund)

Print paid preparer's name	Date	Check if self-employed	Paid preparer's SSN/PTIN
NICHOLAS RICHARDS, CPA	11212025		XXXXX6886
Paid preparer's signature	Paid preparer's phone		Paid preparer's EIN
	508-679-5259		81-1246619

BE SURE TO INCLUDE THIS PAGE WITH FORM 1, PAGE 1

11-21-2025

2024 Schedule HC

MA24029011024

Schedule HC, Health Care Information, must be completed by all full-year residents and certain part-year residents (see instructions).
Note: Schedule HC must be enclosed with your Form 1 or Form 1-NR/PY. Failure to do so will delay the processing of your return.

ANTONIO RODRIGUES XXX-XX-4436

1a. Date of birth 06131976 1b. Spouse's date of birth 12091981 1c. Family size 4

2. Federal adjusted gross income **2** -281974

3. Indicate the time period that you were enrolled in a Minimum Creditable Coverage (MCC) health insurance plan(s). The Form MA 1099-HC from your insurer will indicate whether your insurance met MCC requirements. Note: MassHealth, Medicare, and health coverage for U.S. Military, including Veterans Administration and Tri-Care, meet the MCC requirements. If you did not receive a Form MA 1099-HC from your insurer, or you had insurance that did not meet MCC requirements, see the special section on MCC requirements in the instructions.

See instructions if, during 2024, you turned 18, you were a part-year resident or a taxpayer was deceased.

3a You:	X Full-year MCC	Part-year MCC	No MCC/None
3b Spouse:	X Full-year MCC	Part-year MCC	No MCC/None

If you filled in the full-year or part-year MCC box, go to line 4. If you filled in No MCC/None, go to line 6.

4. Indicate the health insurance plan(s) that met the Minimum Creditable Coverage (MCC) requirements in which you were enrolled in 2024, as shown on Form MA 1099-HC (check all that apply). If you did not receive this form, fill in line(s) 4f and/or 4g and see instructions. Fill in if you were enrolled in private insurance and MassHealth or Commonwealth Care and enter your private insurance information in line(s) 4f and/or 4g and go to line 5.

4a. Private insurance, including ConnectorCare (completes line(s) 4f and/or 4g below)	X You	X Spouse
4b. MassHealth. Fill in and go to line 5	You	Spouse
4c. Medicare (including a replacement or supplemental plan). Fill in and go to line 5	You	Spouse
4d. U.S. Military (including Veterans Administration and Tri-Care). Fill in and go to line 5	You	Spouse
4e. Other program (enter the program name(s) only in lines 4f and/or 4g below). Note: Health Safety Net is not considered insurance or minimum creditable coverage.	You	Spouse

4f. Your Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 984376421

4g. Spouse's Health Insurance. Complete if you answered line(s) 4a or 4e and go to line 5.

BLUE CROSS BLUE SHIELD 984376421

5. If you had health insurance that met MCC requirements for the full-year, including private insurance, MassHealth, Commonwealth Care or ConnectorCare, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

If you had Medicare (including a replacement or supplemental plan), U.S. Military (including Veterans Administration and Tri-Care), or other government insurance at any point during 2024, you are not subject to a penalty. Skip the remainder of this schedule and continue completing your tax return. Otherwise, go to line 6.

11-21-2025

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	Schedule HC Worksheets and Tables (Keep for your records)	2024

Name(s) as shown on return

ANTONIO RODRIGUES

Your social security number

XXX-XX-4436

Schedule HC Worksheet for Line 6: Federal Poverty Level

1. Enter your federal adjusted gross income from Schedule HC, line 2 . . . . . 1 −281974
2. Enter the income amount that corresponds to your family size (as entered on Schedule HC, line 1c) from the 150% FPL column from Table 1 . . . . . 2 45000

If line 1 is less than or equal to line 2, your income in 2024 was at or below 150% of the Federal Poverty Level and the penalty does not apply to you in 2024. Fill in the Yes box in line 6 of Schedule HC, skip the remainder of Schedule HC and continue completing your tax return.

If line 1 is greater than line 2, your income in 2024 was above 150% of the Federal Poverty Level. Fill in the No box in line 6 of Schedule HC and go to line 7 of Schedule HC.

Table 1: Federal Poverty Level, Annual Income Standards

Family size*	150% FPL
1	$21,870
2	$29,580
3	$37,290
4	$45,000
5	$52,710
6	$60,420
7	$68,130
8	$75,840
additional	+ $ 7,710

***Include only yourself, your spouse (if living in the same household at any point during the year), and any dependents as claimed on Form 1, line 2b or Form 1-NR/PY, line 4b. If married filing separately and living in the same household at any point during the year, include all dependents claimed by you and your spouse.**

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2024 Schedule B
MA24010011024

ANTONIO RODRIGUES XXX-XX-4436

Part 1. Interest and Dividend Income

1.	Total interest income	**1**	108
2.	Total ordinary dividends	**2**	
3.	Other interest and dividends not included above	**3**	
4.	Total interest and dividends	**4**	108
5.	Total interest from Massachusetts banks	**5**	
6a.	Other interest and dividends to be excluded	**6a**	
6b.	Part-year/Nonresidents only	**6b**	
7.	Subtotal	**7**	108
8.	Allowable deductions from your trade or business	**8**	
9.	Subtotal	**9**	108

Part 2. Short-Term Capital Gains/Losses and Long-Term Gains on Collectibles

10.	Massachusetts short-term capital gains	**10**	
11.	Massachusetts long-term capital gains on collectibles and pre-1996 installment sales	**11**	
12.	Massachusetts gain on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**12**	
13a.	Add lines 10 through 12	**13a**	
13b.	Part-year/Nonresidents only	**13b**	
13c.	Subtract line 13b from line 13a. Not less than 0	**13c**	
14.	Allowable deductions from your trade or business	**14**	
15.	Subtotal	**15**	
16.	Massachusetts short-term capital losses	**16**	
17.	Massachusetts loss on the sale, exchange or involuntary conversion of property used in a trade or business and held for one year or less	**17**	
18.	Prior short-term unused losses for years beginning after 1981	**18**	

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11-21-2025

19a.	Combine lines 15 through 18	**19a**	
19b.	Part-year/Nonresidents only	**19b**	
19c.	Exclude line 19b losses from line 19a	**19c**	
20.	Short-term losses applied against interest and dividends	**20**	
21.	Available short-term losses	**21**	
22.	Short-term losses applied against long-term gains	**22**	
23.	Short-term losses available for carryover in 2025	**23**	
24.	Short-term gains and long-term gains on collectibles	**24**	
25.	Long-term losses applied against short-term gain	**25**	
26.	Subtotal	**26**	
27.	Long-term gains deduction	**27**	
28.	Short-term gains after long-term gains deduction	**28**	

Part 3. Adjusted Gross Interest, Dividends, Short-Term Capital Gains and Long-Term Gains on Collectibles

29.	Enter the amount from line 9	**29**	108
30.	Short-term losses applied against interest and dividends	**30**	
31.	Subtotal interest and dividends	**31**	108
32.	Long-term losses applied against interest and dividends	**32**	108
33.	Adjusted interest and dividends	**33**	
34.	Enter the amount from line 28	**34**	
35.	Adjusted gross interest, dividends and certain capital gains	**35**	
36.	Excess exemptions	**36**	
37.	Subtract line 36 from line 35	**37**	
38.	Interest and dividends taxable at 5.0%	**38**	
39.	Total taxable 8.5% and 12% capital gains	**39**	
40.	Available short-term losses for carryover in 2025	**40**	

Client Copy

2024 Schedule D

MA24012011024

Long-Term Capital Gains and Losses
Excluding Collectibles

ANTONIO RODRIGUES XXX-XX-4436

Part 1. Long-Term Capital Gains and Losses, Excluding Collectibles

1.	Enter amounts from U.S. Schedule D, lines 8a and 8b, col. h	**1**	
2.	Enter amounts from U.S. Schedule D, line 9, col. h	**2**	
3.	Enter amounts from U.S. Schedule D, line 10, col. h	**3**	
4.	Enter amounts from U.S. Schedule D, line 11, col. h	**4**	
5.	Enter amounts from U.S. Schedule D, line 12, col. h	**5**	
6.	Enter amounts from U.S. Schedule D, line 13, col. h	**6**	
7.	Massachusetts long-term capital gains and losses included in U.S. Form 4797, Part II	**7**	-151177
8.	Carryover losses from prior years	**8**	
9.	Combine lines 1 through 8	**9**	-151177
10a.	Massachusetts adjustments	**10a**	
10b.	Part-year/Nonresidents only	**10b**	
10c.	Combine lines 10a and 10b	**10c**	
11.	Massachusetts capital gains and losses	**11**	-151177
12.	Long-term gains on collectibles and pre-1996 installment sales	**12**	
13.	Subtotal	**13**	-151177
14.	Capital losses applied against capital gains	**14**	
15.	Subtotal	**15**	-151177
16.	Long-term capital losses applied against interest and dividends	**16**	108
17.	Subtotal	**17**	-151069
18.	Allowable deductions from your trade or business	**18**	
19.	Subtotal	**19**	
20.	Excess exemptions	**20**	
21.	Taxable long-term capital gains	**21**	
22.	Tax on long-term capital gains	**22**	
23.	Massachusetts available losses for carryover	**23**	-151069

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11-21-2025

2024 Schedule DI
MA24SDI011024

ANTONIO RODRIGUES XXX-XX-4436

Schedule DI. Dependent Information

NOAH RODRIGUES XXX-XX-8475
SON
Is dependent a qualifying child for earned income credit? 11102010
Is dependent disabled?

NADIA RODRIGUES XXX-XX-8476
DAUGHTER
Is dependent a qualifying child for earned income credit? 11102010
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
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Is dependent a qualifying child for earned income credit?
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Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Is dependent a qualifying child for earned income credit?
Is dependent disabled?

Client Copy

11-21-2025

2024 Schedule E
MA24013041024

ANTONIO RODRIGUES XXX-XX-4436

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	108500
2.	Royalties received	2	

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	100
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc.	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	3834
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	3934
18.	Depreciation expense or depletion	18	6287
19.	Total expenses. Add lines 17 and 18	19	10221
20.	Income or loss from rental real estate or royalty properties	20	98279
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	98279
23.	Losses. Add royalty losses from line 20 and real estate losses from line 21	23	
24.	Rental real estate and royalty income or loss	24	98279

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11-21-2025

2024 Schedule E, pg. 2
MA24013051024

XXX-XX-4436

Income or Loss from Partnerships and S Corporations

25.	Passive loss allowed	**25**	
26.	Passive income	**26**	54
27.	Non-passive loss	**27**	666493
28.	Section 179 expense deduction	**28**	
29.	Non-passive income	**29**	237218
30.	Combine lines 26 and 29	**30**	237272
31.	Combine lines 25, 27 and 28	**31**	-666493
32.	Partnership and S corporation income or loss. Combine lines 30 and 31	**32**	-429221
33.	Interest (other than MA banks) and dividends if included in line 32	**33**	54
34.	Interest from Massachusetts banks if included in line 32	**34**	
35.	Total income or loss from partnerships and S corporations	**35**	-429275
36.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		

Income or Loss from Estates and Trusts

37.	Passive deduction or loss allowed	**37**	
38.	Passive income	**38**	
39.	Non-passive deduction or loss	**39**	
40.	Non-passive other income	**40**	
41.	Add lines 38 and 40	**41**	
42.	Add lines 37 and 39	**42**	
43.	Estate and trust income or loss. Combine lines 41 and 42	**43**	
44.	Estate or non-grantor-type trust income	**44**	
45.	Grantor-type trust and non-Massachusetts estate and trust income	**45**	
46.	Interest and dividends if included in line 45	**46**	
47.	Adjustments to 5.0% income	**47**	
48.	Subtotal. Combine lines 46 and 47	**48**	
49.	Income or loss from grantor type and non-Mass estates and trusts	**49**	

Income or Loss from REMICs

50.	Excess inclusion	**50**	
51.	Taxable income or loss	**51**	
52.	Income	**52**	
53.	Combine lines 51 and 52	**53**	

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11-21-2025

2024 Schedule E, pg. 3
MA24013061024

XXX-XX-4436

Farm Income

54.	Net farm rental income or loss	**54**	

Summary

55.	Income or loss. Combine lines 24, 35, 49, 53 and 54	**55**	-330996
56.	Massachusetts differences Enclose statements	**56**	
57.	Abandoned building renovation deduction	**57**	
58.	Total income or loss. Combine lines 55 through 57	**58**	-330996

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2024 Schedule E-1

MA24013011024

ANTONIO RODRIGUES XXX-XX-4436
A RODRIGUES LLC
1821 COUNTY ST SOMERSET MA 02726

Check one: X Real estate Royalty Rental property used for short-term rentals

Income or Loss from Real Estate and Royalties

Income

1.	Rents received	1	108500
2.	Royalties received	2	

Expenses

3.	Advertising	3	
4.	Auto and travel	4	
5.	Cleaning and maintenance	5	
6.	Commissions	6	
7.	Insurance	7	
8.	Legal and other professional fees	8	100
9.	Management fees	9	
10.	Mortgage interest paid to banks, etc	10	
11.	Other interest	11	
12.	Repairs	12	
13.	Supplies	13	
14.	Taxes	14	3834
15.	Utilities	15	
16.	Other expenses	16	
17.	Add lines 3 through 16	17	3934
18.	Depreciation expense or depletion	18	6287
19.	Total expenses. Add lines 17 and 18	19	10221
20.	Income or loss from rental real estate or royalty properties	20	98279
21.	Deductible rental real estate loss	21	
22.	Income. Enter positive amounts shown on line 20	22	98279
23.	Losses. Enter royalty losses from line 20 or rental real estate loss from line 21	23	
24.	Rental real estate and royalty income or loss	24	98279
25.	Check if this rental property was used by you or your family for more than 14 days or more than 10 percent of the total number of days that the property was rented at fair market value		

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11-21-2025

2024 Schedule E-2

MA24013021024

ANTONIO RODRIGUES XXX-XX-4436

TNT CLEANING SERVICES INC XXXXX6642

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	1
3.	Non-passive loss	3	
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	237218
6.	Combine lines 2 and 5	6	237219
7.	Combine lines 1, 3 and 4	7	
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	237219
9.	Interest (other than MA banks) and dividends if included in line 8	9	1
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	237218
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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11-21-2025

2024 Schedule E-2

MA24013021024

ANTONIO RODRIGUES XXX-XX-4436

CAR CONNECTIONS INC XXXXX9722

Check one: X S corp. partnership

Enter amount of 90% refundable PTE Excise Credit claimed from the Massachusetts K-1 issued by this entity

Income or Loss from Partnerships and S Corporations

1.	Passive loss allowed	1	
2.	Passive income	2	53
3.	Non-passive loss	3	666493
4.	Section 179 expense deduction	4	
5.	Non-passive income	5	
6.	Combine lines 2 and 5	6	53
7.	Combine lines 1, 3 and 4	7	-666493
8.	Partnership and S corporation income or loss. Combine lines 6 and 7	8	-666440
9.	Interest (other than MA banks) and dividends if included in line 8	9	53
10.	Interest from Massachusetts banks if included in line 8	10	
11.	Total income or loss from partnerships and S corporations	11	-666493
12.	Check if you are reporting any loss not allowed in a prior year due to the at-risk, or basis limitations; a prior year disallowed loss from a passive activity (was not reported on U.S. Form 8582) or un-reimbursed partnership expenses		
13.	Check if any amount of this investment not at risk		

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11-21-2025

2024 Schedule INC
MA24INC011024

ANTONIO RODRIGUES XXX-XX-4436

Form W-2 and 1099 Information

A. FEDERAL ID NUMBER	B. STATE TAX WITHHELD	C. STATE WAGES/INCOME	D. TAXPAYER SS WITHHELD	E. SPOUSE SS WITHHELD	F. SOURCE OF WITHHOLDING
04-6001387	5350	108993		1580	W2
45-3766642	4784	102000	7803		W2
83-1369722	352	8000	612		W2
TOTALS	10486	218993	8415	1580	

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11-21-2025

	Massachusetts AGI Worksheet / Limited Income Credit	2024
Name(s) ANTONIO & NANCY RODRIGUES		SSN XXX-XX-4436

Form 1, Line 27 Massachusetts AGI Worksheet. No Tax Status (Only if Single, Head of Household or Married Filing Jointly)

If your Massachusetts AGI was $8,000 or less if single, $14,400 or less plus $1,000 per dependent if head of household, or $16,400 or less plus $1,000 per dependent if married filing a joint return, you qualify for No Tax Status and are not required to pay any Massachusetts income taxes.

1.	Enter your total 5.0% income from Form 1, line 10. Not less than 0. (Add back any Abandoned Building Renovation deduction claimed on Schedule(s) C and/or E before entering an amount in line 1.)	1	-112003
2.	Add Schedule Y, lines 2 to 9b and line 10	2	
3.	Subtract line 2 from line 1. Not less than 0	3	
4.	Reserved	4	
5.	Enter amount from Schedule B, line 35. If there is no entry in Schedule B, line 35 or if not filing Schedule B, enter the amount from Form 1, line 20	5	
6.	Enter the amount from Schedule D, line 19. Not less than 0. (If filing Schedule D-IS, Installment Sales, see the Schedule D-IS instructions, available at mass.gov/dor, for the amount to enter in line 6.)	6	
7.	Add lines 3 through 6	7	

If you are single and the total in line 7 is $8,000 or less, you qualify for No Tax Status. Check the box in line 27, enter 0 in line 28 and omit lines 29 through 31. Also, enter 0 in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. If you are single but do not qualify for No Tax Status, and your total in line 7 is $14,000 or less, complete Form 1, line 28 and see Form 1, line 29 instructions for the Limited Income Credit. If you are filing as head of household or married filing a joint return, compare line 7 with the No Tax Status/Limited Income Credit Chart to see if you may qualify for No Tax Status or the Limited Income Credit.

No Tax Status/Limited Income Credit Chart

Number of dependents (from Form 1, line 2b):	Filing status: Head of household. Line 7 of the AGI worksheet is less than or equal to: you qualify for **No Tax Status**	Head of household. Line 7 of the AGI worksheet is less than or equal to: you may qualify for the **Limited Income Credit**	Married filing a joint return. Line 7 of the AGI worksheet is less than or equal to: you qualify for **No Tax Status**	Married filing a joint return. Line 7 of the AGI worksheet is less than or equal to: you may qualify for the **Limited Income Credit**
0	$14,400	**$25,200**	$16,400	**$28,700**
1	15,400	**26,950**	17,400	**30,450**
2	16,400	**28,700**	18,400	**32,200**
3	17,400	**30,450**	19,400	**33,950**
4	18,400	**32,200**	20,400	**35,700**
5	19,400	**33,950**	21,400	**37,450**
6	20,400	**35,700**	22,400	**39,200**

If the number of dependents is more than 6, add $1,000 per dependent to the No Tax Status column, or $1,750 per dependent to the Limited Income Credit column.

If you qualify for No Tax Status, check the box in line 27, enter "0" in line 28 and omit lines 29 through 31. Also, enter "0" in line 32 and complete Form 1. However, if there is an amount entered in line 25, Credit Recapture Amount and/or line 26, Additional Tax on Installment Sales, enter that amount in line 28 and complete line 31. To see if you may qualify for the Limited Income Credit, go to line 28 and complete the worksheet for line 29.

Form 1, Line 29 Worksheet. Limited Income Credit (Only if Single, Head of Household, or Married Filing Jointly)

If you do not qualify for No Tax Status, but you are single and your Massachusetts AGI is between $8,000 and $14,000, or if you are filing as head of household and your Massachusetts AGI is between $14,400 and $25,200 plus $1,750 per dependent, or if you are married filing a joint return and your Massachusetts AGI is between $16,400 and $28,700 plus $1,750 per dependent, you may qualify for the Limited Income Credit. This credit is an alternative tax calculation that can result in a significant tax reduction for people whose income is close to the No Tax Status threshold.

1.	Enter amount from line 7 of Massachusetts AGI Worksheet	1	
2.	Enter $8,000 if single. If married filing a joint return or head of household, enter the amount from the No Tax Status column of the No Tax Status/Limited Income Credit chart	2	
3.	Subtract line 2 from line 1	3	
4.	Enter in line 4 the amount of tax from Form 1, line 28 less any Credit Recapture Amount entered in line 25 and/or Additional Tax on Installment Sales in line 26	4	
5.	Multiply line 3 by 10% (.10)	5	
6.	If line 4 is smaller than line 5, you are not eligible for this credit. Enter 0. If line 4 is larger than line 5, subtract line 5 from line 4 and enter result here and on Form 1, line 29	6	0

MAWK_AGI.LD

Do not file with Massachusetts. Keep for your records.

Client Copy

	Long-Term Capital Losses Applied Against Interest and Dividends Worksheet (Keep for your records)	2024

Name(s) as shown on the return	Your social security number
ANTONIO & NANCY RODRIGUES	XXX-XX-4436

Complete only if Schedule B, line 31 is a positive amount and Schedule D, line 15 is a loss. Enter all losses as positive amounts.

1.	Enter amount from Schedule B, line 29	1	108
2.	Enter the lesser of line 1 or $2,000	2	108
3.	Enter the amount from Schedule B, line 30	3	
4.	Subtract line 3 from line 2. If 0 or less omit the remainder of worksheet. Otherwise, complete lines 5 and 6	4	108
5.	Enter any loss from Schedule D, line 15, as a positive amount. Otherwise, enter 0	5	151177
6.	If line 4 is less than or equal to line 5, enter line 4 here and in Schedule B, line 32 and in Schedule D, line 16. If line 4 is larger than line 5, enter line 5 here and in Schedule B, line 32 and in Schedule D, line 16	6	108

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2024
Massachusetts
Department of
Revenue

Form M-9325
Electronic Filing Information Handout

Electronic Filing Program PO Box 7013, Boston, MA 02204

Thank you for participating in the Massachusetts Department of Revenue (MDOR) Electronic Filing Program. Your state tax return for tax year 2024 is being filed electronically with MDOR by RICHARDSTIMKO, P.C. . Your return was accepted by MDOR on _____.

General Information

Important
Do not send the paper copies of your return, schedules and supporting documentation to MDOR, this information is for your records.

If you need to amend your return
If you need to amend or correct the return you filed electronically, go to www.mass.gov/dor/amend. Please contact your paid preparer to inquire about filing this form electronically or the MDOR Customer Service Bureau at (617) 887-MDOR.

If you are receiving a refund
Your refund check will be mailed to you as soon as we have completed processing your return. If you have not received your check within 21 days from the date you filed, please contact the MDOR Customer Service Bureau at (617) 887-MDOR.

If you owe a balance
If your electronically filed return showed a balance due, you must pay the amount you owe on or before April 15, 2025. If your payment is not received by April 15, 2025, you will be sent a Notice of Assessment (NOA). This notice will show your tax due, plus any interest and penalty assessments for late payment.

We appreciate your taking advantage of MDOR Electronic Filing. We are continuing to look for new methods and technologies to make filing your tax returns simple and easy.

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MA-COMP	Three-year State Tax Return Comparison	2024
Name(s) as shown on return Antonio & Nancy Rodrigues		Taxpayer ID Number XXX-XX-4436

[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income	312,960	(291,307)	(112,003)	179,304
Additions		162,317		(162,317)
Subtractions				
Exemptions	10,800	10,800	10,800	
Standard Deduction				
Itemized Deduction				
Deductions	3,563	4,000	4,000	
Taxable Income	298,525			
Actual State Income	298,525			
State Income Tax	17,635			
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	14,802	13,652	10,486	(3,166)
Estimates and Extension payments	5,000	3,000		(3,000)
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	2,167	16,652	10,486	(6,166)
Balance Due				
Marginal tax rate	5.000000	5.000000	5.000000	
Effective tax rate	5.907400			

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MA-COMP.LD

2024 RI1040NR Filing Instructions
Antonio & Nancy Rodrigues

Form filed:

RI1040NR and supplemental forms and schedules

Filing method:

Your return will be e-filed, do not mail your return

Due date:

10-15-2025

Other instructions:

The return reflects neither a refund nor a balance due

State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return

24100410240101

Your social security number	Spouse's social security number
XXX-XX-4436	XXX-XX-9960

Your first name	MI	Last name	Suffix
ANTONIO		RODRIGUES	

Spouse's name	MI	Last name	Suffix
NANCY		RODRIGUES	

Address: 6 NOTINGHAM WAY

City, town or post office: ASSONET — State: MA — ZIP code: 02702

City or town of legal residence: OUT OF STATE

Check each box that applies. Otherwise, leave blank.

Primary deceased?	Spouse deceased?	New address?	Amended Return? *

ELECTORAL CONTRIBUTION If you want $5.00 ($10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) Yes

If you wish the 1st $2.00 ($4.00 if a joint return) be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account.

FILING STATUS Check one

Single →	Married filing jointly →	Married filing separately →	Head of household →	Qualifying widow(er) →
	X			

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11	1	-281974 00
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 on this line	2	0 00
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)	3	-281974 00
4	RI Standard Deduction from left. If line 3 is over $246,450, see Standard Deduction Worksheet	4	21150 00
5	Subtract line 4 from line 3. If zero or less, enter 0	5	0 00
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by $4,950 and enter result on line 6. If line 3 is over $246,450, see Exemption Worksheet — 4 **X $4,950 =**	6	19800 00
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0	7	0 00
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet	8	0 00
9	RI percentage of allowable Federal credit from page 3, RI Sch I, line 25	9	00
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8	10	0 00
11	RI allocated income tax. Check only one box. **A**ll income is from RI, enter amount from line 10 on this line. X **N**onresident with income from outside RI, complete Sch II and enter result on this line. **P**art-year resident with income from outside RI, complete Sch III and enter result on this line.	11	00
12	Other Rhode Island Credits from RI Schedule CR, line 9	12	00
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	00
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 12	13b	0 00
14	RI checkoff contributions from page 3, RI Checkoff Schedule, line 34. Contributions reduce your refund or increase your balance due	14	00
15a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies. Check to certify use tax amount on line 15a is accurate.	15a	00
b	Individual Mandate Penalty (see instructions). Check to certify full year coverage.	15b	00
16a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 13a, 13b, 14, 15a and 15b	16a	00

Rhode Island Standard Deduction: Single **$10,550**; Married filing jointly or Qualifying widow(er) **$21,150**; Married filing separately **$10,575**; Head of household **$15,850**

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

* If filing an amended return, attach the Explanation of Changes supplemental page

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State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return - page 2

24100410240102

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

16 b TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 16a			16b	00
17 a RI 2024 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	17a	00		
b 2024 estimated tax payments and amount applied from 2023 return	17b	00		
c Nonresident withholding on real estate sales in 2024	17c	00		
d RI earned income credit from page 3, RI Schedule EIC, line 39	17d	00		
e Other payments	17e	00		
f TOTAL PAYMENTS AND CREDITS. Add lines 17a, 17b, 17c, 17d and 17e			17f	00
g Previously issued overpayments (if filing an amended return)			17g	00
h NET PAYMENTS. Subtract line 17g from line 17f			17h	00
18 a AMOUNT DUE. If line 16b is LARGER than line 17h, subtract line 17h from line 16b			18a	00
b Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A. (attach form) This amount should be added to line 18a or subtracted from line 19, whichever applies			18b	00
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹			18c	00
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16b, subtract line 16b from line 17h. If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 19 ☺			19	00
20 Amount of overpayment to be refunded			20	00
21 Amount of overpayment to be applied to 2025 estimated tax	21	00		

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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, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Your driver's license number and state	Date	Telephone number
		11/21/2025	508-644-5010
Spouse's signature	**Spouse's driver's license number and state**	**Date**	**Telephone number**
		11/21/2025	
Paid preparer signature	**Print name**	**Date**	**Telephone number**
	NICHOLAS RICHARDS, CPA	11/21/2025	508-679-5259
Paid preparer address	**City, town or post office**	**State**	**ZIP code**	**PTIN**
151 STATE ROAD UNIT 2	WESTPORT	MA	02790	XXXXX6886

May the Division of Taxation contact your preparer? YES X

Revised
09/2024

State of Rhode Island Division of Taxation

2024 Form RI-1040NR

Nonresident Individual Income Tax Return - page 3

24100410240103

Name(s) shown on Form RI-1040 or RI-1040NR

ANTONIO & NANCY RODRIGUES

Your social security number

XXX-XX-4436

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8	22	00
23	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	23	00
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)	24	00
25	MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on page 1, line 9	25	00

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by NONRESIDENTS with income from outside Rhode Island.
RI Schedule II is located on page 13.

Schedule III should be completed by PART-YEAR RESIDENTS with income from outside Rhode Island.
RI Schedule III is located on page 15.

NONRESIDENTS and PART-YEAR RESIDENTS with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		$1.00 $5.00 $10.00 Other		
26	Drug program account **RIGL §44-30-2.4**		26	00
27	Olympic Contribution **RIGL §44-30-2.1**	Yes $1.00 contribution ($2.00 if a joint return)	27	00
28	RI Organ Transplant Fund **RIGL §44-30-2.5**		28	00
29	RI Council on the Arts **RIGL §42-75.1-1**		29	00
30	Nongame Wildlife Fund **RIGL §44-30-2.2**		30	00
31	Childhood Disease Victim's Fund **RIGL §44-30-2.3**		31	00
32	RI Military Family Relief Fund **RIGL §44-30-2.9**		32	00
33	Behavioral health education, training, and coordination fund **RIGL §44-30-2.12**		33	00
34	TOTAL CONTRIBUTIONS. Add lines 26 through 33. Enter here and on RI-1040NR, page 1, line 14		34	00

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

35	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	35	00
36	Rhode Island percentage	36	16%
37	RI EARNED INCOME CREDIT. Multiply line 35 by line 36	37	00
38	Rhode Island allocation from RI-1040NR, page 11, Schedule II, line 13 or RI-1040NR, page 13, Schedule III, line 14. If all income is from RI, enter 1.0000	38	1.0000
39	TOTAL RI EARNED INCOME CREDIT. Multiply line 37 by line 38. Enter here and on RI-1040NR, pg 2, line 17d	39	00

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State of Rhode Island Division of Taxation

2024 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR

24105910240101

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
ANTONIO & NANCY RODRIGUES	XXX-XX-4436

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.
ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN Failure to do so may delay the processing of your return.

1a	Yourself	X
b	Spouse	X

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a	NOAH RODRIGUES	XXXXX8475	11102010	SON
b	NADIA RODRIGUES	XXXXX8476	11102010	DAUGHTER
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				

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Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	2
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	2
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	0
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b	4c	0
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6	5	4

State of Rhode Island Division of Taxation

2024 RI Schedule II

Full Year Nonresident Tax Calculation

24100510240101

Name(s) shown on Form RI-1040NR: ANTONIO & NANCY RODRIGUES

Your social security number: XXX-XX-4436

THIS SCHEDULE IS ONLY TO BE COMPLETED BY FULL YEAR NONRESIDENTS.

PART-YEAR RESIDENTS COMPLETE RI SCHEDULE III.

PART 1: ALLOCATION AND TAX WORKSHEET

			Column A Rhode Island	Column B Federal
1	Wages, salaries, tips, etc from Federal Form 1040 or 1040-SR, line 1z	1	00	206091 00
2	Interest and dividends from Federal Form 1040 or 1040-SR, lines 2b and 3b	2	00	108 00
3	Business income from Federal Form 1040 or 1040-SR, Schedule 1, line 3	3	00	00
4	Sale or exchange of property from Federal Form 1040 or 1040-SR, line 7 or Federal Form 1040 or 1040-SR, Schedule 1, line 4	4	00	-151177 00
5	Pension and annuities; rents, royalties, etc. from Federal Form 1040 or 1040-SR, lines 4b and 5b, and Federal Form 1040 or 1040-SR, Schedule 1, line 5	5	-107193 00	-330996 00
6	Farm income from Federal Form 1040 or 1040-SR, Schedule 1, line 6	6	00	00
7	Miscellaneous income from Federal Form 1040 or 1040-SR, line 6b, and Federal Form 1040 or 1040-SR, Schedule 1, lines 1, 2a, 7, and 9	7	00	00
8	TOTAL. Add lines 1 through 7	8	-107193 00	-275974 00
9	Adjustments to AGI from Federal Form 1040 or 1040-SR, line 10	9	00	6000 00
10	Adjusted gross income. Subtract line 9 from line 8	10	-107193 00	-281974 00
11	Net modifications to Federal AGI from RI-1040NR, RI Schedule M, line 3	11	00	00
12	Modified Federal AGI. Combine lines 10 and 11. The amount in column B must equal the amount on RI-1040NR, page 1, line 3	12	-107193 00	-281974 00
13	Allocation. Divide line 12, col. A by line 12, col. B. If amount on line 12, col. A is greater than line 12, col. B, enter 1.0000. If zero or less, enter 0.0000	13		1.0000
14	RI tax after allowable federal credits before allocation from RI-1040NR, page 1, line 10	14		00
15	**RI INCOME TAX.** Multiply line 14 by line 13. Enter here and on RI-1040NR, page 1, line 11. Check the Nonresident box.	15		00

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RI-COMP	Three-year State Tax Return Comparison	2024
Name(s) as shown on return Antonio & Nancy Rodrigues		Taxpayer ID Number XXX-XX-4436

[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income	302,789	(309,930)	(281,974)	27,956
Additions	145			
Subtractions				
Exemptions		18,800	19,800	1,000
Standard Deduction		20,050	21,150	1,100
Itemized Deduction				
Deductions		20,050		(20,050)
Taxable Income	302,789			
Actual State Income	2,665			
State Income Tax	137			
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	145			
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	8			
Balance Due				
Marginal tax rate	5.990000	3.750000	3.750000	
Effective tax rate	0.050000			

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