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) Plinio	Middle Name (if any) Emanuel	Family Name (Last Name) DE SOUSA FIGUEREDO

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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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) Nayelle Cristina	Middle Name (if any) Vieira	Family Name (Last Name) DE SOUSA

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.
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.

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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) Nayelle Cristina	Middle Name (if any) Vieira	Family Name (Last Name) DE SOUSA

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

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

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

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

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

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

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

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Nayelle Cristina	Middle Name (if any) Vieira	Family Name (Last Name) DE SOUSA

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		

U.S. Postal Service (USPS):
USCIS Attn: AOS
P.O. Box 805887
Chicago, IL 60680

RE: Form I-130, Petition for Alien Relative
Petitioner: Plinio Emanuel de Sousa Figueredo;
Petitioner A-Number: A-065079497
Beneficiary: Nayelle Cristina Vieira de Sousa (Spouse);

Dear Sir or Madam,

This submission is filed in support of the **Form I-130, Petition for Alien Relative**, filed by **Plinio Emanuel de Sousa Figueredo** on behalf of his spouse, **Nayelle Cristina Vieira de Sousa** ("Applicant"), and the Applicant's concurrent application for adjustment of status.

The evidence submitted establishes the bona fide marital relationship between the parties and demonstrates that the Applicant is eligible to adjust status pursuant to INA § 245(a).

The Applicant was lawfully admitted into the United States on January 29, 2026, in B-2 nonimmigrant status, with authorized stay until July 28, 2026. She has remained in lawful status since her admission and has complied with all applicable immigration requirements. She is the beneficiary of an immediately available immigrant visa through her marriage to a U.S. citizen, Plinio Emanuel de Sousa Figueredo, to whom she has been married since April 2026.

As discussed below, the facts of this case support the Applicant's eligibility for adjustment of status and the adjudication of her application within the United States.

I. The Applicant's Entry and Presence in the United States Were Lawful

At the time of admission, the Applicant entered the United States in accordance with the terms of her B-2 classification. The decision to seek adjustment of status was made only after subsequent developments following her admission.

II. Consular Processing Would Create Unnecessary Disruption Under the Applicant's Circumstances

The Applicant did not intend to seek adjustment of status at the time of entry. The decision to pursue a change of status arose only after her U.S. citizen spouse proposed marriage, which occurred as a genuine and unexpected development following her admission to the United States. ***(see exhibit 4)***

The current suspension of immigrant visa issuance for Brazilian nationals introduces significant procedural uncertainty. Under these circumstances, requiring the Applicant to depart the United States would expose the couple to an indeterminate period of separation

with no clear timeline for reunification, further justifying the adjudication of her status within the United States.

III. Adjustment of Status Is Consistent with the Purpose of the Statutory Framework

The adjustment of status provisions of the Immigration and Nationality Act are intended to permit eligible individuals who have been lawfully admitted to the United States to obtain permanent resident status without the need for unnecessary international travel or disruption to established family relationships.

In the present case, the Applicant was lawfully admitted to the United States, remains eligible for adjustment of status, and is the beneficiary of an immediately available immigrant visa through her U.S. citizen spouse. She has complied with the terms of her admission and presents no adverse immigration, criminal, or discretionary factors.

Under these circumstances, adjudication of the Applicant's adjustment application within the United States is fully consistent with the statutory framework and promotes the efficient administration of the immigration process while preserving family unity.

Conclusion

Based on the foregoing, the record establishes that the parties share a bona fide marital relationship and that the Applicant is fully eligible to adjust status as the immediate relative of a United States citizen. The evidence submitted demonstrates compliance with all applicable statutory and regulatory requirements and supports favorable adjudication of the enclosed applications.

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Nayelle Cristina Vieira de Sousa**:

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

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

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

I. **Plinio Emanuel de Sousa Figueredo's Identification Documents**

- Plinio Emanuel de Sousa Figueredo's Certificate of Naturalization;
- Plinio Emanuel de Sousa Figueredo's Valid Passport;
- Plinio Emanuel de Sousa Figueredo's Birth Certificate with English Translation;

II. **Nayelle Cristina Vieira de Sousa's Identification Documents**

- Nayelle Cristina Vieira de Sousa's Valid Passport;
- Nayelle Cristina Vieira de Sousa's Previous Passport;
- Nayelle Cristina Vieira de Sousa's Birth Certificate with English Translation;
- Nayelle Cristina Vieira de Sousa's Copy of I-94;
-

III. **Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Sousa's Marriage Certificate**

IV. **Evidence of Bona Fide Marriage**

- Plinio Emanuel de Sousa Figueredo's Personal Declaration with English Translation;
- Nayelle Cristina Vieira de Sousa's Personal Declaration with English Translation;
- Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Sousa's Joint Bank Account;
- Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Souza's Joint Cotsco Membership;
- Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Sousa's Gym Receipts;
- Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Sousa's Joint Amazon Account and Deliveries;

V. **Evidence of Bona Fide Marriage: Letters of Support**

- Letter of Support Delivered by Benilza with English Translation;
- Letter of Support Delivered by Delmar with English Translation;
- Letter of Support Delivered by Annita with English Translation;
- Letter of Support Delivered by Luiz with English Translation;
- Letter of Support Delivered by Guilherme with English Translation;

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

VII. **Petitioner's Financial Information**

- Plinio Emanuel de Sousa Figueredo's IRS Federal Income Tax Return - 2025;
- Plinio Emanuel de Sousa Figueredo's IRS Federal Income Tax Return - 2024;

- Plinio Emanuel de Sousa Figueredo's Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC - 2024;
- Plinio Emanuel de Sousa Figueredo's IRS Federal Income Tax Return - 2023;
- Plinio Emanuel de Sousa Figueredo's Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC - 2023;
- Plinio Emanuel de Sousa Figueredo's Paytubs from May, 2026;
- Plinio Emanuel de Sousa Figueredo's Paytubs from April, 2026;
- Plinio Emanuel de Sousa Figueredo's Paytubs from March, 2026;
- Plinio Emanuel de Sousa Figueredo Paytubs from February, 2026;
- Plinio Emanuel de Sousa Figueredo's Paytubs from January, 2026;

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,



_____ 07/07/2026

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

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130, I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): DE SOUSA FIGUEREDO

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

6.c. Middle Name: Emanuel

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 6 5 0 7 9 4 9 7

Client's Contact Information

10. Daytime Telephone Number

5106601869

11. Mobile Telephone Number (if any)

5106601869

12. Email Address (if any)

plinioemanuel.usa@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) 07/03/2026

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) 07/03/2026

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): DE SOUSA FIGUEREDO

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

1.c. Middle Name: Emanuel

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- 065079497

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

3. U.S. Social Security Number (if any)
► 303951219

Your Full Name

4.a. Family Name (Last Name): DE SOUSA FIGUEREDO

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

4.c. Middle Name: Emanuel

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: Sao Luis de Montes Belos

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 11/22/2001

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: 5311 Esmond ave

12.b. ☐ Apt. ☐ Ste. ☐ Flr.

12.c. City or Town: Richmond

12.d. State: CA **12.e.** ZIP Code: 94805

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 01/01/2026

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

Physical Address 2

14.a. Street Number and Name: 997 Coral Ridge Cir

14.b. ☐ Apt. ☐ Ste. ☐ Flr.

14.c. City or Town: Rodeo

14.d. State: CA **14.e.** ZIP Code: 94572

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 09/10/2024

15.b. Date To (mm/dd/yyyy): 01/01/2026

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) 04/24/2026

Place of Your Current Marriage (if married)

19.a. City or Town: Martinez

19.b. State: CA

19.c. Province: N/A

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): DE SOUSA

20.b. Given Name (First Name): Nayelle Cristina

20.c. Middle Name: Vieira

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): DE FIGUEREDO NETO

24.b. Given Name (First Name): Joao Batista

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 04/06/1962

26. Sex ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Sao Joao da Parauna

29. Country of Residence: Brazil

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): DE OLIVEIRA

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

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 03/11/1977

32. Sex ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Rodeo

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: 44196576

39.b. Place of Issuance: San Francisco, CA

39.c. Date of Issuance (mm/dd/yyyy): 10/24/2022

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

Self-employed / WNS P2

43.a. Street Number and Name 997 Coral Ridge Cir

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

43.c. City or Town Rodeo

43.d. State CA **43.e.** ZIP Code 94572

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Owner

45.a. Date From (mm/dd/yyyy) 12/01/2023

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

Employer 2

46. Name of Employer/Company

Bauman Landscape

47.a. Street Number and Name 2920 Lyon St

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

47.c. City or Town San Francisco

47.d. State CA **47.e.** ZIP Code 94123

47.f. Province

47.g. Postal Code

47.h. Country

USA

48. Your Occupation

Machine Operator

49.a. Date From (mm/dd/yyyy) 04/12/2021

49.b. Date To (mm/dd/yyyy) 12/01/2023

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 6 Inches 0

4. Weight Pounds 1 7 0

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): DE SOUSA

4.b. Given Name (First Name): Nayelle Cristina

4.c. Middle Name: Vieira

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): VIEIRA CORDEIRO

5.b. Given Name (First Name): Nayelle Cristina

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Parauna

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 08/29/2003

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: 5311 Esmond Ave

11.b. ☐ Apt. ☐ Ste. ☐ Flr.

11.c. City or Town: Richmond

11.d. State: CA **11.e.** ZIP Code: 94805

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 5106305748

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)
5106305748

16. Email Address (if any)
nayellecvieira@icloud.com

Beneficiary's Marital Information

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

18. Current Marital Status

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

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 04/24/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town Martinez

20.b. State CA

20.c. Province N/A

20.d. Country
USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name) DE SOUSA FIGUEREDO

21.b. Given Name (First Name) Plinio

21.c. Middle Name Emanuel

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) DE SOUSA FIGUEREDO

25.b. Given Name (First Name) Plinio

25.c. Middle Name Emanuel

26. Relationship Spouse

27. Date of Birth (mm/dd/yyyy) 11/22/2001

28. Country of Birth
Brazil

Person 2

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

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

29.c. Middle Name N/A

30. Relationship N/A

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

32. Country of Birth
N/A

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

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

36. Country of Birth
N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

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

☒ Yes ☐ No

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

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

46.b. Form I-94 Arrival-Departure Record Number: ▶ 91961410 9A4

46.c. Date of Arrival (mm/dd/yyyy): 01/29/2026

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: 07/28/2026

47. Passport Number: GK367302

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): 11/04/2034

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): Unemployed

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: **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): 08/29/2003

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: 5311 Esmond Ave

59.b. ☐ Apt. ☐ Ste. ☐ Flr.

59.c. City or Town: Richmond

59.d. State: CA **59.e.** ZIP Code: 94805

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 01/29/2026

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

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

61.a. City or Town: San Francisco

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State:

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 5106601869

4. Petitioner's Mobile Telephone Number (if any): 5106601869

5. Petitioner's Email Address (if any): plinioemanuel.usa@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;

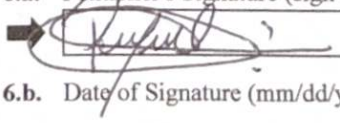
2) I reviewed and understood all of the information in, and submitted with, my petition; and

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)



6.b. Date of Signature (mm/dd/yyyy): 07/03/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

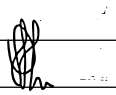
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 07/03/2026

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): DE SOUSA FIGUEREDO

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

1.c. Middle Name: Emanuel

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.
1799 Redwood Rd, Hercules, CA, USA - 94547 - from September 10, 2023 to September 10, 2024.

3093 Keith Dr, El Sobrante, CA, USA - 94803 - from May 3, 2021 to September 10, 2023.

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

7.a. Page Number **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)
DE SOUSA FIGUEREDO	Plinio	Emanuel

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐

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
5311 Esmond Ave

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Richmond

State
CA

ZIP Code
94805

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
11/22/2001

7. Country of Birth
Brazil

8. U.S. Social Security Number (Required)
▶ 3 0 3 9 6 1 2 1 9

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 6 5 0 7 9 4 9 7

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)
DE SOUSA	Nayelle Cristina	Vieira

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

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

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)

08/29/2003

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

► A-N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

5106305748

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

USCIS Online Account Number (if any)

► N/A

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

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

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

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

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

Household Size: **2**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an **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) **Owner - WNS P2 SERVICES LLC**

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

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

7. My current individual annual income is: $ **298,016**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ None

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ None

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ None

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ None

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 298,016

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	$ 86,352
16.b. 2nd Most Recent	2024	$ 60,463
16.c. 3rd Most Recent	2023	$ 78,483

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

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

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
   5106601869

4. Sponsor's Mobile Telephone Number (if any)
   5106601869

5. Sponsor's Email Address (if any)
   plinioemanuel.usa@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 ➡ [signature]

   Date of Signature (mm/dd/yyyy)
   07/03/2026

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

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

N/A

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

07/03/2026

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): **DE SOUSA FIGUEREDO** | Given Name (First Name): **Plinio** | Middle Name (if applicable): **Emanuel**

2. A-Number (if any) ► **A-** 0 6 5 0 7 9 4 9 7

3. Page Number | Part Number | Item Number

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

4. Page Number | Part Number | Item Number

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

5. Page Number | Part Number | Item Number

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

6. Page Number | Part Number | Item Number

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

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): DE SOUSA

6.b. Given Name (First Name): Nayelle Cristina

6.c. Middle Name: Vieira

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

5106305748

11. Mobile Telephone Number (if any)

5106305748

12. Email Address (if any)

nayellecvieira@icloud.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) 07/03/2026

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) 07/03/2026

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): DE SOUSA

1.b. Given Name (First Name): Nayelle Cristina

1.c. Middle Name: Vieira

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)
		343486	007492625438

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): DE SOUSA

3.b. Given Name (First Name): Nayelle Cristina

3.c. Middle Name: Vieira

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: 5311 Esmond Ave

4.b. ☐ Apt. ☐ Ste. ☐ Flr.

4.c. City or Town: Richmond

4.d. State: CA **4.e.** ZIP Code: 94805

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 01/29/2026

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

Physical Address 2

6.a. Street Number and Name: Rua Rodezir Bailão Filho, Qd 05 Lt 114

6.b. ☒ Apt. ☐ Ste. ☐ Flr. 5

6.c. City or Town: Rio Verde

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

6.f. Province: Goias

6.g. Postal Code: 75900-000

6.h. Country: Brazil

7.a. Date From (mm/dd/yyyy): 01/01/2022

7.b. Date To (mm/dd/yyyy): 01/29/2026

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 Rodezir Bailão Filho, Qd 05 Lt 114

8.b. ☒ Apt. ☐ Ste. ☐ Flr. 5

8.c. City or Town: Rio Verde

8.d. Province: Goias

8.e. Postal Code: N/A

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 01/01/2022

9.b. Date To (mm/dd/yyyy) 01/29/2026

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) DA SILVA CORDEIRO

10.b. Given Name (First Name) Fabricio

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 01/30/1979

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Parauna

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Parauna

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) ARAUJO VIEIRA CORDEIRO

17.b. Given Name (First Name) Adriana

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 07/08/1981

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Parauna

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Parauna

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
Unemployed

2.a. Street Number and Name N/A

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town N/A

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

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
N/A

3. Your Occupation
N/A

4.a. Date From (mm/dd/yyyy) 08/29/2003

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 **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: N/A

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

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

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

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: N/A

3. Your Occupation: N/A

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

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

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 5106305748

4. Spouse Beneficiary's Mobile Telephone Number (if any): 5106305748

5. Spouse Beneficiary's Email Address (if any): nayellecvieira@icloud.com

Spouse Beneficiary's Certification

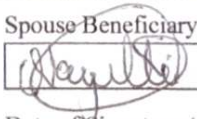
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine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



6.b. Date of Signature (mm/dd/yyyy): 07/03/2026

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) 07/03/2026

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.

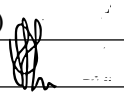
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

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) 07/03/2026

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): DE SOUSA

1.b. Given Name (First Name): Nayelle Cristina

1.c. Middle Name: Vieira

2. A-Number (if any) ► A-: N / A

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

3.d. Rua 09, Quadra B, Lote 19, Setor Floriano Gomes, Parauna, Goias, Brazil - 75980-000 - from February 1, 2016 to January 1, 2022.

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

4.d. The spouse beneficiary has never been employed in the United States or previously in Brazil. Over the past five years, she has been a Dentistry student at a university and has relied on financial support from her family.

5.a. Page Number: 3 **5.b.** Part Number: 3 **5.c.** Item Number: 1

5.d. The spouse beneficiary has never been employed in Brazil. Over the past five years, she has been a Dentistry student at a university and has relied on financial support from her family.

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

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

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

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

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

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

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE SOUSA	Nayelle Cristina	Vieira

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)
VIEIRA CORDEIRO	Nayelle Cristina	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 08/29/2003

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

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

N/A
N/A

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

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

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

A-Number (if any) ► A- N / A

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

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

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Parauna

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: GK367302

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 11/04/2034

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): P6047440

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 02/01/2022

Place and Date of Last Arrival into the United States

City or Town: Houston

State: TX

Date of Last Arrival (mm/dd/yyyy): 01/29/2026

11. When I last arrived in the United States:

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

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

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

☐ Other:

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

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

Family Name (Last Name): VIEIRA CORDEIRO

Given Name (First Name): Nayelle Cristina

Form I-94 Arrival/Departure Record Number ► 9 1 9 6 1 4 1 0 9 A 4

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 07/28/2026

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)? N/A

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 07/28/2026

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): Plinio Emanuel de Sousa Figueredo

Street Number and Name: 5311 Esmond Ave

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: Richmond

State: CA

ZIP Code: 94805

Date You First Resided at This Address (mm/dd/yyyy): 01/29/2026

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: ☐ ☐ ☐

City or Town: San Diego

State: CA

ZIP Code: 92169

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

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

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

Prior Address

In Care Of Name (if any)

N/A

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

Rua Rodezir Bailão Filho, Qd 05 Lt 114 | ☒ Apt ☐ Ste ☐ Flr | 5

City or Town | State | ZIP Code

Rio Verde | | 75900-000

Province | Postal Code | Country

Goias | N/A | Brazil

Dates of Residence

From (mm/dd/yyyy) 01/01/2022 To (mm/dd/yyyy) 01/29/2026

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

N/A | ☐ Apt ☐ Ste ☐ Flr | 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

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

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born in the United States Under Diplomatic Status

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

☐ Other Eligibility

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town: N/A

Country: N/A

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent): Unemployed

Name of Employer, Company, or School: N/A

Your Occupation (if unemployed or retired, so state): N/A

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: N/A
Apt. Ste. Flr. Number:

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

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 08/29/2003
To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support:

Financially supported by Plinio Emanuel de Sousa Figueredo (spouse)

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

Name of Employer, Company, or School: Universidade de Rio Verde (UniRV)
Your Occupation (if unemployed or retired, so state): Dental Student

Address of Employer, Company, or School

Street Number and Name: Fazenda Fontes do Saber, Campus Universitário
Apt. Ste. Flr. Number:

City or Town: Rio Verde
State:
ZIP Code: 75901970

Province: Goias
Postal Code: N/A
Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 01/01/2022
To (mm/dd/yyyy): 12/01/2025

If unemployed or retired, source of financial support:

Financially supported by her family

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): DA SILVA CORDEIRO
Given Name (First Name): Fabricio
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): 01/30/1979

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)
ARAUJO VIEIRA CORDEIRO	Adriana	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)
ARAUJO VIEIRA	Adriana	N/A

7. Date of Birth (mm/dd/yyyy) 07/08/1981

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

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

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

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE SOUSA FIGUEREDO	Plinio	Emanuel

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

► A- 0 6 5 0 7 9 4 9 7

6. Current Spouse's Date of Birth (mm/dd/yyyy) 11/22/2001

7. Current Spouse's Country of Birth

Brazil

8. Current Spouse's Current Physical Address

Street Number and Name: 5311 Esmond Ave

Apt. ☐ Ste. ☐ Flr. ☐ Number

City or Town: Richmond

State: CA

ZIP Code: 94805

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: Martinez

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 04/24/2026

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

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

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

Part 7. Information About Your Children

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

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

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

A-Number (if any) ► A- N / A

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

Country of Birth

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

N/A

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

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- N / A

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

Country of Birth

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 5 **4.** Weight Pounds 1 4 7

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

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

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

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

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

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

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

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

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

57. What is the size of your household? 2

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

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

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

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

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

☐ Doctorate degree

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

List of Certifications
Dentist
Degree in Dentistry

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Illegal Entries and Other Immigration Violations

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? ☐ Yes ☒ No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? ☐ Yes ☒ No

Have you **EVER:**

84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? ☐ Yes ☒ No

84.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 5106305748

2. Applicant's Mobile Telephone Number (if any): 5106305748

3. Applicant's Email Address (if any): nayellecvieira@icloud.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): 07/03/2026

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

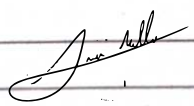
3. Interpreter's Daytime Telephone Number: 4154252508

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): 07/03/2026

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)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

2. Preparer's Business or Organization Name
HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

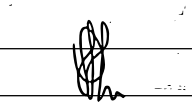
4. Preparer's Mobile Telephone Number (if any)
5102419336

5. Preparer's Email Address (if any)
otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
07/03/2026

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): VIEIRA CORDEIRO | Given Name (First Name): Nayelle Cristina | Middle Name (if applicable): N/A

2. Page Number: 3 | Part Number: 1 | Item Number: 18

Rua 09, Quadra B, Lote 19, Setor Floriano Gomes, Parauna, Goias, Brazil - 75980-000 - from February 1, 2016 to January 1, 2022.

3. Page Number: 8 | Part Number: 4 | Item Number: 7

The applicant has never been employed in the United States or previously in Brazil. Over the past five years, she has been a Dentistry student at a university and has relied on financial support from her family.

4. Page Number: | Part Number: | Item Number:

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

5. Page Number: | Part Number: | Item Number:

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

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		Fee Stamp	Action Block
	☐ **Authorization/Extension Valid From** _____		
	☐ **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	0 0 7 4 9 2 6 2 5 4 3 8

► **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): DE SOUSA

1.b. Given Name (First Name): Nayelle Cristina

1.c. Middle Name: Vieira

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): VIEIRA CORDEIRO

2.b. Given Name (First Name): Nayelle Cristina

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

5.e. State: CA **5.f.** ZIP Code: 92169

(USPS ZIP Code Lookup)

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

NOTE: If you answered "No" to **Item Number 6.**, provide your physical address below.

U.S. Physical Address

7.a. Street Number and Name: Esmond Ave 5311

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Richmond

7.d. State: CA **7.e.** ZIP Code: 94805

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

Parauna

15.b. State/Province of Birth

Goias

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 08/29/2003

Information About Your Last Arrival in the United States

17. Form I-94 Arrival-Departure Record Number (if any)

► 9 1 9 6 1 4 1 0 9 A 4

18. Passport Number of Your Most Recently Issued Passport

GK367302

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) 11/04/2034

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/29/2026

23. Place of Your Last Arrival Into the United States

Houston - Texas

24. Immigration Status at Your Last Arrival (for example, B-2 visitor, F-1 student, or no status)

B2 visitor

25. Your Current Immigration Status or Category (for example, B-2 visitor, F-1 student, parolee, deferred action, or no status or category)

B2 visitor; Adjustment of status - Form I-485 pending

26. Student and Exchange Visitor Information System (SEVIS) Number (if any)

► N- N/A

Information About Your Eligibility Category

27. **Eligibility Category.** Refer to the **Who May File Form I-765** section of the Form I-765 Instructions to determine the appropriate eligibility category for this application. Enter the appropriate letter and number for your eligibility category below (for example, (a)(8), (c)(17)(iii)).

(c) (9) ( )

28. **(c)(3)(C) STEM OPT Eligibility Category.** If you entered the eligibility category **(c)(3)(C)** in **Item Number 27.**, provide the information requested in **Item Numbers 28.a - 28.c.**

28.a. Degree N/A

28.b. Employer's Name as Listed in E-Verify

N/A

28.c. Employer's E-Verify Company Identification Number or a Valid E-Verify Client Company Identification Number

N/A

29. **(c)(26) Eligibility Category.** If you entered the eligibility category (c)(26) in **Item Number 27.**, provide the receipt number of your H-1B spouse's most recent Form I-797 Notice for Form I-129, Petition for a Nonimmigrant Worker.

► N/A

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.

► N/A

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: 5106305748

4. Applicant's Mobile Telephone Number (if any): 5106305748

5. Applicant's Email Address (if any): nayellecvieira@icloud.com

6. ☐ Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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

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

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

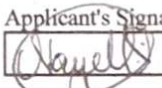
1) I reviewed and provided or authorized all of the information in my application; and

2) I understood all of the information contained in, and submitted with, my application; and

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

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

Applicant's Signature

7.a. Applicant's Signature ➡ 

7.b. Date of Signature (mm/dd/yyyy): 07/03/2026

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Part 4. Interpreter's Contact Information, Certification, and Signature

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

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

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

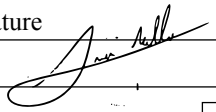
Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language specified in **Part 3.**, **Item Number 1.b.**, and I have read to this applicant in the identified language every question and instruction on this application and his or her answer to every question. The applicant informed me that he or she understands every instruction, question, and answer on the application, including the **Applicant's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature



7.b. Date of Signature (mm/dd/yyyy): 07/03/2026

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

5. Preparer's Mobile Telephone Number (if any): 5102419336

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

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Application, If Other Than the Applicant (continued)

Preparer's Statement

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

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

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this application.

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 07/03/2026

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): DE SOUSA

1.b. Given Name (First Name): Nayelle Cristina

1.c. Middle Name: Vieira

2. A-Number (if any) ► A-: N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Application for Travel Documents, Parole Documents, and Arrival/Departure Records

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

USCIS Form I-131
OMB No. 1615-0013
Expires 06/30/2027

For USCIS Use Only	Receipt	Action Block	To Be Completed by an *Attorney/ Representative*, if any.
			☒ Fill in box if G-28 is attached to represent the applicant.

☐ **Document Hand Delivered**

By: _____ Date: ____/____/____

Document Issued

☐ Re-entry Permit *(Update "Mail To" Section)*
☐ Refugee Travel Document *(Update "Mail To" Section)*
☐ Single Advance Parole
☐ Multiple Advance Parole *Valid Until:* ____/____/____
☐ TPS Travel Authorization Documentation *Valid Until:*____/____/____/

Mail To ***(Reentry Permit and Refugee Travel Document Only)***

☐ Address in **Part 2.**
☐ U.S. Embassy, U.S. Consulate, or USCIS international field office at:
_____

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

Part 1. Application Type

Select the application type below.

Reentry Permit

1. ☐ I am a lawful permanent resident or conditional permanent resident of the United States, and I am applying for a reentry permit.

Refugee Travel Document

2. ☐ I now hold refugee or asylee status in the United States, and I am applying for a Refugee Travel Document.

3. ☐ I am a lawful permanent resident as a direct result of refugee or asylee status, and I am applying for a Refugee Travel Document.

Travel Authorization Document (for Temporary Protected Status (TPS) beneficiaries who are inside the United States)

4. ☐ I am a TPS beneficiary in the United States, and I am applying for a TPS Travel Authorization Document under the Immigration and Nationality Act (INA) section 244(f)(3) to allow me to seek admission under TPS upon my return from abroad. The receipt number for my last **approved** Form I-821, Application for Temporary Protected Status, is:

`N/A`

Advance Parole Document (for aliens who are inside the United States) and Advance Permission to Travel for Commonwealth of Northern Mariana Islands (CNMI) Long-Term Residents

5. I am located **inside** the United States, and I am applying for an Advance Parole Document to allow me to seek parole into the United States under INA section 212(d)(5)(A) upon my return from abroad based on:

A. ☒ A pending Form I-485, Application to Register Permanent Residence or Adjust Status, receipt number if you are filing this form separately from your Form I-485:

`N/A`

Part 1. Application Type (continued)

B. ☐ A pending Form I-589, Application for Asylum and for Withholding of Removal, receipt number:

N/A

C. ☐ A pending initial Form I-821, Application for Temporary Protected Status, receipt number:

N/A

D. ☐ Deferred Enforced Departure.

E. ☐ Approved Form I-821D, Consideration of Deferred Action for Childhood Arrivals, receipt number:

N/A

F. ☐ An approved Form I-914, Application for T Nonimmigrant Status, or Form I-914, Supplement A, Application for Family Member of T-1 Recipient, receipt number:

N/A

G. ☐ An approved Form I-918, Petition for U Nonimmigrant Status, or Form I-918, Supplement A, Petition for Qualifying Family Member of U-1 Recipient, receipt number:

N/A

H. ☐ Being a current parolee under INA section 212(d)(5), under class of admission:

N/A

I. ☐ An approved Form I-817, Application for Family Unity Benefits, receipt number:

N/A

J. ☐ A pending Form I-687, Application for Status as a Temporary Resident Under Section 245A of the Immigration and Nationality Act, receipt number:

N/A

K. ☐ An approved V Nonimmigrant Status, receipt number:

N/A

L. ☐ CNMI long-term residence, receipt number:

N/A

M. ☐ Other (provide explanation):

N/A

N/A

N/A

Initial Parole Document (for aliens who are currently outside the United States)

6. I am applying for a parole document under INA section 212(d)(5)(A) on my own behalf and I am **outside** the United States, or I am applying on behalf of someone else who is **outside** the United States, for the first time (initial application) under one of the following specific parole programs or processes:

A. ☐ Filipino World War II Veterans Parole (FWVP) Program, Form I-130 receipt number:

N/A

Part 1. Application Type (continued)

B. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

C. ☐ Intergovernmental Parole Referral

U.S. Federal Executive Branch Government Agency:

N/A

U.S. Federal Government Agency Representative Official Email Address:

N/A

D. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

E. ☐ Other: (List specific parole program or process)

N/A

7. ☐ I am applying for a parole document under INA section 212(d)(5)(A) for myself and I am **outside** the United States, or I am applying for a parole document under INA section 212(d)(5)(A) on behalf of someone else who is **outside** the United States for the first time (initial application), **but not under a specific parole program or process**.

Initial Request for Arrival/Departure Record for Parole In Place (for aliens who are inside the United States)

8. I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) on behalf of someone else who is **inside** the United States, under:

A. ☐ Military Parole in Place (PIP), only on my own behalf, and I am a:

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

B. ☐ Family Reunification Task Force (FRTF) Process; Task Force Registration Number:

N/A

C. ☐ Other: (List specific program or process)

N/A

9. ☐ I am applying for an initial period of parole in place under INA section 212(d)(5)(A) and I am **inside** the United States, but **not under** a specific program or process, or I am applying for an initial period of parole in place under INA section 212(d)(5)(A) for someone else who is **inside** the United States, but **not under** a specific program or process.

Part 1. Application Type (continued)

Arrival/Departure Records for Re-parole for Aliens Who Are Requesting a New Period of Parole (from inside the United States)

10. I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) under one of the following programs or processes and I am requesting a new period of parole, or I am applying for a new period of parole on behalf of someone else who was initially paroled into the United States under one of the following programs or processes:

A. ☐ Family Reunification Parole Process

B. ☐ Certain Afghans Paroled Into the United States After July 31, 2021 (See form Instructions)

C. ☐ Re-parole Process for certain Ukrainian Citizens and Their Immediate Family Members Paroled Into the United States on or After February 11, 2022 (See form Instructions)

D. ☐ Filipino World War II Veterans Parole (FWVP) Program

E. ☐ Immigrant Military Members and Veterans Initiative (IMMVI)

(1) ☐ A current or former service member.

(2) ☐ A current spouse, child, or unmarried son or daughter (or their child under 21 years of age) of a current or former service member.

(3) ☐ Current legal guardian or surrogate of a current or former service member.

F. ☐ Central American Minors (CAM) Program

G. ☐ Family Reunification Task Force (FRTF) Process

H. ☐ Military Parole in Place (Military PIP)

(1) ☐ A current or former service member.

(2) ☐ A spouse, parent, son, or daughter of a current or former service member.

I. ☐ Other Program or Process (List specific program or process):

N/A

11. ☐ I was initially paroled into the United States or granted parole in place under INA section 212(d)(5)(A) and I am requesting a new period of parole, but **not under** a specific program or process, or I am requesting a new period of parole on behalf of someone else who was initially paroled into the United States or granted parole in place, but **not under** a specific program or process.

12. If you selected one of the boxes in **Item Numbers 10.** or **11.**, list the Admit Until Date/Parole shown on Form I-94: (mm/dd/yyyy) N/A

Refugee Status

13. Do you hold status as a refugee, were you paroled as a refugee, or are you a lawful permanent resident as a direct result of being a refugee? ☐ Yes ☒ No

Part 2. Information About You

1. Your Full Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE SOUSA	Nayelle Cristina	Vieira

Part 2. Information About You (continued)

2. Other Names Used (if applicable)

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
VIEIRA CORDEIRO	Nayelle Cristina	N/A
N/A	N/A	N/A
N/A	N/A	N/A

3. Current Mailing Address or Safe Address (if applicable) *(USPS ZIP Code Lookup)*

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

4. Current Physical Address (if different from the above address)

In Care Of Name (if any)
Plinio Emanuel de Sousa Figueredo

Street Number and Name
5311 Esmond Avenue

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Richmond

State
CA

ZIP Code
94805

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)
08/29/2003

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)
919614109A4

Part 2. Information About You (continued)

14. Expiration Date of Authorized Stay Shown on Form I-94 (if any) (mm/dd/yyyy) 07/28/2026

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

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

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 5 **4.** Weight Pounds 1 4 7

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

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 _____ Country _____

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

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) 01/06/2027

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 and friends

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) 30

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.)

2. Expected Length of Stay in the United States

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)

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

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: 5106305748

2. Applicant Mobile Telephone Number (if any): 5106305748

3. Applicant's Email Address (if any): nayellecvieira@icloud.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

Date of Signature (mm/dd/yyyy): 07/03/2026

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

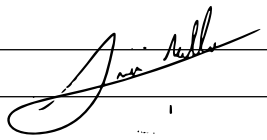
5. Interpreter's Email Address (if any)

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)

07/03/2026

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

07/03/2026

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): DE SOUSA | Given Name (First Name): Nayelle Cristina | Middle Name: Vieira

2. A-Number (if any) ► A- N/A

3. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

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

N/A

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

N/A

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

N/A

7. Page Number: N/A | Part Number: N/A | Item Number: N/A

N/A

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Exhibit 1 - Plinio Emanuel de Sousa Figueredo's Identification Documents

THE UNITED STATES OF AMERICA

No. 44196576

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: **NOVEMBER 22, 2001**

Sex: **MALE**

Height: **6** *feet* **00** *inches*

Marital status: **SINGLE**

Country of former nationality: **BRAZIL**



USCIS Registration No. **A065 079 497**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **SAN FRANCISCO, CALIFORNIA**

The Secretary having found that:

PLINIO EMANUEL DE SOUSA FIGUEREDO

residing at:

EL SOBRANTE, CALIFORNIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: **SAN FRANCISCO, CALIFORNIA** *on:* **OCTOBER 24, 2022**

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

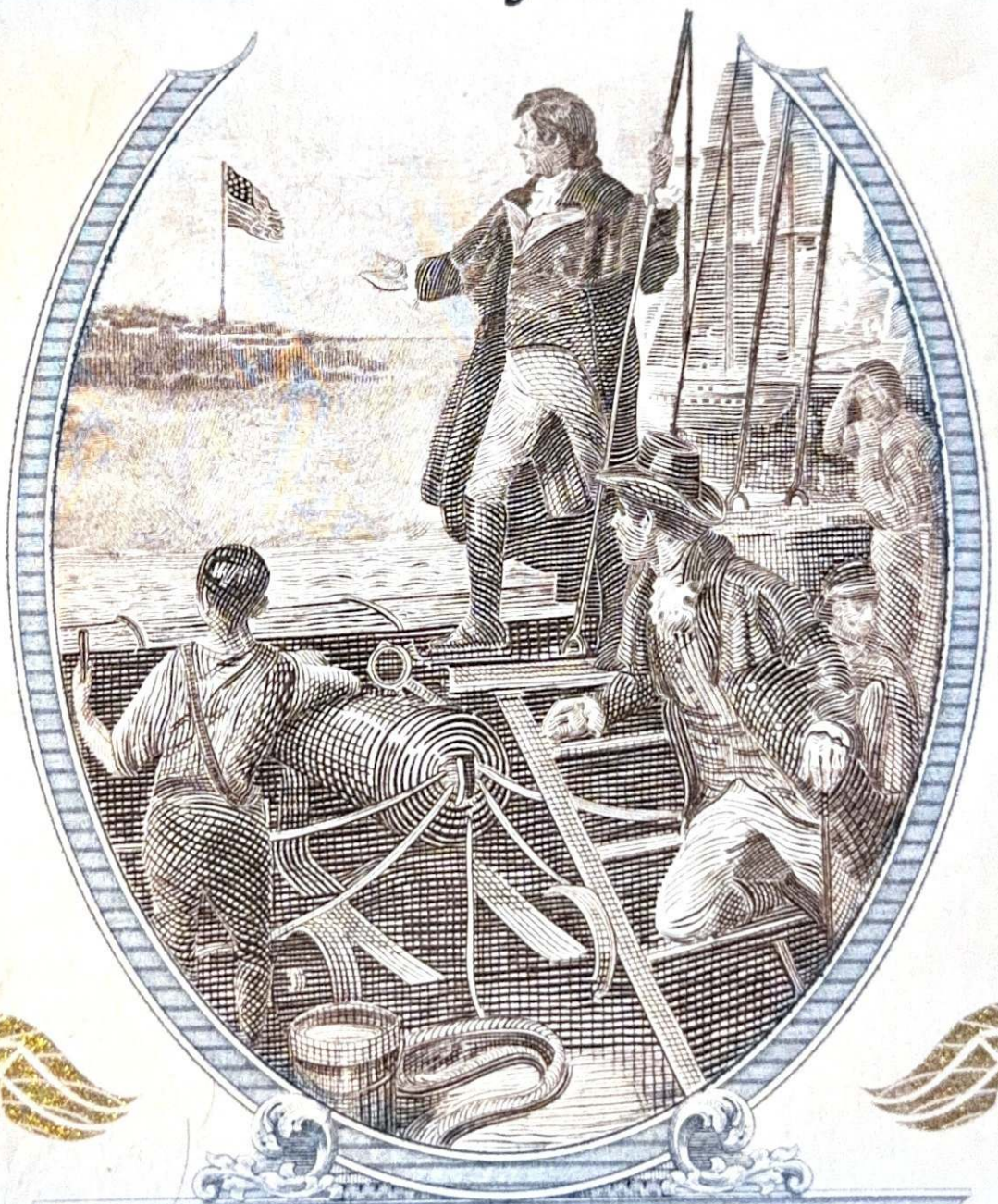
DEPARTMENT OF HOMELAND SECURITY

PASSPORT



United States of America

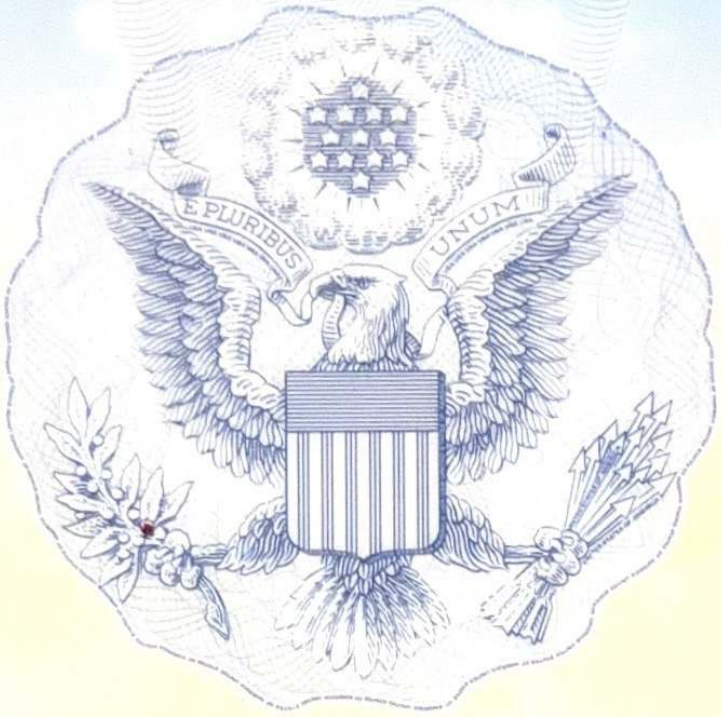
O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?



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 demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

A12345623


PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P
Code/Code/Código: USA
Passport No./No. du Passeport/No. de Pasaporte: A12396523

USA

Surname/Nom/Apellidos
DE SOUSA FIGUEREDO

Given names/Prénoms/Nombres
PLINIO EMANUEL

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
22 NOV 2001

Sex/Sexe/Sexo
M

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

Date of issue/Date de délivrance/Fecha de expedición
14 DEC 2022

Date of expiration/Date d'expiration/Fecha de caducidad
13 DEC 2032

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USADE<SOUSA<FIGUEREDO<<PLINIO<EMANUEL<<<<<

A123965233USA0111229M3212138695500876<380678

Endorsements / Mentions Spéciales / Anotaciones

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



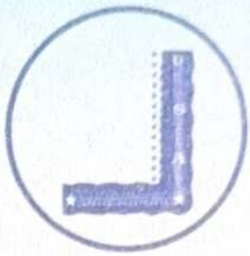
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

SECURITY INFORMATION

4

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 ELECTRONICO 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 ETATS-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 electronico:

A12386523

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.

ESPAÑOL

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.



We have a great dream. It started way back in 1776.

Visas





and God grant that America will be true to her dream.
Martin Luther King, Jr.

9

Visas



CONGRESS, JULY 4, 1776.

Declaration of the thirteen united States of America

10

Let every nation know, whether it wishes us well or any hardship, support any friend, oppose any foe, in

Visas



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



11



This is a new nation, based on a mighty

Visas



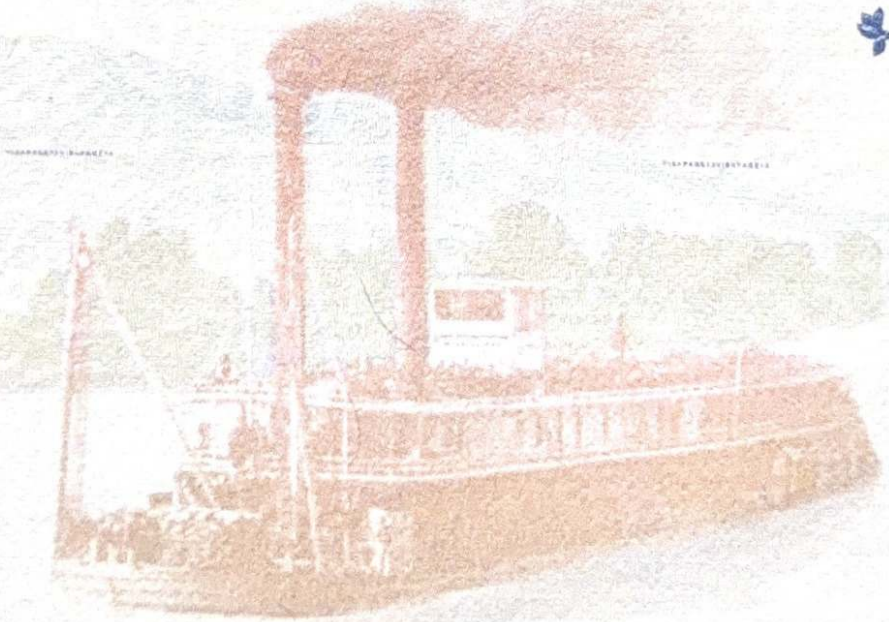


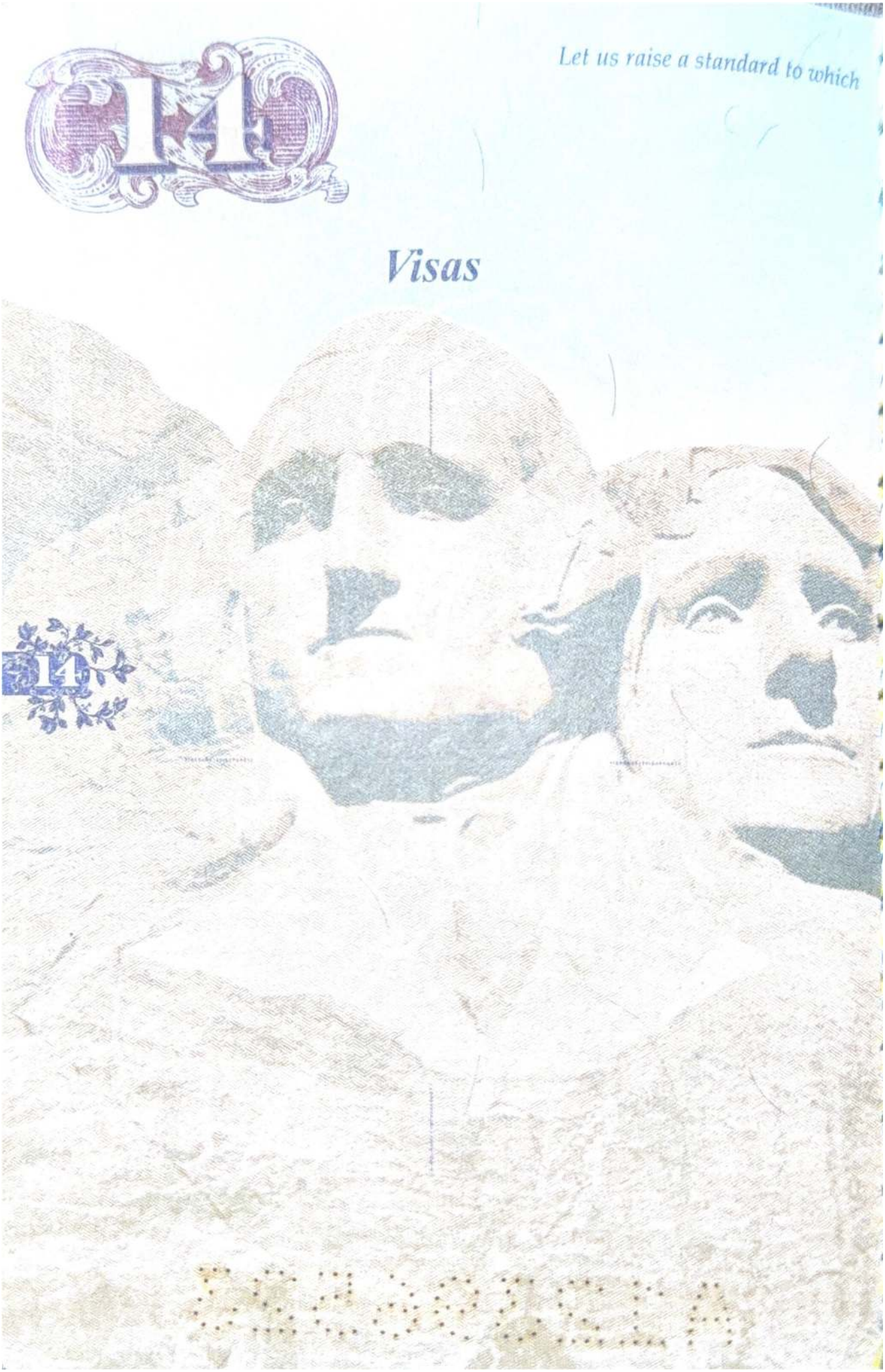
ntinent, of boundless possibilities.
Theodore Roosevelt



Visas



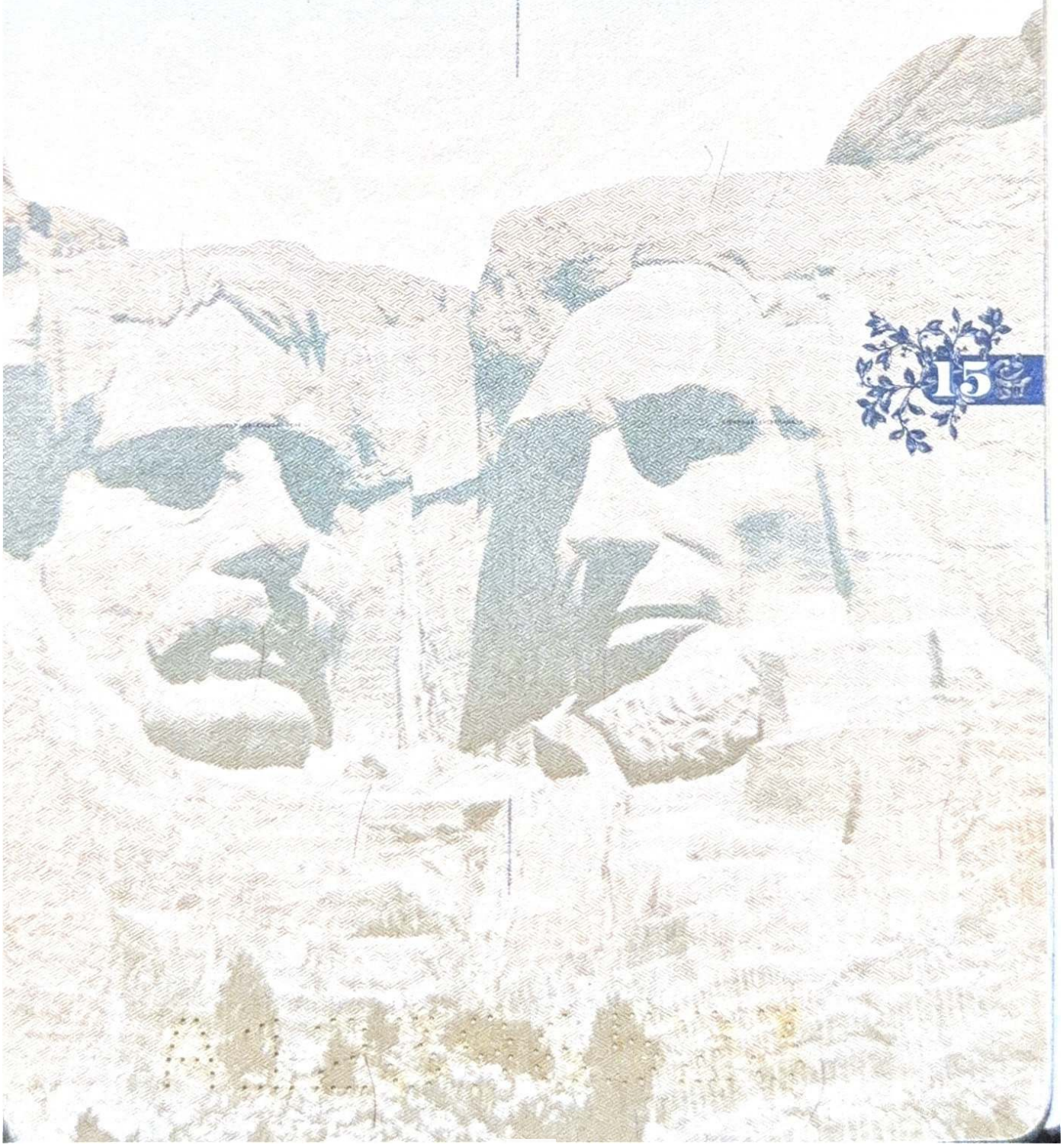



14
Let us raise a standard to which
Visas
14

the wise and honest can repair...
George Washington



Visas



16

The principle of free governmen
It is bedded in i

Visas

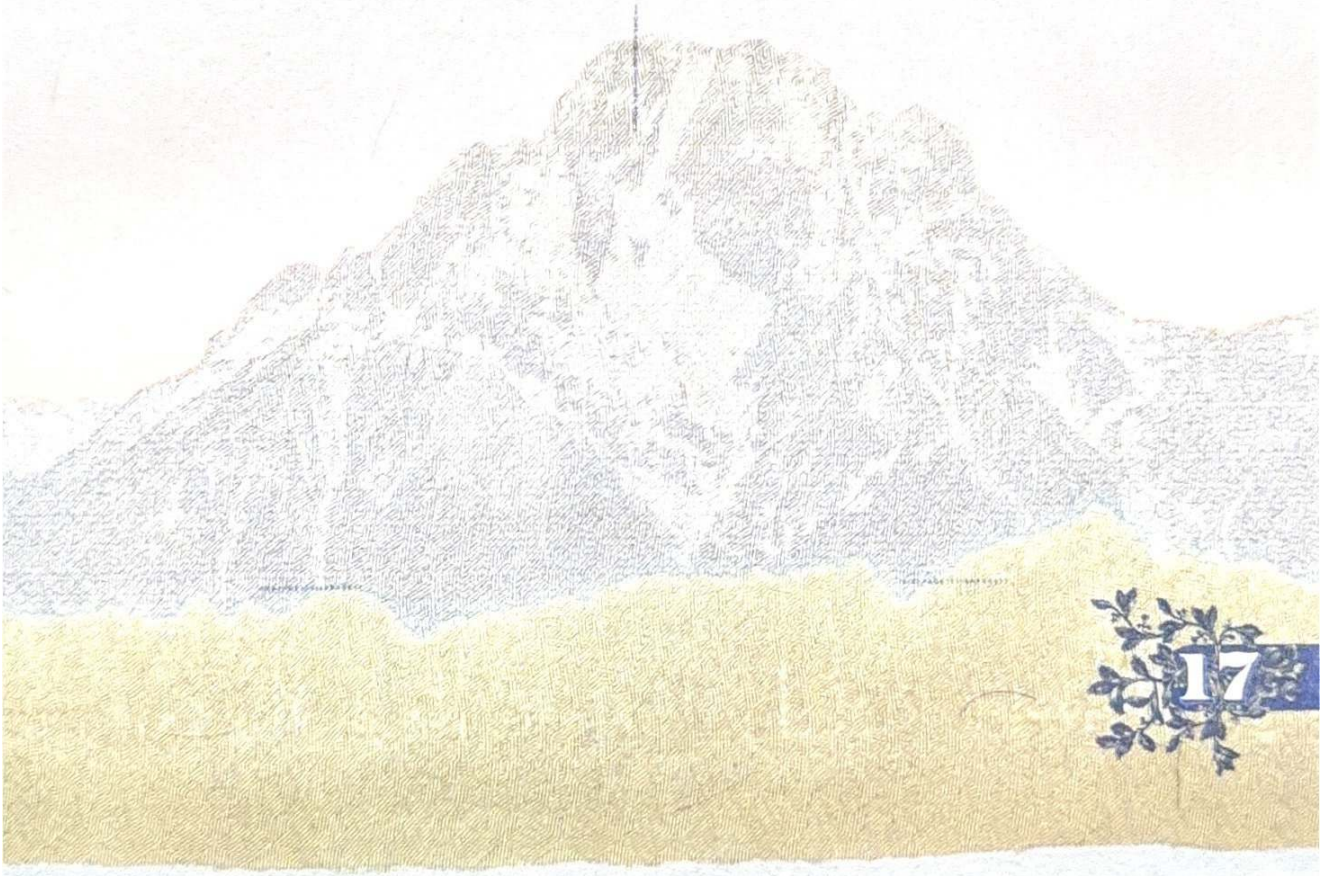


INDONESIA

theres to the American soil.
nmovable as its mountains.
Daniel Webster



Visas



A12306523



Whatever America hopes to bring to pass in the

Visas

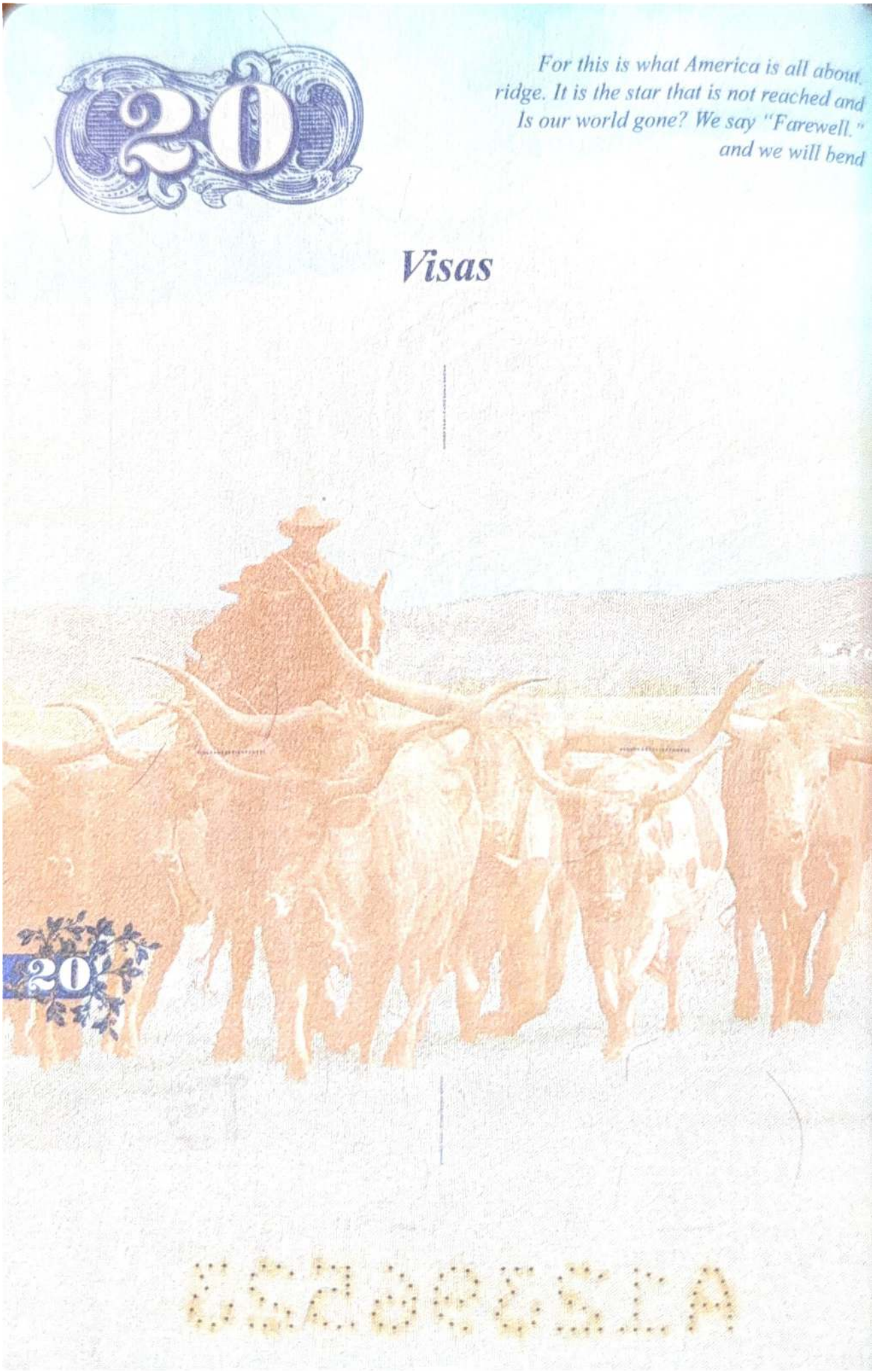


orld must first come to pass in the heart of America.
Dwight D. Eisenhower



Visas



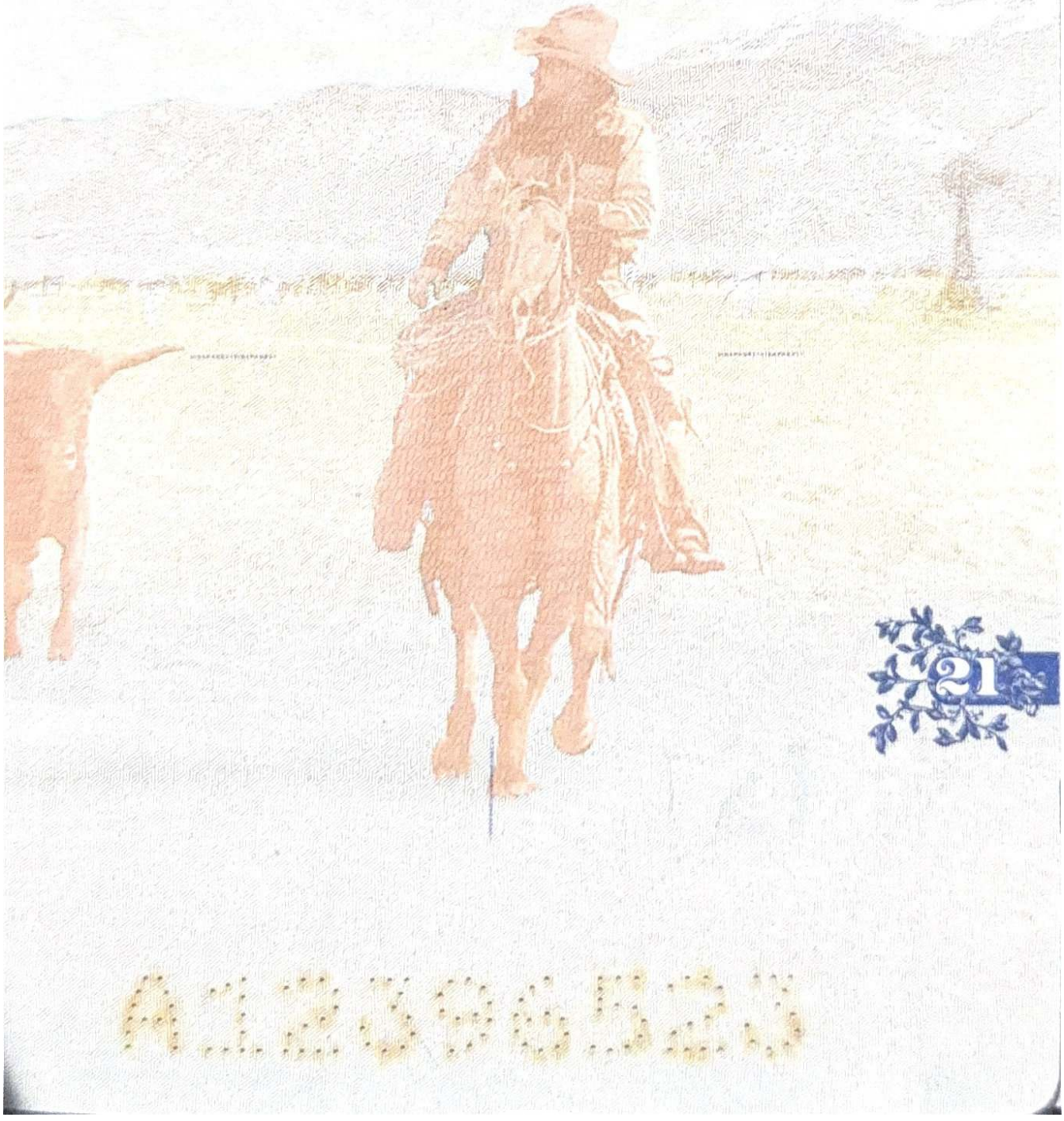

20
For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend
Visas
20

is the uncrossed desert and the unclimbed
e harvest sleeping in the unplowed ground.
a new world coming? We welcome it—
to the hopes of man.

Lyndon B. Johnson



Visas




22
Every generation has the obligation
to look out from a higher
Visas
22

to free men's minds for a look at new worlds…
plateau than the last generation.
Ellison S. Onizuka



Visas





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

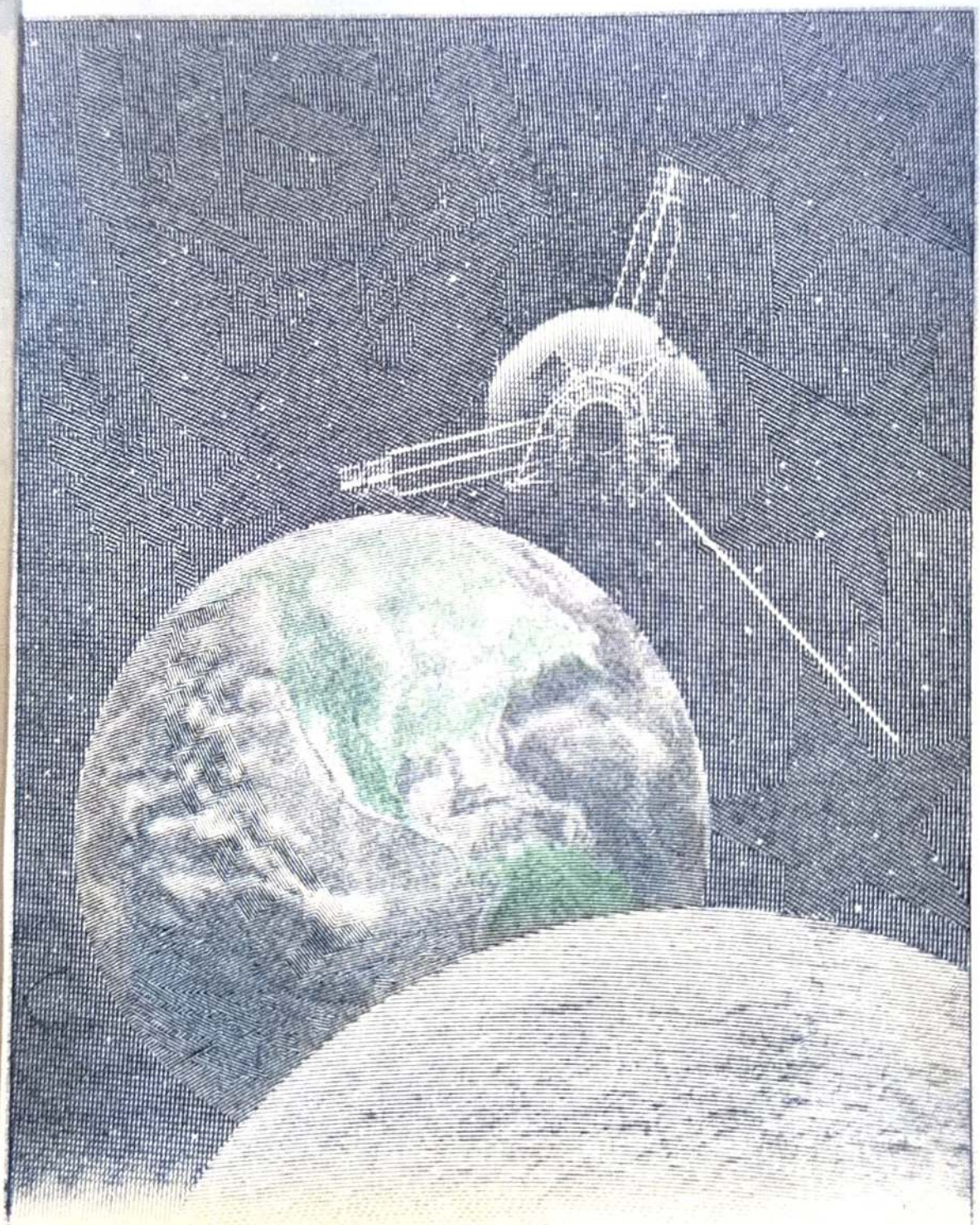


Visas





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

A12396523

Judiciary of the State of Goiás
Digital Inspection Seal
01981601160917128606966
Consult: http://extrajudicial.tjgo.jus.br/selo

FEDERATIVE REPUBLIC OF BRAZIL
Civil REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

PLÍNIO EMANUEL DE SOUSA FIGUEREDO

Registration

024919 01 55 2002 1 01654 013 0340813 71

Date of Birth (in full)	Day	Month	Year
NOVEMBER TWENTY-SECOND, TWO THOUSAND ONE	**22**	**11**	**2001**

Time of Birth	City of Birth / State
10:55 AM	SAO LUIZ DE MONTES BELOS - GOIÁS

City of Registration / State	Place of Birth	Sex
Goiânia / Goiás	MONTES BELOS HOSPITAL	MALE

Filiation

JOÃO BATISTA DE FIGUEREDO NETO
BENILZA DE SOUSA VIEIRA

Grandparents

Plínio Jesus Figueredo and Maria Rita Figueredo.
Manoel Vieira dos Anjos and **Terezinha de Souza Vieira.**

Twin	Name and Registration of the twin(S)
NO	

Date of registration (in full)	Number of Live Birth Certificate
OCTOBER ELEVENTH, TWO THOUSAND TWO	**5082337**

Notes / Annotations

No record

Fees 29.16 Judicial Fee 12.25 ISS (Service Tax): 1.46 Total: 42.87

ANTONIO DO PRADO REGISTRY OFFICE
SMART AND DIGITAL

2nd Civil Registry and Notary Office
Rua Geraldd Ney, corner with Avenida 24 de Outubro, No. 156
Setor Campinas - Goiânia - Goiás - ZIP Code: 74.515-020
Phone: 62 3233 0055 - www.cartorioantoniodoprado.com.br

The content of this certificate is true. I certify.
Goiânia / Goiás, March 28, 2016

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

GRAZIELLY DIAS DOS REIS
DEPUTY REGISTRAR AND CLERK

Detailed Information of the Registration

Registration	0013830155 1887 1 0003 050 0000533 3l
Standard	aaaaaabbcc dddd e ffff ggg hhhhhhh ii
	Detailing
aaaaaa (00188-3)l	National Registry Office Code (unique identification of the notary office)
bb (01)	Archive Code, being: 01 - Own Archive Other - Incorporated Archives
cc (55)	Type Of Service Provided, Being: 51: Notary Service 52: Title Protest Service 53: Real Estate Registration Service 54: Title and Document Registration Service and Civil Registration of Legal Entities 55: Civil Registration Service of Natural Persons 56: Maritime Contract Registration Service 57: Distribution Registry
dddd (1987)	Year of Registration
e (1)	Type Of Book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Book B (Religious Marriage Registration for Civil Purposes) 4: Book C (Death) 5: Auxiliary Book C (Stillbirth Registration) 6: Book D (Publication of Banns Registration) 7: Book E (Other Acts Related to Civil Registration)
ffff (0003)	Book Number
ggg (050)	Page Number
hhhhhh (00000533)	Entry Number
ii (31)	Check Digit

Exclusive use for the issuance of birth, marriage, and death registration and transcription certificates

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: June 15, 2026.

Poder Judiciário do Estado de Goiás
Selo Digital de Fiscalização
01981601160917128606966
Consulte: http://extrajudicial.tjgo.jus.br/selo

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome

PLÍNIO EMANUEL DE SOUSA FIGUEREDO

Matrícula

024919 01 55 2002 1 01654 013 0340813 71

Data de Nascimento (por extenso)	Dia Mês Ano
VINTE E DOIS DE NOVEMBRO DE DOIS MIL E UM	22 11 2001

Hora do Nascimento	Município de Nascimento / UF
10:55	SAO LUIZ DE MONTES BELOS - GO

Município de Registro/UF	Local de Nascimento	Sexo
Goiânia / GO	HOSPITAL MONTES BELOS	MAS

Filiação

JOÃO BATISTA DE FIGUEREDO NETO
BENILZA DE SOUSA VIEIRA

Avos

Plínio Jesus Figueredo e Maria Rita Figueredo.
Manoel Vieira dos Anjos e **Terezinha de Souza Vieira**.

Gêmeos(s) Nome e matrícula do(s) gêmeo(s)

NÃO

Data do registro de nascimento (por extenso)	Nº da DNV
ONZE DE OUTUBRO DE DOIS MIL E DOIS	5082337

Observações / Averbações
Sem Informação

Emolumentos: 29,16 Taxa Judiciária: 12,25 ISS:1,46 Total: 42,87

CARTÓRIO ANTÔNIO DO PRADO
2º Registro Civil e Tabelionato de Notas
Rua Gerenldo Ney, esq. com Av. 24 de Outubro, nº 156
Setor Campinas - Goiânia-GO - CEP: 74.515-020
Fone: 62* 3233-0055 www.cartorioantoniodoprado.com.br

O conteúdo da certidão é verdadeiro. Dou Fé.
Goiânia / GO 28 de março de 2016

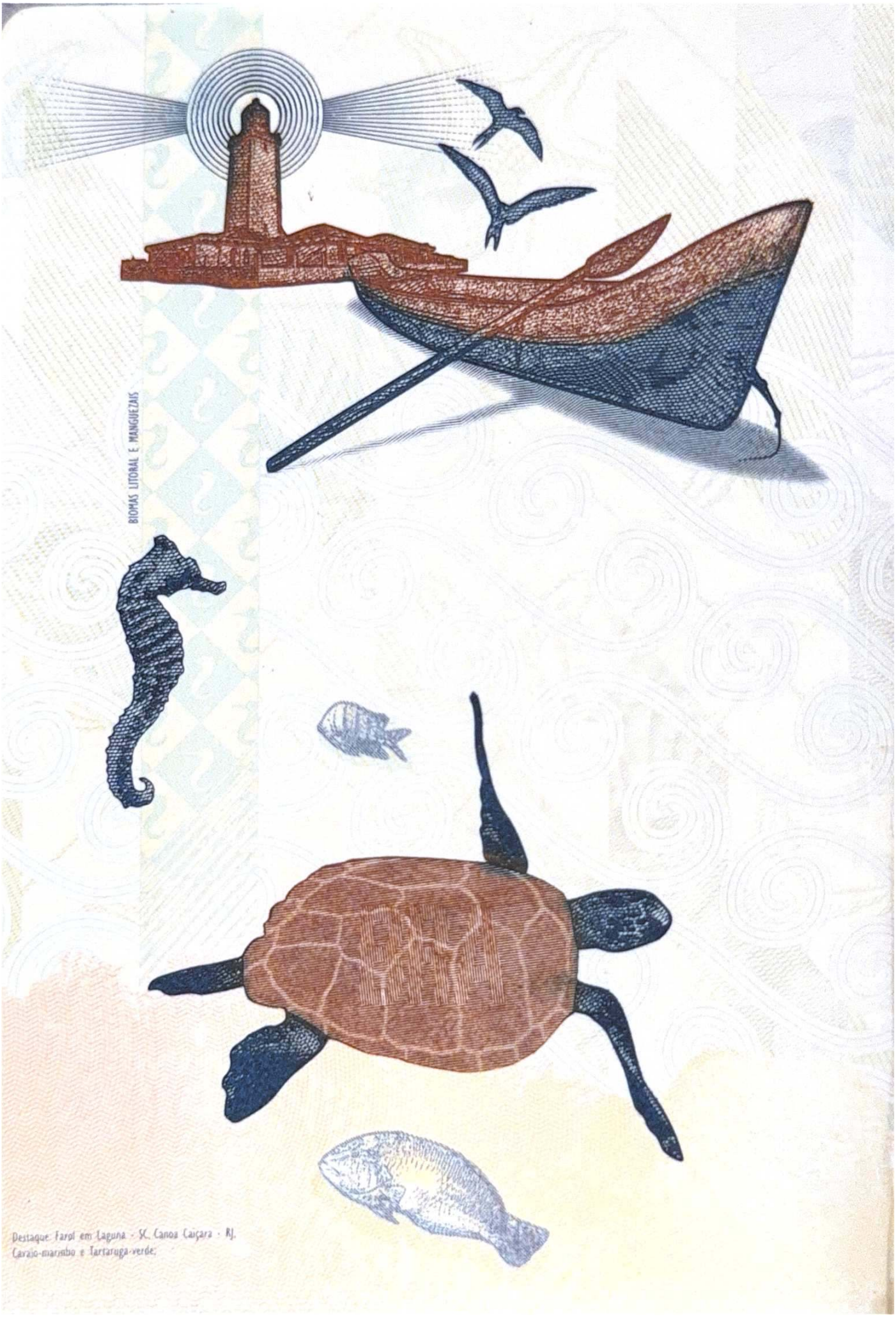
GRAZIELLY DIAS DOS REIS
SUB-OFICIAL E ESCREVENTE

Detalhamento da Matrícula

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

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

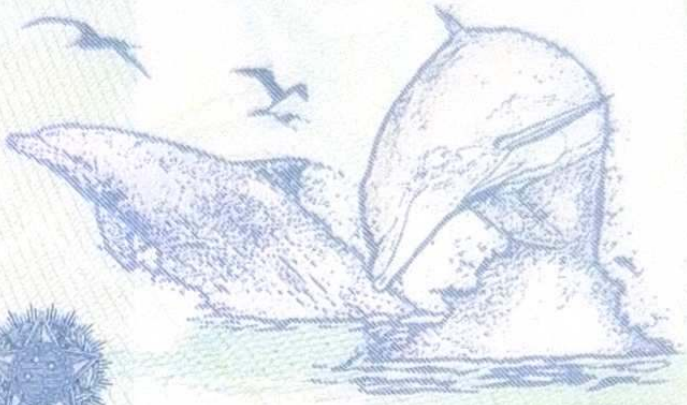
Exhibit 2 - Nayelle Cristina Vieira de Sousa’s Identification Documents



BIOMAS LITORAL E MANGUEZAIS

Destaque: Farol em Laguna - SC. Canoa Caiçara - RJ.
Cavalo-marinho e Tartaruga-verde.

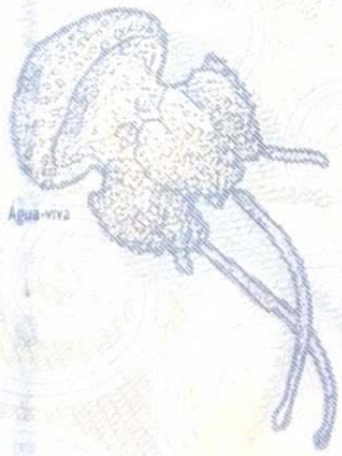


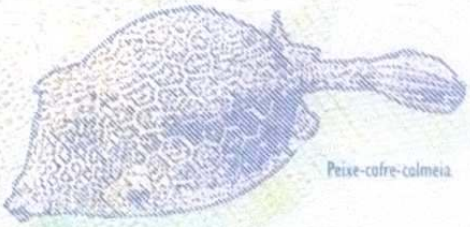


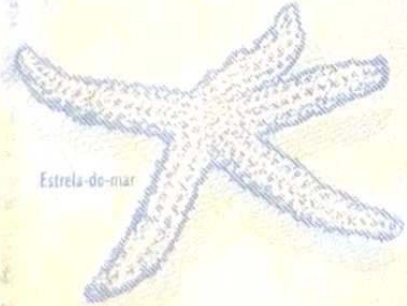
Este documento pertence à
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Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE











PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / *TYPE*
P

PAÍS EMISSOR / *ISSUING COUNTRY*
BRA

PASSAPORTE Nº / *PASSPORT No.*
GK367302

SOBRENOME / *SURNAME*
VIEIRA CORDEIRO

NOME / *GIVEN NAMES*
NAYELLE CRISTINA

NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)

DATA DO NASCIMENTO / *DATE OF BIRTH*
29 AGO/AUG 2003

CPF / *PERSONAL NUMBER*
071651041-35

SEXO / *SEX*
F

NATURALIDADE / *PLACE OF BIRTH*
PARAÚNA/GO

FILIAÇÃO / *FILIATION*
ADRIANA ARAUJO VIEIRA CORDEIRO

FABRICIO DA SILVA CORDEIRO

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*
05 NOV/NOV 2024

AUTORIDADE / *AUTHORITY*
DPF/JTI/GO

VÁLIDO ATÉ / *DATE OF EXPIRY*
04 NOV/NOV 2034

P<BRAVIEIRA<CORDEIRO<<NAYELLE<CRISTINA<<<<<<

GK367302<7BRA0308290F3411045071651041 35<<<98


Haydlla Cristina Vieira Ardeiro
Assinatura do titular / Signature du titulaire /
Bearer's signature / Firma del titular
REPÚBLICA
FEDERATIVA
DO BRASIL
GK367302
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.

4

CIDADANIA

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.



Siriema

BIOMA CERRADO



Flores da Lobeira

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 asisténcia 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

GK368302

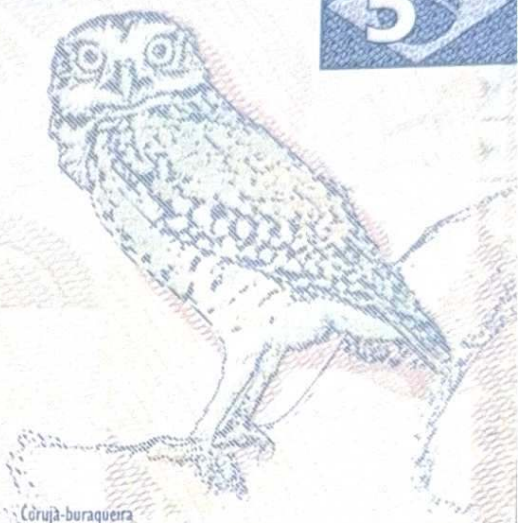
5

Para uso das autoridades brasileiras.
NÃO CARIMBAR ESTA PÁGINA.

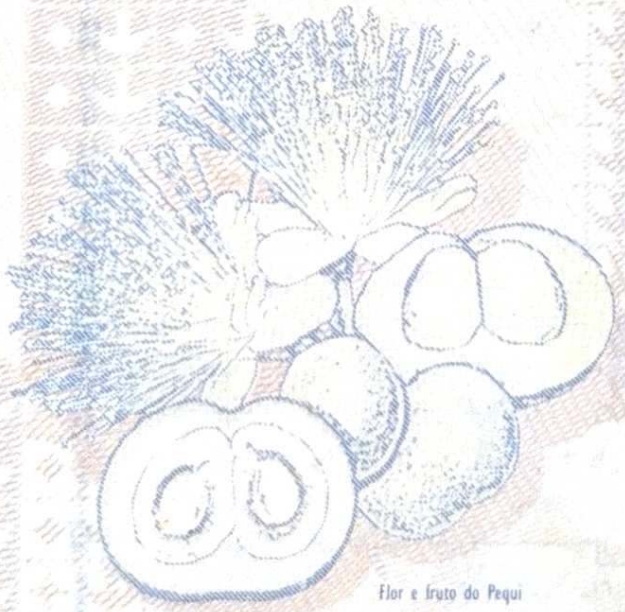
Reservé aux autorités brésiliennes.
NE PAS TAMPONNER CETTE PAGE.

For the use of Brazilian authorities.
DO NOT STAMP THIS PAGE.

Para uso de las autoridades brasileñas.
NO SELLAR ESTA PAGINA.



Corujà-buraqueira



Flor e fruto do Pequi

REPÚBLICA
FEDERATIVA
DO BRASIL

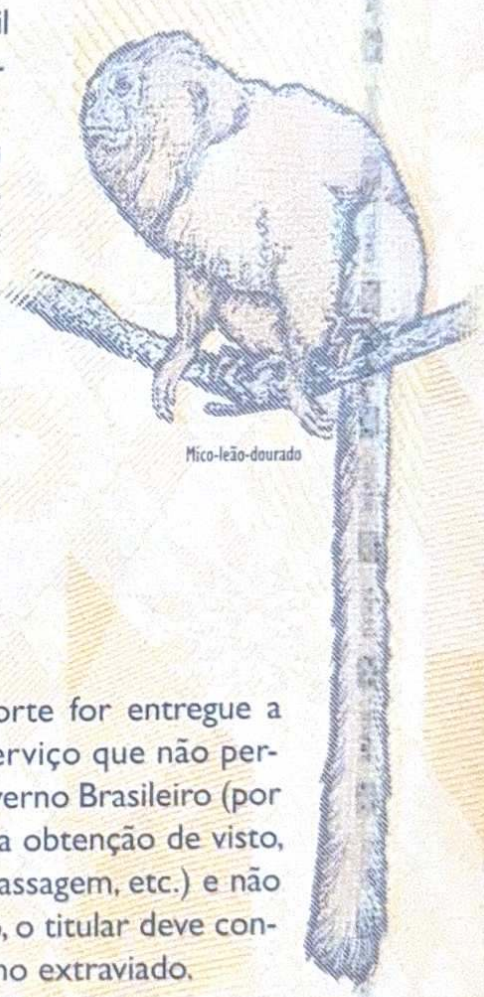
PASSAPORTE

INFORMAÇÕES PARA O TITULAR

6

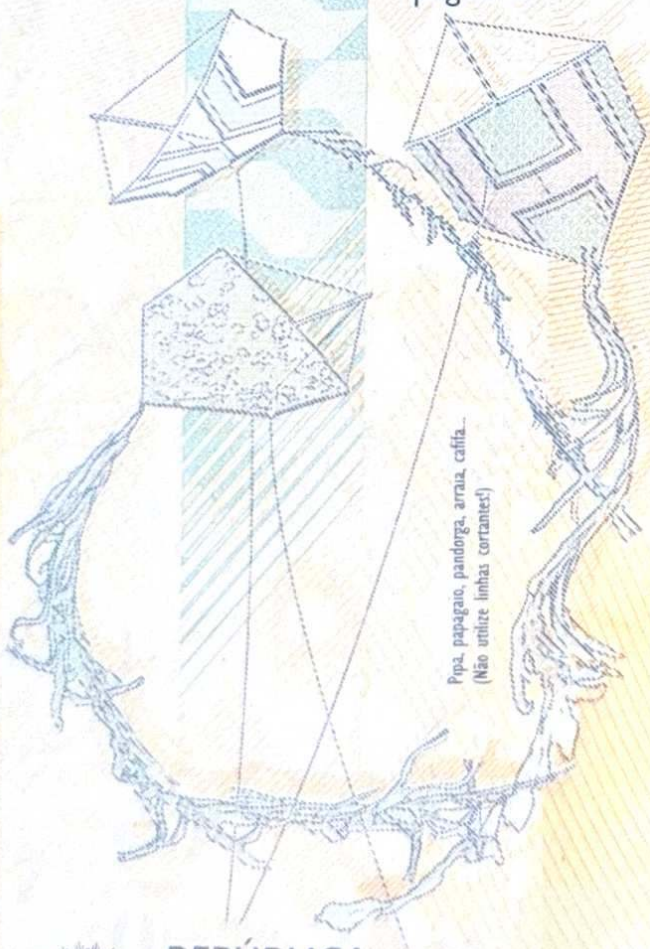
Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

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.



Mico-leão-dourado

BIOMA MATA ATLÂNTICA



Pipa, papagaio, pandorga, arraia, caffita...
(Não utilize linhas cortantes!)

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

GN 387 302



Tucano

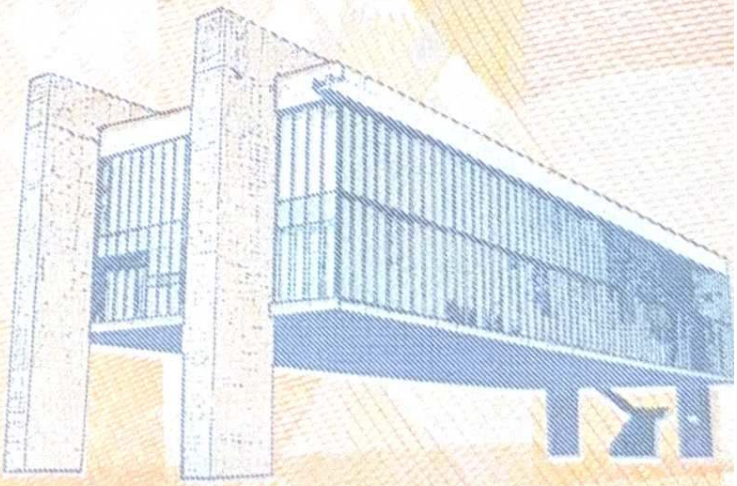
É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço 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.



Museu de Arte de São Paulo - Masp

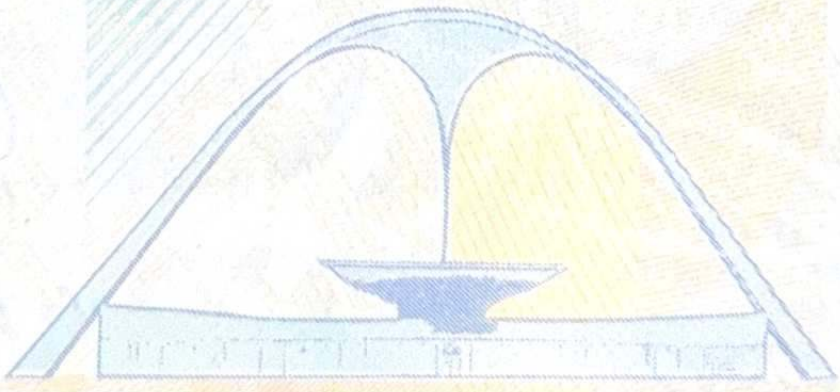
Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou **www.pf.gov.br**

REPÚBLICA FEDERATIVA DO BRASIL



Bromélia

BIOMA MATA ATLÂNTICA



Praça da Apoteose - Sambódromo - RJ

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS

GN 3A1 3012

9



Beija-flor



Profetas de Aleijadinho - Congonhas - MG

VISTOS / VISAS

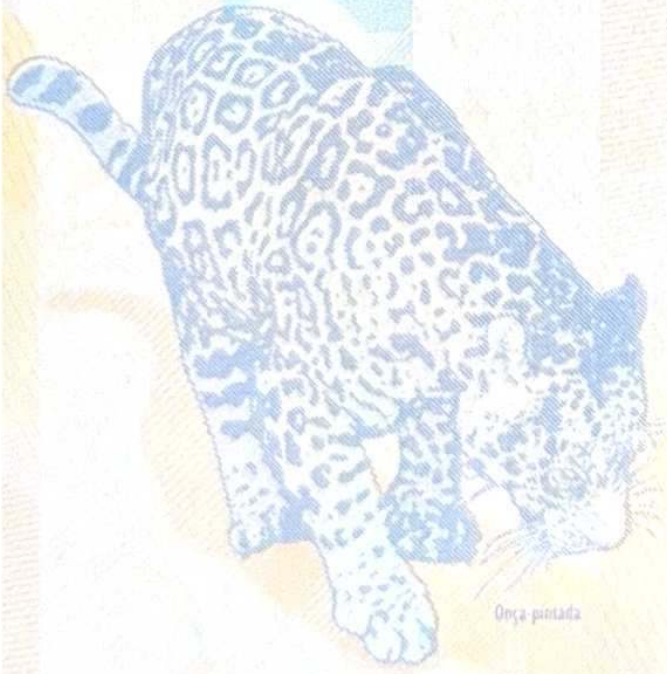
REPÚBLICA FEDERATIVA DO BRASIL

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BIOMA MATA ATLÂNTICA



Pandeiro e Agogô



Onça-pintada

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

BR.SPT.3002



Capivara

11



Parque da Pedra da Cebola - Vitória - ES

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Mateu no Jaraguá -
Personagem do Reisado

12

BIOMA CAATINGA



Mandacaru e suas flores

REPÚBLICA
FEDERATIVA
DO BRASIL

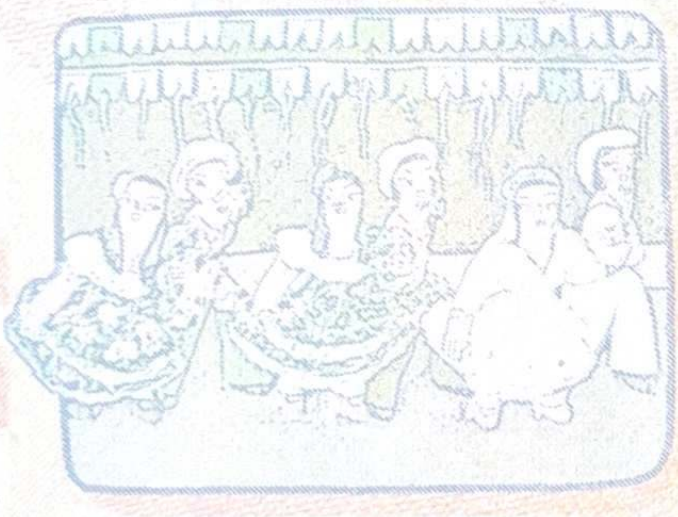
VISTOS / VISAS


Carcará
13
Mateu no Boi -
Personagem do Reisado
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL



Asa-branca





Artesanato em argila - Festa Junina

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Sagui de tufos brancos

15



Artesanato em argila - Retirantes

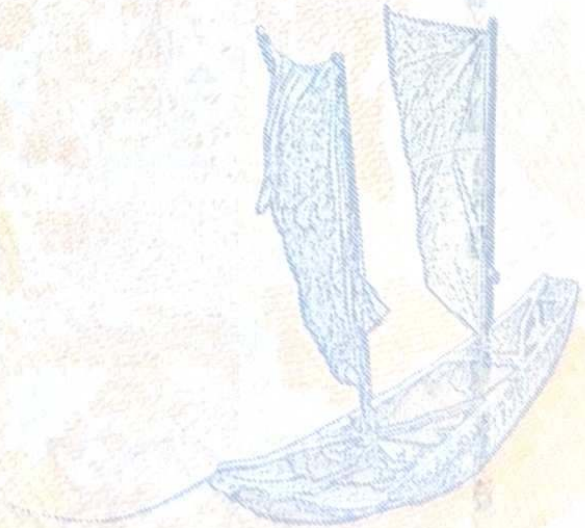
VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



16 BIOMA CAATINGA

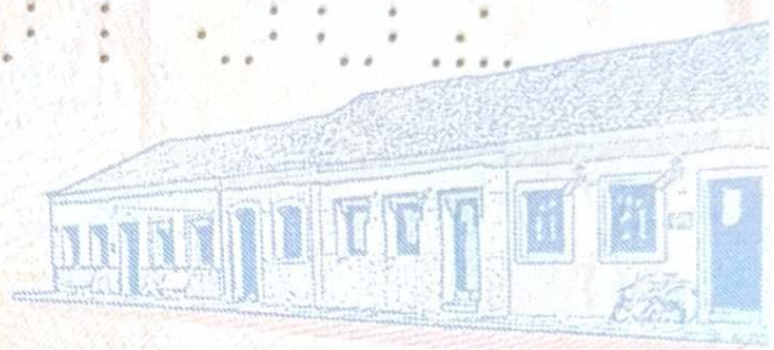
Artesanato em Madeira - Sanfoneiro de Forró



Canoa utilizada no Maranhão

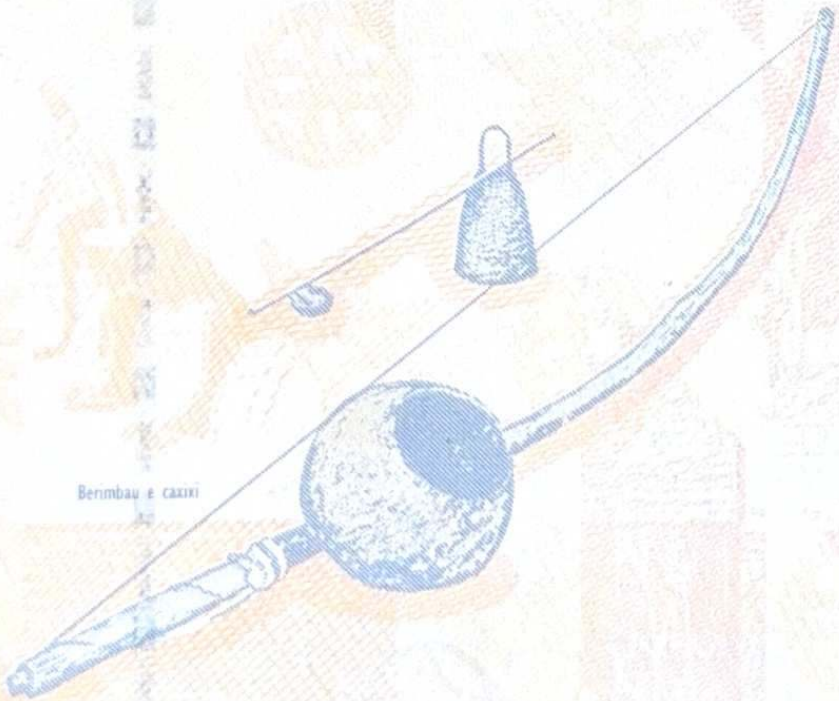
REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Casario em Marechal Deodoro - AL

17



Berimbau e caxixi

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Cerâmica de Icoaraci - PA

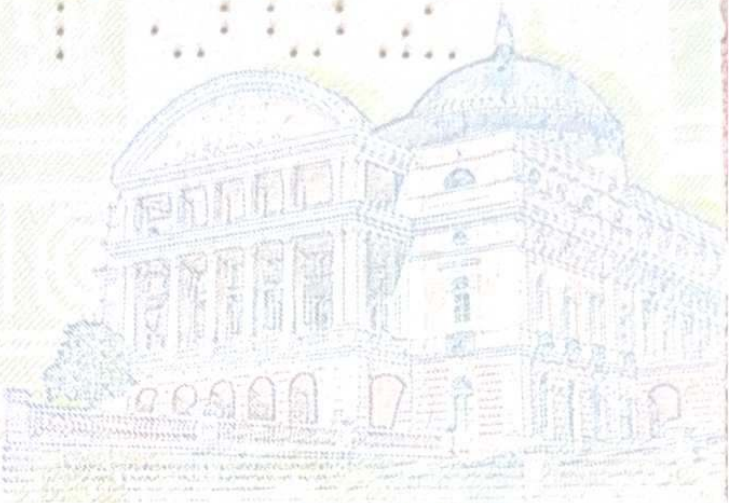
BIOMA AMAZÔNIA

18

Castanha-do-Pará

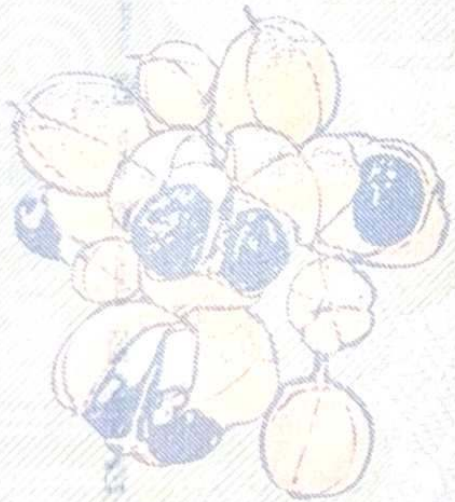
REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS



Teatro Amazonas - Manaus - AM

19



Guaraná

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL


Espécime de Rã Amazônica
BIOMA AMAZÔNIA
20
Palmeira e frutos
do babaçu e carnaúba
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS


Pirarucu
21
Boneca de artesanato indígena Ritxokó
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL



Instrumentos tradicionais indígenas Xikrin-mrás

BIOMA AMAZÔNIA

22

Vitória-régia e sua flor

REPÚBLICA FEDERATIVA DO BRASIL

VISTOS / VISAS


Harpia
Artesanato em Capim-dourado - Jalapão - TO
23
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


BIOMA PANTANAL
Curicaca
24
Chalana
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS



Tuiuiú



Jacaré-do-pantanal

25

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL

BIOMA PANTANAL



Veado-campeiro



Viola-de-cocho

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REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Gavião-belo



Berrante

27

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



Pêssankas - artesanato de herança ucraniana

BIOMA PAMPAS

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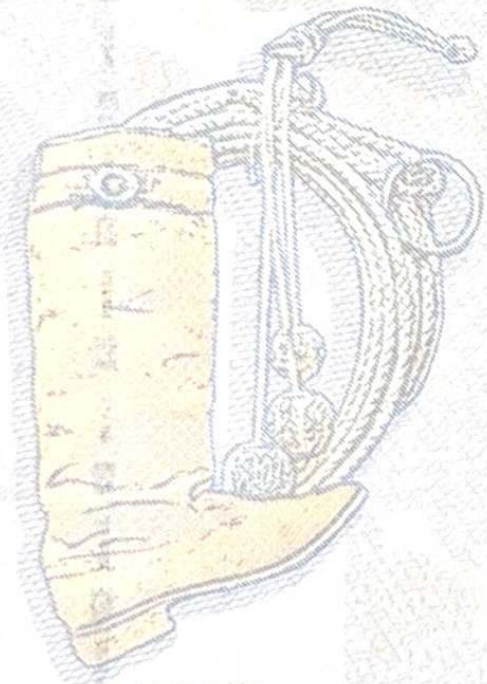
Renda de bilro - artesanato de herança açoriana

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



Caxinguelê



Bota e boleadeira gaúchas

29

REPÚBLICA
FEDERATIVA
DO BRASIL

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 / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address

.....

Cidade / City

.....

Estado / State

.....

País / Country

.....

Telefone / Phone

.....

BIOMA PAMPAS



Pinha (fruto do pinheiro - acima)
e pinhão (semente da araucária - abaixo)

30



Graiba-azul

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, conctacter 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*

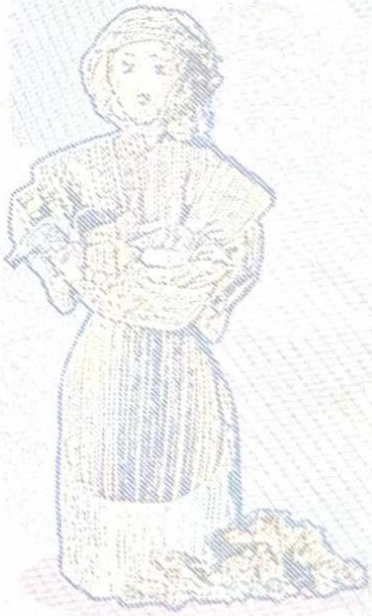
.....

País / *Country*

.....

Telefone / *Phone*

.....



Boneca artesanal de palha de milho



Emas

31

REPÚBLICA FEDERATIVA DO BRASIL



Cuia de chimarrão

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.

BIOMA PAMPAS

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.



Tamanduá-bandeira

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
GB436154

SOBRENOME / SURNAME
VIEIRA CORDEIRO



NOME / GIVEN NAMES
NAYELLE CRISTINA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
29 AGO/AUG 2003

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
PARAÚNA/GO

FILIAÇÃO / FILIATION
ADRIANA ARAUJO VIEIRA CORDEIRO

FABRICIO DA SILVA CORDEIRO

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
07 FEV/FEB 2020

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
06 FEV/FEB 2025

P<BRAVIEIRA<CORDEIRO<<NAYELLE<CRISTINA<<<<<<
GB436154<6BRA0308290F2502069<<<<<<<<<<<<<<06

GB436154

Nayelle Cristina Vieira Cordeiro

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

CANCELADO
CANCELED

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.


VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Control Number
20220143540006
Surname
VIEIRA CORDEIRO
Given Name
NAYELLE CRISTINA
Visa Type /Class
R B1/B2
Passport Number
GB436154
Sex
F
Birth Date
29AUG2003
Nationality
BRZL
Entries
M
Issue Date
01FEB2022
Expiration Date
13JAN2032
0111
Annotation
P6047440
*
VNUSAVIEIRA<CORDEIRO<<NAYELLE<CRISTINA<<<<<<
GB436154<6BRA0308290F3201130B3BRAOPIIZ663443

STATE OF GOIÁS
Judiciary

FEDERATIVE REPUBLIC OF BRAZIL

Civil Registry Office of Natural Persons
Judicial District of Paraúna - Goiás
Authenticity Seal
Judicial Administrative Department
Marilene Ferreira de Medeiros Alves
CERTIFICATE / CERTIFIED COPY Acting Clerk

City of Paraúna

BIRTH CERTIFICATE

BOOK A 25- PAGE 25- ENTRY 9.188-

I CERTIFY that, under the record numbers above, on September 3, 2003 , , the birth of Nayelle Cristina Vieira Cordeiro, was recorded, having occurred on August 29, 2003, at 11:33 AM female , , , at H.C.R., in this city State: Goiás daughter of Fabrício da Silva Cordeiro, , , , and Adriana Araújo Vieira Cordeiro, , ,

Born on: - / - / - and - / - / -

born: in this city , , , , , , and in this

city , , , , , , Civil Status , , , , , , , , ,

under the , , , , , community of property regime

occupations: secretary , , and homemaker , , ,

Residents in this city , , , , , , , , , , ,

Paternal grandparents: João Vicente Cordeiro, , , , ,

and Deusuita Maria da Silva Cordeiro, , ,

Maternal grandparents: Luiz Alves Vieira, , , , , , ,

and Maria Odete de Araújo Vieira, , , , ,

The declarants were: the father and the mother, who

signed the record. Live Birth CertificateNo. , , , was presented.

NOTES: drawn up by the Acting Clerk Marilene -

Ferreira de Medeiros Alves , , , , ,

The content of this certificate is true. I certify. , , , , , , , ,

Paraúna, 08 / 07 / 2008.

PAPELARIA FISCAL
(62) 212-1128

Acting Clerk

The Civil Registrar

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



Date: July 6, 2026.

ESTADO DE GOIÁS
Poder Judiciário
Cartório de Reg. Civil das Pessoas Naturais
Selo de Autenticidade
CERTIDÃO/TRASLADO
Escrivã Respondente

CA FEDERATIVA DO BRASIL

Mun. de Paraúna

CERTIDÃO DE NASCIMENTO

LIVRO A 25- FLS. 25- TERMO 9.188-

CERTIFICO que, sob os números citados, em 03 de setembro de 2003, , , consta o registro do nascimento de: Nayelle Cristina Vieira Cordeiro, , , , , , , ocorrido em 29 de agosto, , de 2003, às 11:33 h, de sexo: feminino, , , em H.C.R., nesta cida- U.F: Go. de.

filho(a) de: Fabrício da Silva Cordeiro, , ,,

e de Adriana Araújo Vieira Cordeiro, , ,

Nascidos aos: - / - / - e - / - / -

naturais de: desta cidade, , , , , , , e desta '

cidade, , , , , , E . Civil: , , , , , , , , , ,

sob o regime de comunhão , , , , , , , , , , , , de bens

profissões de: secretário, , e do lar, , , , ,

Residentes em nesta cidade, , , , , , , , , ,,

Avós paternos: João Vicente Cordeiro, , , , ,

e Deusuita Maria da Silva Cordeiro, , ,

Avós maternos: Luiz Alves Vieira, , , , , , ,

e Maria Odete de Araújo Vieira, , , , ,,

Foi declarante: o pai e a mãe,as)o termo, , ,,

Apresentada a Declaração de Nascidos vivos nº , , , , , , , ,

OBS: feito pela Escrivã Respondente Mari-

lene Ferreira de Medeiros Alves, , , ,,

O referido é verdade e dou fé , , , , , , , , , , , , ,,

Paraúna, 07 / 08 / 2008.

PAPELARIA FISCAL
(62) 212-1128

m.f.m.alves. Escrivã Res

Oficial do Reg. Civil pondente

For: **NAYELLE CRISTINA VIEIRA CORDEIRO**

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: 919614109A4

Arrival/Issued Date: 2026 January 29

Class of Admission: B2

Admit Until Date: 2026 July 28

Details provided on the I-94 Information form:

Last/Surname: VIEIRA CORDEIRO

First (Given) Name: NAYELLE CRISTINA

Birth Date: 2003 August 29

Document Number: GK367302

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: 07/31/2026

View Travel History

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

Travel History Results

Document Number: **GK367302**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2026-01-29	Arrival	HOU
2	2025-07-28	Departure	HOU
3	2025-06-20	Arrival	HOU
4	2025-01-29	Departure	CHI
5	2024-12-07	Arrival	DAL
6	2023-01-10	Departure	SFR
7	2022-12-16	Arrival	MIA

OMB No. 1651-0111 Expiration Date: 07/31/2026

Exhibit 3 - Plinio Emanuel de Sousa Figueredo and Nayelle Cristina Vieira de Sousa’s Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of CONTRA COSTA
MARTINEZ, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

4202607000963
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ■ Groom ☐ Bride

1A. FIRST NAME: PLINIO	1B. MIDDLE: EMANUEL		
1C. CURRENT LAST: DE SOUSA FIGUEREDO	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): --		
2. DATE OF BIRTH (MM/DD/CCYY): 11/22/2001	3. STATE/COUNTRY OF BIRTH: BRAZIL	4. #PREV. MARRIAGES/SRDP: 0	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A
5B. DATE ENDED (MM/DD/CCYY): --/--/----			
6. ADDRESS: 5311 ESMOND AVE	7. CITY: RICHMOND	8. STATE/COUNTRY: CA	9. ZIP CODE: 94805
10A. FULL BIRTH NAME OF FATHER/PARENT: DELMAR JOSE DE OLIVEIRA	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL		
11A. FULL BIRTH NAME OF MOTHER/PARENT: BENILZA DE SOUSA VIEIRA	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL		

SECOND PERSON DATA ☐ Groom ■ Bride

12A. FIRST NAME: NAYELLE CRISTINA	12B. MIDDLE: VIEIRA		
12C. CURRENT LAST: CORDEIRO	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): --		
13. DATE OF BIRTH (MM/DD/CCYY): 08/29/2003	14. STATE/COUNTRY OF BIRTH: BRAZIL	15. # PREV. MARRIAGES/SRDP: 0	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A
16B. DATE ENDED (MM/DD/CCYY): --/--/----			
17. ADDRESS: 5311 ESMOND AVE	18. CITY: RICHMOND	19. STATE/COUNTRY: CA	20. ZIP CODE: 94805
21A. FULL BIRTH NAME OF FATHER/PARENT: FARRICIO DA SILVA CORDEIRO	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL		
22A. FULL BIRTH NAME OF MOTHER/PARENT: ADRIANA ARAUJO VIEIRA	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): BRAZIL		

AFFIDAVIT

WE, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D

24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D ▶ Nayelle Cristina

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY): 04/08/2026	25B. EXPIRES AFTER (MM/DD/CCYY): 07/06/2026	25C. NAME OF COUNTY CLERK: KRISTIN B. CONNELLY	25D. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶ Lisa Glasper
25E. MARRIAGE LICENSE NUMBER: 202640000931	25F. COUNTY OF ISSUE: CONTRA COSTA	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 555 ESCOBAR STREET, MARTINEZ, CA 94553	

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): BENILZA OLIVEIRA
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 997 CORAL RIDGE CIR, HERCULES, CA 94572	
27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): DELMAR OLIVEIRA
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 997 CORAL RIDGE CIR., HERCULES, CA 94572	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY): 04/24/2026	28B. CITY/TOWN OF MARRIAGE: Martinez	28C. COUNTY OF MARRIAGE: CONTRA COSTA
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE ▶ M Neal	29B. RELIGIOUS DENOMINATION (IF CLERGY): -	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): MARGARET NEAL	29D. OFFICIAL TITLE: DEPUTY COMMISSIONER	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 555 ESCOBAR STREET, MARTINEZ, CA 94553		

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A: --	30B. MIDDLE: --	30C. LAST: --

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A: NAYELLE CRISTINA	31B. MIDDLE: VIEIRA	31C. LAST: DE SOUSA

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR: KRISTIN B. CONNELLY	32B. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶	32C. DATE ACCEPTED FOR REGISTRATION: 04/24/2026

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

0 0 0 0 1 5 9 3 0

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF CONTRA COSTA } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the CONTRA COSTA COUNTY RECORDER.

ATTEST:

DATE ISSUED: 04/24/2026

Kristin B. Connelly
KRISTIN B. CONNELLY
CONTRA COSTA COUNTY RECORDER

This copy not valid unless prepared on engraved border displaying date and signature of Deputy Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

Plinio Emanuel de Souza Figueredo

5311 Esmond Ave

Richmond, California,

(510) 660-1869

plinioemanuel.usa@gmail.com

05/15/2026

My name is Plinio Emanuel de Sousa Figueredo, and I am a U.S. citizen writing this letter to report the history of my relationship with my wife, Nayelle Cristina Vieira Cordeiro.

I met Nayelle in childhood, when I was 11 years old and she was 9. At that time, I lived in São João da Paraúna and she lived in Paraúna, her hometown. Since the towns are very close, it was common for us to meet at cattle events, horseback rides, and traditional local festivals.

From a very young age, we always had a close relationship and, over time, built a very special friendship. Shortly after, I moved to the United States when I was 14 years old. Even with the distance, we never completely lost contact and continued to talk through social media whenever possible.

As the years went by, during my visits to Brazil, we began meeting more and more often. On one of those trips, we became very close, mainly because we shared the same friends and went to the same places. Our connection developed naturally.

I remember that, during a Sunday cattle fair in Nayelle's town, we had our first kiss. After that moment, we started talking even more, began going out together during the week, and developed a very strong closeness. We enjoyed spending time together, talking about life, and sharing our plans and dreams, even without imagining everything we would go through in the future.

I have always greatly admired Nayelle for her dedication to her studies, her maturity, and the caring way she treated the people around her. From an early age, I realized that she was someone very important to me.

When I needed to return to the United States again, we knew we would face distance once more. Even so, we continued to stay in daily contact through messages and video calls. Even while living different realities at that stage of life, there was a very strong

connection between us that never allowed us to drift apart completely.

In 2021, after I suffered an accident, I had to go to Brazil for surgery. During this period, Nayelle was very present and supported me emotionally, which ended up bringing us even closer. A few days after the surgery, I went to visit her in Paraúna. We went out for dinner, talked for hours, and realized that the feelings between us had become even stronger.

After that, we practically never drifted apart again. We began attending family events together, grew closer to each other's families, and officially started our relationship. During the months I stayed in Brazil, we built many important memories together.

When I returned to the United States, we continued to maintain a long-distance relationship. Despite the difficulties, we were always very certain about our feelings and about our desire to build a life together in the future.

Over the years, I made several trips to Brazil to see her, while Nayelle also came to the United States a few times, getting to know my routine, my family, and taking part in very important moments of my life. Even with the challenges of distance, we never stopped planning our future together.

I have always closely followed her dedication during college and greatly admired her effort to complete her degree. At the same time, I was also focused on building my professional stability and structuring my life in the United States.

As our relationship matured, we began to talk more and more about marriage, family, and the best place to build our life together. These were important decisions, as they involved dreams, careers, family, and stability for both of us.

At the end of 2025, we had the opportunity to spend a lot of time together in Brazil, alongside her family and our friends. Those moments gave us even more certainty that we were ready to take the next step in our relationship.

In January 2026, Nayelle came to the United States to spend some time with my family and I. During this trip, we had very important conversations about our future and realized that the time had finally come to put an end to the years of distance between us.

A few days after her arrival, I proposed to Nayelle. It was one of the most special moments of my life. After speaking with our families, we decided to remain here in the United States and officially begin our life together.

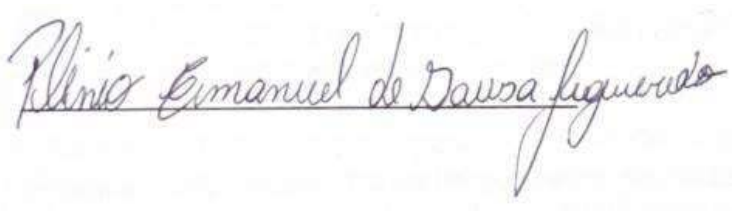
We then began organizing our new routine, looking for a house, and planning our wedding. After so many years in a long-distance relationship, we were finally living out everything we had planned together for so long.

Our wedding took place on April 24, 2026, and it was one of the happiest days of my life. Our honeymoon was in Carmel-by-the-Sea, a very special experience for both of us.

Today, we live together in our home, built with a lot of love, partnership, and dedication. We share the dream of building our family in the future, but we also understand the importance of first achieving financial stability and properly structuring our life.

Everything we have experienced has taught us a great deal about patience, partnership, responsibility, and appreciating the small moments. Our relationship has always been built on love, respect, trust, and companionship.

I am very proud of the woman Nayelle is. She is dedicated, responsible, and caring, and she has always been by my side during the most important moments of my life. I am certain that I want to build my entire future with her and form our family together.



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: July 6, 2026.

Plinio Emanuel de Souza Figueredo

5311 Esmond Ave

Richmond, Califórnia,

(510) 660-1869

plinioemanuel.usa@gmail.com

05/15/2026

Meu nome é Plinio Emanuel de Sousa Figueredo, sou cidadão americano e escrevo esta carta para relatar a história do meu relacionamento com minha esposa, Nayelle Cristina Vieira Cordeiro.

Conheci Nayelle ainda na infância, quando eu com 11 anos de idade e ela com 9 anos. Naquela época, eu morava em São João da Paraúna e ela morava em Paraúna, cidade natal dela. Como as cidades são muito próximas, era comum nos encontrarmos em pecuárias, cavalgadas e festas tradicionais da região.

Desde muito novos sempre tivemos uma convivência próxima e, aos poucos, construímos uma amizade muito especial. Pouco tempo depois, me mudei para os Estados Unidos, quando tinha 14 anos. Mesmo com a distância, nunca perdemos totalmente o contato e continuávamos conversando pelas redes sociais sempre que possível.

Com o passar dos anos, durante minhas visitas ao Brasil, nós fomos nos reencontrando cada vez mais. Em uma dessas viagens, acabamos nos aproximando muito, principalmente porque compartilhávamos os mesmos amigos e frequentávamos os mesmos lugares. Nossa conexão foi acontecendo naturalmente.

Lembro que, durante um domingo de pecuária na cidade da Nayelle, demos nosso primeiro beijo. Depois daquele momento, começamos a nos falar ainda mais, passamos a sair juntos durante a semana e criamos uma proximidade muito forte. Gostávamos de passar tempo juntos, conversar sobre a vida e compartilhar nossos planos e sonhos, mesmo sem imaginar tudo o que viveríamos no futuro.

Sempre admirei muito a Nayelle pela dedicação aos estudos, pela maturidade e pela forma carinhosa como tratava as pessoas ao redor dela. Desde cedo percebi que ela era uma pessoa muito importante para mim.

Quando precisei retornar aos Estados Unidos novamente, sabíamos que enfrentaríamos a distância mais uma vez. Ainda assim, continuamos mantendo contato diariamente por mensagens e chamadas de vídeo. Mesmo vivendo realidades diferentes naquele momento da

vida, existia entre nós uma conexão muito forte que nunca permitiu que nos afastássemos completamente.

Em 2021, após eu sofrer um acidente, precisei ir ao Brasil para realizar uma cirurgia. Nesse período, Nayelle esteve muito presente me apoiando emocionalmente, e isso acabou nos aproximando ainda mais. Poucos dias depois da cirurgia, fui visitá-la em Paraúna. Saímos para jantar, conversamos durante horas e percebemos que o sentimento entre nós havia se tornado ainda mais forte.

Depois disso, praticamente não nos afastamos mais. Começamos a participar juntos de eventos familiares, convivemos mais próximos um da família do outro e oficializamos nosso relacionamento. Durante os meses em que permaneci no Brasil, construímos muitas memórias importantes juntos.

Quando retornei aos Estados Unidos, seguimos enfrentando um relacionamento à distância. Apesar das dificuldades, sempre tivemos muita certeza sobre o que sentíamos e sobre o desejo de construir uma vida juntos no futuro.

Ao longo dos anos, fiz diversas viagens ao Brasil para vê-la, enquanto Nayelle também veio aos Estados Unidos algumas vezes, conhecendo minha rotina, minha família e participando de momentos muito importantes da minha vida. Mesmo com os desafios da distância, nunca deixamos de planejar nosso futuro.

Sempre acompanhei de perto a dedicação dela durante a faculdade e admirava muito o esforço dela para concluir sua graduação. Ao mesmo tempo, eu também estava focado em construir minha estabilidade profissional e estruturar minha vida nos Estados Unidos.

Com o amadurecimento da nossa relação, começamos a conversar cada vez mais sobre casamento, família e sobre qual seria o melhor lugar para construirmos nossa vida juntos. Foram decisões importantes, porque envolviam sonhos, carreira, família e estabilidade para nós dois.

No final de 2025, tivemos a oportunidade de passar bastante tempo juntos no Brasil, ao lado da família dela e dos nossos amigos. Aqueles momentos fizeram com que tivéssemos ainda mais certeza de que estávamos prontos para dar o próximo passo no nosso relacionamento.

Em janeiro de 2026, Nayelle veio aos Estados Unidos para passar um período comigo e com minha família. Durante essa viagem tivemos conversas muito importantes sobre nosso futuro e percebemos que finalmente havia chegado o momento de encerrarmos os anos de distância.

Alguns dias depois da chegada dela, pedi Nayelle em casamento. Foi um dos momentos mais especiais da minha vida. Depois de conversarmos com nossas famílias, decidimos permanecer nos Estados Unidos e iniciar oficialmente nossa vida a dois aqui.

Começamos então a organizar nossa nova rotina, procurar uma casa e planejar nosso casamento. Depois de tantos anos vivendo um relacionamento à distância, finalmente estávamos realizando tudo aquilo que planejamos juntos durante muito tempo.

Nosso casamento aconteceu em 24 de abril de 2026 e foi um dos dias mais felizes da minha vida. Nossa lua de mel foi em Carmel-by-the-Sea, uma experiência muito especial para nós dois.

Hoje vivemos juntos em nossa casa, construída com muito amor, parceria e dedicação. Temos o sonho de construir nossa família no futuro, mas também entendemos a importância de primeiro alcançarmos estabilidade financeira e estruturarmos bem nossa vida.

Toda a trajetória que vivemos nos ensinou muito sobre paciência, parceria, responsabilidade e valorização dos pequenos momentos. Nossa relação sempre foi construída com amor, respeito, confiança e companheirismo.

Tenho muito orgulho da mulher que Nayelle é. Ela é dedicada, responsável, carinhosa e sempre esteve ao meu lado nos momentos mais importantes da minha vida. Tenho certeza de que quero construir todo o meu futuro ao lado dela e formar nossa família juntos.

Flávio Emanuel de Sousa Figueredo

Nayelle Cristina Vieira De Sousa

5311 Esmond Ave

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05/15/2026

My name is Nayelle Cristina Vieira De Sousa, I was born on August 29, 2003, and I am Brazilian. In this letter, I describe the story of my relationship with my current husband, Plinio Emanuel, an American citizen.

We met in childhood, when we were around 10 to 11 years old. At that time, Plinio lived in São João da Paraúna and I lived in Paraúna, my hometown. The distance between the two towns is approximately 11 miles, which meant that we often met at cultural festivals, horseback riding events, and traditional June festivals, which are very common in our region.

Over time, we became close friends. At some point, Plinio moved to the United States at 14 years old, and our contact decreased a bit. Even so, we always kept in touch through messages on Facebook whenever possible.

During some of Plinio's visits to Brazil, we met again at cultural festivals in our town, when I was between 16 and 18 years old. During this period, we grew much closer, mainly because we had many friends in common. It was during this time that our relationship started to grow. I clearly remember June 16, 2019, during the local livestock festival, when we shared our first kiss.

From that moment on, we grew significantly closer. We began seeing each other during the week, going out for ice cream, and spending time at a mutual friend's house. Even back then, we talked about the future, although we never imagined that we would eventually get married.

Plinio always showed concern for my personal growth, sharing his values and opinions about relationships and family with me. Our relationship grew stronger until the moment he returned to the United States. Since then, we always knew we would only see each other in person during his vacations in Brazil.

Even with the distance, we never stopped staying in touch. There was a very strong bond between us that never allowed us to drift apart completely. Despite our young age and life changes, we continued talking daily through video calls and messages. There was a phrase we often repeated to each other: “I will never forget you or what we lived in Brazil.”

In April 2021, Plinio had an accident and urgently needed to travel to Brazil for surgery, as the procedure would be more affordable there. Since we kept in daily contact, we were always aware of everything happening in each other’s lives. We felt a lot of anticipation about this unexpected trip to Brazil, and it was at that moment that we started talking even more. As soon as he arrived, we met within the first few days.

After the surgery, the doctor recommended about 20 days of rest without driving. Even so, just a few days after being discharged, Plinio came to visit me in Paraúna. That day, we went out for dinner, talked a lot, and caught up on all the time we had been apart. From that moment on, we were no longer separated.

Our conversations about the future became more serious. We began attending family events together and presenting ourselves officially as a couple to everyone around us. Plinio stayed in Brazil for five months, during which we officially started dating. After his return to the United States, we continued our long-distance relationship.

Three months later, he returned to Brazil and we spent about three to four weeks together, attending parties in nearby towns, staying at each other’s homes, and further strengthening our bond. After that, he returned to the United States again, and we spent approximately eight months without seeing each other in person.

During that period, I started college and moved to a different town, but I maintained a very close bond with his family, visiting their home and attending family events whenever possible.

In December of that same year, I traveled to the United States with my family. It was my first experience in the country, and everything felt like a dream. We took family trips, and Plinio was present during several special moments with my family and I. I stayed in the country for 22 days before returning to Brazil.

After that, we went approximately one year without seeing each other again due to financial difficulties and our respective commitments, as I was focused on college and Plinio had started his own business.

In January 2022, he returned to Brazil for two weeks, and in April of the same year he came back again. During this period, we gradually matured our relationship and learned to better handle the challenges of long distance, especially because we are both emotionally intense.

In 2023, we were able to meet again. Back then, Plinio had already visited Brazil several times, while I couldn't travel to the United States due to my studies.

In 2024, Plinio was in Brazil in February, when he spent a few days with me in Rio Verde, the town where I was studying. We maintained our routine of staying close to our families and enjoying every moment together. In April 2024, he returned to Brazil again, and this period was a turning point in our relationship.

It was at that moment that we began to seriously talk about engagement, marriage, and what our future together would look like. I was finishing college and, due to my profession, there was still a huge question about what the best decision for us would be: whether Plinio would move to Brazil or if I would move permanently to the United States. My work and my degree were very important factors to me, and this was part of our conversations and planning. Gradually, we matured our ideas and calmly analyzed both possibilities.

In December 2024, I traveled alone to the United States and stayed at his house. In January 2025, I returned to Brazil, and we spent another five months apart. In June 2025, I went back to the United States again and spent two months on vacation with him and his family.

After that, I returned to Brazil and stayed for another six months, a period in which I finished my degree. It was a deeply emotional phase because, besides the responsibilities of college, we were also facing major decisions about our future and our permanent move.

In December 2025, Plinio went to Brazil again. We traveled, met friends, and enjoyed many family moments. We spent Christmas with my family and made several plans together.

After that, Plinio returned to the United States and, up to that point, we still hadn't definitively decided which path we would take. However, I already had a trip scheduled to spend a month and fifteen days in the United States, specifically so we could reflect more on our future and make a decision together.

My family has always been very supportive of us, even despite the distance. On January 28, 2026, I came to the United States as a visitor and, after about ten days here, Plinio asked me to marry him. I was very surprised and emotional at that moment, as we were still deciding what we would do regarding our future.

After the proposal, I talked to my family, and they also encouraged us to stay in the United States, understanding it would be a great opportunity to start our life together. Furthermore, after so many years of a long-distance relationship, we could finally build our routine together. I also began to see the possibility of revalidating my degree and practicing my profession in the country.

That’s when we decided to stay here and officially start our life together. We soon began looking for a place to live and started organizing our wedding.

The most anticipated day after so many years apart finally happened on April 24, 2026: our official wedding. It was an unforgettable day for us. Our honeymoon took place in Carmel-by-the-Sea, a wonderful and very special experience, planned with great care by both of us.

Today, we are living together in our home, built with a lot of love, dedication, and partnership. We dream of starting our family in the coming years, but we have decided to wait for a period so that we can achieve financial stability and better structure our home before having children.

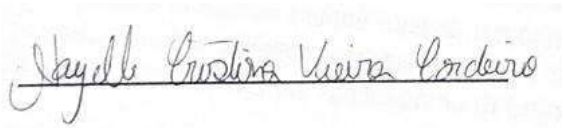
We have always believed that our priority at this moment is to work, grow together, and build a solid foundation for our future. Our biggest dream is to start a family, something that represents for us the greatest achievement after so many years of living a long-distance relationship.

Throughout this entire journey, we learned a lot from the distance. It taught us patience, planning, maturity, and to cherish every single moment together. Today we are very close, sharing tasks, decisions, and responsibilities, which strengthens our relationship even more.

Plinio gives me a sense of security, trust, affection, and responsibility. I try to reciprocate by being a present, dedicated, and committed wife in our relationship and our home.

My family has always fully trusted him and is certain that he takes care of me with respect, love, and responsibility.

I want to build my entire life alongside Plinio Emanuel. He is my example of a man and husband, and I am certain that he will be an excellent father to our future children.



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: July 6, 2026.

Nayelle Cristina Vieira De Sousa

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05/15/2026

Meu nome é Nayelle Cristina Vieira De Sousa, nasci em 29 de agosto de 2003 e sou brasileira. Nesta carta, relato a história do meu relacionamento com meu atual esposo, Plinio Emanuel, cidadão americano.

Nos conhecemos ainda na infância, quando tínhamos entre 10 e 11 anos de idade. Naquela época, Plinio morava em São João da Paraúna e eu em Paraúna, minha cidade natal. A distância entre as duas cidades é de aproximadamente 11 milhas, o que fazia com que nos encontrássemos frequentemente em festas culturais, cavalgadas e festas juninas, muito tradicionais na nossa região.

Com o passar do tempo, nos tornamos grandes amigos. Em determinado momento, Plinio se mudou para os Estados Unidos, aos 14 anos de idade, e nosso contato diminuiu um pouco. Ainda assim, sempre mantivemos conversas por mensagens no Facebook sempre que possível.

Durante algumas visitas de Plinio ao Brasil, nos reencontramos em festas culturais da nossa cidade, quando eu tinha entre 16 e 18 anos. Nessa fase, nos aproximamos bastante, principalmente porque tínhamos muitos amigos em comum. Foi nesse período que nossa relação começou a evoluir. Lembro claramente do dia 16 de junho de 2019, durante a festa pecuária da cidade, quando demos nosso primeiro beijo.

A partir desse momento, nossa proximidade aumentou significativamente. Passamos a nos ver durante a semana, saíamos para tomar sorvete e frequentávamos a casa de uma amiga em comum. Já naquela época conversávamos sobre o futuro, embora nunca tivéssemos imaginado que chegaríamos ao casamento.

Plinio sempre demonstrou preocupação com meu crescimento pessoal, compartilhando comigo seus valores e opiniões sobre relacionamentos e família. Nossa relação foi se fortalecendo até o momento em que ele retornou aos Estados Unidos. Desde então, sempre soubemos que nossos encontros presenciais aconteceriam apenas durante suas férias no Brasil.

Mesmo com a distância, nunca deixamos de manter contato. Existia entre nós um vínculo muito forte, que jamais permitiu que nos afastássemos completamente. Apesar da pouca idade e das mudanças da vida, continuávamos conversando diariamente por chamadas de vídeo e mensagens. Havia uma frase que repetíamos frequentemente um ao outro: "Eu nunca vou esquecer de você e nem do que vivemos no Brasil."

Em abril de 2021, Plinio sofreu um acidente e precisou ir ao Brasil com urgência para realizar uma cirurgia, já que o procedimento seria financeiramente mais acessível lá. Como mantínhamos contato diário, sempre soubemos tudo o que acontecia na vida um do outro. Criamos muita expectativa com essa ida inesperada ao Brasil, e foi nesse momento que nossas conversas se intensificaram ainda mais. Assim que ele chegou, nos encontramos logo nos primeiros dias.

Após a cirurgia, o médico recomendou cerca de 20 dias de repouso sem dirigir. Mesmo assim, poucos dias após receber alta, Plinio foi me visitar em Paraúna. Naquele dia saímos para jantar, conversamos muito e matamos a saudade de todo o tempo em que estivemos afastados. A partir dali, não nos separamos mais.

Nossas conversas sobre o futuro passaram a ser mais sérias. Começamos a participar juntos de eventos familiares e a nos apresentar oficialmente como casal para todos ao nosso redor. Plinio permaneceu cinco meses no Brasil, período em que iniciamos oficialmente nosso namoro. Após seu retorno aos Estados Unidos, continuamos nosso relacionamento à distância.

Três meses depois, ele voltou ao Brasil e passamos cerca de três a quatro semanas juntos, frequentando festas em cidades vizinhas, ficando na casa um do outro e fortalecendo ainda mais nosso vínculo. Depois disso, retornou novamente aos Estados Unidos, e ficamos aproximadamente oito meses sem nos ver pessoalmente.

Nesse período, iniciei minha faculdade e me mudei de cidade, mas mantive um vínculo muito próximo com a família dele, frequentando sua casa e participando de eventos familiares sempre que possível.

Em dezembro daquele mesmo ano, viajei aos Estados Unidos com minha família. Foi minha primeira experiência no país, e tudo parecia um sonho. Fizemos viagens em família, e Plinio esteve presente em diversos momentos especiais ao lado de mim e dos meus familiares. Permaneci no país por 22 dias antes de retornar ao Brasil.

Depois disso, passamos aproximadamente um ano sem nos ver novamente devido às dificuldades financeiras e aos compromissos de ambos, já que eu estava focada na faculdade e Plinio havia iniciado seu próprio negócio.

Em janeiro de 2022, ele voltou ao Brasil por duas semanas, e em abril do mesmo ano retornou novamente. Nesse período, fomos amadurecendo nossa relação e aprendendo a lidar melhor com os desafios da distância, principalmente porque ambos somos muito intensos emocionalmente.

Em 2023, conseguimos nos reencontrar novamente. Naquele período, Plinio já havia vindo ao Brasil algumas vezes, enquanto eu não conseguia viajar aos Estados Unidos devido aos estudos.

Em 2024, Plinio esteve no Brasil em fevereiro, quando passou alguns dias comigo em Rio Verde, cidade onde eu estudava. Mantivemos nossa rotina de estar próximos das famílias e aproveitar cada momento juntos. Em abril de 2024, ele voltou novamente ao Brasil, e esse período foi um divisor de águas em nosso relacionamento.

Foi nesse momento que começamos a conversar seriamente sobre noivado, casamento e sobre como seria nosso futuro juntos. Eu estava finalizando minha faculdade e, por conta da minha profissão, ainda existia uma grande dúvida sobre qual seria a melhor decisão para nós: se Plinio se mudaria para o Brasil ou se eu iria morar definitivamente nos Estados Unidos. Meu trabalho e minha graduação eram fatores muito importantes para mim, e isso fazia parte das nossas conversas e planejamentos. Aos poucos, fomos amadurecendo nossas ideias e analisando com calma as duas possibilidades.

Em dezembro de 2024, viajei sozinha para os Estados Unidos e fiquei hospedada na casa dele. Em janeiro de 2025, retornei ao Brasil, e passamos mais cinco meses separados. Em junho de 2025, voltei novamente aos Estados Unidos e passei dois meses de férias ao lado dele e de sua família.

Depois disso, retornei ao Brasil e permaneci por mais seis meses, período em que finalizei minha graduação. Foi uma fase muito intensa emocionalmente, pois além das responsabilidades da faculdade, também enfrentávamos as decisões importantes sobre nosso futuro e nossa mudança definitiva.

Em dezembro de 2025, Plinio foi novamente ao Brasil. Fizemos viagens, encontramos amigos e aproveitamos muitos momentos em família. Passamos o Natal com minha família e fizemos diversas programações juntos.

Após isso, Plinio retornou aos Estados Unidos e, até aquele momento, ainda não tínhamos decidido definitivamente qual caminho seguiríamos. Porém, eu já tinha uma viagem marcada para passar um mês e quinze dias nos Estados Unidos, justamente para que pudéssemos refletir melhor sobre nosso futuro e tomar uma decisão juntos.

Minha família sempre nos apoiou muito, mesmo diante da distância. No dia 28 de janeiro de 2026, vim aos Estados Unidos a passeio e, após cerca de dez dias aqui, Plinio me pediu em casamento. Fiquei muito surpresa e emocionada naquele momento, pois ainda estávamos decidindo o que faríamos em relação ao nosso futuro.

Depois do pedido, conversei com minha família, e eles também nos incentivaram a permanecer nos Estados Unidos, entendendo que seria uma grande oportunidade para começarmos nossa vida a dois. Além disso, depois de tantos anos vivendo um relacionamento à distância, finalmente poderíamos construir nossa rotina juntos. Também passei a enxergar a possibilidade de revalidar meu diploma e exercer minha profissão no país.

Foi então que decidimos permanecer aqui e iniciar oficialmente nossa vida juntos. Logo começamos a procurar uma casa para morarmos e organizamos nosso casamento.

O dia mais esperado depois de tantos anos de distância finalmente aconteceu em 24 de abril de 2026: nosso casamento oficial. Foi um dia inesquecível para nós. Nossa lua de mel aconteceu em Carmel-by-the-Sea, uma experiência maravilhosa e muito especial, planejada com muito carinho por nós dois.

Hoje, estamos vivendo juntos em nossa casa, construída com muito amor, dedicação e parceria. Temos o sonho de formar nossa família nos próximos anos, mas decidimos aguardar um período para alcançarmos estabilidade financeira e estruturarmos melhor nosso lar antes de termos filhos.

Sempre acreditamos que nossa prioridade neste momento é trabalhar, crescer juntos e construir uma base sólida para o nosso futuro. Nosso maior sonho é formar uma família, algo que representa para nós a maior conquista depois de tantos anos vivendo um relacionamento à distância.

Ao longo de toda essa trajetória, aprendemos muito com a distância. Ela nos ensinou paciência, planejamento, maturidade e a valorizar cada pequeno momento juntos. Hoje somos muito unidos, dividimos tarefas, decisões e responsabilidades, o que fortalece ainda mais nossa relação.

Plinio me transmite segurança, confiança, carinho e responsabilidade. Eu procuro retribuir sendo uma esposa presente, dedicada e comprometida com nosso relacionamento e nosso lar.

Minha família sempre confiou plenamente nele e tem certeza de que ele cuida de mim com respeito, amor e responsabilidade.

Quero construir toda a minha vida ao lado de Plinio Emanuel. Ele é meu exemplo de homem e marido, e tenho certeza de que será um excelente pai para nossos futuros filhos.

Hayde Cristina Vieira Cordeiro

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BANK OF AMERICA

Personal Signature Card with Substitute Form W-9

BANK OF AMERICA, N.A. (THE "BANK")

Account Number: 325218679380

Account Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: NAYELLE CRISTINA VIERA CORDEIRO

PLINIO EMANUEL DE SOUSA FIGUEREDO

Ownership Type

☐ Individual Owner

☐ Fiduciary (For Example: Trust, UTMA, Rep Payee, Custodian, Guardian, Estate)

Types of Joint Accounts

☒ Joint with Rights of Survivorship

☐ Tenants by the Entirety – Only applicable if recognized by state law for bank accounts.

Joint Account for TX, NC and marital accounts in WI only (as defined by TX (V.T.C.A., Estates Code §113.151), NC (N.C.G.S. § 53-C-6-6) and WI (Wis. Stat. § 705.01(4m)). During the lifetime of the account co-owners, the Bank may pay the money in the account to, or on the order of, any person named on the account. All co-owners must agree to one of the following two choices, and sign below to confirm:

☐ With survivorship - means upon the death of one joint owner, the money remaining in the account will belong to the surviving joint owner(s), and will not be inherited by the heirs of the deceased joint owner controlled by the deceased owner's will.

☐ Without survivorship - means if one of the owners dies, the deceased owner's ownership interest in the account passes as part of the owner's estate under the owner's will or by intestacy if there is no will.

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts **I/we** may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Personal Schedule of Fees and **I/we** are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for jury trial waiver or reference to a judicial referee.
- A joint account with right of survivorship is the property of each co-owner and payable to either co-owner or to the surviving co-owner(s) if a co-owner dies.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which **I/we** want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

☐ Check if designating beneficiaries: Payable on Death (POD) / In Trust For (ITF) / Totten Trust.
For TX/NC only: by providing beneficiary information I/we understand that: 1) During my lifetime, I/we may withdraw the money in the account; 2) I/we may change the beneficiary(ies) at any time and will notify the Bank of any subsequent POD/ITF/Totten Trust beneficiary changes; and 3) upon my death, the money remaining in the account will belong to the then surviving beneficiary(ies) in equal shares, and will not be inherited by my heirs or controlled by my will. TX (V.T.C.A., Estates Code §113.051), NC (N.C.G.S.§ 53-C-6-7)

☐ **Nonresident Alien (NRA) Status:** Check this box if ALL owners of this account are a non U.S. person (NRA) for U.S. tax purposes. Have them complete/sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

00-15-9295D 02-2023
NCA

Employee Name: Maria Martinez
Financial Center: ROLLINGWOOD

Bank Number: 318
Date: 05/28/2026

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BANK OF AMERICA

Personal Signature Card with Substitute Form W-9

Account Number: 325218679380

Tax ID Number (SSN, EIN or ITIN)	Report Interest	Printed Name or Fiduciary Title	Sign Next to Name or Fiduciary Title (Line 1) Sign Next to all other Printed Names	Date
000000000	☒	NAYELLE CRISTINA VIERA CORDEIRO		05/28/2026
303951912	☐	PLINIO EMANUEL DE SOUSA FIGUEREDO		05/28/2026
	☐			
	☐			
	☐			

Designated Payable on Death (POD) Beneficiaries:

Printed Name

00-15-9295D 02-2023
NCA
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Employee Name: Maria Martinez
Financial Center: ROLLINGWOOD

Bank Number: 318
Date: 05/28/2026

7/09/26 MEMBERSHIP SUMMARY RICHMOND Warehouse - MEP055

PLINIO E DESOUSAFIGUEREDO Till #

Mbrshp attributes * GOLD PAYRWD EXEC CURRENT
> Auto-bill
> Comments

5311 ESMOND AVE
RICHMOND, CA 94805-1429

Effective . 02/11/26
Renews . . . 02/28/27
Last renew . 847

510/660-1869

Home whs . . 482 - RICHMOND CA

Show active only? N

Tp*	Sign-up	Description	Current card	CC?	RS?	Ac?
P	02/11/26	Desousafigueredo, Plinio E. ..	112047000256		N	Y
D	07/09/26	Cristina, Nayelle	112055606226		N	Y

END OF REPORT

CITY | SPORTS CLUB

Date	Name	Amount	Data ExchangeID	Account
6/27/2026	Nayelle De Sousa	$34.99	11000 54929742	8262
5/27/2026	Nayelle De Sousa	$34.99	11000 54929742	8262
5/11/2026	Nayelle De Sousa	$69.00	11000 54929742	8262
4/27/2026	Nayelle De Sousa	$94.98	11000 54929742	7500

CITY | SPORTS CLUB

Date	Name	Amount	Data ExchangeID	Account
6/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
5/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
4/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
3/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
3/28/2026	Plinio De Sousa	$49.00	1100045209065	8262
2/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
1/28/2026	Plinio De Sousa	$34.99	1100045209065	8262
12/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
11/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
10/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
9/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
8/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
7/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
6/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
5/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
4/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
3/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
3/28/2025	Plinio De Sousa	$49.00	1100045209065	8262
2/28/2025	Plinio De Sousa	$34.99	1100045209065	8262
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12/28/2024	Plinio De Sousa	$34.99	1100045209065	8262
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7/28/2024	Plinio De Sousa	$34.99	1100045209065	8262
6/28/2024	Plinio De Sousa	$34.99	1100045209065	8262
5/28/2024	Plinio De Sousa	$34.99	1100045209065	8262
4/28/2024	Plinio De Sousa	$34.99	1100045209065	8262
3/28/2024	Plinio De Sousa	$34.99	1100045209065	8262

FITNESS BARCODE: QRCJN9FCBHR

First Name: Nayelle

Last Name: De Sousa

Home Club: RICHMOND - KLOSE WAY

Member Since: 4/27/2026

Current Status: Active

BILLING INFORMATION

UPDATE

Billing Name: Plinio De Sousa

Card # (Last 4): 8262

PERSONAL INFORMATION

EDIT

E-mail: nayellecvieira@icloud.com

Home Phone: 510-630-5748

Address: 5311 Esmond Ave

City: Richmond

State: CA


CARRIER – LEAVE IF NO RESPONSE
PARCEL SELECT
U.S. POSTAGE PAID
AFS
eVS
USPS PARCEL SELECT®
AMAZON FULFILLMENT SERVICES
24208 SAN MICHELE RD
MORENO VALLEY CA 92551
C050
ADDRESS SERVICE REQUESTED
NAYELLE
5311 ESMOND AVE
RICHMOND CA 94805–1429
USPS TRACKING # eVS
9361 2897 0406 6013 1258 63
PBTZsxKHG
1/222
PBTZsxKHG
1/222
ONT6
ONT5
ONT5
D011
SMF5
D103

Nayelle c Vieira

5311 ESMOND AVE

RICHMOND CA 94805 – 1429

TBA332806516385

04:00 – 08:00

VCA3

07 / 14

00:20

0.34 Lbs

←PtB|HZFCd/1/141



Exhibit 5 - Evidence of Bona Fide Marriage: Letters of Support

Benilza Oliveira
997 Coral Ridge Cir
Rodeo, Calif6mia, 94572
(925) 497-8220
Benilzavieira@yahoo.com
05/20/2026

Declaration of Support for Family-Based Petition

To whom it may concern,

My name is Benilza Oliveira and I am Plínio Emanuel de Sousa Figueiredo Neto's mother.

I met Nayelle approximately five years ago, through my son, Plínio Emanuel, when she came to the United States and he brought her to our home so that we could meet. From the very first encounter, we developed a very natural affinity and a genuine bond of affection, trust, and respect. As time went on, our relationship grew even stronger, and I came to regard her as part of our family.

I have always been very grateful for the caring, respectful, and attentive way in which Nayelle treats not only my son, but our entire family. She has always been present, proving herself to be a dedicated, helpful, and willing person in every way possible.

I have followed the relationship between Plínio and Nayelle for many years and have always seen between them a relationship grounded in loyalty, respect, companionship, and true love. I find it admirable the way they managed to maintain their relationship even while facing the distance, demonstrating maturity, commitment, and mutual effort to remain together.

The two have known each other since childhood, a time when my son still lived in Brazil. Initially, they shared a friendship, and over the years, as both matured, that bond evolved into a solid and affectionate romantic relationship. Despite the physical distance, they never lost touch and always made a point of maintaining their closeness.

Whenever Plínio traveled to Brazil, they spent a great deal of time together, socializing with both our family and hers. Likewise, whenever Nayelle came to the United States, she would stay at our home, where my husband, my son, and I reside. Her presence always brought great joy to our household, as she is a cheerful, well-mannered, communicative person, and very dear to all of us.

During these periods, we had the opportunity to share many family moments together, such as outings, dinners, and visits to different places in our area. I always noticed that

both of them were very certain about their relationship and the plans they wished to build together for the future. They would frequently share with me their dreams, goals, and life projects.

We are a very united family, and my husband and I have always sought to provide family and emotional support to the couple, especially to Nayelle, for being in another country and far from her family of origin. We do so with great affection, as she has also always shown care, respect, and support toward us in every moment.

Nayelle and Plínio now have a home of their own, built with great effort, dedication, and planning as a couple. My son has always expressed the desire to build a solid life by her side, and I am very happy to see them achieving this together. Even with their new routine, we remain very present in each other's lives, sharing family moments, gatherings, celebrations, and the constant companionship between them, my husband, and myself. Our family bond remains very close, grounded in affection, support, and togetherness.

Based on everything I have witnessed over these years, I can sincerely affirm that the relationship between Plínio and Nayelle is genuine, stable, and built upon love, respect, and mutual commitment.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,

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

Benilza Oliveira

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: July 7, 2026.

Benilza Oliveira
997 Coral Ridge Cir
Rodeo, Califórnia, 94572
(925) 497-8220
Benilzavieira@yahoo.com
05/20/2026

Declaração de apoio para petição baseada em família

A quem possa interessar,

Meu nome é Benilza Oliveira e sou mãe de Plinio Emanuel de Sousa Figueiredo Neto.

Conheci Nayelle há aproximadamente cinco anos, por meio do meu filho, Plinio Emanuel, quando ela veio aos Estados Unidos e ele a levou até nossa residência para que pudéssemos nos conhecer. Desde o primeiro contato, criamos uma afinidade muito natural e um vínculo genuíno de carinho, confiança e respeito. Com o passar do tempo, nossa relação se fortaleceu ainda mais, e passei a considerá-la como parte da nossa família.

Sempre fui muito grata pela forma carinhosa, respeitosa e atenciosa com que Nayelle trata não apenas meu filho, mas também toda a nossa família. Ela sempre esteve presente, demonstrando ser uma pessoa dedicada, prestativa e disposta a ajudar em tudo o que fosse necessário.

Acompanho a relação entre Plinio e Nayelle há muitos anos e sempre enxerguei entre eles uma relação baseada em lealdade, respeito, companheirismo e amor verdadeiro. Considero admirável a maneira como conseguiram manter o relacionamento mesmo enfrentando a distância, demonstrando maturidade, comprometimento e esforço mútuo para permanecerem juntos.

Os dois se conhecem desde a infância, época em que meu filho ainda morava no Brasil. Inicialmente, tinham um vínculo de amizade e, ao longo dos anos, com o amadurecimento de ambos, essa relação se transformou em um relacionamento amoroso sólido e afetuoso. Apesar da distância física, nunca perderam o contato e sempre fizeram questão de manter a proximidade.

Sempre que Plinio viajava ao Brasil, eles passavam grande parte do tempo juntos, convivendo tanto com nossa família quanto com a família dela. Da mesma forma, quando Nayelle vinha aos Estados Unidos, ela permanecia hospedada em nossa casa, onde moramos eu, meu esposo e meu filho. Sua presença sempre trouxe muita alegria ao nosso lar, pois ela é uma pessoa alegre, educada, comunicativa e muito querida por todos nós.

Durante esses períodos, tivemos a oportunidade de compartilhar diversos momentos em família, como passeios, jantares e visitas a diferentes lugares da nossa região. Sempre percebi

que ambos tinham muita certeza do relacionamento e dos planos que desejavam construir juntos no futuro. Frequentemente compartilhavam comigo seus sonhos, objetivos e projetos de vida.

Somos uma família muito unida e eu, juntamente com meu esposo, sempre buscamos oferecer apoio familiar e emocional ao casal, especialmente à Nayelle, por estar em outro país e distante de sua família de origem. Fazemos isso com muito carinho, pois ela também sempre demonstrou cuidado, respeito e apoio conosco em todos os momentos.

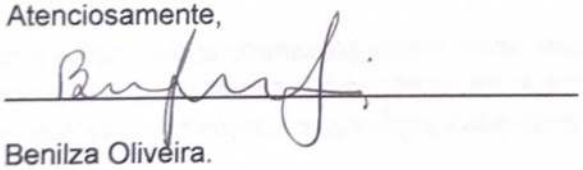
Atualmente, Nayelle e Plinio já possuem sua própria casa, construída com muito esforço, dedicação e planejamento do casal. Meu filho sempre demonstrou o desejo de construir uma vida sólida ao lado dela, e fico muito feliz em ver os dois conquistando esse espaço juntos. Mesmo com a nova rotina, continuamos muito presentes na vida um do outro, compartilhando momentos em família, encontros, comemorações e o convívio constante entre eles, eu e meu esposo. Nossa relação familiar permanece muito próxima, baseada em carinho, apoio e união.

Por tudo o que acompanhei ao longo desses anos, posso afirmar com sinceridade que o relacionamento entre Plinio e Nayelle é verdadeiro, estável e construído sobre amor, respeito e compromisso mútuo.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,



Benilza Oliveira.


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y7346342
CLASS C
EXP 03/11/2030
END NONE
LN OLIVEIRA
FN BENILZA DE
997 CORAL RIDGE DR
RODEO, CA 94572
DOB 03/11/1977
RSTR NONE
03111977
SEX F
HAIR BLK
EYES BLK
HGT 5'-05"
WGT 185 lb
ISS 05/07/2025
DD 12/06/2022556RB/CCFD/30
Benilza De Oliveira

Delmar Oliveira
997 Coral Ridge Cir
Rodeo, Calif6mia, 94572
(650) 996-0076
Deljoliveira@yahoo.com
05/20/2026

Declaration of Support for Family-Based Petition

My name is Delmar and I am Plínio Emanuel de Sousa Figueiredo Neto’s stepfather, whom I truly regard as a son.

I have known Nayelle for many years, since she was still a child, as we are from the same town, Paraúna. Throughout the years, I had the opportunity to follow many phases of her life and also come to know her family, who have always been very well respected and beloved by everyone around us.

From a very young age, Nayelle has always shown herself to be a polite, caring, responsible, and deeply devoted person to those she loves. I have always held a great fondness for her, and over the years our relationship grew even closer, especially as her relationship with Plínio grew stronger.

I have closely followed the entire journey of the two of them and can sincerely affirm that there has always existed between them a genuine relationship, built on respect, loyalty, companionship, and love. Even while facing the distance for many years, they never ceased to stay in touch, support one another, and make plans together for the future.

I have always greatly admired Plínio's commitment to this relationship and also the way Nayelle has always been present in his life. The two grew together emotionally and built a solid relationship over time.

Whenever Nayelle came to the United States, she would stay with us in our home, living alongside our family on a daily basis. We always had a very harmonious and pleasant coexistence. She was always extremely respectful, engaged, and affectionate toward us, naturally becoming a part of our family.

We shared many moments together, such as family gatherings, outings, dinners, and celebrations. I always noticed that both she and Plínio were very certain about their relationship and the goals they wished to build together.

Today, they have a home of their own, the result of great effort and dedication as a couple. Even so, we remain very present in each other's lives, maintaining a close and constant family bond. Nayelle and Plínio frequently take part in our family moments, just as we are also present in their lives, offering support, affection, and assistance in whatever may be needed.

Having known Nayelle for so many years and closely followed her relationship with Plínio, I can state with complete sincerity that their relationship is genuine, stable, and based on love, respect, and mutual commitment.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,

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

Delma Oliveira

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: July 7, 2026.

Delmar Oliveira
997 Coral Ridge Cir
Rodeo, Califórnia, 94572
(650) 996-0076
Deljoliveira@yahoo.com
05/20/2026

Declaração de apoio para petição baseada em família

Meu nome é Delmar e sou padrasto de Plinio Emanuel de Sousa Figueiredo Neto, a quem considero verdadeiramente como um filho.

Conheço Nayelle há muitos anos, desde que ela ainda era criança, pois somos da mesma cidade, Paraúna. Ao longo da vida, tive a oportunidade de acompanhar diversas fases da vida dela e também conhecer sua família, que sempre foi muito respeitada e querida por todos ao nosso redor.

Desde muito nova, Nayelle sempre demonstrou ser uma pessoa educada, carinhosa, responsável e muito dedicada às pessoas que ama. Sempre tive um carinho muito grande por ela e, ao longo dos anos, nossa convivência se tornou ainda mais próxima, especialmente após o relacionamento dela com Plinio se fortalecer.

Acompanhei de perto toda a trajetória dos dois e posso afirmar com sinceridade que sempre existiu entre eles uma relação verdadeira, construída com respeito, lealdade, companheirismo e amor. Mesmo enfrentando a distância por muitos anos, nunca deixaram de manter contato, apoiar um ao outro e fazer planos juntos para o futuro.

Sempre admirei muito o comprometimento do Plinio com essa relação e também a forma como Nayelle sempre esteve presente na vida dele. Os dois cresceram juntos emocionalmente e construíram um relacionamento sólido ao longo do tempo.

Quando Nayelle vinha aos Estados Unidos, ela permanecia conosco em nossa casa, convivendo diariamente com nossa família. Sempre tivemos uma convivência muito harmoniosa e agradável. Ela sempre foi extremamente respeitosa, participativa e carinhosa conosco, tornando-se naturalmente parte da nossa família.

Compartilhamos muitos momentos juntos, como reuniões familiares, passeios, jantares e comemorações. Sempre percebi que tanto ela quanto Plinio tinham muita certeza do relacionamento e dos objetivos que desejavam construir juntos.

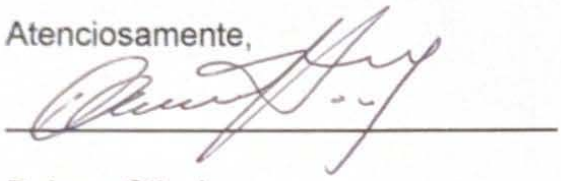
Atualmente, eles possuem sua própria casa, fruto de muito esforço e dedicação do casal. Mesmo assim, seguimos muito presentes na vida uns dos outros, mantendo uma convivência familiar próxima e constante. Nayelle e Plinio frequentemente participam dos nossos momentos em família, assim como nós também estamos presentes na vida deles, oferecendo apoio, carinho e suporte em tudo o que for necessário.

Por conhecer Nayelle há tantos anos e acompanhar de perto sua relação com Plinio, posso afirmar com total sinceridade que o relacionamento dos dois é verdadeiro, estável e baseado em amor, respeito e compromisso mútuo.

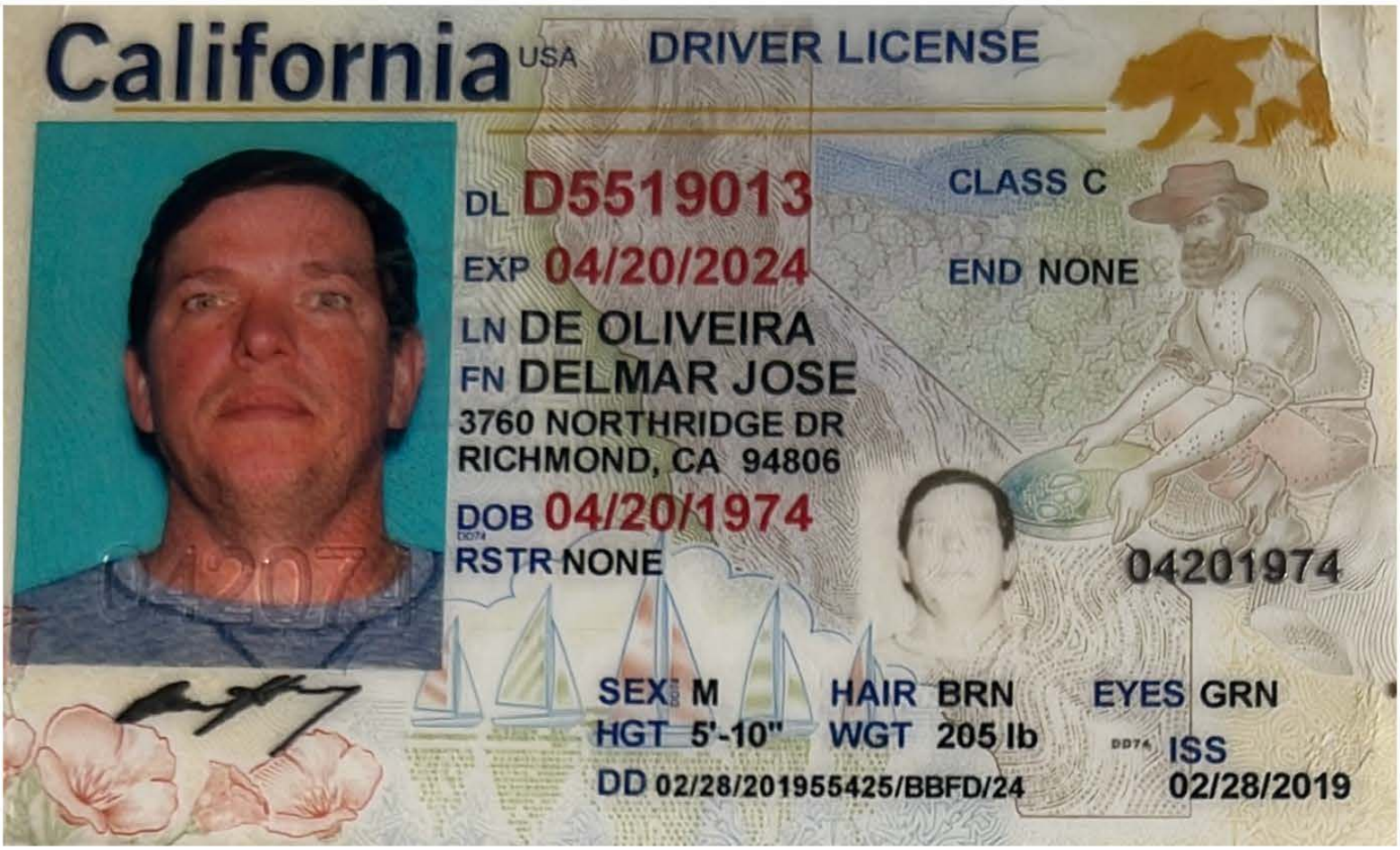
Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,



Delmar Oliveira


California USA DRIVER LICENSE
DL D5519013
CLASS C
EXP 04/20/2024
END NONE
LN DE OLIVEIRA
FN DELMAR JOSE
3760 NORTHRIDGE DR
RICHMOND, CA 94806
DOB 04/20/1974
RSTR NONE
04201974
SEX M
HAIR BRN
EYES GRN
HGT 5'-10"
WGT 205 lb
ISS 02/28/2019
DD 02/28/201955425/BBFD/24

Annita Camile Messias dos Anjos
2233 Ascot Pkwy
Vallejo, California, 94591
(510) 672-8126

05/27/2026

My name is Annita and I have been a friend of the couple Nayelle and Plínio since we were young. I have known Plínio since we were children, as we are from the same town in Brazil and studied together for a long time. I met Nayelle during my teenage years, and since then we have built a friendship that endures to this day.

I closely followed the beginning of their relationship when they were still young, and from the very start there was companionship on both sides, a genuine relationship, built on respect and love, that grew stronger with each passing year. Even while living in different countries for a period, they always made every effort to remain connected, and with Nayelle's move to the United States, their relationship became even stronger.

I have spent time with both of them on various occasions, such as outings, dinners, and at their own wedding. They demonstrate care, support, respect, companionship, and affection for one another.

Today they own a home together, have plans for the future, and are building a beautiful life.

Based on what I have personally observed since the beginning, I sincerely believe that their marriage is genuine and was built with the true intention of building a life together. I am happy to write this declaration in support of their immigration process.

Sincerely,

----//signature//----
Annita Anjos

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: July 7, 2026.

Annita Camile Messias dos Anjos
2233 Ascot Pkwy
Vallejo, California, 94591
(510) 672-8126

05/27/2026

Meu nome é Annita e sou amiga do casal Nayelle e Plinio desde quando éramos novos. Conheço o Plinio desde quando éramos crianças, pois somos da mesma cidade no Brasil, e estudamos juntos por muito tempo. Já a Nayelle conheci na minha adolescência e desde então criamos uma ligação de amizade que se perdura até hoje.

Acompanhei de perto o começo do relacionamento dos dois, quando ainda eram jovens, e desde o início houve companheirismo de ambas as partes, uma relação verdadeira, com respeito e amor, que foi se fortalecendo a cada ano que passava. Mesmo morando em países diferentes durante um período, eles sempre fizeram questão de permanecer conectados, e com a mudança da Nayelle para os Estados Unidos, a relação dos dois ficou ainda mais forte.

Já passei tempo com os dois em diversas ocasiões, como passeios, jantares e no próprio casamento deles. Eles demonstram cuidado, apoio, respeito, companheirismo e carinho um pelo outro.

Hoje os dois possuem uma casa juntos, têm planos para o futuro e estão construindo uma vida linda.

Pelo que observei pessoalmente desde o início, acredito sinceramente que o casamento deles é verdadeiro e foi construído com a intenção genuína de formar uma vida juntos. Fico feliz em escrever esta declaração para apoiar o processo imigratório deles.

Atenciosamente,

Annita C. M. Anjos
Annita Anjos


UNITED STATES OF AMERICA
PERMANENT RESIDENT
Surname
MESSIAS DOS ANJOS
Given Name
ANNITA C
Country of Birth
Brazil
USCIS#
233-121-408
Category
IR6
Date of Birth
15 AUG 2002
Sex
F
Card Expires:
12/08/35
Resident Since:
06/10/25

Luiz Fernando Batista Dias De Alecrim
405 33RD ST

Richmond, CA, 94804

(510) 822-4060
lf3748129@gmail.com

Declaration of Support for Family-Based Petition

To whom it may concern,

My name is Luiz Fernando Batista Dias de Alecrim, and I have had the pleasure of knowing Plínio Emanuel de Souza Figueiredo Neto and Nayelle Cristina Vieira Cordeiro for over 10 years. Throughout this period, I have had the opportunity to closely follow the course of their relationship, observing the way they built a solid relationship, based on love, respect, trust, and companionship.

Since I have known them, I have always noticed the genuine connection that exists between them. On numerous occasions, I was able to witness the mutual support they offer one another, both in achievements and in life's challenges. Their relationship has always struck me as mature, stable, and grounded in important family values.

Plínio consistently demonstrates care and concern for Nayelle's well-being, seeking to ensure that she is safe, happy, and supported. Likewise, Nayelle has

always stood by Plínio's side, offering support, encouragement, and partnership at every stage of the life they have shared together. It is evident that both work together to build a future and a life in common.

Throughout all these years of acquaintance, I have never had any reason to doubt the authenticity of their relationship. On the contrary, I have always observed a sincere relationship, marked by commitment, loyalty, and genuine affection. The way they treat each other and face life's challenges clearly demonstrates the strength of the bond they have built over time.

I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,

----//signature//----
_____

Luiz Fernando Batista Dias De Alecrim

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: July 7, 2026.

Luiz Fernando Batista Dias De Alecrim
405 33RD ST.

Richmond, CA, 94804

(510) 822-4060
lf3748129@gmail.com

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Meu nome é Luiz Fernando Batista Dias De Alecrim, e tenho o prazer de conhecer Plínio Emanuel de Souza Figueredo Neto e Nayelle Cristina Vieira Cordeiro há mais de 10 anos. Ao longo desse período, tive a oportunidade de acompanhar de perto a trajetória do relacionamento deles, observando a forma como construíram uma relação sólida, baseada em amor, respeito, confiança e companheirismo.

Desde que os conheci, sempre percebi a conexão genuína que existe entre eles. Em diversos momentos, pude testemunhar o apoio mútuo que oferecem um ao outro, tanto nas conquistas quanto nos desafios da vida. A relação deles sempre me pareceu madura, estável e fundamentada em valores familiares importantes.

Plínio demonstra constantemente cuidado e preocupação com o bem-estar da Nayelle, buscando garantir que ela esteja segura, feliz e amparada. Da

mesma forma, Nayelle sempre esteve ao lado de Plínio, oferecendo apoio, incentivo e parceria em todas as etapas da vida que compartilharam juntos. É evidente que ambos trabalham em conjunto para construir um futuro e uma vida em comum.

Durante todos esses anos de convivência, nunca tive qualquer motivo para duvidar da autenticidade do relacionamento deles. Pelo contrário, sempre observei uma relação sincera, marcada por comprometimento, lealdade e afeto verdadeiro. A forma como se tratam e como enfrentam os desafios da vida demonstra claramente a força do vínculo que construíram ao longo do tempo.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Luiz Fernando Batista Dias de Alecrim

Luiz Fernando Batista Dias De Alecrim


California USA DRIVER LICENSE
DL Y6111999
CLASS C
EXP 07/06/2026
END NONE
LN BATISTA DIAS DE ALECRIM
FN LUIZ FERNANDO
405 33RD ST
RICHMOND, CA 94804
DOB 07/06/2001
RSTR NONE
07062001
SEX M
HAIR BLK
EYES BRN
HGT 5'-11"
WGT 170 lb
ISS
11/28/2022
DD 11/28/202255639/AAFD/26

Guilherme Alves Vieira

Rua Rodezir Baylão, block 05, lot 114, sector: Residencial Tocantins.

Rio Verde, Goiás, 75900-000

(64) 99242-0421

Guivieira7676@gmail.com

05/27/2026

Declaration of support for a family-based petition.

To Whom It May Concern,

My name is Guilherme Alves Vieira, I am an American citizen and Nayelle Cristina's cousin. Our mothers are sisters, and since childhood, we have always had a very close relationship. We grew up together and developed an extremely strong relationship based on trust, affection, and companionship, like true siblings. I currently live in Brazil, but during some periods I also traveled to the United States for tourism, including on occasions when Nayelle was also visiting the country.

Over the years, I have witnessed several phases of Nayelle's life, and we have always been present in each other's lives. During her college years, we even lived together for a time, which made our relationship even closer. We have always had a very sincere friendship and a very strong family bond.

I have also been following the relationship between Nayelle and Plinio for many years. From the beginning, I have always noticed how much the two shared a special connection and a relationship built on great respect, dedication, and partnership. I have always supported them, and I never had any doubts about the true feelings that existed between them.

I have had the opportunity to spend time with the couple on several occasions, both in Brazil and during trips to the United States. On some occasions, I traveled with Nayelle to the United States for tourism, and the three of us shared many moments together, including trips, outings, and family gatherings. Likewise, when Plinio was in Brazil, we also spent a lot of time together. There has always been a very easygoing, natural, and harmonious dynamic among the three of us.

I have great affection for Plinio and have always considered him part of the family. Our relationship has always been very good and close, so much so that I usually call him brother-in-law, while Nayelle has always been like a sister to me.

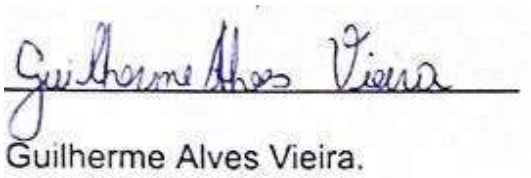
Nayelle is an extremely loyal, generous, and genuine person. She has always shown great care and dedication to the people around her. I deeply admire the person she has become and the character she possesses. She has always been present in the important moments of my life, being someone I could always trust and rely on.

Based on everything I have followed over the years, I can sincerely state that the relationship between Nayelle and Plinio is real, consistent, and built upon love, respect, complicity, and shared life plans.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me should any further information be required.

Sincerely,



Guilherme Alves Vieira.

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: July 16, 2026.

Guilherme Alves Vieira

Rua Rodezir Baylao, qd. 05 lote 114 setor: Residencial Tocantins.

Rio Verde, Goiás, 75900-000

(64) 99242-0421

Guivieira7676@gmail.com

05/27/2026

Declaração de apoio para petição baseada em família.

A quem possa interessar,

Meu nome é Guilherme Alves Vieira, sou cidadão americano e primo de Nayelle Cristina. Nossas mães são irmãs e, desde a infância, sempre tivemos uma convivência muito próxima. Crescemos juntos e desenvolvemos uma relação extremamente forte, baseada em confiança, carinho e companheirismo, como verdadeiros irmãos. Atualmente moro no Brasil, mas durante alguns períodos também viajei aos Estados Unidos a passeio, inclusive em ocasiões em que Nayelle também estava visitando o país.

Ao longo dos anos, acompanhei várias fases da vida da Nayelle e sempre estivemos presentes um na vida do outro. Durante o período da faculdade dela, inclusive, moramos juntos por um tempo, o que tornou nossa convivência ainda mais próxima. Sempre tivemos uma amizade muito sincera e um vínculo familiar muito forte.

Também acompanho a relação entre Nayelle e Plinio Emanuel há muitos anos. Desde o começo, sempre percebi o quanto os dois tinham uma conexão especial e uma relação construída com muito respeito, dedicação e parceria. Sempre apoiei os dois e nunca tive dúvidas sobre os sentimentos verdadeiros que existiam entre eles.

Tive a oportunidade de conviver diversas vezes com o casal, tanto no Brasil quanto durante viagens aos Estados Unidos. Em algumas ocasiões, viajei com Nayelle para os Estados Unidos a passeio, e nós três compartilhamos vários momentos juntos, incluindo viagens, passeios e encontros familiares. Da mesma forma, quando Plinio estava no Brasil, também passávamos bastante tempo juntos. Sempre houve uma convivência muito leve, natural e harmoniosa entre nós três.

Tenho um carinho muito grande pelo Plinio e sempre o considerei parte da família. Nossa relação sempre foi muito boa e próxima, tanto que costumo chamá-lo de cunhado, enquanto Nayelle sempre foi como uma irmã para mim.

Nayelle é uma pessoa extremamente leal, generosa e verdadeira. Sempre demonstrou muito cuidado e dedicação com as pessoas ao redor dela. Tenho muita admiração pela pessoa que ela se tornou e pelo caráter que possui. Ela sempre esteve presente nos momentos importantes da minha vida, sendo alguém em quem sempre pude confiar e contar.

Por tudo o que acompanhei ao longo desses anos, posso afirmar com sinceridade que o relacionamento entre Nayelle e Plinio é real, consistente e construído sobre amor, respeito, cumplicidade e planos de vida em comum.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Guilherme Alves Vieira

Guilherme Alves Vieira.

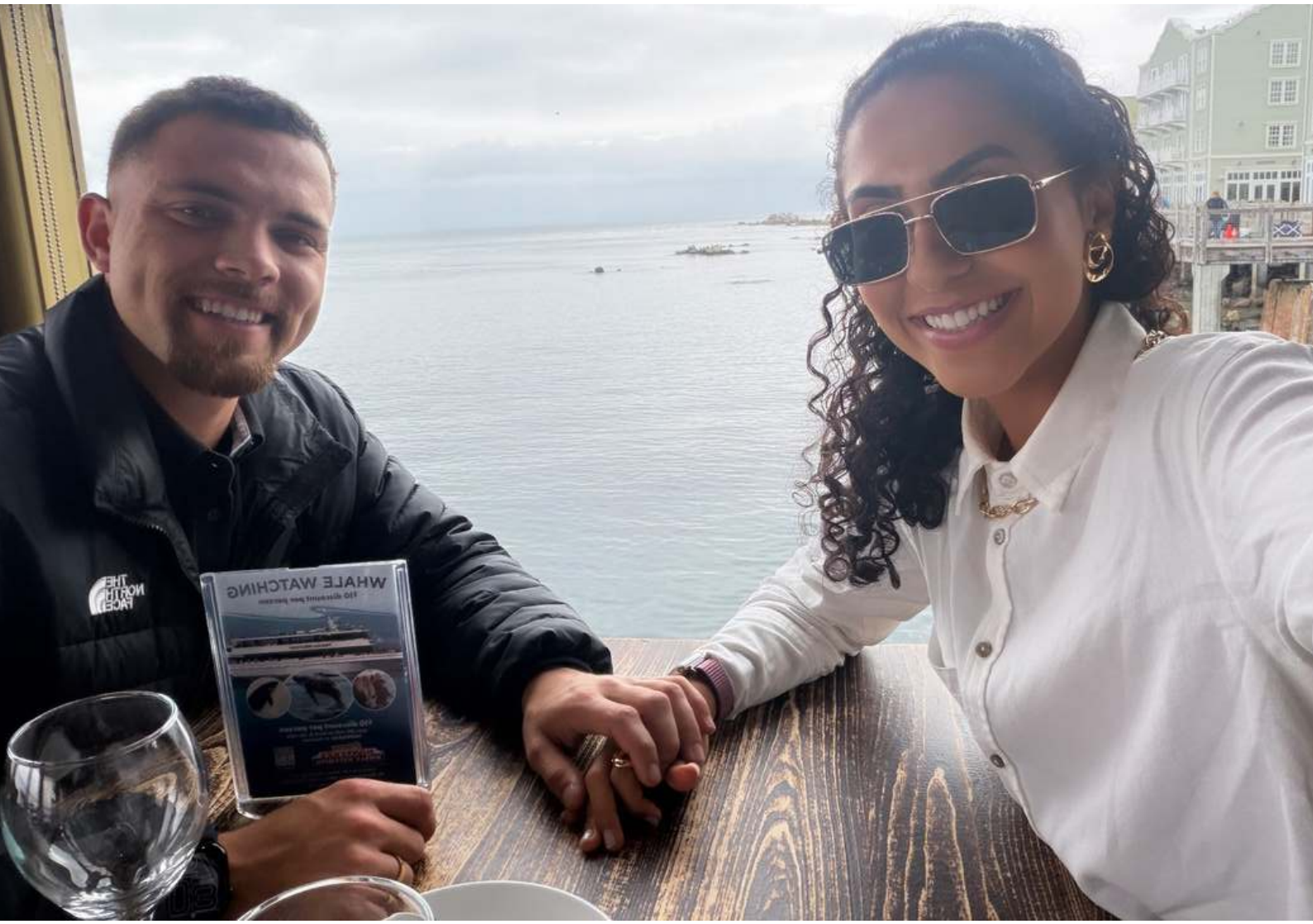

We the People
Of the United States,
SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR
3
PASSPORT
PASSEPORT
PASAPORTE
USA
UNITED STATES OF AMERICA
Type / Type / Tipo
P
Code / Code / Código
USA
Passport No. / No. de Passeport / No. de Pasaporte
669289957
Surname / Nom / Apellidos
VIEIRA
Given Names / Prénoms / Nombres
GUILHERME ALVES
Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA
Date of birth / Date de naissance / Fecha de nacimiento
01 Sep 2006
Place of birth / Lieu de naissance / Lugar de nacimiento
CALIFORNIA, U.S.A.
Sex / Sexe / Sexo
M
Date of issue / Date de délivrance / Fecha de expedición
04 Aug 2021
Authority / Autorité / Autoridad
United States
Department of State
Date of expiration / Date d'expiration / Fecha de caducidad
03 Aug 2026
Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27
USA
P<USAVIEIRA<<GUILHERME<ALVES<<<<<<<<<<<<<<<<
6692899571USA0609012M2608031346093559<411118

Exhibit 6 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Bona Fide Marriage Plinio Emanuel de Sousa Figueredo e Nayelle Cristina Vieira Cordeiro



Plinio and Nayelle during their Honeymoon in Carmel-by-the-Sea, CA.



Plinio and Nayelle during their Honeymoon in Monterey, CA.



April 24th 2026 - Plinio and Nayelle married after leaving the city hall.



April 24th of 2026 - Plinio and Nayelle during their wedding.



February 2026 - Plinio and Nayelle at a coutry concert with their friends in Brazil.



January 2026 - Plinio and Nayelle at her cousin birthday party in Brazil.



January 2026 - Plinio and Nayelle taking pictures for her graduation.



January 2026 - Plinio and Nayelle taking pictures for her graduation.



January 2026 - Plinio and Nayelle taking pictures for her graduation with her family.



January 2026 - Plinio and Nayelle taking pictures for her graduation with her family.



Plinio and Nayelle at a trip in Brazil.



January 2026 - Nayelle and Plinio with their friends, Pirenopolis, Brazil.



January 2026 - Nayelle and Plinio, Pirenopolis, Brazil.



January 2026 - Nayelle and Plinio, Pirenopolis, Brazil.



January 2026 - Nayelle and Plinio, Pirenopolis, Brazil.



December 2025 - Plinio and Nayelle for New Year’s Eve with their friends.



December 2025 - Plinio and Nayelle for New Year’s Eve with her family.



December 2025 - Plinio and Nayelle for New Year’s Eve.



December 2025 - Plinio, Nayelle and her family for Christmas, Brazil.



post subtitle: the classmates together

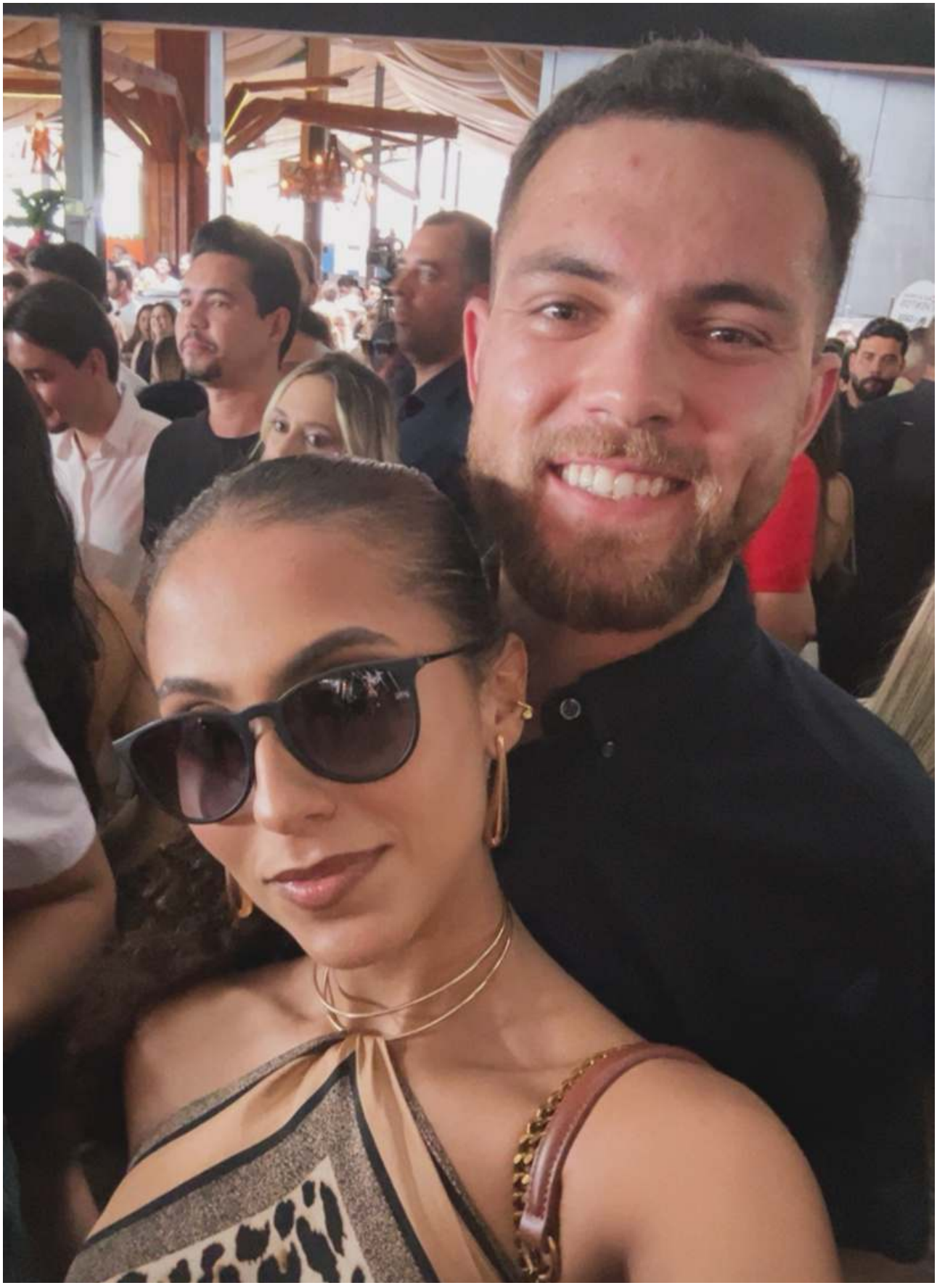
December 2025 - Nayelle and Plinio with their friends at a Bar in Brazil.



December 2025 - Nayelle and Plinio with at a Bar in Brazil.



December 2025 - Plinio and Nayelle with her family for graduation pictures



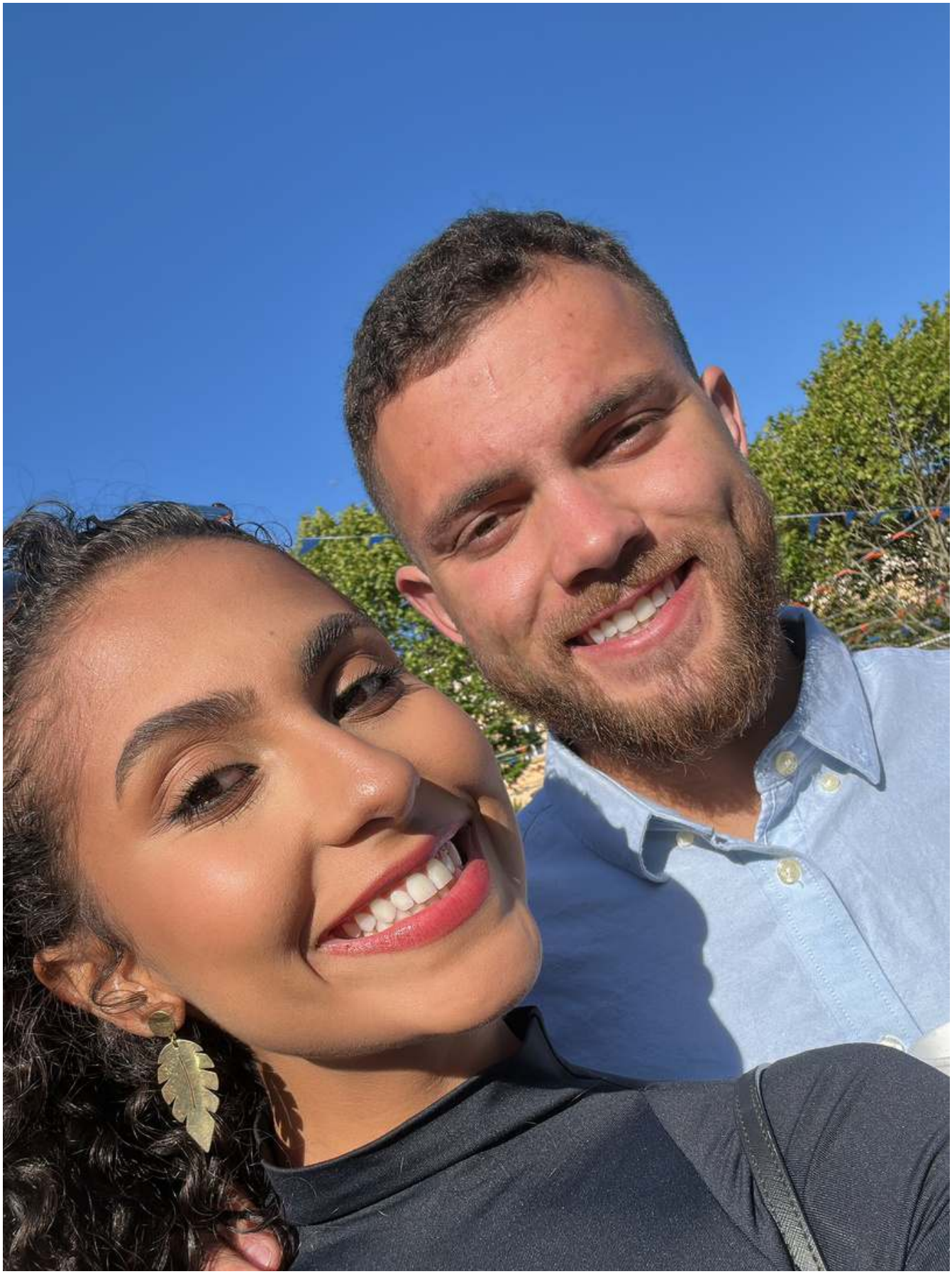
December 2025 - Nayelle and Plinio at country show in Brazil.



Summer 2025 - Plinio and Nayelle in Lake Tahoe.



July 2025 - Plinio and Nayelle at a Brazilian festivity in USA.



June 2025 - Plinio and Nayelle at a Brazilian festivity in El Cerrito,CA, USA.



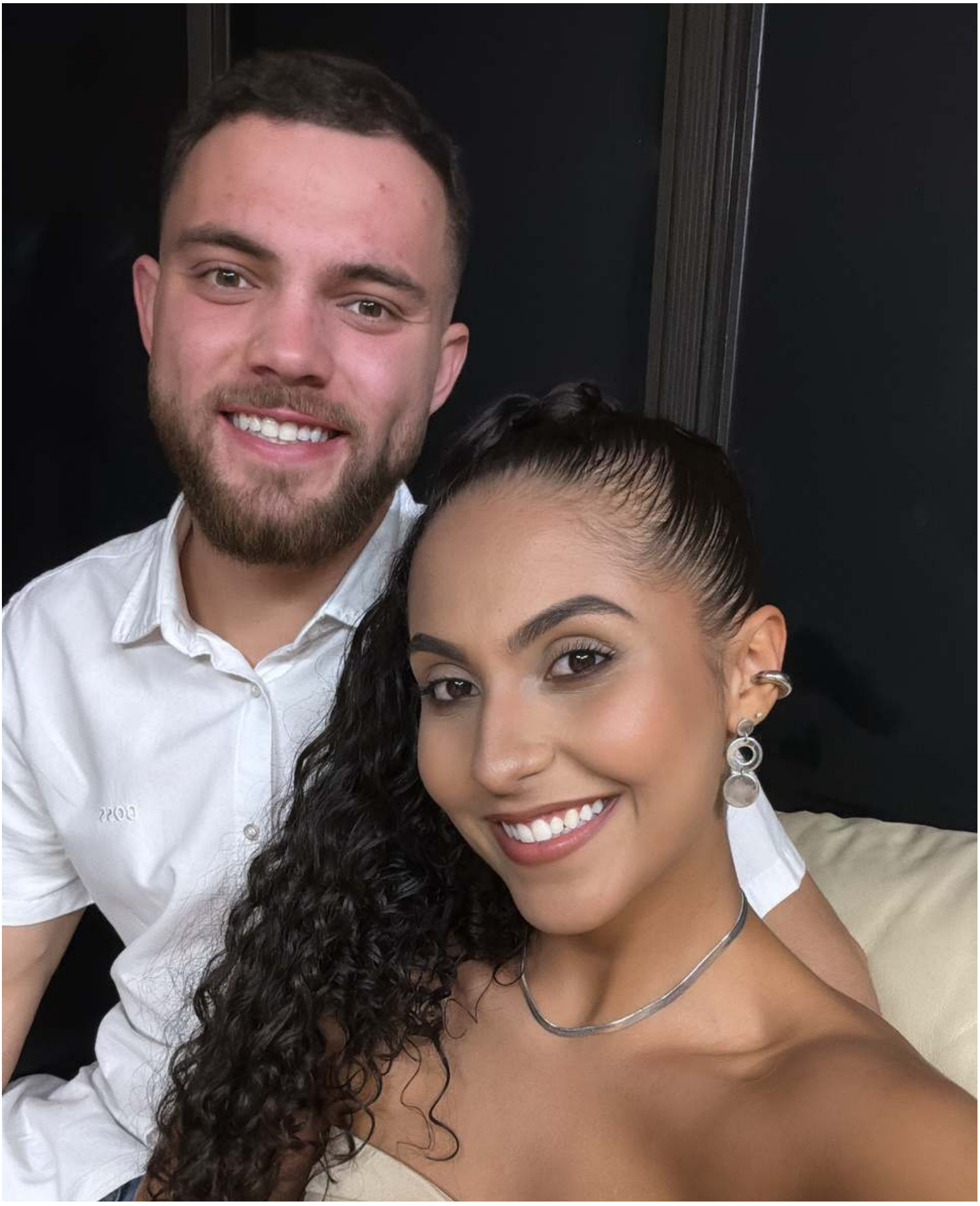
January 2025 - Nayelle and Plinio skiing in Lake Tahoe, CA



January 2025 - Nayelle and Plinio skiing in Lake Tahoe, CA



January 2025 - Nayelle and Plinio skiing in Lake Tahoe, CA



December 2024 - Plinio and Nayelle for New Year’s Eve at their friend house.



December 2024 - Plinio and Nayelle for New Year’s Eve at their friends house.



December 2024 - Plinio and Nayelle at their friends house for Christmas.



December 2024 - Nayelle and Plinio in Las Vegas, NV



December 2024 - Plinio and Nayelle in Las Vegas, NV.



December 2024 - Plinio and Nayelle at a country bar in USA.



December 2024 - Plinio and Nayelle at Disneyland.



December 2024 - Plinio and Nayelle at Disneyland.



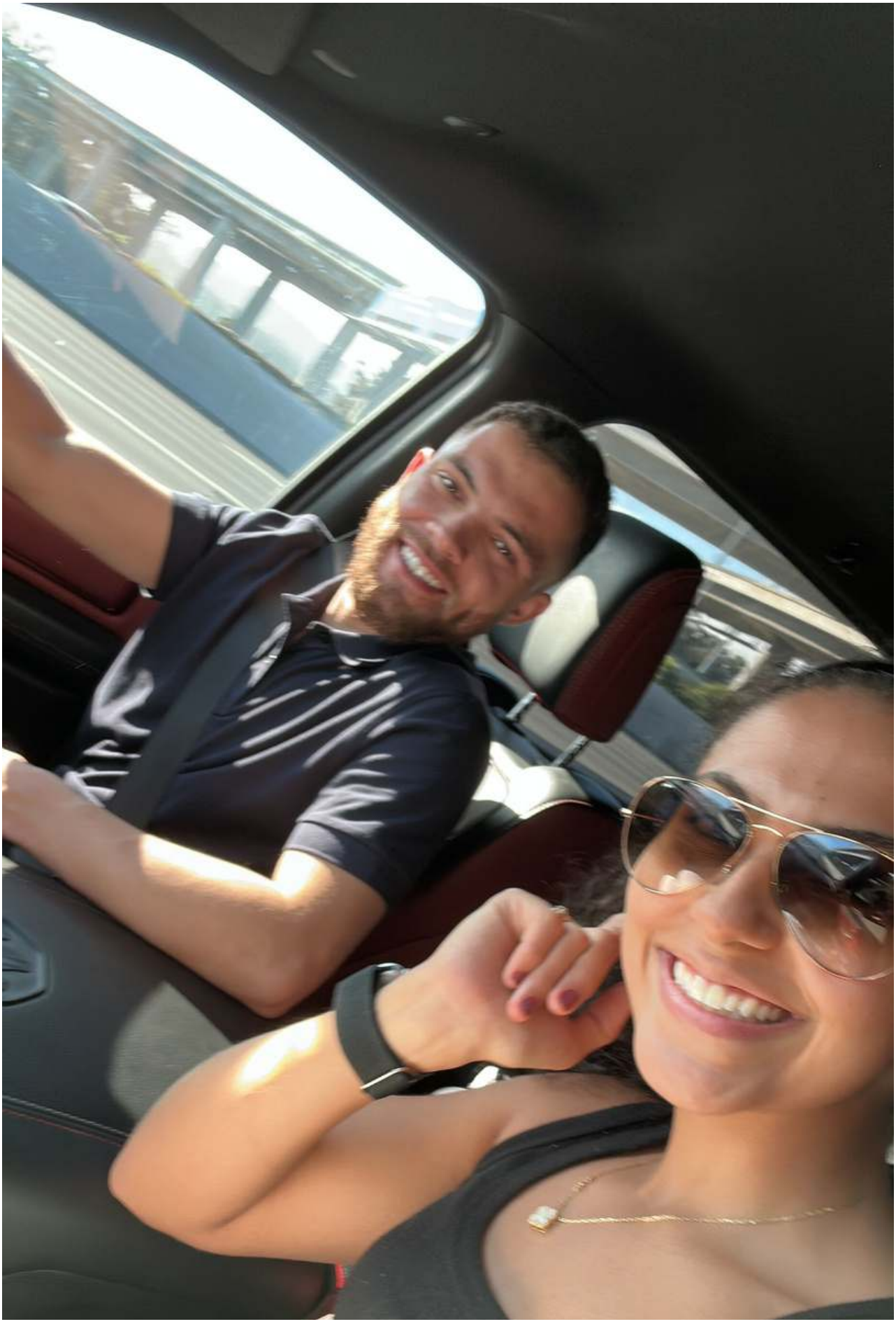
December 2024 - Plinio and Nayelle at Disneyland.



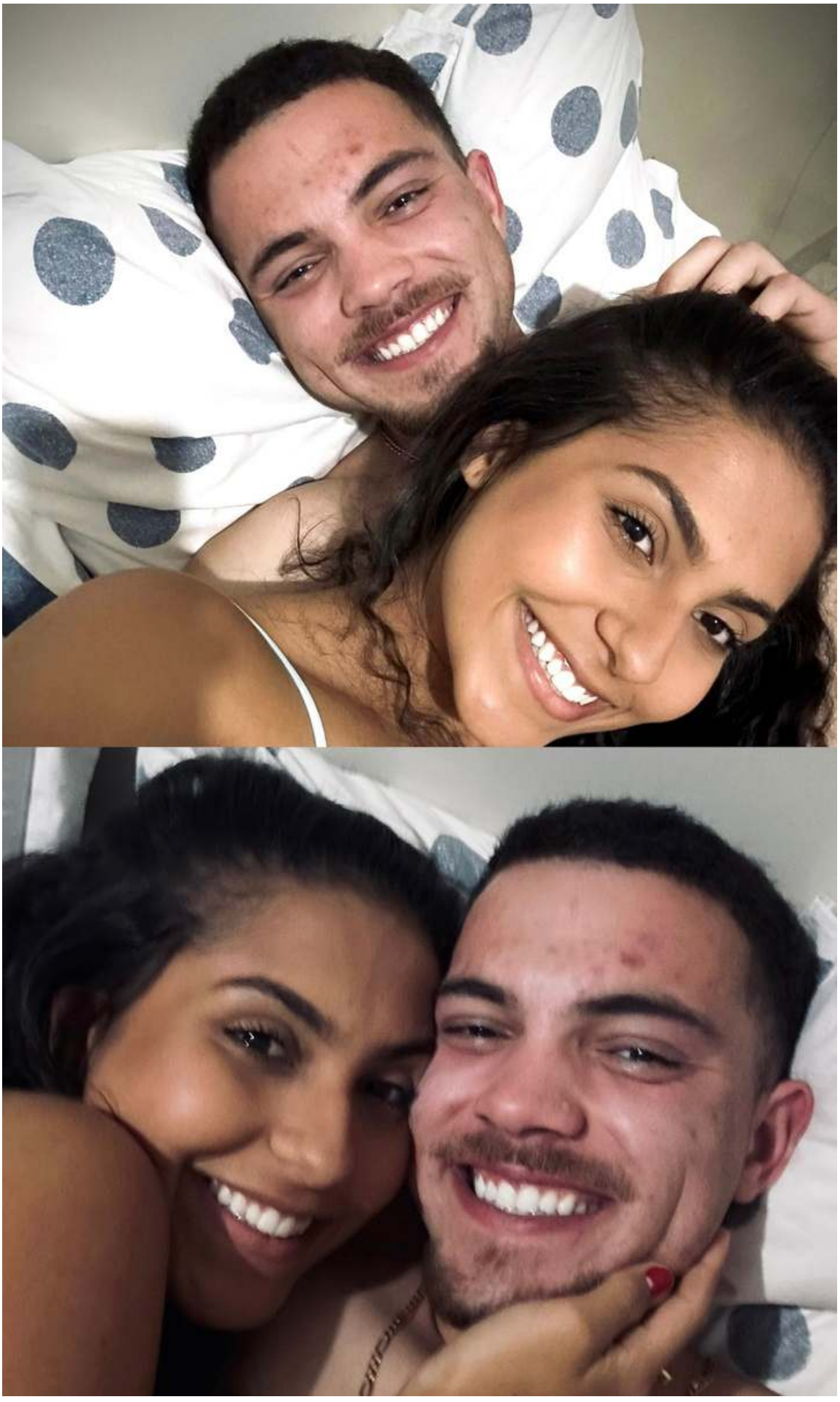
December 2024 - Plinio and Nayelle visiting Castelo Di Amorosa, Calistoga, CA



December 2024 - Plinio and Nayelle at a restaurant



2024 - Plinio picking up Nayelle from the airport.



April 2023 - Plinio and Nayelle in her house, Brazil.



April 2023 - Nayelle and Plinio celebrating their 4th anniversaire



December 2022 - Plinio and Nayelle with her mother for Christmas.



December 2022 - Plinio and Nayelle with her family in Lake Tahoe, CA.



December 2022 - Plinio and Nayelle for her first time in Nevada.



December 2022 - Plinio and Nayelle in Lake Tahoe, CA.



October 2022 - Nayelle Plinio’s cousin, Karita, at his family party in Brazil.



October 2022 - Nayelle and Plinio’s grandmother, Terezinha, at his family party.



October 2022 - Nayelle and Plinio at his family party in Brazil.



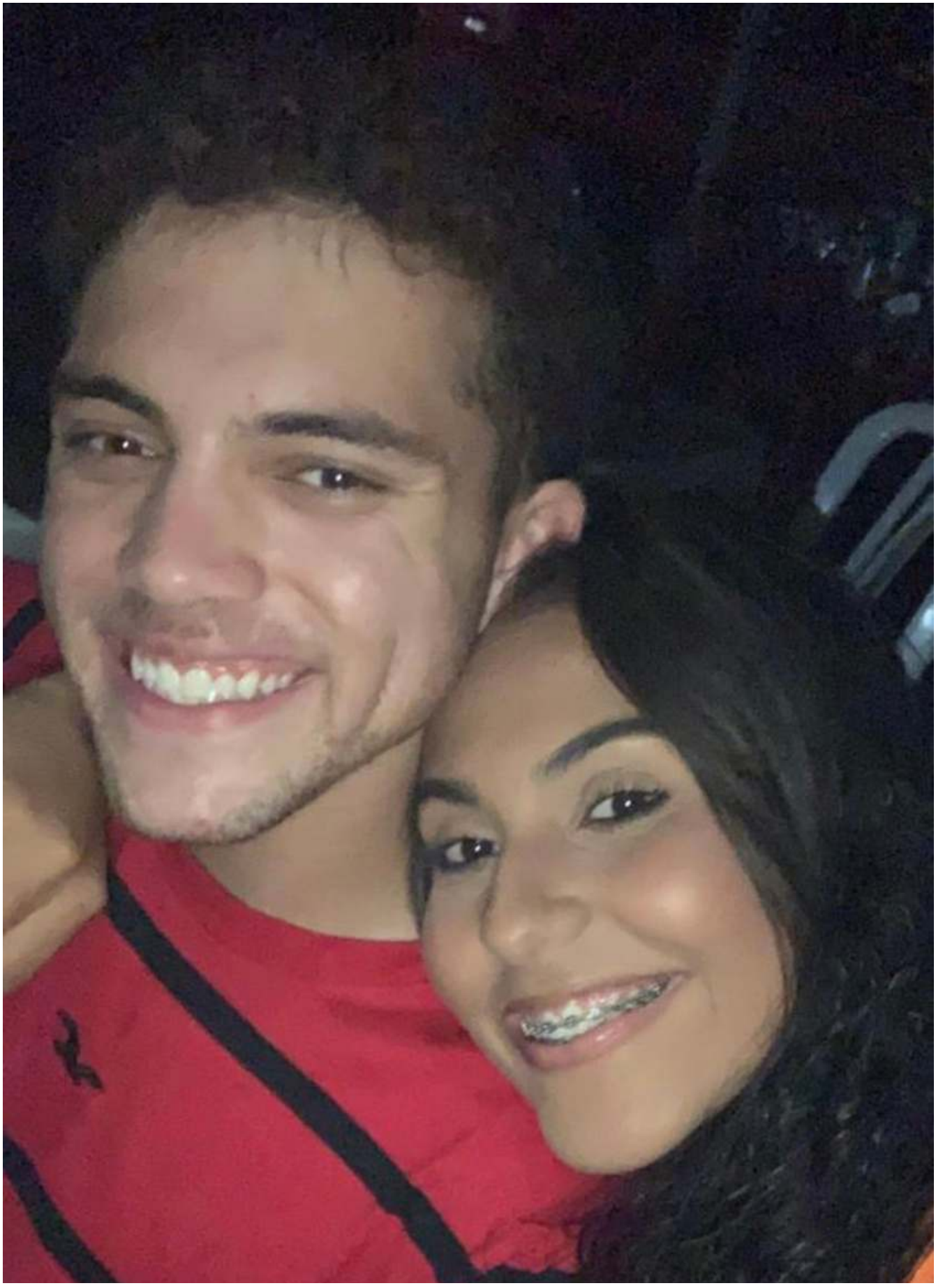
April 2022 - Nayelle, Plinio and their friends at party in Brazil.



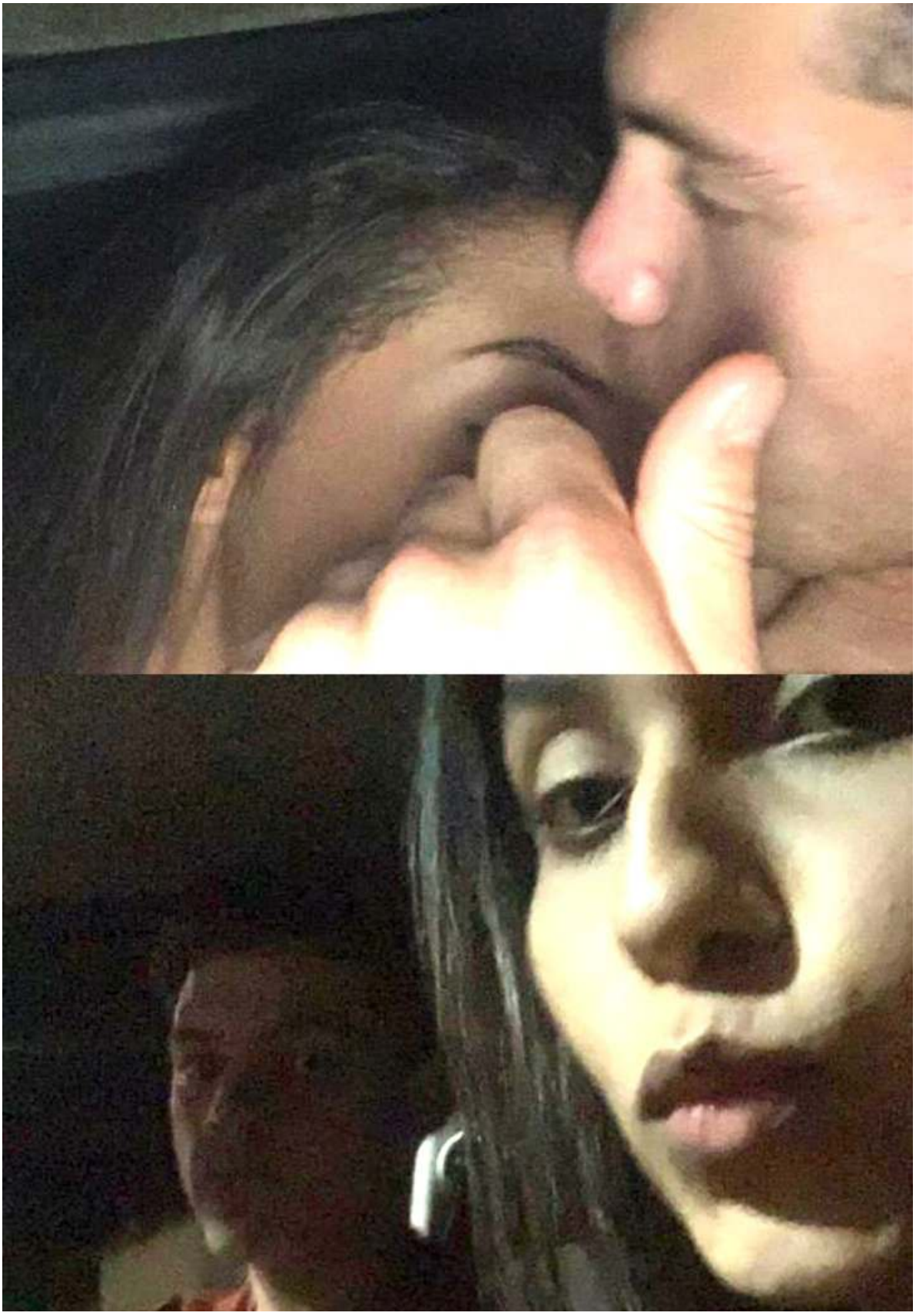
April 2022 - Nayelle and Plinio at party in Brazil.



March 2022 - Plinio, Nayelle and their friends at a restaurant



December 2021 - Plinio and Nayelle spending together their first Christmas.



September 2020 - Plinio and Nayelle reunion after 4 years without seen each other.



April 24th 2021 - Plinio and Nayelle at Plinio’s aunt, Benivania, birthday, Brazil.



Plinio and Nayelle visiting San Jose



Nayelle with bouquet



Nayelle and Plinio at the airport



Plinio and Nayelle visiting San Jose



Plinio and Nayelle visiting San Jose



Plinio and Nayelle at Disneyland.



Promisse ring



Photo of Plinio, Nayelle and some friends.

Exhibit 7 - Petitioner’s Financial Information

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
PLINIO E	DE SOUSA FIGUEREDO	303-95-1912
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

997 CORAL RIDGE CIR

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

RODEO CA 94572-

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
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	
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	92,916
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	92,916
10	Adjustments to income from Schedule 1, line 26			10	6,564
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	86,352

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	86,352
	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		
Standard deduction for—		**Spouse:** ☐ Was born before January 2, 1961 ☐ Is blind		
	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15,750
• Single or Married filing separately, $15,750	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	14,120
	b	Additional deductions from Schedule 1-A, line 38	13b	0
	14	Add lines 12e, 13a, and 13b	14	29,870
• Married filing jointly or Qualifying surviving spouse, $31,500	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	56,482
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	7,339
	17	Amount from Schedule 2, line 3	17	
• Head of household, $23,625	18	Add lines 16 and 17	18	7,339
	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	
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,339
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	13,128
	24	Add lines 22 and 23. This is your **total tax**	24	20,467

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

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number c Type: ☐ Checking ☐ Savings		
	d	Account number		
	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	21,325
	38	Estimated tax penalty (see instructions) 858	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 SARASILVA | Phone no. 510-434-2011 | Personal identification number (PIN) 12345

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.)
		DRIVER	
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.)

Joint return? See instructions. Keep a copy for your records.

Phone no. 510-660-1869 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SARASILVA	SARASILVA		P01510278	☐ Self-employed

Firm's name PAN AMERICA GROUP LATINO TAXES | Phone no. 510-434-2011

Firm's address 2648 INTERNATIONAL BLVD STE 110 OAKLAND CA 94611- | Firm's EIN 90-0749095

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
PLINIO E DE SOUSA FIGUEREDO

Your social security number
303-95-1912

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	92,916
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	92,916

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2025** Created 7/25/25

BCA

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	6,564
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	6,564

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
PLINIO E DE SOUSA FIGUEREDO

Your social security number
303-95-1912

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): **1** ☐ 4361 **2** ☐ 4029 **3** ☐			**4**	13,128
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**	13,128

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	Social security number (SSN)
PLINIO E DE SOUSA FIGUEREDO	303-95-1912

A Principal business or profession, including product or service (see instructions): MOTOR CARRIER SERVICE FOR HIRE

B Enter code from instructions: 484120

C Business name. If no separate business name, leave blank.: WNS P2 LLC

D Employer ID number (EIN) (see instr.): 88-4068738

E Business address (including suite or room no.): 997 CORAL RIDGE CIR

City, town or post office, state, and ZIP code: RODEO CA 94572-

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses . . . [X] **Yes** [ ] **No**

H If you started or acquired this business during 2025, check here . . . [ ]

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions . . . [ ] **Yes** [X] **No**

J If "Yes," did you or will you file required Form(s) 1099? . . . [ ] **Yes** [ ] **No**

Part I Income

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	298,016
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	298,016
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	298,016
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	298,016

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	155,100	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	24,000
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	24,500	21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
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		b	Other expenses (from line 48)	27b	1,500

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	205,100
29	Tentative profit or (loss). Subtract line 28 from line 7	29	92,916
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	92,916

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a [ ] All investment is at risk.

32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

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 80000 **b** Commuting (see instructions) _____ **c** Other _____

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

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

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

b If "Yes," is the evidence written? . . . . . ☒ **Yes** ☐ **No**

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

BUSINESS PHONE	1,500

48	**Total other expenses.** Enter here and on line 27b	**48**	1,500

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)
PLINIO E DE SOUSA FIGUEREDO

Social security number of person with **self-employment** income 303-95-1912

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**	92,916
3	Combine lines 1a, 1b, and 2		**3**	92,916
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		**4a**	85,808
	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**	85,808
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**	85,808
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**	10,640
11	Multiply line 6 by 2.9% (0.029)		**11**	2,488
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**	13,128
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**	6,564	

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

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
PLINIO E DE SOUSA FIGUEREDO	SCHEDULE C	303-95-1912

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	2,500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	4,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	2,500,000

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
	KENWORTH T680 2016	90,000	24,500

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	24,500
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	24,500
10	Carryover of disallowed deduction from line 13 of your 2024 Form 4562.	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	117,416
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	24,500
13	Carryover of disallowed deduction to 2026. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation** (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation** (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2025	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2025 Tax Year Using the General Depreciation System

	(a) Classification of property	(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
19	**a** 3-year property						
	b 5-year property						
	c 7-year property						
	d 10-year property						
	e 15-year property						
	f 20-year property						
	g 25-year property			25 yrs.		S/L	
	h 50-year property			50 yrs.	MM	S/L	
	i Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
	j Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C - Assets Placed in Service During 2025 Tax Year Using the Alternative Depreciation System

20	**a** Class life					S/L	
	b 12-year			12 yrs.		S/L	
	c 30-year			30 yrs.	MM	S/L	
	d 40-year			40 yrs.	MM	S/L	
	e 50-year			50 yrs.	MM	S/L	

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	24,500
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (**Caution:** See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		0.0						
		0.0						
		0.0						
27 Property used 50% or less in a qualified business use:								
		0.0				S/L –		
		0.0				S/L –		
		0.0				S/L –		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ **Go to *www.irs.gov/Form9465* for instructions and the latest information.**
▶ **If you are filing this form with your tax return, attach it to the front of the return.**
▶ **See separate instructions.**

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2025

1a Your first name and initial: PLINIO E | Last name: DE SOUSA FIGUEREDO | **Your social security number**: 303-95-1912

If a joint return, spouse's first name and initial | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.: 997 CORAL RIDGE CIR | Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).: RODEO CA 94572-

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 Your home phone number | Best time for us to call | **4** 510-660-1869 Your work phone number | Ext. | ANYTIME Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	21,325
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	
7	Add lines 5 and 6 and enter the result	**7**	21,325
8	Enter the amount of any payment you're making with this request. See instructions	**8**	0
9	Amount owed. Subtract line 8 from line 7 and enter the result	**9**	21,325
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	296
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	**11a**	$ 2,000
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	**11b**	$ 1,000

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement. . . . . ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th **12** 15

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on ti

▶ **a** Routing number 121000358 ▶ **b** Account number 325163039101

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions . . . . . ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 . . . . . ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature | Date | Spouse's signature. If a joint return, **both** must sign. | Date

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **9465** (Rev. 9-2020)

BCA

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: PLINIO E DE SOUSA FIGUEREDO

Your taxpayer identification number: 303-95-1912

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	WNS P2 LLC	88-4068738	86,352
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	86,352		
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	86,352		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	17,270
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	17,270
11	Taxable income before qualified business income deduction (see instructions)	11	70,602		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	70,602		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	14,120
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	14,120
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8995** (2025) Created 9/12/25

BCA

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Form 1040 Tax Return Transcript

Request Date:	07-07-2026
Response Date:	07-07-2026
Tracking Number:	110824079429

SSN provided:	XXX-XX-1912
Report for Tax Period Ending:	12-31-2025

The following items reflect the amount as shown on the return, and the amount as adjusted, if applicable. They do not show subsequent activity on the account.

SSN:	XXX-XX-1912
Spouse SSN:	

PLIN E D SOUS FIGU
997 CO

Main Home In US:	Not checked
Filing status:	Single Taxpayer
Form number:	1040
Cycle posted:	20261005
Received date:	03-10-2026
Payment:	$0.00
Exemption number:	01
Other dependent credit total eligible per computer:	0
Other dependent credit total eligible verified:	0
More Than 4 Dependents:	No
Relationship:	No relationship indicated, or determination cannot be made
Lived With You More Than Half Of Year:	
Student/Disabled:	
Relationship:	No relationship indicated, or determination cannot be made
Lived With You More Than Half Of Year:	
Student/Disabled:	
Relationship:	No relationship indicated, or determination cannot be made
Lived With You More Than Half Of Year:	
Student/Disabled:	
Relationship:	No relationship indicated, or determination cannot be made
Lived With You More Than Half Of Year:	
Student/Disabled:	
Married Filing Separately or Head of Household Lived Apart Indicator:	
PTIN:	XXX-XX-0278
Preparer EIN:	XX-XXX9095

Income

Total wages:	$0.00
Form W-2 wages:	$0.00
Taxable interest income (Schedule B):	$0.00
Tax-exempt interest:	$0.00
Ordinary dividend income (Schedule B):	$0.00
Qualified dividends:	$0.00

Refunds of state/local taxes:	$0.00
Alimony received:	$0.00
Business income or loss (Schedule C):	$92,916.00
Business income or loss (Schedule C) per computer:	$92,916.00
Capital gain or loss (Schedule D):	$0.00
Capital gains or loss (Schedule D) per computer:	$0.00
Other gains or losses (Form 4797):	$0.00
Total IRA distributions:	$0.00
Taxable IRA distributions:	$0.00
Total pensions and annuities:	$0.00
Taxable pension/annuity amount:	$0.00
Additional income:	$92,916.00
Additional income per computer:	$92,916.00
Refundable credits per computer:	$0.00
Refundable education credit per computer:	$0.00
Qualified business income deduction:	$14,120.00
Rent/royalty/partnership/estate (Schedule E):	$0.00
Rent/royalty/partnership/estate (Schedule E) per computer:	$0.00
Rent/royalty income/loss per computer:	$0.00
Estate/trust income/loss per computer:	$0.00
Partnership/S-Corp income/loss per computer:	$0.00
Farm income or loss (Schedule F):	$0.00
Farm income or loss (Schedule F) per computer:	$0.00
Unemployment compensation:	$0.00
Total Social Security benefits:	$0.00
Taxable Social Security benefits:	$0.00
Taxable Social Security benefits per computer:	$0.00
Other income:	$0.00
Schedule EIC Self-employment income per computer:	$86,352.00
Schedule EIC earned income per computer:	$86,352.00
Schedule EIC disqualified income per computer:	$0.00
Advanced Child Tax Credit Opt Out:	No
Form 1099-K:	$0.00
Additional child tax credit earned income:	$0.00
Qualified business income deduction:	$0.00
Form 8995 qualified business income deduction computer:	$14,120.00
Form 8995 net capital gains computer:	$0.00
Scholarship/Fellowship grant:	$0.00
Total income:	$92,916.00
Total income per computer:	$92,916.00

Adjustments to Income

Educator expenses:	$0.00
Educator expenses per computer:	$0.00
Reservist and other business expense:	$0.00
Health Savings Account deduction:	$0.00
Health Savings Account deduction per computer:	$0.00
Moving expenses (Form 3903):	$0.00
Self-employment tax deduction:	$6,564.00
Self-employment tax deduction per computer:	$6,564.00
Self-employment tax deduction verified:	$0.00
Keogh/SEP contribution deduction:	$0.00
Self-employment health insurance deduction:	$0.00
Early withdrawal of savings penalty:	$0.00
Alimony paid SSN:	
Alimony paid:	$0.00
Repayment clean vehicle credit:	$0.00
IRA deduction:	$0.00
IRA deduction per computer:	$0.00
Student loan interest deduction:	$0.00
Student loan interest deduction per computer:	$0.00
Student loan interest deduction verified:	$0.00
Total Qualified Tips:	$0.00
Deduction for Qualified Tips:	$0.00

Deduction for Qualified Tips Computer:	$0.00
Total Qualified Overtime Income:	$0.00
Deduction for Qualified Overtime:	$0.00
Deduction for Qualified Overtime Computer:	$0.00
Total Car Loan Interest Paid:	$0.00
Car Loan Interest Deduction:	$0.00
Car Loan Interest Deduction Computer:	$0.00
Deduction for Seniors:	$0.00
Deduction for Seniors Computer:	$0.00
State And Local Tax Computer:	$0.00
Total other payment refundable credit per computer:	$0.00
Total other payment refund verified:	$0.00
Other adjustments:	$0.00
Archer MSA deduction:	$0.00
Archer MSA deduction per computer:	$0.00
Total adjustments:	$6,564.00
Total adjustments per computer:	$6,564.00
Adjusted gross income:	$86,352.00
Adjusted gross income per computer:	$86,352.00

Tax and Credits

65 or over:	No
Blind:	No
Spouse 65 or over:	No
Spouse blind:	No
Standard deduction per computer:	$15,750.00
Additional standard deduction per computer:	$0.00
Tax table income per computer:	$70,602.00
Exemption amount per computer:	$0.00
Taxable income:	$56,482.00
Taxable income per computer:	$56,482.00
Total positive income per computer:	$92,916.00
Tentative tax:	$7,339.00
Tentative tax per computer:	$7,339.00
Form 8814 additional tax amount:	$0.00
Tax on income less Social Security income per computer:	$0.00
Form 6251 alternative minimum tax:	$0.00
Form 6251 alternative minimum tax per computer:	$0.00
Foreign tax credit:	$0.00
Foreign tax credit per computer:	$0.00
Foreign income exclusion per computer:	$0.00
Foreign income exclusion tax per computer:	$0.00
Excess advance premium tax credit repayment amount:	$0.00
Excess advance premium tax credit repayment verified amount:	$0.00
Child & dependent care credit:	$0.00
Child & dependent care credit per computer:	$0.00
Credit for elderly and disabled:	$0.00
Credit for elderly and disabled per computer:	$0.00
Education credit:	$0.00
Education credit per computer:	$0.00
Gross education credit per computer:	$0.00
Retirement savings contribution credit:	$0.00
Retirement savings contribution credit per computer:	$0.00
Total retirement savings contribution (Form 8880 computer):	$0.00
Residential clean energy credit:	$0.00
Residential clean energy credit per computer:	$0.00
Child and other dependent credit:	$0.00
Child and other dependent credit per computer:	$0.00
Adoption credit (Form 8839):	$0.00
Adoption credit per computer:	$0.00
Form 8396 mortgage certificate credit:	$0.00
Form 8396 mortgage certificate credit per computer:	$0.00
Total other non-refundable credit:	$0.00

Form 3800 general business credits:	$0.00
Form 3800 general business credits per computer:	$0.00
Prior year minimum tax credit (Form 8801):	$0.00
Prior year minimum tax credit (Form 8801) per computer:	$0.00
Earlier year income repayment credit:	$0.00
Clean vehicle credit:	$0.00
Clean vehicle credit per computer:	$0.00
Credit Limit Worksheet B Per Computer:	$0.00
Refundable Adoption Credit:	$0.00
Refundable Adoption Credit Verified Amount:	$0.00
Refundable Adoption Credit Computer:	$0.00
Net elective payment election per computer:	$0.00
Repayment pre-owned clean vehicle credit:	$0.00
Form 4255 Chapter 1 tax:	$0.00
Other additions to tax:	$0.00
Schedule 2 part 2 Form 4255 recapture:	$0.00
Energy efficient home credit verified:	$0.00
Residential clean energy verified:	$0.00
Exterior Doors Credit per Computer:	$0.00
Exterior Windows Credit per Computer:	$0.00
Central AC Credit per Computer:	$0.00
Water Heater Credit per Computer:	$0.00
Furnace or Boiler Credit per Computer:	$0.00
Panelboard Circuit Credit per Computer:	$0.00
Stove or Boiler Credit per Computer:	$0.00
Other credits:	$0.00
Total credits:	$0.00
Total credits per computer:	$0.00
Income tax after credits per computer:	$7,339.00
Advanced manufacturing credit per computer:	$0.00
Advanced manufacturing invest credit per computer:	$0.00
Clean hydrogen production credit per computer:	$0.00
Carbon oxide sequestration credit per computer:	$0.00
Energy efficient home credit per computer:	$0.00
Energy efficient home credit:	$0.00
Pre-owned clean vehicle credit per computer:	$0.00
Pre-owned clean vehicle credit:	$0.00
Pre-owned clean vehicle verified:	$0.00
New clean vehicle bus credit per computer:	$0.00
New clean vehicle bus verified:	$0.00
Commercial clean vehicle credit per computer:	$0.00
Commercial clean vehicle verified:	$0.00
Clean vehicle credit verified:	$0.00

Other Taxes

Self employment tax:	$13,128.00
Self employment tax per computer:	$13,128.00
Social Security and Medicare tax on unreported tips:	$0.00
Social Security and Medicare tax on unreported tips per computer:	$0.00
Tax on qualified plans Form 5329 (PR):	$0.00
Tax on qualified plans Form 5329 per computer:	$0.00
Individual Retirement Account File (IRAF) tax per computer:	$0.00
Taxpayer tax figures (reduced by IRAF) per computer:	$20,467.00
Individual Master File (IMF) total tax (reduced by IRAF) per computer:	$20,467.00
Total other taxes per computer:	$13,128.00
Unpaid Federal Insurance Contributions Act (FICA) on reported tips:	$0.00
Form 8959 additional Medicare tax:	$0.00
Form 8960 net investment income tax:	$0.00
Interest on deferred tax:	$0.00
Total other taxes:	$13,128.00
Recapture tax (Form 8611):	$0.00

Household employment taxes:	$0.00
Household employment taxes per computer:	$0.00
Interest due on installment:	$0.00
Schedule 2 Part 1 Form 4255 recapture:	$0.00
Form 4255 excessive payments:	$0.00
Net elective payment election:	$0.00
Excess Social Security tax withheld verified:	$0.00
Excess Social Security tax withheld per computer:	$0.00
Total additional taxes:	$0.00
Total assessment per computer:	$20,467.00
Total tax liability taxpayer figures:	$20,467.00
Total tax liability taxpayer figures per computer:	$20,467.00

Payments

Federal income tax withheld:	$0.00
Prior year advanced credit:	$0.00
Estimated tax payments:	$0.00
Other payment credit:	$0.00
Refundable education credit:	$0.00
Refundable education credit per computer:	$0.00
Refundable education credit verified:	$0.00
Refundable credits:	$0.00
Earned income credit:	$0.00
Earned income credit per computer:	$0.00
Nontaxable combat pay:	$0.00
Excess Social Security & Railroad Retirement Tax Act (RRTA) tax withheld:	$0.00
Schedule 8812 additional child tax credit:	$0.00
Schedule 8812 additional child tax credit per computer:	$0.00
Schedule 8812 additional child tax credit verified:	$0.00
Amount paid with Form 4868:	$0.00
Form 2439 regulated investment company credit:	$0.00
Form 4136 credit for federal tax on fuels:	$0.00
Form 4136 credit for federal tax on fuels per computer:	$0.00
Section 965 tax installment:	$0.00
Section 965 tax liability:	$0.00
Premium tax credit amount:	$0.00
Premium tax credit verified amount:	$0.00
Primary NAP first time home buyer installment amount:	$0.00
Secondary NAP first time home buyer installment amount:	$0.00
First time homebuyer credit repayment amount:	$0.00
Form 5405 total homebuyers credit repayment per computer:	$0.00
Small employer health insurance per computer:	$0.00
Small employer health insurance per computer (2):	$0.00
Total other payments refundable:	$0.00
Total payments:	$0.00
Total payments per computer:	$0.00

Refund or Amount Owed

Amount you owe:	$21,325.00
Estimated tax credit applied to next year:	$0.00
Estimated tax penalty:	$858.00
Tax on income less state refund per computer:	$0.00
Balance due/overpayment using taxpayer figure per computer:	$21,325.00
Balance due/overpayment using computer figures:	$21,325.00
Form 8888 total refund per computer:	$0.00

Third Party Designee

Third party designee ID number:	X2345

Authorization indicator:	Yes
Third party designee name:	SARA

Schedule C - Profit or Loss From Business (Occurrence #: 1)

Social Security Number:	XXX-XX-1912
Employer ID number:	XX-XXX8738
Business name:	WN P LL
Description of business/profession:	
North American Industry Classification System (NAICS) code:	484120
Account method:	Cash
Materially Participate:	N
First time Schedule C filed:	No
Statutory employee indicator:	No

Income

Gross receipts or sales:	$298,016.00
Returns and allowances:	$0.00
Net gross receipts:	$298,016.00
Cost of goods sold:	$0.00
Schedule C Form 1099 required:	No
Schedule C Form 1099 filed:	None
Other income:	$0.00

Expenses

Car and truck expenses:	$155,100.00
Depreciation:	$24,500.00
Insurance (other than health):	$0.00
Mortgage interest:	$0.00
Legal and professional services:	$0.00
Repairs and maintenance:	$0.00
Travel:	$0.00
Meals and entertainment:	$0.00
Wages:	$0.00
Other expenses:	$1,500.00
Total expenses:	$205,100.00
Expense for business use of home:	$0.00
Schedule C net profit or loss per computer:	$92,916.00
At risk CD:	
Office expense amount:	$0.00
Utilities expense amount:	$0.00
Energy efficient building deduction:	$0.00

Cost of Goods Sold

Inventory at beginning of year:	$0.00
Inventory at end of year:	$0.00

Schedule SE--Self-Employment Tax (Occurrence #: 1)

Social Security Number (SSN) of self-employed taxpayer:	XXX-XX-1912
Net farm profit/loss (schedule F):	$0.00
Conservation reserve program payments:	$0.00
Net non-farm profit/loss:	$92,916.00
Total Self-Employment income:	$92,916.00
Self-Employment quarters covered:	4
Total Self-Employment tax per computer:	$13,128.46
Self-Employment income computer verified:	$0.00
Self-Employment income per computer:	$85,807.00
Total net earnings per computer:	$85,807.00

Long Form Only

Tentative church earnings:	$0.00
Total Social Security & Railroad wages:	$0.00

Self-Employment Social Security tax computer:	$10,640.06
Self-Employment Medicare income per computer:	$85,807.00
Self-Employment Medicare tax per computer:	$2,488.40
Self-Employment option method used:	
Self-Employment optional method income:	$0.00

Form 8995 - A/8995 Qualified Business Income Deduction

Qualified business income component:	$17,270.00
Real Estate Investment Trust (REIT) and Publicly Traded Partnership (PTP) component:	$0.00
Form 8995 net capital gains:	$0.00
Form 8995 domestic production deduction:	$0.00
Qualified business net loss carryforward:	$0.00
Qualified REIT dividends and PTP loss carryforward:	$0.00
Total qualified business loss carryforward:	$0.00
Total REIT dividends loss carryforward:	$0.00
Total qualified business income or loss:	$86,352.00
Qualified REIT dividends and PTP income or loss:	$0.00

This Product Contains Sensitive Taxpayer Data

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901
(415) 785-3378
sdoservices@comcast.net

June 1, 2026

PLINIO E. DE SOUSA FIGUEIREDO
997 CORAL RIDGE CIR
RODEO, CA 94572

Dear PLINIO,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2024. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 540 California Resident Income Tax Return

Federal estimated income tax payments for the tax year ending December 31, 2025 were prepared for you.

California estimated income tax vouchers for the tax year ending December 31, 2025 were prepared for you.

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

SONIA DE OLIVEIRA

Tax Summary and Instructions for Filing
2024 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	$	60,463.00
Federal taxable income	$	45,863.00
Payment due IRS	$	5,512.00
Federal penalty	$	239.00

Your return will be electronically filed.

Please file Form 1040-V and a check or money order in the amount of $5,512.00, payable to "United States Treasury". Write "2024 Form 1040" and your social security number on the check. This is due at your earliest opportunity..

Mail Form 1040-V and your check to:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

Federal estimated income tax payments for tax year 2025 are due as follows:

Voucher 1	.....	04/15/2025	.....	$ 1,319.00
Voucher 2	.....	06/16/2025	.....	$ 1,319.00
Voucher 3	.....	09/15/2025	.....	$ 1,319.00
Voucher 4	.....	01/15/2026	.....	$ 1,319.00

Include a separate check or money order for each payment payable to the "United States Treasury". Write your social security number and "2025 Form 1040-ES" on each check. Mail your check and the appropriate Form 1040-ES voucher to:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Tax Summary and Instructions for Filing
2024 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	$	54,923.00
Payment due State	$	1,809.00
State penalty/interest	$	86.00

Your California return will be electronically filed.

You have a balance due of $1,809.00. Listed below are the filing instructions for the Form 3582.

The due date of Form 3582, Payment Voucher for Electronically Transmitted Returns, is April 15, 2025.

Include Form 3582 and a check or money order in the amount of $1,809.00, payable to "Franchise Tax Board." Write your social security number and "2024 Form 3582" on the check.

Mail to:

Franchise Tax Board
P.O. Box 942867
Sacramento, CA 94267-0008

California estimated income tax payments for tax year 2025 are due as follows:

Voucher 1	.....	04/15/2025	.....	$	517.00
Voucher 2	.....	06/16/2025	.....	$	690.00
Voucher 4	.....	01/15/2026	.....	$	517.00

Include a separate check or money order for each payment. Write your social security number and "Form 540-ES 2025" on each check. Mail your check and the appropriate voucher to:

For estimates that are not required to be paid electronically, include a separate check or money order for each payment. Write your social security number and "Form 540-ES 2025" on each check. Mail your check and the appropriate voucher to:

Franchise Tax Board
PO Box 942867
Sacramento, CA 94267-0008

2024 Individual Income Tax Return
prepared by:

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

PLINIO E. DE SOUSA FIGUEIREDO
997 CORAL RIDGE CIR
RODEO, CA 94572

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ► 686831202525200ae107

Taxpayer's name	Social security number
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912
Spouse's name	Spouse's social security number

Part I **Tax Return Information — Tax Year Ending December 31,** 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	**1**	60,463.
2	Total tax	**2**	5,273.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	**3**	
4	Amount you want refunded to you	**4**	
5	Amount you owe	**5**	5,512.

Part II **Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize SDO INSURANCE AND FINANCIAL SERVICES (**ERO firm name**) to enter or generate my PIN 5 1 9 1 2 (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ (**ERO firm name**) to enter or generate my PIN _____ (**Enter five digits, but don't enter all zeros**) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► Date ►

Practitioner PIN Method Returns Only—continue below

Part III **Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 8 6 8 3 1 7 3 7 3 7 (**Don't enter all zeros**)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► Date ►

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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*.

303-95-1912

Taxpayer name PLINIO E DE SOUSA FIGUEIREDO

Taxpayer address (optional)

997 CORAL RIDGE CIR

RODEO, CA 94572

1. ☒ Your federal income tax return for 2024 was filed electronically with the Fresno Submission Processing Center. The electronic filing services were provided by SDO INSURANCE AND FINANCIAL SERVICES.

2. ☒ Your return was accepted on 09/09/2025 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 686831202525200ae107.

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 04/10/2025. The Submission ID assigned to your extension is 686831202510000lbho6.

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.

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.**

IF you live in...	THEN use this address to send in your payment...
Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, Texas	Internal Revenue Service P.O. Box 1214 Charlotte, NC 28201-1214
Arkansas, Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Oklahoma, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service P.O. Box 931000 Louisville, KY 40293-1000
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service P.O. Box 802501 Cincinnati, OH 45280-2501
A foreign country, American Samoa, or Puerto Rico (or are excluding income under Internal Revenue Code section 933), or use an APO or FPO address, or file Form 2555 or 4563, or are a dual-status alien or nonpermanent resident of Guam or the U.S. Virgin Islands	Internal Revenue Service P.O. Box 1303 Charlotte, NC 28201-1303

MAIL FORM 1040-V TO THE INTERNAL REVENUE SERVICE CENTER AT THE ADDRESS LISTED BELOW.

Form **1040-V** 2024

▼ **Detach Here and Mail With Your Payment and Return** ▼

Department of the Treasury
Internal Revenue Service

2024

- ► Use this voucher when making a payment with Form 1040.
- ► Do not staple this voucher or your payment to Form 1040.
- ► Make your check or money order payable to the 'United States Treasury.'
- ► Write your social security number (SSN) on your check or money order.

Form 1040-V Payment Voucher
for Individuals

Enter the amount of your payment ►	5,512.

REV 09/04/25 PRO 1555

PLINIO E DE SOUSA FIGUEIREDO

997 CORAL RIDGE CIR
RODEO CA 94572

INTERNAL REVENUE SERVICE
P.O. BOX 802501
CINCINNATI, OH 45280-2501

303951912 R0 DES0 30 0 202412 610

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 _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
PLINIO E	DE SOUSA FIGUEIREDO	303 95 1912
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
997 CORAL RIDGE CIR

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
RODEO CA 94572

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**

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

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	60,463.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	60,463.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	60,463.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	45,863.

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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	5,273.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	5,273.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,273.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	5,273.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 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	5,512.
	38	Estimated tax penalty (see instructions) — 38 239.		

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: SONIA DE OLIVEIRA | Phone no.: (415)785-3378 | Personal identification number (PIN): 7 3 7 3 7

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SELF-EMPLOYED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SONIA DE OLIVEIRA	SONIA DE OLIVEIRA		P00739286	☐ Self-employed

Firm's name: SDO INSURANCE AND FINANCIAL SERVICES | Phone no. (415)785-3378

Firm's address: 118 ALTO ST STE 207 SAN RAFAEL CA 94901 | Firm's EIN 26-1712763

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	**Your social security number**
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	60,463.
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 nonqualifed 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	60,463.

Part II Adjustments to Income

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

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

PLINIO E DE SOUSA FIGUEIREDO | 303-95-1912

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	WNS 92 SERVICES LLC	P	☐	88-4068738	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A		60,463.			
B					
C					
D					
29a Totals		60,463.			
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	60,463.
31	Add columns (g), (i), and (j) of line 29b	**31**	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	60,463.

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**	60,463.
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**	

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return: PLINIO E DE SOUSA FIGUEIREDO

Identifying number: 303-95-1912

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**	60,463.		
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	(0.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	( )		
d	Combine lines 2a, 2b, and 2c			**2d**	60,463.

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	**3**	60,463.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			**4**	
5	Enter $150,000. If married filing separately, see instructions	**5**			
6	Enter modified adjusted gross income, but not less than zero. See instructions	**6**			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	**7**			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			**8**	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			**9**	0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
WNS 92 SERVICES LLC	60,463.	0.		60,463.	
Total. Enter on Part I, lines 2a, 2b, and 2c	60,463.	0.			

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a).
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
Total			1.00	

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
Total				

175

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	60463
2	Amount you owe. See instructions	1809
3	Refund or no amount due. See instructions	

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize SDO INSURANCE AND FINANCIAL SERVICES to enter my PIN 5 1 9 1 2

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 8 6 8 3 1 7 3 7 3 7

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

Voucher at bottom of page

Do not mail a paper copy of your tax return with the payment voucher.
If amount of payment is zero, do not mail this voucher.

When to pay: Calendar Year – File and pay by April 15, 2025

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account – Web Pay** (free)
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.

Do not mail this voucher if you pay online.

Where to pay: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number(ITIN) and 2024 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR **2024**

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM **3582 (e-file)**

303-95-1912 DESO 24
PLINIO E DE SOUSA FIGUEIREDO

997 CORAL RIDGE CIR
RODEO CA 94572

Amount of Payment 1809.

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For Privacy Notice, get FTB 1131 EN-SP. 175 1251246 FTB 3582 2024

TAXABLE YEAR | FORM

2024 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

303-95-1912 DESO 24
PLINIO E DE SOUSA FIGUEIREDO

997 CORAL RIDGE CIR
RODEO CA 94572

11-22-2001

Principal Residence

Enter your county at time of filing (see instructions)

CONTRA COSTA

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [X] Single

2 [ ] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

Exemptions

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

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

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Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Exemptions

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

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

Total dependent exemptions . . . . . ● 10 [ ] X $461 = $ [ ]

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . ● 12 [ ] .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . 13 60463 .00

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

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 60463 .00

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

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 60463 .00

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately. $5,540
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,080

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . ● 18 5540 .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . 19 54923 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31 1872 .00

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

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 1723 .00

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

35 Add line 33 and line 34 . . . . . 35 1723 .00

Special Credits

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

43 Enter credit name [ ] code ● [ ] and amount. . . ● 43 .00

44 Enter credit name [ ] code ● [ ] and amount. . . ● 44 .00

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Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46		.00
47	Add line 40 through line 46. These are your total credits	47		.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	1723	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Mental Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	1723	.00

Payments

71	California income tax withheld. See instructions	71		.00
72	2024 California estimated tax and other payments. See instructions	72	0	.00
73	Withholding (Form 592-B and/or Form 593). See instructions.	73		.00
74	Reserved for future use	74		.
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	0	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

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

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	0	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	95		.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	97		.00

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	**100**	1723 .00

Contributions

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

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Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** 1723 .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● [X] **FTB 5805 attached** ● [ ] **FTB 5805F attached** . . . . . ● **113** 86 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** 1809 .00

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

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

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

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

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

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

Voter Info.

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

Health Care Coverage Info.

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

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Sign your tax return on Side 6

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

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

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

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

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

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 5106601869

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

Firm's name (or yours, if self-employed): SDO INSURANCE AND FINANCIAL SERVICES

● PTIN: P00739286

Firm's address: 118 ALTO ST STE 207 SAN RAFAEL CA 94901

● Firm's FEIN: 261712763

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● [X] Yes [ ] No

Print Third Party Designee's Name: SONIA DE OLIVEIRA

Telephone Number: (415)785-3378

REV 09/03/25 PRO

TAXABLE YEAR | SCHEDULE

2024 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: PLINIO E DE SOUSA FIGUEIREDO

SSN or ITIN: 303951912

Part I Income Adjustment Schedule	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR			
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	◉	◉	◉
b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b	◉	◉	◉
c Tip income not reported on line 1a 1c	◉	◉	◉
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	◉	◉	◉
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e	◉	◉	◉
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f	◉	◉	◉
g Wages from federal Form 8919, line 6. . . . . 1g	◉	◉	◉
h Other earned income. See instructions 1h	◉	◉	◉
i Nontaxable combat pay election. See instructions. 1i			◉
z Add line 1a through line 1i. 1z	◉	◉	◉
2 Taxable interest. a ◉ 2b	◉	◉	◉
3 Ordinary dividends. See instructions. a ◉ 3b	◉	◉	◉
4 IRA distributions. See instructions. a ◉ 4b	◉	◉	◉
5 Pensions and annuities. See instructions. a ◉ 5b	◉	◉	◉
6 Social security benefits. a ◉ 6b	◉	◉	
7 Capital gain or (loss). See instructions 7	◉	◉	◉
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1	◉	◉	
2 a Alimony received. See instructions. 2a	◉		◉
3 Business income or (loss). See instructions. 3	◉	◉	◉
4 Other gains or (losses) 4	◉	◉	◉
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	◉ 60463	◉	◉
6 Farm income or (loss) 6	◉	◉	◉
7 Unemployment compensation 7	◉	◉	

REV 09/03/25 PRO

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

REV 09/03/25 PRO

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	60463		

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

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

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**	◉		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**	◉	◉	◉
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**	◉	◉	
d Reforestation amortization and expenses. **24d**	◉	◉	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**	◉		
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**	◉	◉	◉
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**	◉	◉	◉
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**	◉		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**	◉	◉	
j Housing deduction from federal Form 2555 . . . . . **24j**	◉	◉	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**	◉		
z Other adjustments. List type and amount. ◉ _____ **24z**	◉	◉	◉
25 Total other adjustments. Add line 24a through line 24z **25**	◉	◉	◉
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	◉	◉	◉
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 60463	◉	◉

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Part II Adjustments to Federal Itemized Deductions

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. 2	60463		
3 Multiply line 2 by 7.5% (0.075) 3	4535		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . 5a	3307	3307	
b State and local real estate taxes 5b			
c State and local personal property taxes 5c			
d Add line 5a through line 5c. 5d	3307		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	3307	3307	0
6 Other taxes. List type _____ 6			
7 Add line 5e and line 6. 7	3307	3307	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a			
b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b			
c Points not reported to you on federal Form 1098. . 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e			
9 Investment interest. 9			
10 Add line 8e and line 9. 10			

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Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions. **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	3307	3307	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees **20**

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

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

23 Enter amount from federal Form 1040 or 1040-SR, line 11 60463

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24** 1209

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

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

27 Other adjustments. See instructions. Specify. **27**

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

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

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

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

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

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

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

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

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TAXABLE YEAR

CALIFORNIA FORM

2024 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return	SSN, ITIN, FEIN, or CA corporation no.
PLINIO E DE SOUSA FIGUEIREDO	303951912

Part I 2024 Passive Activity Loss

See the instructions for Part IV and Part V for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to **use California amounts**.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Part IV, column (a)	**1a**		00		
1b	Activities with net loss from Part IV, column (b)	**1b**	( )	00		
1c	Prior year unallowed losses from Part IV, column (c)	**1c**	( )	00		
1d	Combine line 1a, line 1b, and line 1c				**1d**	00

All Other Passive Activities

2a	Activities with net income from Part V, column (a)	**2a**	60463	00		
2b	Activities with net loss from Part V, column (b)	**2b**	(0)	00		
2c	Prior year unallowed losses from Part V, column (c)	**2c**	( )	00		
2d	Combine line 2a, line 2b, and line 2c				**2d**	60463 00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions.				**3**	60463 00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4	Enter the **smaller** of losses from line 1d or line 3				**4**	00
5	Enter $150,000. If married/RDP filing a separate tax return, see instructions.	**5**		00		
6	Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	**6**		00		
7	Subtract line 6 from line 5	**7**		00		
8	Multiply line 7 by 50% (.50). **Do not** enter more than $25,000				**8**	00
9	Enter the **smaller** of line 4 or line 8				**9**	0 00

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	**10**	00
11	**Total losses allowed from all passive activities for 2024.** Add line 9 and line 10	**11**	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

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California Worksheets

Attach Side 2 to your California tax return.

California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
WNS 92 SERVICES LLC	SCH E	N/A	60463	0	60463

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
WNS 92 SERVICES LLC				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
-K-1P SCH E INC	PASSIVE	60463	60463	
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c) 60463	2(d)** 60463	2(e) 0

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e)

*This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

**This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

***This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

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TAXABLE YEAR **2024**

Underpayment of Estimated Tax by Individuals and Fiduciaries

CALIFORNIA FORM **5805**

Attach this form to the **back** of your Form 540, Form 540NR, or Form 541. Also, check the box for underpayment of estimated tax located on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44, whichever applies.

Name(s) as shown on return: PLINIO E DE SOUSA FIGUEIREDO

SSN, ITIN, or FEIN: 303951912

IMPORTANT: In most cases, the Franchise Tax Board (FTB) can figure the penalty for you and you do not have to complete this form. See General Information B.

If you meet **any** of the following conditions, you do not owe a penalty for underpayment of estimated tax. **Do not complete or file this form if:**

- The amount of your tax liability (not including tax on lump-sum distributions and accumulation distribution of trusts) less credits (including the withholding credit) but not including estimated tax payments for either 2023 or 2024 was less than $500 (or less than $250 if married/RDP filing a separate return).
- Your 2023 return was for a full 12 months (or would have been if you were required to file) and you did not have any tax liability on that return.
- The amount of your withholding plus your estimated tax payments, **if paid in the required installments,** is at least 90% of the tax shown on your 2024 return or 100% of the tax shown on your 2023 return (110% if California adjusted gross income (AGI) was more than $150,000 or $75,000 if married/RDP filing a separate return) **and** you are not using the annualized income installment method. Taxpayers with California AGI equal to or greater than $1,000,000 (or $500,000 if married/RDP filing a separate return) must use the tax shown on their 2024 tax return if they do not meet one of the two conditions above.

Part I Questions. All filers must complete this part. Estates and Trusts, see General information E.

1 Are you requesting a waiver of the penalty? If "Yes," provide an explanation below and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. If you need additional space, attach a statement. See General Information C . . . . . **1** ◉ ☐ Yes ☐ No

2 Did you use the annualized income installment method? If "Yes," see instructions for Part III and be sure to check the box on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44 . . . . . **2** ◉ ☐ Yes ☐ No

3 Was your California withholding not withheld in equal installments and are you able to show the actual amounts withheld per period and the actual dates withheld? . . . . . **3** ◉ ☐ Yes ☐ No ☐ N/A

If "Yes," enter the **actual uneven amounts withheld** on the spaces provided below. The total of the four amounts must equal the total withholding reported on Form 540, line 71 and line 73; Form 540NR, line 81 and line 83; or Form 541, line 29 and line 31.

4/15/24 ◉ $ ☐; 6/15/24 ◉ $ ☐;

9/15/24 ◉ $ ☐; 1/15/25 ◉ $ ☐.

4 For estates and trusts: Was the date of death less than two years from the end of the taxable year? See General Information E . . . . . **4** ◉ ☐ Yes ☐ No

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Part II **Required Annual Payment.** All filers must complete this part.

1	Current year tax. Enter your 2024 tax after credits. See instructions	1	1723 .00
2	Multiply line 1 by 90% (.90)	2	1551 .00
3	Withholding taxes. **Do not** include any estimated tax payments on this line. See instructions	3	.00
4	Subtract line 3 from line 1. If less than $500 (or less than $250 if married/RDP filing a separate return), stop here. You do not owe the penalty. **Do not** file form FTB 5805	4	1723 .00
5	Enter the tax shown on your 2023 tax return. See instructions. (110% (1.10) of that amount if the adjusted gross income shown on that return is more than $150,000, or if married/RDP filing a separate return for 2024, more than $75,000)	5	3307 .00
6	Required annual payment. Enter the **smaller** of line 2 or line 5. (If your California AGI is equal to or greater than $1,000,000/$500,000 for married/RDP filing a separate return, use line 2)	6	1551 .00

Short Method

Caution: See the instructions to find out if you can use the short method. If you answered "Yes" to Question 2 in Part I, skip this part and go to Part III. If you answered "No" to Question 2 in Part I **and** you cannot use the short method, go to Worksheet II, Regular Method to Figure Your Underpayment and Penalty, on page 4 of the instructions.

7	Enter the amount, if any, from Part II, line 3 above	7	.00
8	Enter the total amount, if any, of estimated tax payments you made	8	.00
9	Add line 7 and line 8	9	.00
10	**Total underpayment for the year.** Subtract line 9 from line 6. If zero or less, stop here. You do not owe the penalty. **Do not** file form FTB 5805	10	1551 .00
11	Multiply line 10 by .05576573	11	86 .00

12
- If the amount on line 10 was paid **on or after** 4/15/25, enter -0-.
- If the amount on line 10 was paid **before** 4/15/25, enter the result of the following computation:

Amount on line 10 X Number of days paid before 4/15/25 X .00022 . . . . . **12** 0 .00

13 **PENALTY.** Subtract line 12 from line 11. Enter the result here and on Form 540, line 113; Form 540NR, line 123; or Form 541, line 44. Also, check the box for "FTB 5805." ► . . . . . ◉ **13** 86 .00

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Part III **Annualized Income Installment Method Schedule.**

Use this schedule ONLY if you earned taxable income at an UNEVEN RATE during 2024 (see Example A). If you earned your income at approximately the same rate each month (see Example B), then you should not complete this schedule. If you choose to figure the penalty, see Worksheet II, on page 4 of the instructions.

Example A: If you were a commissioned salesperson who earned no income during the first three months of the year, earned most of your income during the following six months, and earned very little during the last three months, you should complete this schedule. You may be able to benefit by using the annualized income installment method. The required installment of estimated tax figured using the annualized method may be less than your required installment figured using the required installment method.

Example B: If you worked all year and earned a monthly salary that did not change much during the year, you should not complete this schedule.

To complete this schedule correctly, you must first complete Side 2, Part II, line 1 through line 6. Estates and trusts, **do not** use the period ending dates shown to the right. Instead, use the following: 2/29/24, 4/30/24, 7/31/24, and 11/30/24. Fiscal year filers must adjust dates accordingly.		(a) 1/1/24 to 3/31/24	(b) 1/1/24 to 5/31/24	(c) 1/1/24 to 8/31/24	(d) 1/1/24 to 12/31/24
1 Enter your California adjusted gross income (AGI) for each period. Form 540NR filers, see instructions. Estates or Trusts, enter the amount from Form 541, line 20 attributable to each period. See instructions	**1**				
2 Annualization amounts. Estates or Trusts, see instructions	**2**	4	2.4	1.5	1
3 Annualized income. Multiply line 1 by line 2	**3**				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize deductions, enter -0- here and on line 6. Estates or Trusts, enter -0- here, skip to line 9, and enter the amount from line 3 on line 9	**4**				
5 Annualization amounts.	**5**	4	2.4	1.5	1
6 Annualized itemized deductions. Multiply line 4 by line 5. See instructions	**6**				
7 Enter your standard deduction from your 2024 Form 540 or Form 540NR, line 18. Enter the total standard deduction amount in each column. See instructions	**7**				
8 Enter line 6 or line 7, whichever is **larger**	**8**				
9 Subtract line 8 from line 3	**9**				
10 Figure the tax on the amount in each column of line 9 using the tax table or the tax rate schedule in the instructions for Form 540, Form 540NR, or Form 541. Also, include any tax from form FTB 3803. Estates or Trusts, see instructions. .	**10**				
11 Enter the total amount of exemption credits from your 2024 Form 540, line 32 or Form 541, line 22. If you filed Form 540NR, see instructions	**11**				
12 Subtract line 11 from line 10. Form 540NR filers, complete Worksheet I on page 3 of the instructions	**12**				
13 Enter the total credit amount from your 2024 Form 540, line 47; or Form 541, line 23. Form 540NR filers, see instructions	**13**				

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Part III **Annualized Income Installment Method Schedule**. continued

	(a) 1/1/24 to 3/31/24	(b) 1/1/24 to 5/31/24	(c) 1/1/24 to 8/31/24	(d) 1/1/24 to 12/31/24
14 a Subtract line 13 from line 12. If zero or less, enter -0- **14a**				
b Enter the alternative minimum tax and mental health tax. See instructions. **14b**				
c Add line 14a and line 14b **14c**				
15 Applicable percentage **15**	27%	63%	63%	90%
16 Multiply line 14c by line 15 **16**				

Complete line 17 through line 23 of each column before you go to the next column.

17 Enter the combined amounts shown on line 23 from all preceding columns **17**				
18 Subtract line 17 from line 16. If zero or less, enter -0- **18**				
19 Enter 30% of the amount shown on form FTB 5805, Part II, line 6 in columns (a & d), enter 40% of the amount on line 6 in column b, enter -0- in column c. **19**				
20 Enter the amount from line 22 from the preceding column **20**				
21 Add line 19 and line 20 **21**				
22 Subtract line 18 from line 21. If zero or less, enter -0- **22**				

23 Enter line 18 or line 21, whichever is less, for each column. Transfer these amounts to Worksheet II, line 1, on page 4 of the instructions.

(a) 1/1/24 to 3/31/24	(b) 1/1/24 to 5/31/24	(c) 1/1/24 to 8/31/24	(d) 1/1/24 to 12/31/24

If you use the annualized income installment method for one payment due date, you must use it for all payment due dates. This schedule automatically selects the smaller of your annualized income installment or your regular installment.

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Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Form 1040 Tax Return Transcript

Request Date:	07-07-2026
Response Date:	07-07-2026
Tracking Number:	110824077670

SSN provided:	XXX-XX-1912
Report for Tax Period Ending:	12-31-2024

The following items reflect the amount as shown on the return, and the amount as adjusted, if applicable. They do not show subsequent activity on the account.

SSN:	XXX-XX-1912
Spouse SSN:	

PLIN E D SOUS FIGU
997 CO

Filing status:	Single Taxpayer
Form number:	1040
Cycle posted:	20253705
Received date:	09-09-2025
Payment:	$0.00
Exemption number:	01
Other dependent credit total eligible per computer:	0
Other dependent credit total eligible verified:	0
PTIN:	XXX-XX-9286
Preparer EIN:	XX-XXX2763

Income

Total wages:	$0.00
Form W-2 wages:	$0.00
Taxable interest income (Schedule B):	$0.00
Tax-exempt interest:	$0.00
Ordinary dividend income (Schedule B):	$0.00
Qualified dividends:	$0.00
Refunds of state/local taxes:	$0.00
Alimony received:	$0.00
Business income or loss (Schedule C):	$0.00
Business income or loss (Schedule C) per computer:	$0.00
Capital gain or loss (Schedule D):	$0.00
Capital gains or loss (Schedule D) per computer:	$0.00
Other gains or losses (Form 4797):	$0.00
Total IRA distributions:	$0.00
Taxable IRA distributions:	$0.00
Total pensions and annuities:	$0.00
Taxable pension/annuity amount:	$0.00
Additional income:	$60,463.00
Additional income per computer:	$60,463.00
Refundable credits per computer:	$0.00
Refundable education credit per computer:	$0.00
Qualified business income deduction:	$0.00
Rent/royalty/partnership/estate (Schedule E):	$60,463.00
Rent/royalty/partnership/estate (Schedule E) per computer:	$60,463.00

Rent/royalty income/loss per computer:	$0.00
Estate/trust income/loss per computer:	$0.00
Partnership/S-Corp income/loss per computer:	$60,463.00
Farm income or loss (Schedule F):	$0.00
Farm income or loss (Schedule F) per computer:	$0.00
Unemployment compensation:	$0.00
Total Social Security benefits:	$0.00
Taxable Social Security benefits:	$0.00
Taxable Social Security benefits per computer:	$0.00
Other income:	$0.00
Schedule EIC Self-employment income per computer:	$0.00
Schedule EIC earned income per computer:	$0.00
Schedule EIC disqualified income per computer:	$0.00
Form 1099-K:	$0.00
Additional child tax credit earned income:	$0.00
Qualified business income deduction:	$0.00
Form 8995 qualified business income deduction computer:	$0.00
Form 8995 net capital gains computer:	$0.00
Scholarship/Fellowship grant:	$0.00
Total income:	$60,463.00
Total income per computer:	$60,463.00

Adjustments to Income

Educator expenses:	$0.00
Educator expenses per computer:	$0.00
Reservist and other business expense:	$0.00
Health Savings Account deduction:	$0.00
Health Savings Account deduction per computer:	$0.00
Moving expenses (Form 3903):	$0.00
Self-employment tax deduction:	$0.00
Self-employment tax deduction per computer:	$0.00
Self-employment tax deduction verified:	$0.00
Keogh/SEP contribution deduction:	$0.00
Self-employment health insurance deduction:	$0.00
Early withdrawal of savings penalty:	$0.00
Alimony paid SSN:	
Alimony paid:	$0.00
Repayment clean vehicle credit:	$0.00
IRA deduction:	$0.00
IRA deduction per computer:	$0.00
Student loan interest deduction:	$0.00
Student loan interest deduction per computer:	$0.00
Student loan interest deduction verified:	$0.00
Total other payment refundable credit per computer:	$0.00
Total other payment refund verified:	$0.00
Other adjustments:	$0.00
Archer MSA deduction:	$0.00
Archer MSA deduction per computer:	$0.00
Total adjustments:	$0.00
Total adjustments per computer:	$0.00
Adjusted gross income:	$60,463.00
Adjusted gross income per computer:	$60,463.00

Tax and Credits

65 or over:	No
Blind:	No
Spouse 65 or over:	No
Spouse blind:	No
Standard deduction per computer:	$14,600.00
Additional standard deduction per computer:	$0.00
Tax table income per computer:	$45,863.00
Exemption amount per computer:	$0.00

Taxable income:	$45,863.00
Taxable income per computer:	$45,863.00
Total positive income per computer:	$60,463.00
Tentative tax:	$5,273.00
Tentative tax per computer:	$5,273.00
Form 8814 additional tax amount:	$0.00
Tax on income less Social Security income per computer:	$0.00
Form 6251 alternative minimum tax:	$0.00
Form 6251 alternative minimum tax per computer:	$0.00
Foreign tax credit:	$0.00
Foreign tax credit per computer:	$0.00
Foreign income exclusion per computer:	$0.00
Foreign income exclusion tax per computer:	$0.00
Excess advance premium tax credit repayment amount:	$0.00
Excess advance premium tax credit repayment verified amount:	$0.00
Child & dependent care credit:	$0.00
Child & dependent care credit per computer:	$0.00
Credit for elderly and disabled:	$0.00
Credit for elderly and disabled per computer:	$0.00
Education credit:	$0.00
Education credit per computer:	$0.00
Gross education credit per computer:	$0.00
Retirement savings contribution credit:	$0.00
Retirement savings contribution credit per computer:	$0.00
Total retirement savings contribution (Form 8880 computer):	$0.00
Residential clean energy credit:	$0.00
Residential clean energy credit per computer:	$0.00
Child and other dependent credit:	$0.00
Child and other dependent credit per computer:	$0.00
Adoption credit (Form 8839):	$0.00
Adoption credit per computer:	$0.00
Form 8396 mortgage certificate credit:	$0.00
Form 8396 mortgage certificate credit per computer:	$0.00
Total other non-refundable credit:	$0.00
Form 3800 general business credits:	$0.00
Form 3800 general business credits per computer:	$0.00
Prior year minimum tax credit (Form 8801):	$0.00
Prior year minimum tax credit (Form 8801) per computer:	$0.00
Earlier year income repayment credit:	$0.00
Clean vehicle credit:	$0.00
Clean vehicle credit per computer:	$0.00
Refundable Adoption Credit Verified Amount:	$0.00
Net elective payment election per computer:	$0.00
Repayment pre-owned clean vehicle credit:	$0.00
Form 4255 Chapter 1 tax:	$0.00
Other additions to tax:	$0.00
Schedule 2 part 2 Form 4255 recapture:	$0.00
Energy efficient home credit verified:	$0.00
Residential clean energy verified:	$0.00
Other credits:	$0.00
Total credits:	$0.00
Total credits per computer:	$0.00
Income tax after credits per computer:	$5,273.00
Advanced manufacturing credit per computer:	$0.00
Advanced manufacturing invest credit per computer:	$0.00
Clean hydrogen production credit per computer:	$0.00
Carbon oxide sequestration credit per computer:	$0.00
Energy efficient home credit per computer:	$0.00
Energy efficient home credit:	$0.00
Pre-owned clean vehicle credit per computer:	$0.00
Pre-owned clean vehicle credit:	$0.00
Pre-owned clean vehicle verified:	$0.00
New clean vehicle bus credit per computer:	$0.00
New clean vehicle bus verified:	$0.00
Commercial clean vehicle credit per computer:	$0.00

Commercial clean vehicle verified:	$0.00
Clean vehicle credit verified:	$0.00

Other Taxes

Self employment tax:	$0.00
Self employment tax per computer:	$0.00
Social Security and Medicare tax on unreported tips:	$0.00
Social Security and Medicare tax on unreported tips per computer:	$0.00
Tax on qualified plans Form 5329 (PR):	$0.00
Tax on qualified plans Form 5329 per computer:	$0.00
Individual Retirement Account File (IRAF) tax per computer:	$0.00
Taxpayer tax figures (reduced by IRAF) per computer:	$5,273.00
Individual Master File (IMF) total tax (reduced by IRAF) per computer:	$5,273.00
Total other taxes per computer:	$0.00
Unpaid Federal Insurance Contributions Act (FICA) on reported tips:	$0.00
Form 8959 additional Medicare tax:	$0.00
Form 8960 net investment income tax:	$0.00
Interest on deferred tax:	$0.00
Total other taxes:	$0.00
Recapture tax (Form 8611):	$0.00
Household employment taxes:	$0.00
Household employment taxes per computer:	$0.00
Interest due on installment:	$0.00
Schedule 2 Part 1 Form 4255 recapture:	$0.00
Form 4255 excessive payments:	$0.00
Net elective payment election:	$0.00
Excess Social Security tax withheld verified:	$0.00
Excess Social Security tax withheld per computer:	$0.00
Total additional taxes:	$0.00
Total assessment per computer:	$5,273.00
Total tax liability taxpayer figures:	$5,273.00
Total tax liability taxpayer figures per computer:	$5,273.00

Payments

Federal income tax withheld:	$0.00
Prior year advanced credit:	$0.00
Estimated tax payments:	$0.00
Other payment credit:	$0.00
Refundable education credit:	$0.00
Refundable education credit per computer:	$0.00
Refundable education credit verified:	$0.00
Refundable credits:	$0.00
Earned income credit:	$0.00
Earned income credit per computer:	$0.00
Nontaxable combat pay:	$0.00
Excess Social Security & Railroad Retirement Tax Act (RRTA) tax withheld:	$0.00
Schedule 8812 additional child tax credit:	$0.00
Schedule 8812 additional child tax credit per computer:	$0.00
Schedule 8812 additional child tax credit verified:	$0.00
Amount paid with Form 4868:	$0.00
Form 2439 regulated investment company credit:	$0.00
Form 4136 credit for federal tax on fuels:	$0.00
Form 4136 credit for federal tax on fuels per computer:	$0.00
Section 965 tax installment:	$0.00
Section 965 tax liability:	$0.00
Premium tax credit amount:	$0.00
Premium tax credit verified amount:	$0.00
Primary NAP first time home buyer installment amount:	$0.00

Secondary NAP first time home buyer installment amount:	$0.00
First time homebuyer credit repayment amount:	$0.00
Form 5405 total homebuyers credit repayment per computer:	$0.00
Small employer health insurance per computer:	$0.00
Small employer health insurance per computer (2):	$0.00
Total other payments refundable:	$0.00
Total payments:	$0.00
Total payments per computer:	$0.00

Refund or Amount Owed

Amount you owe:	$5,512.00
Estimated tax credit applied to next year:	$0.00
Estimated tax penalty:	$239.00
Tax on income less state refund per computer:	$0.00
Balance due/overpayment using taxpayer figure per computer:	$5,512.00
Balance due/overpayment using computer figures:	$5,512.00
Form 8888 total refund per computer:	$0.00

Third Party Designee

Third party designee ID number:	X3737
Authorization indicator:	Yes
Third party designee name:	SONI D OLIV

Schedule E--Supplemental Income and Loss

Income or Loss From Rental Real Estate and Royalties

Schedule E Form 1099 required:	Neither box checked
Schedule E Form 1099 filed:	Neither box checked
Total rents received:	$0.00
Total royalties received:	$0.00
Total mortgage interest all properties:	$0.00
Total depreciation or depletion for all properties:	$0.00
Total expenses for all properties:	$0.00
Total rental real estate and royalty income or loss:	$0.00
Rent & royalty income:	$0.00
Rent & royalty losses:	$0.00
Repairs expense Column A:	$0.00
Repairs expense Column B:	$0.00
Repairs expense Column C:	$0.00

Income or Loss From Partnerships and S-Corps

Partnership/Corporation passive income:	$60,463.00
Partnership/Corporation nonpassive income:	$0.00
Partnership/Corporation passive loss:	$0.00
Partnership/Corporation nonpassive loss:	$0.00
Partnership income:	$60,463.00
Partnership loss:	$0.00

Income or Loss From Estate and Trusts

Estate/trust passive income:	$0.00
Estate/trust passive loss:	$0.00
Estate and trust income:	$0.00
Estate and trust loss:	$0.00
Passive loss not reported on Form 8582:	
Schedule K-1 estate payment indicator:	No

Income or Loss From Real Estate Mortgage Investment Conduits

Real estate mortgage income/loss:	$0.00

Summary

Net farm rent income/loss:	$0.00
Gross farming & fishing income:	$0.00

This Product Contains Sensitive Taxpayer Data

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901
(415) 785-3378
sdoservices@comcast.net

April 11, 2025

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

Dear Client,

We have prepared and enclosed your 2024 Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC for the tax year ending December 31, 2024.

The return was prepared from information furnished to us. Please review to ensure there are no omissions or misstatements of material facts.

Your 2024 Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC will be electronically filed.

No payment is due with this return.

Enclosed is the 2024 Form 568, California Limited Liability Company Return of Income for WNS P2 SERVICES LLC.

Your 2024 Form 568, California Limited Liability Company Return of Income for WNS P2 SERVICES LLC will be electronically filed.

You have a balance due of $800.00. Listed below are the filing instructions for the Form 3588.

The due date of Form 3588, Voucher for LLC e-filed Returns, is March 17, 2025.

Include Form 3588 and a check or money order in the amount of $800.00, payable to "Franchise Tax Board." Write Your SOS file number, taxable year 2024, and Form 568 on the check.

Mail to:

Franchise Tax Board
PO BOX 942857
Sacramento, CA 94257-0531

The due dates and required payments for the 2025 California Limited Liability Company Return of Income estimated income tax are as follows:

Installment #1	04/15/25	$	800

The estimated tax payments that are not required to be paid electronically should be made by check or money order and sent to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

We appreciate this opportunity to serve you. If you have any questions, please contact us.

Sincerely,

SONIA DE OLIVEIRA

2024 U.S. Return of Partnership Income
prepared by:

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2024, or tax year beginning _____ **, 2024, ending** _____ **, 20** ____.

Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2024

A Principal business activity: TRUCKING SERVICES	**Type or Print**	Name of partnership: WNS P2 SERVICES LLC	**D** Employer identification number: 88-4068738
B Principal product or service: TRUCKING SERVICES		Number, street, and room or suite no. If a P.O. box, see instructions.: 1799 REDWOOD RD	**E** Date business started: 08/26/2022
C Business code number: 484110		City or town, state or province, country, and ZIP or foreign postal code: HERCULES CA 94547	**F** Total assets (see instructions): $

G Check applicable boxes: **(1)** ☐ Initial return **(2)** ☐ Final return **(3)** ☐ Name change **(4)** ☐ Address change **(5)** ☐ Amended return

H Check accounting method: **(1)** ☐ Cash **(2)** ☒ Accrual **(3)** ☐ Other (specify): _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: 2

J Check if Schedules C and M-3 are attached . . . . . ☐

K Check if partnership: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

Income	**1a**	Gross receipts or sales _____ **b** Less returns and allowances _____ **c** Balance			**1c**	
	2	Cost of goods sold (attach Form 1125-A)			**2**	
	3	Gross profit. Subtract line 2 from line 1c			**3**	
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			**4**	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			**5**	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			**6**	
	7	Other income (loss) (attach statement)			**7**	
	8	**Total income (loss).** Combine lines 3 through 7			**8**	
Deductions (see instructions for limitations)	**9**	Salaries and wages (other than to partners) (less employment credits)			**9**	
	10	Guaranteed payments to partners			**10**	
	11	Repairs and maintenance			**11**	
	12	Bad debts			**12**	
	13	Rent			**13**	0.
	14	Taxes and licenses			**14**	
	15	Interest (see instructions)			**15**	
	16a	Depreciation (if required, attach Form 4562)	**16a**	64,000.		
	b	Less depreciation reported on Form 1125-A and elsewhere on return	**16b**		**16c**	64,000.
	17	Depletion **(Do not deduct oil and gas depletion.)**			**17**	
	18	Retirement plans, etc.			**18**	
	19	Employee benefit programs			**19**	
	20	Energy efficient commercial buildings deduction (attach Form 7205)			**20**	
	21	Other deductions (attach statement)			**21**	
	22	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 21			**22**	64,000.
	23	**Ordinary business income (loss).** Subtract line 22 from line 8			**23**	-64,000.
Tax and Payment	**24**	Interest due under the look-back method—completed long-term contracts (attach Form 8697)			**24**	
	25	Interest due under the look-back method—income forecast method (attach Form 8866)			**25**	
	26	BBA AAR imputed underpayment (see instructions)			**26**	
	27	Other taxes (see instructions)			**27**	
	28	**Total balance due.** Add lines 24 through 27			**28**	
	29	Elective payment election amount from Form 3800			**29**	
	30	Payment (see instructions)			**30**	
	31	**Amount owed.** If the sum of line 29 and line 30 is smaller than line 28, enter amount owed			**31**	
	32	**Overpayment.** If the sum of line 29 and line 30 is larger than line 28, enter overpayment			**32**	0.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. ☐ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SONIA DE OLIVEIRA	SONIA DE OLIVEIRA	04/11/2025		P00739286

Firm's name: SDO INSURANCE AND FINANCIAL SERVICES — Firm's EIN: 26-1712763

Firm's address: 118 ALTO ST STE 207 SAN RAFAEL,CA 94901 — Phone no. (415)785-3378

For Paperwork Reduction Act Notice, see separate instructions. BAA REV 03/21/25 PRO Form **1065** (2024)

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☐ Domestic limited partnership		
c	☒ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other: _____		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		×
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		×
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more, of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		×

(i) Name of corporation	(ii) Employer identification number (if any)	(iii) Country of incorporation	(iv) Percentage owned in voting stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				

(i) Name of entity	(ii) Employer identification number (if any)	(iii) Type of entity	(iv) Country of organization	(v) Maximum percentage owned in profit, loss, or capital

		Yes	No
4	Does the partnership satisfy **all four** of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3	×	
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		×
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		×
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		×
8	At any time during calendar year 2024, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country _____		×
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		×
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election _____		×
	See instructions for details regarding a section 754 election.		
b	For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount $ _____ and the total aggregate net negative amount $ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		×

Schedule B Other Information *(continued)*		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount $ _____ and the total aggregate net negative amount $ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		×
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year $ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		×
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		×
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions _____		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership _____		×
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return _____		
16a	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		×
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return _____		
18	Enter the number of partners that are foreign governments under section 892 _____		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		×
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		×
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		×
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		×
	If "Yes," enter the total amount of the disallowed deductions $ _____		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		×
24	Does the partnership satisfy one or more of the following? See instructions		×
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $30 million and the partnership has business interest expense.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		×
	If "Yes," enter the amount from Form 8996, line 15 $ _____		
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____		
	Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		×
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: _____ By value: _____		×
29	Is the partnership required to file Form 7208, Excise Tax on Repurchase of Corporate Stock (see instructions):		
a	Under the applicable foreign corporation rules?		×

Schedule B Other Information *(continued)*		Yes	No
b	Under the covered surrogate foreign corporation rules?		×
	If "Yes" to either (a) or (b), complete Form 7208. See the Instructions for Form 7208.		
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		×
31	Reserved for future use		
32	Check this box if an election out of subchapter K under section 761 is being made. See instructions . . . . ☐		
33	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		×
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3		
	If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)
Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR	
U.S. address of PR	U.S. phone number of PR
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	U.S. phone number of designated individual

Schedule K	Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 23)	1	-64,000.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b		
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type:	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Cash contributions	13a	
	b Noncash contributions	13b	
	c Investment interest expense	13c	
	d Section 59(e)(2) expenditures: (1) Type: (2) Amount:	13d(2)	
	e Other deductions (see instructions) Type:	13e	
Self-Employment	14a Net earnings (loss) from self-employment	14a	0.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type:	15d	
	e Other rental credits (see instructions) Type:	15e	
	f Other credits (see instructions) Type:	15f	
International	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	13,000.
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19a Distributions of cash and marketable securities	19a	
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement)		
	21 Total foreign taxes paid or accrued	21	

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					1	-64,000.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		-64,000.				

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts		0.		0.
22	Total liabilities and capital		0.		0.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books		6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest $	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a	Depreciation $	
a	Depreciation $		8	Add lines 6 and 7	
b	Travel and entertainment $		9	Income (loss) (*Analysis of Net Income (Loss) per Return*, line 1). Subtract line 8 from line 5	
5	Add lines 1 through 4				

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year	0.	6	Distributions: a Cash	
2	Capital contributed: a Cash			b Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)				
4	Other increases (itemize):		8	Add lines 6 and 7	
5	Add lines 1 through 4	0.	9	Balance at end of year. Subtract line 8 from line 5	0.

651123

OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year beginning / / 2024 ending / /

☐ Final K-1 ☐ Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
88-4068738

B Partnership's name, address, city, state, and ZIP code
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
303-95-1912

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES CA 94547

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here . ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	100.00000 %	100.00000 %
Loss	100.00000 %	100.00000 %
Capital	100.00000 %	100.00000 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L **Partner's Capital Account Analysis**

Beginning capital account	$ 0.
Capital contributed during the year	$
Current year net income (loss)	$
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ ( )
Ending capital account	$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** ☒ **No** If "Yes," attach statement. See instructions.

N **Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)**
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) -64,000.	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items A 13,000.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*
23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

651123

OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2024

For calendar year 2024, or tax year beginning / / 2024 ending / /

☐ Final K-1 ☐ Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
88-4068738

B Partnership's name, address, city, state, and ZIP code
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
303-95-1912

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES CA 94547

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here . ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.00000 %	0.00000 %
Loss	0.00000 %	0.00000 %
Capital	0.00000 %	0.00000 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L Partner's Capital Account Analysis

Beginning capital account	$ 0.
Capital contributed during the year	$
Current year net income (loss)	$
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ ( )
Ending capital account	$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** ☒ **No** If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 0.	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items A 0.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

199A Worksheet by Activity 2024

► Keep for your records

Partnership's name	Partnership's EIN
WNS P2 SERVICES LLC	88-4068738

Note: See 199A Summary for Special Allocation information

QuickZoom to 199A Summary . . . . ► _____

Aggregation Code: ____

Trade or Business: 1065, Line 22

EIN: 88-4068738

Is this activity a qualified trade/business? . . . . . [ ] Yes [X] No

Specified Service Trade or Business? . . . . . [ ] Yes [ ] No

QBI or qualified PTP items subject to partner-specific determinations:

1 a	Ordinary business income (loss)	**1 a**		
b	Adjustments	**b**		
c	Adjusted ordinary business income (loss)		**1 c**	
2 a	Rental income (loss)	**2 a**		
b	Adjustments	**b**		
c	Adjusted rental income (loss)		**2 c**	
3 a	Royalty income (loss)	**3 a**		
b	Adjustments	**b**		
c	Adjusted royalty income (loss)		**3 c**	
4 a	Section 1231 gain (loss)	**4 a**		
b	Adjustments	**b**		
c	Adjusted section 1231 gain (loss)		**4 c**	
5	Other income (loss)		**5**	
6 a	Section 179 deduction	**6 a**		
b	Adjustments	**b**		
c	Adjusted section 179 deduction		**6 c**	
7	Other deductions		**7**	
8 a	W-2 wages	**8 a**		
b	Adjustments	**b**		
c	Adjusted W-2 Wages		**8 c**	
9 a	UBIA of qualified property	**9 a**		
b	Adjustments	**b**		
c	Adjusted UBIA of qualified property		**9 c**	

Section 179 Carryover Detail for this Activity

	Section 179 Regular Tax	Section 179 QBI
Tentative Section 179 deduction from current year assets		
Part I: Prior Year Carryovers by Year and Category		
A Before 2018		0.
B 2018		
C 2019		
D 2020		
E 2021		
F 2022		
G 2023		
Total prior year carryovers to this year		

Part II: 179 Deduction Allowed by Year and Category	Section 179 Regular Tax	Section 179 QBI
Total 179 deduction allowed for this activity in current year		
A Amount allowed from 2024		
B Amount allowed from before 2018		
C Amount allowed from 2018		
D Amount allowed from 2019		
E Amount allowed from 2020		
F Amount allowed from 2021		
G Amount allowed from 2022		
H Amount allowed from 2023		

Part III: Total Carryforward to 2025 by Year and Category	Section 179 Regular Tax	Section 179 QBI
A Carryforward from 2024		
B Carryforward from before 2018		
C Carryforward from 2018		
D Carryforward from 2019		
E Carryforward from 2020		
F Carryforward from 2021		
G Carryforward from 2022		
H Carryforward from 2023		
Total carryforward to next year		

051

DO NOT MAIL THIS FORM TO FTB

Date Accepted _____

TAXABLE YEAR **2024**

California e-file Return Authorization for Limited Liability Companies

FORM **8453-LLC**

Limited liability company name	California Secretary of State (SOS) file number or FEIN
WNS P2 SERVICES LLC	88-4068738

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	**1**	
2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	**2**	-64000.
3 Refund (Form 568, line 19)	**3**	
4 Total amount due (Form 568, line 21)	**4**	800.

Part II Settle Your Account Electronically for Taxable Year 2024

5 ☐ Electronic funds withdrawal

5a Tax amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

5c PTE amount _____ **5d** Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2025

This is **not** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
6 Amount		
7 Withdrawal date (mm/dd/yyyy)		

Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2025

	First Payment
8 Amount	
9 Withdrawal date (mm/dd/yyyy)	

Part V Banking Information (Have you verified the LLC's banking information?)

10 Routing number _____

11 Account number _____ **12** Type of account: ☐ Checking ☐ Savings

Part VI Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Part II. If I check box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a, line 5c, any 2025 annual tax or estimated fee payment amounts listed on Part III, line 6, and on Part IV, line 8 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2024 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

▶ _____ Signature of authorized member or manager | _____ Date

▶ MEMBER Title

Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's PTIN
	04/11/2025			P00739286

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN	ZIP code
SDO INSURANCE AND FINANCIAL SERVICES 118 ALTO ST STE 207, SAN RAFAEL, CA	26-1712763	94901

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed ☐	Paid preparer's PTIN
	04/11/2025		P00739286

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN	ZIP code
SDO INSURANCE AND FINANCIAL SERVICES 118 ALTO ST STE 207 SAN RAFAEL, CA	26-1712763	94901

REV 03/12/25 PRO

Voucher at bottom of page

If amount of payment is zero, do no mail this voucher.

When to pay:
Fiscal Year – File and Pay by the 15th day of the 4th month after the beginning of the taxable year.

Calendar Year – File and Pay by April 15, 2025.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay for businesses** LLCs can make an immediate payment or schedule payments for up to a year in advance.
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information. Do not mail this form if you pay online.

Where to pay: Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the California SOS file number, FEIN, and "2025 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page. Enclose, but **do not** staple, your payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

REV 03/12/25 PRO

TAXABLE YEAR | CALIFORNIA FORM

2025 LLC Tax Voucher **3522**

```
202252210142  WNSP  88-4068738    (510) 660-1869     25       FORM  0
TYB  01-01-2025   TYE  12-31-2025
WNS P2 SERVICES LLC
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES           CA  94547

                                   AMOUNT OF PAYMENT          800.
```

051 6111256 FTB 3522 2024

Voucher at bottom of page

Do not mail a paper copy of the LLC tax return with payment voucher.
If the amount of payment is zero, do not mail this voucher.

When to pay: The tax liability must be paid by the original due date of the return.
For LLCs classified as partnerships, the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.

SMLLCs

- For SMLLCs owned by pass-through entities (S corporations, partnerships, and LLCs classified as partnerships), the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.
- For all other SMLLCs, the original due date of the return is the 15th day of the 4th month following the close of the taxable year of the owner.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web Pay for businesses.** LLCs can make an immediate payment or schedule payments for up to a year in advance
- **Credit Card** (service fee)

For all other SMLLCs, the original due date of the return is the 15th day of the 4th month following the close of the taxable year of the owner.

Go to **ftb.ca.gov/pay** for more information. Do not mail this form if you pay online.

Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2024 FTB 3588" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

REV 03/12/25 PRO

__ __DETACH HERE__ __ __ __ __ __IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER__ __ __ __ __ __DETACH HERE__ __

TAXABLE YEAR **2024** **Payment Voucher for LLC e-filed Returns** CALIFORNIA FORM **3588 (e-file)**

```
202252210142  WNSP  88-4068738    (510) 660-1869     24       FORM  0
TYB  01-01-2024   TYE  12-31-2024
WNS P2 SERVICES LLC
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES           CA  94547

                                   AMOUNT OF PAYMENT          800.
```

051 6201246 FTB 3588 2024

TAXABLE YEAR **2024**

Limited Liability Company Return of Income

CALIFORNIA FORM **568**

202252210142 WNSP 88-4068738 24
TYB 01-01-2024 TYE 12-31-2024
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

ACCTMETHOD 2 08-26-2022
INITIAL 0 FINAL 0 AMENDED 0 PROTECTIVE 0

I **(1)** During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes**. . . . . ● ☐ Yes ☒ No

(2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes**. . ● ☐ Yes ☒ No

(3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes**. . . . . ● ☐ Yes ☒ No

(Yes requires filing of BOE-100-B statement, penalties may apply– see instructions.)

Enclose, but do not staple, any payment.

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.

			Whole dollars only
1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	0. 00
2	Limited Liability Company fee. See instructions.	2	0. 00
3	2024 annual Limited Liability Company tax. See instructions	3	800. 00
4	Pass-through entity elective tax. See instructions	4	00
5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6	00
7	**Total tax and fee.** Add line 2, line 3, line 4, line 5, and line 6.	7	800. 00
8	Amount paid with form FTB 3537 and 2024 form FTB 3522 and form FTB 3536.	8	00
9	Amounts paid for pass-through entity elective tax	9	00
10	Overpayment from prior year allowed as a credit.	10	00
11	Withholding (Form 592-B and/or 593).	11	00
12	**Total payments.** Add line 8, line 9, line 10 and line 11	12	00
13	**Use tax. This is not a total line.** See instructions.	13	00
14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	00
15	**Use tax balance.** If line 13 is more than line 12, subtract line 12 from line 13	15	00
16	**Tax and fee due.** If line 7 is more than line 14, subtract line 14 from line 7	16	800. 00
17	**Overpayment.** If line 14 is more than line 7, subtract line 7 from line 14	17	00

		Whole dollars only
18	Amount of line 17 to be credited to 2025 tax or fee	**18** 00
19	**Refund.** If the total of line 18 is less than line 17, subtract the total from line 17	**19** .00
20	Penalties and interest. See instructions	**20** 00
21	**Total amount due.** Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result.	**21** 800.00

J Principal business activity code (**Do not** leave blank) ● 484110
Business activity TRUCKING SERVICES Product or service TRUCKING SERVICES

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members ● 2

L	Is this LLC an investment partnership? See General Information O ●	☐ Yes	☒ No
M	**(1)** Is this LLC apportioning or allocating income to California using Schedule R? ●	☐ Yes	☒ No
	(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ◉	☐ Yes	☒ No
N	Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ●	☐ Yes	☒ No
P	**(1)** Does the LLC have any foreign (non-U.S.) nonresident members? ●	☐ Yes	☒ No
	(2) Does the LLC have any domestic (non-foreign) nonresident members? ●	☐ Yes	☒ No
	(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ●	☐ Yes	☒ No
Q	Are any members in this LLC also LLCs or partnerships? ●	☐ Yes	☒ No
R	Is this LLC under audit by the IRS or has it been audited in a prior year? ●	☐ Yes	☒ No
S	Is this LLC a member or partner in another multiple member LLC or partnership? ● If "Yes," complete Schedule EO, Part I.	☐ Yes	☒ No
T	Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ◉	☐ Yes	☒ No
U	**(1)** Is this LLC a business entity disregarded for tax purposes? ●	☐ Yes	☒ No
	(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ●	☐ Yes	☐ No
	(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources?	☐ Yes	☐ No
V	Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction. ●	☐ Yes	☒ No
W	Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ●	☐ Yes	☒ No
X	Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ●	☐ Yes	☒ No
Y	Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ● If "Yes," attach schedule of trusts and federal identification numbers.	☐ Yes	☒ No
Z	Does this LLC own an interest in a business entity disregarded for tax purposes? ◉ If "Yes," complete Schedule EO, Part II.	☐ Yes	☒ No
AA	Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ●	☐ Yes	☒ No
BB	Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ●	☐ Yes	☒ No

(continued on Side 3)

(continued from Side 2)

CC **(1)** Is the LLC deferring any income from the disposition of assets? (see instructions) . . . . . ● ☐ Yes ☒ No

(2) If "Yes," enter the year of asset disposition . . . . . ●

DD Is the LLC reporting previously deferred Income from: (see instructions) . . . . . ● ☐ Installment Sale ● ☐ IRC §1031 ● ☐ IRC §1033 ● ☐ Other

EE "Doing business as" name. See instructions: . . . . . ● WNS P2 SERVICES LLC

FF **(1)** Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? . . . . . ● ☐ Yes ☒ No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG **(1)** Has this LLC previously operated outside California? . . . . . ● ☐ Yes ☒ No

(2) Is this the first year of doing business in California? . . . . . ● ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? . . . . . ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? . . . . . ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes

(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? . . . . . ● ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● _____ (3) Amount last remitted ■ $_____ . _____

Single Member LLC Information and Consent — Complete only if the LLC is disregarded.

● Federal TIN/SSN

Sole Owner's name (as shown on owner's return)

FEIN/CA Corp no./CA SOS File no.

◉

Street Address, City, State, and ZIP Code

● What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

☐ **(1)** Individual ☐ **(2)** C Corporation ☐ **(3)** Pass-Through (S corporation, partnership, LLC classified as a partnership)

☐ **(4)** Estate/Trust ☐ **(5)** Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ▶ Date

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of authorized member or manager ▶ _____ Date

Authorized member or manager's email address (optional)

Telephone ● (510)660-1869

Paid Preparer's Use Only

Paid preparer's signature ▶ SONIA DE OLIVEIRA Date 04-11-2025 Check if self-employed ☐

PTIN ● P00739286

Firm's name (or yours, if self-employed) and address ▶ SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

Firm's FEIN ● 26-1712763

Telephone ● (415)785-3378

May the FTB discuss this return with the preparer shown above (see instructions)? . . . . . ● ☐ Yes ☒ No

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Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule	5		00
6	**Total**. Add line 1 through line 5	6		00
7	Inventory at end of year	7		00
8	**Cost of goods sold**. Subtract line 7 from line 6. Enter here and on Schedule B, line 2.	8		00

9 **a** Check all methods used for valuing closing inventory:
(1) ☐ Cost **(2)** ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 **(3)** ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) **(4)** ☐ Other. Specify method used and attach explanation _____

b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No

d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions

Caution: Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	**a** Gross receipts or sales $ _____ **b** Less returns and allowances $ _____ **c** Balance	●	1c	00
	2	Cost of goods sold (Schedule A, line 8)	◉	2	00
	3	GROSS PROFIT. Subtract line 2 from line 1c	●	3	00
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	●	4	00
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	●	5	00
	6	Total farm profit. Attach federal Schedule F (Form 1040)	●	6	00
	7	Total farm loss. Attach federal Schedule F (Form 1040)	●	7	00
	8	Total gains included on Schedule D-1, Part II, line 17 (**gain only**)	●	8	00
	9	Total losses included on Schedule D-1, Part II, line 17 (**loss only**)	●	9	00
	10	Other income. Attach schedule	●	10	00
	11	Other loss. Attach schedule	●	11	00
	12	**Total income (loss)**. Combine line 3 through line 11	●	12	00
Deductions	13	Salaries and wages (other than to members)	◉	13	00
	14	Guaranteed payments to members	◉	14	00
	15	Bad debts	●	15	00
	16	Deductible interest expense not claimed elsewhere on return	◉	16	00
	17	**a** Depreciation and amortization. Attach form FTB 3885L $ 64000. **b** Less depreciation reported on Schedule A and elsewhere on return $ _____ **c** Balance	●	17c	64000. 00
	18	Depletion. Do not deduct oil and gas depletion		18	00
	19	Retirement plans, etc		19	00
	20	Employee benefit programs		20	00
	21	Other deductions. Attach schedule. See Statement	●	21	0. 00
	22	**Total deductions**. Add line 13 through line 21	●	22	64000. 00
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12	●	23	-64000. 00

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member – reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- _____

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Schedule K **Members' Shares of Income, Deductions, Credits, etc.**

		(a) Distributive share items		(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1	-64000.	0.	-64000.
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2			
	3 a	Gross income (loss) from other rental activities	3a			
	b	Less expenses. Attach schedule	3b			
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c			
	4	Guaranteed payments a Services	4a			
	b	Capital	4b			
	c	Total	4c			
	5	Interest income	5			
	6	Dividends	6			
	7	Royalties	7			
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8			
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9			
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a			
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b			
	11 a	Other portfolio income (loss). Attach schedule	11a			
	b	Total other income. Attach schedule	11b			
	c	Total other loss. Attach schedule	11c			
Deductions	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12			
	13 a	Cash contributions	13a			
	b	Noncash contributions	13b			
	c	Investment interest expense	13c			
	d	1 Total expenditures to which IRC Section 59(e) election may apply	13d1			
		2 Type of expenditures	13d2			
	e	Deductions related to portfolio income	13e			
	f	Other deductions. Attach schedule	13f			
Credits	15 a	Withholding on LLC allocated to all members	15a			
	b	Low-income housing credit	15b			
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c			
	d	Credits related to other rental activities. Attach schedule	15d			
	e	Nonconsenting nonresident members' tax paid by LLC	15e			
	f	Other credits. Attach schedule	15f			
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986	17a	13000.	0.	13000.
	b	Adjusted gain or loss	17b			
	c	Depletion (other than oil and gas)	17c			
	d	Gross income from oil, gas, and geothermal properties	17d			
	e	Deductions allocable to oil, gas, and geothermal properties	17e			
	f	Other alternative minimum tax items. Attach schedule	17f			
Other Information	18 a	Tax-exempt interest income	18a			
	b	Other tax-exempt income	18b			
	c	Nondeductible expenses	18c			
	19 a	Distributions of money (cash and marketable securities)	19a			
	b	Distribution of property other than money	19b			
	20 a	Investment income	20a			
	b	Investment expenses	20b			
	c	Other information. See instructions	20c			
Analysis	21 a	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f	21a	-64000.	0.	-64000.

b Analysis of members:	(a) Corporate	(b) Individual i. Active	(b) Individual ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
Members		-64000.					

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Schedule L **Balance Sheets.** See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule				
14 **Total** assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule				
18 All nonrecourse loans				
19 a Loans from members				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule				
21 Members' capital accounts		0.		0.
22 **Total** liabilities and capital		0.		0.

Schedule M-1 **Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** Use total amount under California law. See instructions.

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize		a Tax-exempt interest $	
3 Guaranteed payments (other than health insurance)		b Other $	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b	
a Depreciation $		7 Deductions included on Schedule K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment $		a Depreciation $	
c Annual LLC tax $		b Other $	
d Other $		c Total. Add line 7a and line 7b	
e Total. Add line 4a through line 4d		8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e		9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	

Schedule M-2 **Analysis of Members' Capital Accounts.** Use California amounts.

1 Balance at beginning of year	0.	5 Total of line 1 through line 4	0.
2 Capital contributed during year		6 Distributions: a Cash	
a Cash		b Property	
b Property		7 Other decreases. Itemize	
3 Net income (loss) per books		8 Total of line 6 and line 7	
4 Other increases. Itemize		9 Balance at end of year. Subtract line 8 from line 5	0.

Schedule O **Amounts from Liquidation used to Capitalize a Limited Liability Company.** (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: ☐ **(1)** C Corporation ☐ **(2)** S Corporation ☐ **(3)** Partnership ☐ **(4)** Limited Partnership ☐ **(5)** Sole Proprietor ☐ **(6)** Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC _____

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Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1 a Total California income from Form 568, Schedule B, line 3. See instructions ... **1a** _____

b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4. ... **1b** _____

2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 ... **2a** _____

b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a ... **2b** _____

3 a LLC's distributive share of ordinary income from pass-through entities ... **3a** _____

b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) ... **3b** _____

c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) ... **3c** _____

4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts ... **4** _____

5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 ... **5** _____

6 Enter the total gains (not losses) from Form 568, Schedule B, line 8. ... **6** _____

7 Add line 1a through line 6 ... **7** _____

8 California rental real estate

a Enter the total gross rents from federal Form 8825, line 18a ... **8a** _____

b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 ... **8b** _____

c Add line 8a and line 8b ... **8c** _____

9 Other California rentals.

a Enter the amount from Schedule K (568), line 3a ... **9a** _____

b Enter the amount from all Schedule K-1s (565), Table 3, line 3. ... **9b** _____

c Add lines 9a and 9b ... **9c** _____

10 California interest. Enter the amount from Form 568, Schedule K, line 5 ... **10** _____

11 California dividends. Enter the amount from Form 568, Schedule K, line 6 ... **11** _____

12 California royalties. Enter the amount from Form 568, Schedule K, line 7 ... **12** _____

13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 ... **13** _____

14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a ... **14** _____

15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a. ... **15** _____

16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b ... **16** _____

17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- ... **17** _____

TAXABLE YEAR

CALIFORNIA FORM

2024 Depreciation and Amortization 3885L

Name as shown on return

WNS P2 SERVICES LLC

California Secretary of State (SOS) file number

202252210142

FEIN

884068738

Tangible and intangible assets placed in service during the 2024 taxable year:			Depreciation of assets			Amortization of property		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
1								
1 Enter line 1, column (f) and column (i) totals 1								

Depreciation

Be sure to make adjustments for any basis differences when calculating depreciation.

2 California depreciation for assets placed in service beginning before the 2024 taxable year . . . . . 2 64000.

3 Total California depreciation. Add line 1(f) totals and line 2 . . . . . 3 64000.

Amortization

Be sure to make adjustments for any basis differences when calculating amortization.

4 California amortization for intangibles placed in service beginning before the 2024 taxable year 4

5 Total California amortization. Add line 1(i) totals and line 4 5

6 Total depreciation and amortization. Add line 3 and line 5. Enter the total here and on Form 568, Schedule B, line 17a, if from a trade or business, or on federal Form 8825, line 14, if from rental real estate activities . . . . . 6 64000.

7 IRC Section 179 expense deduction from line 12 of the worksheet in the instructions 7

8 Carryover of disallowed deduction to 2025 from line 13 of the worksheet in the instructions. 8

What's New

Intangible Drilling and Development Costs – California law does not allow the IRC Section 263(c) deduction for intangible drilling and development costs in the case of oil and gas wells paid or incurred on or after January 1, 2024. For more information, see California Revenue and Taxation Code (R&TC) Section 17260 (R&TC Section 24423 has been repealed).

Percentage Depletion – For taxable years beginning on or after January 1, 2024, California law does not allow the calculation of depletion as a percentage of gross income from the property for specified natural resources, including coal, oil shale, oil and gas wells. R&TC Sections 17681.3, 17681.6, 24831.3, and 24831.6 allowing state nonconformity to federal rules for percentage depletion of certain refiner exclusions as well as the temporary suspension of taxable income limit for marginal production have also been repealed. For more information, see R&TC Sections 17681 and 24831.

General Information

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to **ftb.ca.gov** and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for Schedule CA (540), California Adjustments - Residents, or Schedule CA (540NR), California Adjustments - Nonresidents or Part-Year Residents, and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the R&TC in the instructions. Taxpayers should not consider the instructions as authoritative law.

A Purpose

Use form FTB 3885L, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 568, Limited Liability Company Return of Income. Attach form FTB 3885L to Form 568.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

B Federal/State Calculation Differences

California law has not always conformed to federal law with regard to depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

- **Before January 1, 1987:** California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS). Continue to calculate California depreciation in the same manner as in prior years for those assets.

REV 03/12/25 PRO

TAXABLE YEAR **2024**

Member's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (568)**

TYB 01-01-2024 TYE 12-31-2024
303-95-1912
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

88-4068738 202252210142
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

A What type of entity is this member? ● See instructions.

(1) [X] Individual **(4)** [ ] C Corporation **(7)** [ ] LLP **(10)** [ ] Exempt Organization
(2) [ ] S Corporation **(5)** [ ] General Partnership **(8)** [ ] LLC **(11a)** [ ] Disregarded Entity (DE)
(3) [ ] Estate/Trust **(6)** [ ] Limited Partnership **(9)** [ ] IRA/Keogh/SEP **(11b)** DE owner's name _____
(11c) DE owner's TIN _____

B Is this member a foreign member? ● [ ] Yes [X] No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	100.0000	%	● 100.0000	%
Loss	100.0000	%	● 100.0000	%
Capital	100.0000	%	● 100.0000	%

Check if decrease is due to: [ ] Sale or [ ] Exchange of LLC interest.

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse	$ .00		● $ .00	
Qualified nonrecourse financing	$ .00		● $ .00	
Recourse	$ .00		● $ .00	

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs [ ]
Check if any of the above liability is subject to guarantees or other payment obligations by the member [ ]

E Reportable transaction or tax shelter registration number(s)

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

F **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ ☐

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ◉ ☐

G Check here if this is: ● **(1)** ☐ A final Schedule K-1 (568) **(2)** ☐ An amended Schedule K-1 (568)

H Is this member a resident of California? ● ☒ Yes ▶ ☐ No

I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. ☐ Yes ☒ No

J Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning _____ (ii) Ending _____

K Analysis of member's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
● 0.	●	● -64000.		● ( )	● -64000.

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	**1** Ordinary income (loss) from trade or business activities	-64000.	0.	● -64000.	▶
	2 Net income (loss) from rental real estate activities			●	▶
	3 Net income (loss) from other rental activities			◉	◉
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income			●	▶
	6 Dividends			●	▶
	7 Royalties			●	▶
	8 Net short-term capital gain (loss)			●	▶
	9 Net long-term capital gain (loss)			●	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			●	▶
	b Total loss under IRC Section 1231 other than due to casualty or theft)			●	▶
	11 a Other portfolio income (loss). Attach schedule			●	▶
	b Total other income. Attach schedule			●	▶
	c Total other loss. Attach schedule			●	▶

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)			◉	◉
	13 a Cash contributions			◉	
	b Noncash contributions			◉	
	c Investment interest expense			◉	◉
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			◉	◉
	2 Type of expenditures ◉				
	e Deductions related to portfolio income. Attach schedule			◉	◉
	f Other deductions. Attach schedule			◉	◉
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			●	▶
	b Low-income housing credit			◉	◉
	c Credits other than line 15b related to rental real estate activities. Attach schedule			◉	◉
	d Credits related to other rental activities. Attach schedule			◉	◉
	e Nonconsenting nonresident members' tax paid by LLC			◉	◉
	f Other credits – Attach required schedules or statements			◉	◉
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	13000.	0.	◉ 13000.	◉
	b Adjusted gain or loss			◉	◉
	c Depletion (other than oil & gas)			◉	◉
	d Gross income from oil, gas, and geothermal properties			◉	◉
	e Deductions allocable to oil, gas, and geothermal properties			◉	◉
	f Other alternative minimum tax items. Attach schedule			◉	◉
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income			◉	◉
	b Other tax-exempt income			◉	◉
	c Nondeductible expenses			◉	◉
Distributions	19 a Distributions of money (cash and marketable securities)			◉	
	b Distributions of property other than money			◉	
Other Information	20 a Investment income			◉	◉
	b Investment expenses			◉	◉
	c Other information. See instructions			◉	

21 ☐ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

REV 03/12/25 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

Other Member Information

Table 1 — Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest . . . . . $	Sec. 1231 Gains/Losses . . . . . $	Capital Gains/Losses . . . $
Dividends . . . . . $	Royalties . . . . . $	Other . . . . . $

FOR USE BY MEMBERS ONLY – See instructions.

Table 2 — Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. $

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . . . $	Rents/Royalties . . . . . $
Sec. 1231 Gains/Losses . . . . . $	Other . . . . . $

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . . $		$
Property: Ending . . . . . $		$
Property: Annual rent expense . . . . . $		$
Payroll . . . . . $		$
Sales . . . . . $		$

REV 03/12/25 PRO

TAXABLE YEAR **2024**

Member's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (568)**

TYB 01-01-2024 TYE 12-31-2024
303-95-1912
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

88-4068738 202252210142
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

A What type of entity is this member? ● See instructions.

(1) [X] Individual **(4)** [ ] C Corporation **(7)** [ ] LLP **(10)** [ ] Exempt Organization
(2) [ ] S Corporation **(5)** [ ] General Partnership **(8)** [ ] LLC **(11a)** [ ] Disregarded Entity (DE)
(3) [ ] Estate/Trust **(6)** [ ] Limited Partnership **(9)** [ ] IRA/Keogh/SEP **(11b)** DE owner's name _____
(11c) DE owner's TIN _____

B Is this member a foreign member? ● [ ] Yes [X] No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning			(ii) Ending	
Profit	0.0000	%	●	0.0000	%
Loss	0.0000	%	●	0.0000	%
Capital	0.0000	%	●	0.0000	%

Check if decrease is due to: [ ] Sale or [ ] Exchange of LLC interest.

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse	$ .00	●	$	.00
Qualified nonrecourse financing	$ .00	●	$	.00
Recourse	$ .00	●	$	.00

Check the box if Item D includes liability amounts from lower-tier partnerships or LLCs [ ]
Check if any of the above liability is subject to guarantees or other payment obligations by the member [ ]

E Reportable transaction or tax shelter registration number(s)

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

F **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ ☐

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) ◉ ☐

G Check here if this is: ● **(1)** ☐ A final Schedule K-1 (568) **(2)** ☐ An amended Schedule K-1 (568)

H Is this member a resident of California? ● ☒ Yes ▶ ☐ No

I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. ☐ Yes ☒ No

J Member's share of net unrecognized IRC Section 704(c) gain or (loss) (i) Beginning _____ (ii) Ending _____

K Analysis of member's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
● 0.	●	● 0.		● ( )	● 0.

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	**1** Ordinary income (loss) from trade or business activities	0.	0.	● 0.	▶
	2 Net income (loss) from rental real estate activities			●	▶
	3 Net income (loss) from other rental activities			◉	◉
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income			●	▶
	6 Dividends			●	▶
	7 Royalties			●	▶
	8 Net short-term capital gain (loss)			●	▶
	9 Net long-term capital gain (loss)			●	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			●	▶
	b Total loss under IRC Section 1231 other than due to casualty or theft			●	▶
	11 a Other portfolio income (loss). Attach schedule			●	▶
	b Total other income. Attach schedule			●	▶
	c Total other loss. Attach schedule			●	▶

REV 03/12/25 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)			◉	◉
	13 a Cash contributions			◉	
	b Noncash contributions			◉	
	c Investment interest expense			◉	◉
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			◉	◉
	2 Type of expenditures ◉				
	e Deductions related to portfolio income. Attach schedule			◉	◉
	f Other deductions. Attach schedule			◉	◉
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			●	▶
	b Low-income housing credit			◉	◉
	c Credits other than line 15b related to rental real estate activities. Attach schedule			◉	◉
	d Credits related to other rental activities. Attach schedule			◉	◉
	e Nonconsenting nonresident members' tax paid by LLC			◉	◉
	f Other credits – Attach required schedules or statements			◉	◉
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	0.	0.	◉ 0.	◉
	b Adjusted gain or loss			◉	◉
	c Depletion (other than oil & gas)			◉	◉
	d Gross income from oil, gas, and geothermal properties			◉	◉
	e Deductions allocable to oil, gas, and geothermal properties			◉	◉
	f Other alternative minimum tax items. Attach schedule			◉	◉
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income			◉	◉
	b Other tax-exempt income			◉	◉
	c Nondeductible expenses			◉	◉
Distributions	19 a Distributions of money (cash and marketable securities)			◉	
	b Distributions of property other than money			◉	
Other Information	20 a Investment income			◉	◉
	b Investment expenses			◉	◉
	c Other information. See instructions			◉	

21 ☐ More than one activity for at-risk purposes. See instructions.

22 ☐ More than one activity for passive activity purposes. See instructions.

REV 03/12/25 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

Other Member Information

Table 1 — Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest . . . . . $	Sec. 1231 Gains/Losses . . . . . $	Capital Gains/Losses . . . $
Dividends . . . . . $	Royalties . . . . . $	Other . . . . . $

FOR USE BY MEMBERS ONLY – See instructions.

Table 2 — Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. $

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . . . $	Rents/Royalties . . . . . $
Sec. 1231 Gains/Losses . . . . . $	Other . . . . . $

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . . $		$
Property: Ending . . . . . $		$
Property: Annual rent expense . . . . . $		$
Payroll . . . . . $		$
Sales . . . . . $		$

REV 03/12/25 PRO

Additional Information From 2024 California Limited Liability Company Tax Return

Form 568: Limited Liability Company Return of Income (Copy 1)

Schedule B, Line 21 **Continuation Statement**

Description	Amount
RENT	0.
Total	0



SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901
(415) 785-3378
sdoservices@comcast.net

June 1, 2026

PLINIO E. DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES, CA 94547

Dear PLINIO,

Please find enclosed copies of your tax return(s) for the tax year ended December 31, 2023. Instructions for filing your return(s) are attached for your convenience. Retain the copies for your records.

The federal income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 1040 Federal Individual Income Tax Return

The California income tax return will be electronically filed, do not mail the enclosed copy, but retain it for your records.

Form 540 California Resident Income Tax Return

Federal estimated income tax payments for the tax year ending December 31, 2024 were prepared for you.

California estimated income tax vouchers for the tax year ending December 31, 2024 were prepared for you.

We prepared your returns based on the information you provided us. Please review the returns carefully to ensure that there are no omissions or misstatements of material facts.

If you have any questions about your tax returns, please contact us. We appreciate this opportunity to serve you.

Sincerely,

SONIA DE OLIVEIRA

Tax Summary and Instructions for Filing
2023 Federal Individual Income Tax Return

Summary of Federal Information:

Federal adjusted gross income	$	78,483.00
Federal taxable income	$	64,633.00
Payment due IRS	$	9,596.00
Federal penalty	$	71.00

Your return will be electronically filed.

Federal estimated income tax payments for tax year 2024 are due as follows:

Voucher 1	.....	04/15/2024	.....	$ 2,382.00
Voucher 2	.....	06/17/2024	.....	$ 2,382.00
Voucher 3	.....	09/16/2024	.....	$ 2,382.00
Voucher 4	.....	01/15/2025	.....	$ 2,382.00

Include a separate check or money order for each payment payable to the "United States Treasury". Write your social security number and "2024 Form 1040-ES" on each check. Mail your check and the appropriate Form 1040-ES voucher to:

Internal Revenue Service
P.O. Box 802502
Cincinnati, OH 45280-2502

Tax Summary and Instructions for Filing
2023 California Individual Income Tax Return

Summary of Form 540 Information:

State taxable income	$	73,120.00
Payment due State	$	3,307.00

Your California return will be electronically filed.

You have a balance due of $3,307.00. Listed below are the filing instructions for the Form 3582.

The due date of Form 3582, Payment Voucher for Electronically Transmitted Returns, is April 15, 2024.

Include Form 3582 and a check or money order in the amount of $3,307.00, payable to "Franchise Tax Board." Write your social security number and "2023 Form 3582" on the check.

Mail to:

Franchise Tax Board
P.O. Box 942867
Sacramento, CA 94267-0008

California estimated income tax payments for tax year 2024 are due as follows:

Voucher 1	.....	04/15/2024	.....	$	993.00
Voucher 2	.....	06/17/2024	.....	$	1,323.00
Voucher 4	.....	01/15/2025	.....	$	993.00

Include a separate check or money order for each payment. Write your social security number and "Form 540-ES 2024" on each check. Mail your check and the appropriate voucher to:

For estimates that are not required to be paid electronically, include a separate check or money order for each payment. Write your social security number and "Form 540-ES 2024" on each check. Mail your check and the appropriate voucher to:

Franchise Tax Board
PO Box 942867
Sacramento, CA 94267-0008

2023 Individual Income Tax Return
prepared by:

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

PLINIO E. DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES, CA 94547

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

► **ERO must obtain and retain completed Form 8879.**
► **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ► 68683120241240av1z2u

Taxpayer's name	Social security number
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	78,483.
2	Total tax	2	9,525.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	9,596.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize SDO INSURANCE AND FINANCIAL SERVICES (ERO firm name) to enter or generate my PIN 5 1 9 1 2 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 8 6 8 3 1 7 3 7 3 7 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

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*.

303-95-1912

Taxpayer name PLINIO E DE SOUSA FIGUEIREDO

Taxpayer address (optional)

1799 REDWOOD RD

HERCULES, CA 94547

1. ☒ Your federal income tax return for 2023 was filed electronically with the Fresno Submission Processing Center. The electronic filing services were provided by SDO INSURANCE AND FINANCIAL SERVICES.

2. ☒ Your return was accepted on 05/03/2024 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 68683120241240av1z2u.

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 04/12/2024. The Submission ID assigned to your extension is 68683120241030 97ajjp.

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.

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.**

Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

▶ **Go to *www.irs.gov/Form9465* for instructions and the latest information.**
▶ **If you are filing this form with your tax return, attach it to the front of the return.**
▶ **See separate instructions.**

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) ▶ FORM 1040

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019, to June 30, 2019) ▶ 2023

1a Your first name and initial: PLINIO E | Last name: DE SOUSA FIGUEIREDO | **Your social security number**: 303-95-1912

If a joint return, spouse's first name and initial | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number.: 1799 REDWOOD RD | Apt. number

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).: HERCULES CA 94547

Foreign country name | Foreign province/state/county | Foreign postal code

1b If this address is new since you filed your last tax return, check here . . . . . ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 (510)660-1869 (Your home phone number) | Best time for us to call

4 Your work phone number | Ext. | Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	9,596.
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	
7	Add lines 5 and 6 and enter the result	**7**	9,596.
8	Enter the amount of any payment you're making with this request. See instructions	**8**	0.
9	Amount owed. Subtract line 8 from line 7 and enter the result	**9**	9,596.
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	133.
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	**11a**	$ 1,000.
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	**11b**	$

• If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement . . . . . ☐

• If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.

• If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th | **12** | 22

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

▶ **a** Routing number 322271627 ▶ **b** Account number 630792817

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions . . . . . ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 . . . . . ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II Additional Information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:
- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?
- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17**

18 How many people in your household are 65 or older? **18**

19 How often are you paid?
- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?
- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23**

24 How many car payments do you have each month? **24**

25a Do you have health insurance?
- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?
- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?
- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?
- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
PLINIO E	DE SOUSA FIGUEIREDO	303 95 1912
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
1799 REDWOOD RD

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
HERCULES CA 94547

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ **You** ☐ **Spouse**

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

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
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	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	78,483.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	78,483.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	78,483.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	64,633.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	9,525.
	17	Amount from Schedule 2, line 3	17	0.
	18	Add lines 16 and 17	18	9,525.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,525.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	9,525.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X **c** Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	9,596.
	38	Estimated tax penalty (see instructions) — 38 71.		

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: SONIA DE OLIVEIRA | Phone no.: (415)785-3378 | Personal identification number (PIN): 7 3 7 3 7

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SELF-EMPLOYED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SONIA DE OLIVEIRA	SONIA DE OLIVEIRA		P00739286	☐ Self-employed

Firm's name: SDO INSURANCE AND FINANCIAL SERVICES | Phone no. (415)785-3378

Firm's address: 118 ALTO ST STE 207 SAN RAFAEL CA 94901 | Firm's EIN 26-1712763

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			**1**	0.
2a	Alimony received			**2a**	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			**3**	
4	Other gains or (losses). Attach Form 4797			**4**	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			**5**	78,483.
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 nonqualifed deferred compensation plan or a nongovernmental section 457 plan	**8t**			
u	Wages earned while incarcerated	**8u**			
z	Other income. List type and amount:	**8z**			
9	Total other income. Add lines 8a through 8z			**9**	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			**10**	78,483.

Part II Adjustments to Income

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

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

PLINIO E DE SOUSA FIGUEIREDO | 303-95-1912

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	WNS 92 SERVICES LLC	P	☐	88-4068738	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach **Form 8582** if required)	(h) Passive income from **Schedule K-1**	(i) Nonpassive loss allowed (see **Schedule K-1**)	(j) Section 179 expense deduction from **Form 4562**	(k) Nonpassive income from **Schedule K-1**
A		78,483.			
B					
C					
D					
29a Totals		78,483.			
b Totals					

30	Add columns (h) and (k) of line 29a	30	78,483.
31	Add columns (g), (i), and (j) of line 29b	31	( )
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	78,483.

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	78,483.
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	

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2023

Attachment Sequence No. **858**

Name(s) shown on return: PLINIO E DE SOUSA FIGUEIREDO

Identifying number: 303-95-1912

Part I 2023 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**	78,483.		
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	(0.)		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	( )		
d	Combine lines 2a, 2b, and 2c			**2d**	78,483.

3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used	**3**	78,483.

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			**4**	
5	Enter $150,000. If married filing separately, see instructions	**5**			
6	Enter modified adjusted gross income, but not less than zero. See instructions	**6**			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	**7**			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			**8**	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			**9**	0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	
11	**Total losses allowed from all passive activities for 2023.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
WNS 92 SERVICES LLC	78,483.	0.		78,483.	
Total. Enter on Part I, lines 2a, 2b, and 2c	78,483.	0.			

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a).
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
Total			1.00	

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
Total				

175

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023** FORM **8879**

California e-file Signature Authorization for Individuals

Your name	Your SSN or ITIN
PLINIO E DE SOUSA FIGUEIREDO	303-95-1912
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	78483
2	Amount you owe. See instructions	3307
3	Refund or no amount due. See instructions	

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize SDO INSURANCE AND FINANCIAL SERVICES to enter my PIN 5 1 9 1 2

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 8 6 8 3 1 7 3 7 3 7

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

Voucher at bottom of page

Do not mail a paper copy of your tax return with the payment voucher.
If amount of payment is zero, do not mail this voucher.

When to pay: Calendar Year – File and pay by April 15, 2024

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account – Web Pay** (free)
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.

Do not mail this voucher if you pay online.

Where to pay: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number(ITIN) and 2023 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR **2023**

Payment Voucher for Individual e-filed Returns

CALIFORNIA FORM **3582 (e-file)**

303-95-1912 DESO 23
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

Amount of Payment 3307.

REV 09/17/24 PRO

TAXABLE YEAR | FORM

2023 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

303-95-1912 DESO 23
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

11-22-2001

Principal Residence

Enter your county at time of filing (see instructions)
CONTRA COSTA

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

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

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

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

1 X Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. ☐
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [1] X $144 = ◉ $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $144 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $144 = ◉ $

REV 09/17/24 PRO

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Exemptions

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

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

Total dependent exemptions . . . . . ● 10 [ ] X $446 = $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . **11** $ 144

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . ● 12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	78483 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	● 14	0 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	78483 .00
16	California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	● 16	.00
17	California adjusted gross income. Combine line 15 and line 16	● 17	78483 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately. . . . . $5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $10,726 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. .	● 18	5363 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	73120 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803	● 31	3451 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions.	32	144 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	3307 .00
34	Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . .	● 34	.00
35	Add line 33 and line 34	35	3307 .00

Special Credits

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

REV 09/17/24 PRO

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	3307 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	3307 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2023 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

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

REV 09/17/24 PRO

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	3307 .00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

REV 09/17/24 PRO

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** 3307 .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** 3307 .00

Refund and Direct Deposit

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

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

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

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

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

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

Voter Info.

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

Health Care Coverage Info.

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

REV 09/17/24 PRO

Sign your tax return on Side 6

Your name: DE SOUSA FIGUEIREDO Your SSN or ITIN: 303-95-1912

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

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

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

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

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 5106601869

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

Firm's name (or yours, if self-employed): SDO INSURANCE AND FINANCIAL SERVICES

● PTIN: P00739286

Firm's address: 118 ALTO ST STE 207 SAN RAFAEL CA 94901

● Firm's FEIN: 261712763

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● [×] Yes [ ] No

Print Third Party Designee's Name: SONIA DE OLIVEIRA

Telephone Number: (415)785-3378

REV 09/17/24 PRO

TAXABLE YEAR | SCHEDULE

2023 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: PLINIO E DE SOUSA FIGUEIREDO

SSN or ITIN: 303951912

Part I Income Adjustment Schedule	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
Section A – Income from federal Form 1040 or 1040-SR			
1 a Total amount from federal Form(s) W-2, box 1. See instructions **1a**			
b Household employee wages not reported on federal Form(s) W-2 . . . . . **1b**			
c Tip income not reported on line 1a **1c**			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions **1d**			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . **1e**			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . **1f**			
g Wages from federal Form 8919, line 6. . . . . **1g**			
h Other earned income. See instructions **1h**			
i Nontaxable combat pay election. See instructions. **1i**			
z Add line 1a through line 1i. **1z**			
2 Taxable interest. **a** _____ **2b**			
3 Ordinary dividends. See instructions. **a** _____ **3b**			
4 IRA distributions. See instructions. **a** _____ **4b**			
5 Pensions and annuities. See instructions. **a** _____ **5b**			
6 Social security benefits. **a** _____ **6b**			
7 Capital gain or (loss). See instructions **7**			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes **1**	0	0	
2 a Alimony received. See instructions. **2a**			
3 Business income or (loss). See instructions. **3**			
4 Other gains or (losses) **4**			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**	78483		
6 Farm income or (loss) **6**			
7 Unemployment compensation **7**			

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

REV 09/17/24 PRO

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. . **9a**			
b1 Disaster loss deduction from form FTB 3805V. . **9b1**			
b2 NOL deduction from form FTB 3805V **9b2**			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . **9b3**			
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. **10**	78483	0	

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

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

REV 09/17/24 PRO

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**			
d Reforestation amortization and expenses. **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**			
j Housing deduction from federal Form 2555 . . . . . **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). **24k**			
z Other adjustments. List type and amount.			
_____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**			
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	78483	0	

REV 09/17/24 PRO

Part II **Adjustments to Federal Itemized Deductions**

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

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. **2**	78483		
3 Multiply line 2 by 7.5% (0.075) **3**	5886		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**	1041	1041	
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**	1041		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**	1041	1041	0
6 Other taxes. List type **6**			
7 Add line 5e and line 6. . . . . **7**	1041	1041	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9. . . . . **10**			

REV 09/17/24 PRO

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	1041	1041	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

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

20 Tax preparation fees **20**

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

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

23 Enter amount from federal Form 1040 or 1040-SR, line 11 78483

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24** 1570

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

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

27 Other adjustments. See instructions. Specify. **27**

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

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

Single or married/RDP filing separately **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$474,075**

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

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

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

Single or married/RDP filing separately. See instructions **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

Transfer the amount on line 30 to Form 540, line 18. . . . . **30** 5363

REV 09/17/24 PRO

TAXABLE YEAR

CALIFORNIA FORM

2023 Passive Activity Loss Limitations

3801

Attach to Form 540, Form 540NR, Form 541, or Form 100S.

Name(s) as shown on tax return	SSN, ITIN, FEIN, or CA corporation no.
PLINIO E DE SOUSA FIGUEIREDO	303951912

Part I 2023 Passive Activity Loss

See the instructions for Part IV and Part VI for federal Form 8582, Passive Activity Loss Limitations, before completing Part I.
Be sure to **use California amounts**.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Part IV, column (a)	**1a**		00		
1b	Activities with net loss from Part IV, column (b)	**1b**	( )	00		
1c	Prior year unallowed losses from Part IV, column (c)	**1c**	( )	00		
1d	Combine line 1a, line 1b, and line 1c				**1d**	00

All Other Passive Activities

2a	Activities with net income from Part V, column (a)	**2a**	78483	00		
2b	Activities with net loss from Part V, column (b)	**2b**	(0)	00		
2c	Prior year unallowed losses from Part V, column (c)	**2c**	( )	00		
2d	Combine line 2a, line 2b, and line 2c				**2d**	78483 00
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10. See instructions.				**3**	78483 00

Part II Special Allowance for Rental Real Estate Activities with Active Participation

Enter all numbers in Part II as positive amounts. See instructions.

4	Enter the **smaller** of losses from line 1d or line 3				**4**	00
5	Enter $150,000. If married/RDP filing a separate tax return, see instructions.	**5**		00		
6	Enter federal modified adjusted gross income, but not less than zero. See instructions. If line 6 is greater than or equal to line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	**6**		00		
7	Subtract line 6 from line 5	**7**		00		
8	Multiply line 7 by 50% (.50). **Do not** enter more than $25,000				**8**	00
9	Enter the **smaller** of line 4 or line 8				**9**	0 00

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total				**10**	00
11	**Total losses allowed from all passive activities for 2023.** Add line 9 and line 10				**11**	00

See the instructions on Page 2 to find out how to report the losses on your tax return.

REV 09/17/24 PRO

California Worksheets

Attach Side 2 to your California tax return.

California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities **before** application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Schedule Enter the name of the federal form or schedule on which you reported the activity	(c) California Schedule Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
WNS 92 SERVICES LLC	SCH E	N/A	78483	0	78483

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheets to figure your California adjustments **after** application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the character of the activity as passive or nonpassive for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column C.
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 3, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
WNS 92 SERVICES LLC				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column C.
-K-1P SCH E INC	PASSIVE	78483	78483	
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 5, column B.
Total		2(c) 78483	2(d)** 78483	2(e) 0

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is **positive,** transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column C.
				If the amount below is **negative**, transfer the amount to Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, (as a positive amount) line 6, column B.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 3, column A.

** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 5, column A.

*** This amount should be the same as the amount reported on Sch. CA (540), Part I or Sch. CA (540NR), Part II, Section B, line 6, column A.

REV 09/17/24 PRO

Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Form 1040 Tax Return Transcript

Request Date:	07-07-2026
Response Date:	07-07-2026
Tracking Number:	110824077670

SSN provided:	XXX-XX-1912
Report for Tax Period Ending:	12-31-2024

The following items reflect the amount as shown on the return, and the amount as adjusted, if applicable. They do not show subsequent activity on the account.

SSN:	XXX-XX-1912
Spouse SSN:	

PLIN E D SOUS FIGU
997 CO

Filing status:	Single Taxpayer
Form number:	1040
Cycle posted:	20253705
Received date:	09-09-2025
Payment:	$0.00
Exemption number:	01
Other dependent credit total eligible per computer:	0
Other dependent credit total eligible verified:	0
PTIN:	XXX-XX-9286
Preparer EIN:	XX-XXX2763

Income

Total wages:	$0.00
Form W-2 wages:	$0.00
Taxable interest income (Schedule B):	$0.00
Tax-exempt interest:	$0.00
Ordinary dividend income (Schedule B):	$0.00
Qualified dividends:	$0.00
Refunds of state/local taxes:	$0.00
Alimony received:	$0.00
Business income or loss (Schedule C):	$0.00
Business income or loss (Schedule C) per computer:	$0.00
Capital gain or loss (Schedule D):	$0.00
Capital gains or loss (Schedule D) per computer:	$0.00
Other gains or losses (Form 4797):	$0.00
Total IRA distributions:	$0.00
Taxable IRA distributions:	$0.00
Total pensions and annuities:	$0.00
Taxable pension/annuity amount:	$0.00
Additional income:	$60,463.00
Additional income per computer:	$60,463.00
Refundable credits per computer:	$0.00
Refundable education credit per computer:	$0.00
Qualified business income deduction:	$0.00
Rent/royalty/partnership/estate (Schedule E):	$60,463.00
Rent/royalty/partnership/estate (Schedule E) per computer:	$60,463.00

Rent/royalty income/loss per computer:	$0.00
Estate/trust income/loss per computer:	$0.00
Partnership/S-Corp income/loss per computer:	$60,463.00
Farm income or loss (Schedule F):	$0.00
Farm income or loss (Schedule F) per computer:	$0.00
Unemployment compensation:	$0.00
Total Social Security benefits:	$0.00
Taxable Social Security benefits:	$0.00
Taxable Social Security benefits per computer:	$0.00
Other income:	$0.00
Schedule EIC Self-employment income per computer:	$0.00
Schedule EIC earned income per computer:	$0.00
Schedule EIC disqualified income per computer:	$0.00
Form 1099-K:	$0.00
Additional child tax credit earned income:	$0.00
Qualified business income deduction:	$0.00
Form 8995 qualified business income deduction computer:	$0.00
Form 8995 net capital gains computer:	$0.00
Scholarship/Fellowship grant:	$0.00
Total income:	$60,463.00
Total income per computer:	$60,463.00

Adjustments to Income

Educator expenses:	$0.00
Educator expenses per computer:	$0.00
Reservist and other business expense:	$0.00
Health Savings Account deduction:	$0.00
Health Savings Account deduction per computer:	$0.00
Moving expenses (Form 3903):	$0.00
Self-employment tax deduction:	$0.00
Self-employment tax deduction per computer:	$0.00
Self-employment tax deduction verified:	$0.00
Keogh/SEP contribution deduction:	$0.00
Self-employment health insurance deduction:	$0.00
Early withdrawal of savings penalty:	$0.00
Alimony paid SSN:	
Alimony paid:	$0.00
Repayment clean vehicle credit:	$0.00
IRA deduction:	$0.00
IRA deduction per computer:	$0.00
Student loan interest deduction:	$0.00
Student loan interest deduction per computer:	$0.00
Student loan interest deduction verified:	$0.00
Total other payment refundable credit per computer:	$0.00
Total other payment refund verified:	$0.00
Other adjustments:	$0.00
Archer MSA deduction:	$0.00
Archer MSA deduction per computer:	$0.00
Total adjustments:	$0.00
Total adjustments per computer:	$0.00
Adjusted gross income:	$60,463.00
Adjusted gross income per computer:	$60,463.00

Tax and Credits

65 or over:	No
Blind:	No
Spouse 65 or over:	No
Spouse blind:	No
Standard deduction per computer:	$14,600.00
Additional standard deduction per computer:	$0.00
Tax table income per computer:	$45,863.00
Exemption amount per computer:	$0.00

Taxable income:	$45,863.00
Taxable income per computer:	$45,863.00
Total positive income per computer:	$60,463.00
Tentative tax:	$5,273.00
Tentative tax per computer:	$5,273.00
Form 8814 additional tax amount:	$0.00
Tax on income less Social Security income per computer:	$0.00
Form 6251 alternative minimum tax:	$0.00
Form 6251 alternative minimum tax per computer:	$0.00
Foreign tax credit:	$0.00
Foreign tax credit per computer:	$0.00
Foreign income exclusion per computer:	$0.00
Foreign income exclusion tax per computer:	$0.00
Excess advance premium tax credit repayment amount:	$0.00
Excess advance premium tax credit repayment verified amount:	$0.00
Child & dependent care credit:	$0.00
Child & dependent care credit per computer:	$0.00
Credit for elderly and disabled:	$0.00
Credit for elderly and disabled per computer:	$0.00
Education credit:	$0.00
Education credit per computer:	$0.00
Gross education credit per computer:	$0.00
Retirement savings contribution credit:	$0.00
Retirement savings contribution credit per computer:	$0.00
Total retirement savings contribution (Form 8880 computer):	$0.00
Residential clean energy credit:	$0.00
Residential clean energy credit per computer:	$0.00
Child and other dependent credit:	$0.00
Child and other dependent credit per computer:	$0.00
Adoption credit (Form 8839):	$0.00
Adoption credit per computer:	$0.00
Form 8396 mortgage certificate credit:	$0.00
Form 8396 mortgage certificate credit per computer:	$0.00
Total other non-refundable credit:	$0.00
Form 3800 general business credits:	$0.00
Form 3800 general business credits per computer:	$0.00
Prior year minimum tax credit (Form 8801):	$0.00
Prior year minimum tax credit (Form 8801) per computer:	$0.00
Earlier year income repayment credit:	$0.00
Clean vehicle credit:	$0.00
Clean vehicle credit per computer:	$0.00
Refundable Adoption Credit Verified Amount:	$0.00
Net elective payment election per computer:	$0.00
Repayment pre-owned clean vehicle credit:	$0.00
Form 4255 Chapter 1 tax:	$0.00
Other additions to tax:	$0.00
Schedule 2 part 2 Form 4255 recapture:	$0.00
Energy efficient home credit verified:	$0.00
Residential clean energy verified:	$0.00
Other credits:	$0.00
Total credits:	$0.00
Total credits per computer:	$0.00
Income tax after credits per computer:	$5,273.00
Advanced manufacturing credit per computer:	$0.00
Advanced manufacturing invest credit per computer:	$0.00
Clean hydrogen production credit per computer:	$0.00
Carbon oxide sequestration credit per computer:	$0.00
Energy efficient home credit per computer:	$0.00
Energy efficient home credit:	$0.00
Pre-owned clean vehicle credit per computer:	$0.00
Pre-owned clean vehicle credit:	$0.00
Pre-owned clean vehicle verified:	$0.00
New clean vehicle bus credit per computer:	$0.00
New clean vehicle bus verified:	$0.00
Commercial clean vehicle credit per computer:	$0.00

Commercial clean vehicle verified:	$0.00
Clean vehicle credit verified:	$0.00

Other Taxes

Self employment tax:	$0.00
Self employment tax per computer:	$0.00
Social Security and Medicare tax on unreported tips:	$0.00
Social Security and Medicare tax on unreported tips per computer:	$0.00
Tax on qualified plans Form 5329 (PR):	$0.00
Tax on qualified plans Form 5329 per computer:	$0.00
Individual Retirement Account File (IRAF) tax per computer:	$0.00
Taxpayer tax figures (reduced by IRAF) per computer:	$5,273.00
Individual Master File (IMF) total tax (reduced by IRAF) per computer:	$5,273.00
Total other taxes per computer:	$0.00
Unpaid Federal Insurance Contributions Act (FICA) on reported tips:	$0.00
Form 8959 additional Medicare tax:	$0.00
Form 8960 net investment income tax:	$0.00
Interest on deferred tax:	$0.00
Total other taxes:	$0.00
Recapture tax (Form 8611):	$0.00
Household employment taxes:	$0.00
Household employment taxes per computer:	$0.00
Interest due on installment:	$0.00
Schedule 2 Part 1 Form 4255 recapture:	$0.00
Form 4255 excessive payments:	$0.00
Net elective payment election:	$0.00
Excess Social Security tax withheld verified:	$0.00
Excess Social Security tax withheld per computer:	$0.00
Total additional taxes:	$0.00
Total assessment per computer:	$5,273.00
Total tax liability taxpayer figures:	$5,273.00
Total tax liability taxpayer figures per computer:	$5,273.00

Payments

Federal income tax withheld:	$0.00
Prior year advanced credit:	$0.00
Estimated tax payments:	$0.00
Other payment credit:	$0.00
Refundable education credit:	$0.00
Refundable education credit per computer:	$0.00
Refundable education credit verified:	$0.00
Refundable credits:	$0.00
Earned income credit:	$0.00
Earned income credit per computer:	$0.00
Nontaxable combat pay:	$0.00
Excess Social Security & Railroad Retirement Tax Act (RRTA) tax withheld:	$0.00
Schedule 8812 additional child tax credit:	$0.00
Schedule 8812 additional child tax credit per computer:	$0.00
Schedule 8812 additional child tax credit verified:	$0.00
Amount paid with Form 4868:	$0.00
Form 2439 regulated investment company credit:	$0.00
Form 4136 credit for federal tax on fuels:	$0.00
Form 4136 credit for federal tax on fuels per computer:	$0.00
Section 965 tax installment:	$0.00
Section 965 tax liability:	$0.00
Premium tax credit amount:	$0.00
Premium tax credit verified amount:	$0.00
Primary NAP first time home buyer installment amount:	$0.00

Secondary NAP first time home buyer installment amount:	$0.00
First time homebuyer credit repayment amount:	$0.00
Form 5405 total homebuyers credit repayment per computer:	$0.00
Small employer health insurance per computer:	$0.00
Small employer health insurance per computer (2):	$0.00
Total other payments refundable:	$0.00
Total payments:	$0.00
Total payments per computer:	$0.00

Refund or Amount Owed

Amount you owe:	$5,512.00
Estimated tax credit applied to next year:	$0.00
Estimated tax penalty:	$239.00
Tax on income less state refund per computer:	$0.00
Balance due/overpayment using taxpayer figure per computer:	$5,512.00
Balance due/overpayment using computer figures:	$5,512.00
Form 8888 total refund per computer:	$0.00

Third Party Designee

Third party designee ID number:	X3737
Authorization indicator:	Yes
Third party designee name:	SONI D OLIV

Schedule E--Supplemental Income and Loss

Income or Loss From Rental Real Estate and Royalties

Schedule E Form 1099 required:	Neither box checked
Schedule E Form 1099 filed:	Neither box checked
Total rents received:	$0.00
Total royalties received:	$0.00
Total mortgage interest all properties:	$0.00
Total depreciation or depletion for all properties:	$0.00
Total expenses for all properties:	$0.00
Total rental real estate and royalty income or loss:	$0.00
Rent & royalty income:	$0.00
Rent & royalty losses:	$0.00
Repairs expense Column A:	$0.00
Repairs expense Column B:	$0.00
Repairs expense Column C:	$0.00

Income or Loss From Partnerships and S-Corps

Partnership/Corporation passive income:	$60,463.00
Partnership/Corporation nonpassive income:	$0.00
Partnership/Corporation passive loss:	$0.00
Partnership/Corporation nonpassive loss:	$0.00
Partnership income:	$60,463.00
Partnership loss:	$0.00

Income or Loss From Estate and Trusts

Estate/trust passive income:	$0.00
Estate/trust passive loss:	$0.00
Estate and trust income:	$0.00
Estate and trust loss:	$0.00
Passive loss not reported on Form 8582:	
Schedule K-1 estate payment indicator:	No

Income or Loss From Real Estate Mortgage Investment Conduits

Real estate mortgage income/loss:	$0.00

Summary

Net farm rent income/loss:	$0.00
Gross farming & fishing income:	$0.00

This Product Contains Sensitive Taxpayer Data

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901
(415) 785-3378
sdoservices@comcast.net

June 1, 2026

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

Dear Client,

We have prepared and enclosed your 2023 Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC for the tax year ending December 31, 2023.

The return was prepared from information furnished to us. Please review to ensure there are no omissions or misstatements of material facts.

Your 2023 Form 1065, U.S. Return of Partnership Income for WNS P2 SERVICES LLC will be electronically filed.

No payment is due with this return.

Enclosed is the 2023 Form 568, California Limited Liability Company Return of Income for WNS P2 SERVICES LLC.

Your 2023 Form 568, California Limited Liability Company Return of Income for WNS P2 SERVICES LLC will be electronically filed.

You have a balance due of $1,700.00. Listed below are the filing instructions for the Form 3588.

The due date of Form 3588, Voucher for LLC e-filed Returns, is March 15, 2024.

Include Form 3588 and a check or money order in the amount of $1,700.00, payable to "Franchise Tax Board." Write Your SOS file number, taxable year 2023, and Form 568 on the

check.

Mail to:
Franchise Tax Board
PO BOX 942857
Sacramento, CA 94257-0531

The due dates and required payments for the 2024 California Limited Liability Company Return of Income estimated income tax are as follows:

Installment #1	.....	04/15/24	.....	$ 800
Installment #2	.....	06/17/24	.....	$ 900

The estimated tax payments that are not required to be paid electronically should be made by check or money order and sent to:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

We appreciate this opportunity to serve you. If you have any questions, please contact us.

Sincerely,

SONIA DE OLIVEIRA

2023 U.S. Return of Partnership Income
prepared by:

SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

Form **8879-PE**

Department of the Treasury
Internal Revenue Service

E-file Authorization for Form 1065

(For return of partnership income or administrative adjustment request)

ERO must obtain and retain completed Form 8879-PE.
Go to *www.irs.gov/Form8879PE* for the latest information.

For calendar year 2023, or tax year beginning , 2023, and ending , 20 .

OMB No. 1545-0123

2023

Name of partnership	Employer identification number
WNS P2 SERVICES LLC	88-4068738

Part I Form 1065 Information (Whole dollars only)

1	Gross receipts or sales less returns and allowances (Form 1065, line 1c)	1	309,726.
2	Gross profit (Form 1065, line 3)	2	309,726.
3	Ordinary business income (loss) (Form 1065, line 23)	3	78,483.
4	Net rental real estate income (loss) (Form 1065, Schedule K, line 2)	4	
5	Other net rental income (loss) (Form 1065, Schedule K, line 3c)	5	

Part II Declaration and Signature Authorization of Partner or Member or Partnership Representative

I declare under penalties of perjury that:

1a. If the Form 1065 is being transmitted as part of a return of partnership income, I am a partner or member of the named partnership.

b. If the Form 1065 is being transmitted as part of an administrative adjustment request (AAR), I am the partnership representative (PR) of the named partnership.

2. I have examined a copy of the partnership's electronic Form 1065 (whether used as return or AAR) and accompanying forms, schedules, and statements, and to the best of my knowledge and belief, it/they is/are true, correct, and complete.

3. I am fully authorized to sign the return or AAR on behalf of the partnership.

4. The amounts shown in Part I above are the amounts shown on the electronic copy of the partnership's Form 1065.

5. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to transmit the partnership's return or AAR to the IRS and to receive from the IRS **(a)** an acknowledgment of receipt or reason for rejection of the transmission and **(b)** the reason for any delay in processing the return or AAR.

6. I have selected a personal identification number (PIN) as my signature for the partnership's electronic return of partnership income or AAR.

Partner or Member or PR PIN: check one box only

☐ I authorize _____ to enter my PIN ☐☐☐☐☐ as my signature
ERO firm name **Don't enter all zeros**
on the partnership's 2023 electronically filed return of partnership income or AAR.

☒ As a Partner or Member or PR of the partnership, I will enter my PIN as my signature on the partnership's 2023 electronically filed return of partnership income or AAR.

Partner or Member or PR signature: _____

Title: LLC MEMBER Date: _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 6 8 6 8 3 1 7 3 7 3 7
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return of partnership income or AAR for the partnership indicated above. I confirm that I am submitting this return or AAR in accordance with the requirements of **Pub. 3112**, IRS *e-file* Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: _____ Date: _____

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

Form **1065**

Department of the Treasury
Internal Revenue Service

U.S. Return of Partnership Income

For calendar year 2023, or tax year beginning _____ **, 2023, ending** _____ **, 20** ____.

Go to *www.irs.gov/Form1065* for instructions and the latest information.

OMB No. 1545-0123

2023

A Principal business activity: TRUCKING SERVICES	**Type or Print**	Name of partnership: WNS P2 SERVICES LLC	**D** Employer identification number: 88-4068738
B Principal product or service: TRUCKING SERVICES		Number, street, and room or suite no. If a P.O. box, see instructions.: 1799 REDWOOD RD	**E** Date business started: 08/26/2022
C Business code number: 484110		City or town, state or province, country, and ZIP or foreign postal code: HERCULES CA 94547	**F** Total assets (see instructions): $

G Check applicable boxes: **(1)** ☐ Initial return **(2)** ☐ Final return **(3)** ☐ Name change **(4)** ☐ Address change **(5)** ☐ Amended return

H Check accounting method: **(1)** ☐ Cash **(2)** ☒ Accrual **(3)** ☐ Other (specify): _____

I Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year: 2

J Check if Schedules C and M-3 are attached . . . . . ☐

K Check if partnership: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 23 below. See instructions for more information.

Income	1a	Gross receipts or sales 309,726. **b** Less returns and allowances _____ **c** Balance		1c	309,726.
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	309,726.
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		4	
	5	Net farm profit (loss) (attach Schedule F (Form 1040))		5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		6	
	7	Other income (loss) (attach statement)		7	
	8	**Total income (loss).** Combine lines 3 through 7		8	309,726.
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)		9	
	10	Guaranteed payments to partners		10	
	11	Repairs and maintenance		11	
	12	Bad debts		12	
	13	Rent		13	12,000.
	14	Taxes and licenses		14	
	15	Interest (see instructions)		15	
	16a	Depreciation (if required, attach Form 4562)	16a 40,000.		
	b	Less depreciation reported on Form 1125-A and elsewhere on return	16b	16c	40,000.
	17	Depletion **(Do not deduct oil and gas depletion.)**		17	
	18	Retirement plans, etc.		18	
	19	Employee benefit programs		19	
	20	Energy efficient commercial buildings deduction (attach Form 7205)		20	
	21	Other deductions (attach statement) See Statement		21	179,243.
	22	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 21		22	231,243.
	23	**Ordinary business income (loss).** Subtract line 22 from line 8		23	78,483.
Tax and Payment	24	Interest due under the look-back method—completed long-term contracts (attach Form 8697)		24	
	25	Interest due under the look-back method—income forecast method (attach Form 8866)		25	
	26	BBA AAR imputed underpayment (see instructions)		26	
	27	Other taxes (see instructions)		27	
	28	**Total balance due.** Add lines 24 through 27		28	
	29	Elective payment election amount from Form 3800		29	
	30	Payment (see instructions)		30	
	31	**Amount owed.** If the sum of line 29 and line 30 is smaller than line 28, enter amount owed		31	
	32	**Overpayment.** If the sum of line 29 and line 30 is larger than line 28, enter overpayment		32	0.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of partner or limited liability company member _____ Date _____

May the IRS discuss this return with the preparer shown below? See instructions. ☐ **Yes** ☐ **No**

Paid Preparer Use Only

Print/Type preparer's name: SONIA DE OLIVEIRA	Preparer's signature: SONIA DE OLIVEIRA	Date	Check ☐ if self-employed; PTIN: P00739286
Firm's name: SDO INSURANCE AND FINANCIAL SERVICES			Firm's EIN: 26-1712763
Firm's address: 118 ALTO ST STE 207 SAN RAFAEL,CA 94901			Phone no. (415)785-3378

For Paperwork Reduction Act Notice, see separate instructions. BAA REV 06/17/24 PRO Form **1065** (2023)

Schedule B Other Information

		Yes	No
1	What type of entity is filing this return? Check the applicable box:		
a	☐ Domestic general partnership b ☐ Domestic limited partnership		
c	☒ Domestic limited liability company d ☐ Domestic limited liability partnership		
e	☐ Foreign partnership f ☐ Other:		
2	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization, or any foreign government own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		×
b	Did any individual or estate own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital of the partnership? For rules of constructive ownership, see instructions. If "Yes," attach Schedule B-1, Information on Partners Owning 50% or More of the Partnership		×
3	At the end of the tax year, did the partnership:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (iv) below		×

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below				

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

		Yes	No
4	Does the partnership satisfy **all four** of the following conditions?		
a	The partnership's total receipts for the tax year were less than $250,000.		
b	The partnership's total assets at the end of the tax year were less than $1 million.		
c	Schedules K-1 are filed with the return and furnished to the partners on or before the due date (including extensions) for the partnership return.		
d	The partnership is not filing and is not required to file Schedule M-3	×	
	If "Yes," the partnership is not required to complete Schedules L, M-1, and M-2; item F on page 1 of Form 1065; or item L on Schedule K-1.		
5	Is this partnership a publicly traded partnership, as defined in section 469(k)(2)?		×
6	During the tax year, did the partnership have any debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		×
7	Has this partnership filed, or is it required to file, Form 8918, Material Advisor Disclosure Statement, to provide information on any reportable transaction?		×
8	At any time during calendar year 2023, did the partnership have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country		×
9	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions		×
10a	Is the partnership making, or had it previously made (and not revoked), a section 754 election? If "Yes," enter the effective date of the election See instructions for details regarding a section 754 election.		×
b	For this tax year, did the partnership make an optional basis adjustment under section 743(b)? If "Yes," enter the total aggregate net positive amount $ _____ and the total aggregate net negative amount $ (_____) of such section 743(b) adjustments for all partners made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		×

Schedule B Other Information *(continued)*		Yes	No
c	For this tax year, did the partnership make an optional basis adjustment under section 734(b)? If "Yes," enter the total aggregate net positive amount $ _____ and the total aggregate net negative amount $ (_____) of such section 734(b) adjustments for all partnership property made in the tax year. The partnership must also attach a statement showing the computation and allocation of each basis adjustment. See instructions		X
d	For this tax year, is the partnership required to adjust the basis of partnership property under section 743(b) or 734(b) because of a substantial built-in loss (as defined under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," enter the total aggregate amount of such section 743(b) adjustments and/or section 734(b) adjustments for all partners and/or partnership property made in the tax year $ _____. The partnership must also attach a statement showing the computation and allocation of the basis adjustment. See instructions		X
11	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such property to another entity (other than disregarded entities wholly owned by the partnership throughout the tax year) ☐		
12	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership property?		X
13	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), enter the number of Forms 8858 attached. See instructions _____		
14	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of Section 1446 Withholding Tax, filed for this partnership _____		X
15	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return _____		
16a	Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
17	Enter the number of Forms 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations, attached to this return _____		
18	Enter the number of partners that are foreign governments under section 892 _____		
19	During the partnership's tax year, did the partnership make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474)?		X
20	Was the partnership a specified domestic entity required to file Form 8938 for the tax year? See the Instructions for Form 8938		X
21	Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?		X
22	During the tax year, did the partnership pay or accrue any interest or royalty for which one or more partners are not allowed a deduction under section 267A? See instructions		X
	If "Yes," enter the total amount of the disallowed deductions $ _____		
23	Did the partnership have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24	Does the partnership satisfy one or more of the following? See instructions		X
a	The partnership owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The partnership's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the partnership has business interest expense.		
c	The partnership is a tax shelter (see instructions) and the partnership has business interest expense. If "Yes" to any, complete and attach Form 8990.		
25	Is the partnership attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $ _____		
26	Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership _____ Complete Schedule K-3 (Form 1065), Part XIII, for each foreign partner subject to section 864(c)(8) on a transfer or distribution.		
27	At any time during the tax year, were there any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8?		X
28	Since December 22, 2017, did a foreign corporation directly or indirectly acquire substantially all of the properties constituting a trade or business of your partnership, and was the ownership percentage (by vote or value) for purposes of section 7874 greater than 50% (for example, the partners held more than 50% of the stock of the foreign corporation)? If "Yes," list the ownership percentage by vote and by value. See instructions. Percentage: By vote: _____ By value: _____		X
29	Is the partnership required to file Form 7208 relating to the excise tax on repurchase of corporate stock (see instructions):		
a	Under the applicable foreign corporation rules?		X

Schedule B Other Information *(continued)*		Yes	No
b	Under the covered surrogate foreign corporation rules?		X
	If "Yes" to either (a) or (b), complete Form 7208, Excise Tax on Repurchase of Corporate Stock. See the Instructions for Form 7208.		
30	At any time during this tax year, did the partnership (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or financial interest in a digital asset)? See instructions		X
31	Is the partnership electing out of the centralized partnership audit regime under section 6221(b)? See instructions		X
	If "Yes," the partnership must complete Schedule B-2 (Form 1065). Enter the total from Schedule B-2, Part III, line 3		
	If "No," complete Designation of Partnership Representative below.		

Designation of Partnership Representative (see instructions)

Enter below the information for the partnership representative (PR) for the tax year covered by this return.

Name of PR PLINIO DE SOUSA FIGUEIREDO

U.S. address of PR 1799 REDWOOD RD HERCULES CA 94547	U.S. phone number of PR (510)660-1869
If the PR is an entity, name of the designated individual for the PR	
U.S. address of designated individual	U.S. phone number of designated individual

Schedule K	Partners' Distributive Share Items		Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 23)	1	78,483.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) 3a		
	b Expenses from other rental activities (attach statement) 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments: a Services 4a b Capital 4b		
	c Total. Add lines 4a and 4b	4c	
	5 Interest income	5	
	6 Dividends and dividend equivalents: a Ordinary dividends	6a	
	b Qualified dividends 6b c Dividend equivalents 6c		
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b Collectibles (28%) gain (loss) 9b		
	c Unrecaptured section 1250 gain (attach statement) 9c		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type:	11	
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13a Cash contributions	13a	
	b Noncash contributions	13b	
	c Investment interest expense	13c	
	d Section 59(e)(2) expenditures: (1) Type: (2) Amount:	13d(2)	
	e Other deductions (see instructions) Type:	13e	
Self-Employment	14a Net earnings (loss) from self-employment	14a	0.
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	309,726.
Credits	15a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	15c	
	d Other rental real estate credits (see instructions) Type:	15d	
	e Other rental credits (see instructions) Type:	15e	
	f Other credits (see instructions) Type:	15f	
International	16 Attach Schedule K-2 (Form 1065), Partners' Distributive Share Items—International, and check this box to indicate that you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment	17a	10,000.
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties—gross income	17d	
	e Oil, gas, and geothermal properties—deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	1,560.
	19a Distributions of cash and marketable securities	19a	76,923.
	b Distributions of other property	19b	
	20a Investment income	20a	
	b Investment expenses	20b	
	c Other items and amounts (attach statement)		
	21 Total foreign taxes paid or accrued	21	

Analysis of Net Income (Loss) per Return

1	Net income (loss). Combine Schedule K, lines 1 through 11. From the result, subtract the sum of Schedule K, lines 12 through 13e, and 21					1	78,483.
2	Analysis by partner type:	(i) Corporate	(ii) Individual (active)	(iii) Individual (passive)	(iv) Partnership	(v) Exempt Organization	(vi) Nominee/Other
a	General partners						
b	Limited partners		78,483.				

Schedule L Balance Sheets per Books

	Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1	Cash				
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				0.
22	Total liabilities and capital				0.

Schedule M-1 Reconciliation of Income (Loss) per Books With Analysis of Net Income (Loss) per Return

Note: The partnership may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	76,923.	6	Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2	Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize):		a	Tax-exempt interest $	
3	Guaranteed payments (other than health insurance)		7	Deductions included on Schedule K, lines 1 through 13e, and 21, not charged against book income this year (itemize):	
4	Expenses recorded on books this year not included on Schedule K, lines 1 through 13e, and 21 (itemize):		a	Depreciation $	
a	Depreciation $		8	Add lines 6 and 7	
b	Travel and entertainment $ 1,560.	1,560.	9	Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5	78,483.
5	Add lines 1 through 4	78,483.			

Schedule M-2 Analysis of Partners' Capital Accounts

1	Balance at beginning of year		6	Distributions: a Cash	76,923.
2	Capital contributed: a Cash			b Property	
	b Property		7	Other decreases (itemize):	
3	Net income (loss) (see instructions)	76,923.			
4	Other increases (itemize):		8	Add lines 6 and 7	76,923.
5	Add lines 1 through 4	76,923.	9	Balance at end of year. Subtract line 8 from line 5	0.

651123

OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year beginning / / 2023 ending / /

☐ Final K-1 ☐ Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
88-4068738

B Partnership's name, address, city, state, and ZIP code
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
303-95-1912

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES CA 94547

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here . ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	100.00000 %	100.00000 %
Loss	100.00000 %	100.00000 %
Capital	100.00000 %	100.00000 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L Partner's Capital Account Analysis

Beginning capital account	$
Capital contributed during the year	$
Current year net income (loss)	$ 76,923.
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ (76,923.)
Ending capital account	$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** ☒ **No** If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 78,483.	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items A 10,000.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses C 1,560.
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions A 76,923.
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

651123

OMB No. 1545-0123

Schedule K-1 (Form 1065)

Department of the Treasury
Internal Revenue Service

2023

For calendar year 2023, or tax year beginning / / 2023 ending / /

☐ Final K-1 ☐ Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
88-4068738

B Partnership's name, address, city, state, and ZIP code
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547

C IRS center where partnership filed return: OGDEN, UT

D ☐ Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See instructions.)
303-95-1912

F Name, address, city, state, and ZIP code for partner entered in E. See instructions.
PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES CA 94547

G ☐ General partner or LLC member-manager ☒ Limited partner or other LLC member

H1 ☒ Domestic partner ☐ Foreign partner

H2 ☐ If the partner is a disregarded entity (DE), enter the partner's:
TIN _____ Name _____

I1 What type of entity is this partner? INDIVIDUAL

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here . ☐

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.00000 %	0.00000 %
Loss	0.00000 %	0.00000 %
Capital	0.00000 %	0.00000 %

Check if decrease is due to:
☐ Sale or ☐ Exchange of partnership interest. See instructions.

K1 Partner's share of liabilities:

	Beginning	Ending
Nonrecourse	$	$
Qualified nonrecourse financing	$	$
Recourse	$	$

K2 Check this box if item K1 includes liability amounts from lower-tier partnerships ☐

K3 Check if any of the above liability is subject to guarantees or other payment obligations by the partner. See instructions . . . . . ☐

L Partner's Capital Account Analysis

Beginning capital account	$
Capital contributed during the year	$
Current year net income (loss)	$ 0.
Other increase (decrease) (attach explanation)	$
Withdrawals and distributions	$ (0.)
Ending capital account	$ 0.

M Did the partner contribute property with a built-in gain (loss)?
☐ **Yes** ☒ **No** If "Yes," attach statement. See instructions.

N Partner's Share of Net Unrecognized Section 704(c) Gain or (Loss)
Beginning . . . . . $
Ending . . . . . $

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 0.	14	Self-employment earnings (loss)
2	Net rental real estate income (loss)		
3	Other net rental income (loss)	15	Credits
4a	Guaranteed payments for services		
4b	Guaranteed payments for capital	16	Schedule K-3 is attached if checked . . . . . ☐
4c	Total guaranteed payments	17	Alternative minimum tax (AMT) items A 0.
5	Interest income		
6a	Ordinary dividends		
6b	Qualified dividends	18	Tax-exempt income and nondeductible expenses C 0.
6c	Dividend equivalents		
7	Royalties		
8	Net short-term capital gain (loss)	19	Distributions A 0.
9a	Net long-term capital gain (loss)		
9b	Collectibles (28%) gain (loss)	20	Other information
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)		
11	Other income (loss)		
12	Section 179 deduction	21	Foreign taxes paid or accrued
13	Other deductions		

22 ☐ More than one activity for at-risk purposes*

23 ☐ More than one activity for passive activity purposes*

*See attached statement for additional information.

For IRS Use Only

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

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
WNS P2 SERVICES LLC	Form 1065 TRUCKING SERVICES	88-4068738

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	1,160,000.
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	2,890,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 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 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	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 2023 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		200,000.	5.0 yrs	HY	200 DB	40,000.
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 2023 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	40,000.
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	

199A Worksheet by Activity 2023

► Keep for your records

Partnership's name	Partnership's EIN
WNS P2 SERVICES LLC	88-4068738

Note: See 199A Summary for Special Allocation information

QuickZoom to 199A Summary . . . . ►

Aggregation Code: ____

Trade or Business: 1065, Line 22

EIN: 88-4068738

Is this activity a qualified trade/business? . . . . . ☐ Yes ☒ No

Specified Service Trade or Business? . . . . . ☐ Yes ☐ No

QBI or qualified PTP items subject to partner-specific determinations:

1 a	Ordinary business income (loss)	**1 a**		
b	Adjustments	**b**		
c	Adjusted ordinary business income (loss)		**1 c**	
2 a	Rental income (loss)	**2 a**		
b	Adjustments	**b**		
c	Adjusted rental income (loss)		**2 c**	
3 a	Royalty income (loss)	**3 a**		
b	Adjustments	**b**		
c	Adjusted royalty income (loss)		**3 c**	
4 a	Section 1231 gain (loss)	**4 a**		
b	Adjustments	**b**		
c	Adjusted section 1231 gain (loss)		**4 c**	
5	Other income (loss)		**5**	
6 a	Section 179 deduction	**6 a**		
b	Adjustments	**b**		
c	Adjusted section 179 deduction		**6 c**	
7	Other deductions		**7**	
8 a	W-2 wages	**8 a**		
b	Adjustments	**b**		
c	Adjusted W-2 Wages		**8 c**	
9 a	UBIA of qualified property	**9 a**		
b	Adjustments	**b**		
c	Adjusted UBIA of qualified property		**9 c**	

Section 179 Carryover Detail for this Activity

	Section 179 Regular Tax	Section 179 QBI
Tentative Section 179 deduction from current year assets		
Part I: Prior Year Carryovers by Year and Category		
A Before 2018		0.
B 2018		
C 2019		
D 2020		
E 2021		
F 2022		
Total prior year carryovers to this year		

Part II: 179 Deduction Allowed by Year and Category	Section 179 Regular Tax	Section 179 QBI
Total 179 deduction allowed for this activity in current year		
A Amount allowed from 2023		
B Amount allowed from before 2018		
C Amount allowed from 2018		
D Amount allowed from 2019		
E Amount allowed from 2020		
F Amount allowed from 2021		
G Amount allowed from 2022		

Part III: Total Carryforward to 2024 by Year and Category	Section 179 Regular Tax	Section 179 QBI
A Carryforward from 2023		
B Carryforward from before 2018		
C Carryforward from 2018		
D Carryforward from 2019		
E Carryforward from 2020		
F Carryforward from 2021		
G Carryforward from 2022		
Total carryforward to next year		

spsw9906.SCR 08/28/23

Additional Information From 2023 Federal Partnership Tax Return

Form 1065: Partnership Tax Return

Line 13 **Itemization Statement**

Description	Amount
PARKING YARD FOR TRUCK	12,000.
Total	**12,000.**

Form 1065: Partnership Tax Return

Line 21, Other Deductions **Continuation Statement**

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	163,281.
LEGAL AND PROFESSIONAL	3,200.
MEALS (50%)	1,560.
PARKING FEES AND TOLLS	3,150.
SUPPLIES	4,117.
TELEPHONE	570.
UNIFORMS	3,365.
Total	179,243.

June 1, 2026

PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES, CA 94547

Dear PLINIO E DE SOUSA FIGUEIREDO,

Enclosed is your 2023 Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., which has been filed with the 2023 Form 1065 U.S. Return of Partnership Income of WNS P2 SERVICES LLC.

The amounts reported to you on lines 1-20 of the Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS has substantially changed the Schedule K-1 by utilizing codes on some lines to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Enclosed is your 2023 Schedule K-1, Member's Share of Income, Deductions, Credits, etc. (Form 568), which has been filed with the 2023 Form 568 California Limited Liability Company Return of Income of WNS P2 SERVICES LLC.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547
(510) 660-1869

June 1, 2026

PLINIO E DE SOUSA FIGUEIREDO
1799 REDWOOD RD
HERCULES, CA 94547

Dear PLINIO E DE SOUSA FIGUEIREDO,

Enclosed is your 2023 Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., which has been filed with the 2023 Form 1065 U.S. Return of Partnership Income of WNS P2 SERVICES LLC.

The amounts reported to you on lines 1-20 of the Schedule K-1 (Form 1065), Partner's Share of Income, Credits, Deductions, etc., represent your share of income, credits, deductions, and other information to be reported on the appropriate lines of your tax return. The IRS has substantially changed the Schedule K-1 by utilizing codes on some lines to identify the item and provide reporting information. These codes are identified on page 2 of the K-1.

Enclosed is your 2023 Schedule K-1, Member's Share of Income, Deductions, Credits, etc. (Form 568), which has been filed with the 2023 Form 568 California Limited Liability Company Return of Income of WNS P2 SERVICES LLC.

Should you have any questions regarding this information, please do not hesitate to call.

Sincerely,

WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES, CA 94547
(510) 660-1869

051

DO NOT MAIL THIS FORM TO FTB

Date Accepted 05/03/2024

TAXABLE YEAR **2023**

California e-file Return Authorization for Limited Liability Companies

FORM **8453-LLC**

Limited liability company name	California Secretary of State (SOS) file number or FEIN
WNS P2 SERVICES LLC	88-4068738

Part I Tax Return Information (whole dollars only)

1 Total income (Form 568, Schedule B, line 12 or Form 568, line 1 for Single Member LLCs)	**1**	309726.
2 Ordinary income (Form 568, Schedule B, line 23 or Form 568, line 1 for Single Member LLCs)	**2**	78483.
3 Tax and fee due (Form 568, line 16)	**3**	1700.
4 Overpayment (Form 568, line 17)	**4**	
5 Total amount due (Form 568, line 21)	**5**	1700.

Part II Settle Your Account Electronically for Taxable Year 2023.

6 ☐ Electronic funds withdrawal

6a Tax due amount _____ **6b** Withdrawal date (mm/dd/yyyy) _____

6c PTE amount due _____ **6d** Withdrawal date (mm/dd/yyyy) _____

Part III Make Annual Tax or Estimated Fee Payment for Taxable Year 2024

This is **not** an installment payment for the current amount the LLC owes.

	Annual Tax Payment	Estimated Fee Payment
7 Amount		
8 Withdrawal date (mm/dd/yyyy)		

Part IV Pass-Through Entity (PTE) Elective Tax Payment for Taxable Year 2024

	First Payment
9 Amount	
10 Withdrawal date (mm/dd/yyyy)	

Part V Banking Information (Have you verified the LLC's banking information?)

11 Routing number _____

12 Account number _____ **13** Type of account: ☐ Checking ☐ Savings

Part VI Declaration of Authorized Member or Manager

I authorize the limited liability company account to be settled as designated in Parts II, III, IV, and V. If I check box 6, I authorize an electronic funds withdrawal for the amount listed on line 6a, line 6c, any 2024 annual tax or estimated fee payment amounts listed on Part III, line 7, and on Part IV, line 9 from the bank account specified in Part V.

Under penalties of perjury, I declare that I am an authorized member or manager of the above limited liability company and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the limited liability company's 2023 California income tax return. To the best of my knowledge and belief, the limited liability company's return is true, correct, and complete. If the limited liability company is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the limited liability company's tax liability, the limited liability company will remain liable for the tax liability and all applicable interest and penalties. I authorize the limited liability company return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of the limited liability company's return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

▶ _____ Signature of authorized member or manager | _____ Date

▶ MEMBER Title

Part VII Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above limited liability company's return and that the entries on form FTB 8453-LLC are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the limited liability company's return. I declare, however, that form FTB 8453-LLC accurately reflects the data on the return.) I have obtained the signature from the limited liability company authorized member or manager on form FTB 8453-LLC before transmitting this return to the FTB; I have provided the limited liability company authorized member or manager with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-LLC on file for **four** years from the due date of the return or **four** years from the date the limited liability company return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's PTIN
				P00739286
Firm's name (or yours if self-employed) and address ▶ SDO INSURANCE AND FINANCIAL SERVICES			Firm's FEIN	26-1712763
118 ALTO ST STE 207, SAN RAFAEL, CA				ZIP code 94901

Under penalties of perjury, I declare that I have examined the above limited liability company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed ☐	Paid preparer's PTIN
			P00739286
Firm's name (or yours if self-employed) and address ▶ SDO INSURANCE AND FINANCIAL SERVICES		Firm's FEIN	26-1712763
118 ALTO ST STE 207 SAN RAFAEL, CA			ZIP code 94901

REV 09/17/24 PRO

Voucher at bottom of page

If amount of payment is zero, do no mail this voucher.

When to pay:
Fiscal Year – File and Pay by the 15th day of the 4th month after the beginning of the taxable year.

Calendar Year – File and Pay by April 15, 2024.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web pay for businesses** LLCs can make an immediate payment or schedule payments for up to a year in advance.
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information. Do not mail this form if you pay online.

Where to pay: Using black or blue ink, make a check or money order payable to the "Franchise Tax Board." Write the California SOS file number, FEIN, and "2024 FTB 3522" on the check or money order. Detach the payment voucher from the bottom of the page. Enclose, but **do not** staple, your payment with the voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

REV 09/17/24 PRO

TAXABLE YEAR | CALIFORNIA FORM

2024 LLC Tax Voucher **3522**

202252210142 WNSP 88-4068738 (510) 660-1869 24 FORM 0
TYB 01-01-2024 TYE 12-31-2024
WNS P2 SERVICES LLC
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES CA 94547

AMOUNT OF PAYMENT 800.

051 6111246 FTB 3522 2023

Form at bottom of page

If amount of payment is zero, do not mail this form.

When to pay:

Fiscal Year – File and pay by 15th day of the 6th month of the current taxable year.

Calendar Year – File and Pay by June 17, 2024.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments.

- **Web pay for business**
  LLCs can make an immediate payment or schedule payments for up to a year in advance.
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information. Do not mail this form if you pay online.

Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2024 FTB 3536" on the check or money order. Detach form below. Enclose, but **do not** staple, payment with form and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

REV 09/17/24 PRO

TAXABLE YEAR **2024** **Estimated Fee for LLCs** CALIFORNIA FORM **3536 (LLC)**

```
202252210142  WNSP  88-4068738    (510) 660-1869     24       FORM  0
TYB  01-01-2024   TYE  12-31-2024
WNS P2 SERVICES LLC
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES           CA  94547

                                   AMOUNT OF PAYMENT          900.
```

For Privacy Notice, get FTB 1131 EN-SP. 051 6221246 FTB 3536 2023

Voucher at bottom of page ■

Do not mail a paper copy of the LLC tax return with payment voucher.
If the amount of payment is zero, do not mail this voucher.

When to pay: The tax liability must be paid by the original due date of the return.
For LLCs classified as partnerships, the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.

SMLLCs

- For SMLLCs owned by pass-through entities (S corporations, partnerships, and LLCs classified as partnerships), the original due date of the return is the 15th day of the 3rd month following the close of the taxable year.
- For all other SMLLCs, the original due date of the return is the 15th day of the 4th month following the close of the taxable year of the owner.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

Pay online: Go Green! Enjoy the ease and secure options for online payments

- **Web pay** for businesses LLCs can make an immediate payment or schedule payments for up to a year in advance
- **Credit Card** (service fee)

For all other SMLLCs, the original due date of the return is the 15th day of the 4th month following the close of the taxable year of the owner.

Go to **ftb.ca.gov/pay** for more information. Do not mail this form if you pay online.

Where to pay: Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the California SOS file number or FEIN and "2023 FTB 3588" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

REV 09/17/24 PRO

__ __DETACH HERE__ __ __ __ __ __IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER__ __ __ __ __ __DETACH HERE__ __

TAXABLE YEAR **2023** **Payment Voucher for LLC e-filed Returns** CALIFORNIA FORM **3588 (e-file)**

```
202252210142  WNSP  88-4068738    (510) 660-1869     23       FORM  0
TYB  01-01-2023   TYE  12-31-2023
WNS P2 SERVICES LLC
WNS P2 SERVICES LLC
1799 REDWOOD RD
HERCULES           CA  94547
```

AMOUNT OF PAYMENT 1700.

TAXABLE YEAR **2023**

Limited Liability Company Return of Income

CALIFORNIA FORM **568**

202252210142 WNSP 88-4068738 23
TYB 01-01-2023 TYE 12-31-2023
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

ACCTMETHOD 2 08-26-2022
INITIAL 0 FINAL 0 AMENDED 0 PROTECTIVE 0

I **(1)** During this taxable year, did this LLC acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes**. . . . . ● ☐ Yes ☒ No

(2) During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this LLC or any legal entity in which the partnership holds a controlling or majority interest?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes**. . ● ☐ Yes ☒ No

(3) Has California real property (i.e., land, buildings) transferred to the LLC that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the LLC's ownership interests cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes**. . . . . ● ☐ Yes ☒ No

(Yes requires filing of BOE-100-B statement, penalties may apply– see instructions.)

Enclose, but do not staple, any payment.

Complete Schedule IW, LLC Income Worksheet (on Side 7) first to determine line 1.

			Whole dollars only
1	Total income from Schedule IW, Limited Liability Company Income Worksheet. See instructions	1	309726.00
2	Limited Liability Company fee. See instructions.	2	900.00
3	2023 annual Limited Liability Company tax. See instructions	3	800.00
4	Pass-through entity elective tax. See instructions	4	00
5	Nonconsenting nonresident members' tax liability from Schedule T (Side 4)	5	00
6	Partnership level tax. If IRS concluded a centralized audit for this year, see instructions. If not, leave blank.	6	00
7	**Total tax and fee.** Add line 2, line 3, line 4, line 5, and line 6.	7	1700.00
8	Amount paid with form FTB 3537 and 2023 form FTB 3522 and form FTB 3536.	8	00
9	Amounts paid for pass-through entity elective tax	9	00
10	Overpayment from prior year allowed as a credit.	10	00
11	Withholding (Form 592-B and/or 593).	11	00
12	**Total payments.** Add line 8, line 9, line 10 and line 11	12	00
13	**Use tax. This is not a total line.** See instructions.	13	00
14	Payments balance. If line 12 is more than line 13, subtract line 13 from line 12	14	00
15	**Use tax balance.** If line 13 is more than line 12, subtract line 12 from line 13	15	00
16	**Tax and fee due.** If line 7 is more than line 14, subtract line 14 from line 7	16	1700.00
17	**Overpayment.** If line 14 is more than line 7, subtract line 7 from line 14	17	00

		Whole dollars only
18	Amount of line 17 to be credited to 2024 tax or fee	18 00
19	**Refund.** If the total of line 18 is less than line 17, subtract the total from line 17	19 .00
20	Penalties and interest. See instructions	20 00
21	**Total amount due.** Add line 15, line 16, line 18, and line 20, then subtract line 17 from the result.	21 1700.00

J Principal business activity code (**Do not** leave blank) ● 484110
Business activity TRUCKING SERVICES Product or service TRUCKING SERVICES

K Enter the maximum number of members in the LLC at any time during the year. For multiple member LLCs, attach a California Schedule K-1 (568) for each of these members ● 2

L	Is this LLC an investment partnership? See General Information O ●	☐ Yes	☒ No
M	**(1)** Is this LLC apportioning or allocating income to California using Schedule R? ●	☐ Yes	☒ No
	(2) If "No," was this LLC registered in California without earning any income sourced in this state during the taxable year? ◉	☐ Yes	☒ No
N	Was there a distribution of property or a transfer (for example, by sale or death) of an LLC interest during the taxable year? ●	☐ Yes	☒ No
P	**(1)** Does the LLC have any foreign (non-U.S.) nonresident members? ●	☐ Yes	☒ No
	(2) Does the LLC have any domestic (non-foreign) nonresident members? ●	☐ Yes	☒ No
	(3) Were Form 592, Form 592-A, Form 592-B, Form 592-F, and Form 592-PTE filed for these members? ●	☐ Yes	☒ No
Q	Are any members in this LLC also LLCs or partnerships? ●	☐ Yes	☒ No
R	Is this LLC under audit by the IRS or has it been audited in a prior year? ●	☐ Yes	☒ No
S	Is this LLC a member or partner in another multiple member LLC or partnership? ● If "Yes," complete Schedule EO, Part I.	☐ Yes	☒ No
T	Is this LLC a publicly traded partnership as defined in IRC Section 469(k)(2)? ◉	☐ Yes	☒ No
U	**(1)** Is this LLC a business entity disregarded for tax purposes? ●	☐ Yes	☒ No
	(2) If "Yes," see instructions and complete Side 1, Side 2, Side 3, Schedule B, Side 5, and Side 7, if applicable. Are there credits or credit carryovers attributable to the disregarded entity? ●	☐ Yes	☐ No
	(3) If "Yes" to U(1), does the disregarded entity have total income derived from or attributable to California that is less than the LLC's total income from all sources?	☐ Yes	☐ No
V	Has the LLC included a Reportable Transaction, or Listed Transaction within this return? (See instructions for definitions). If "Yes," complete and attach federal Form 8886 for each transaction. ●	☐ Yes	☒ No
W	Did this LLC file the Federal Schedule M-3 (federal Form 1065)? ●	☐ Yes	☒ No
X	Is this LLC a direct owner of an entity that filed a federal Schedule M-3? ●	☐ Yes	☒ No
Y	Does the LLC have a beneficial interest in a trust or is it a grantor of a Trust? ● If "Yes," attach schedule of trusts and federal identification numbers.	☐ Yes	☒ No
Z	Does this LLC own an interest in a business entity disregarded for tax purposes? ◉ If "Yes," complete Schedule EO, Part II.	☐ Yes	☒ No
AA	Is any member of the LLC related (as defined in IRC Section 267(c)(4)) to any other member of the LLC? ●	☐ Yes	☒ No
BB	Is any member of the LLC a trust for the benefit of any person related (as defined in IRC Section 267(c)(4)) to any other member? ●	☐ Yes	☒ No

(continued on Side 3)

(continued from Side 2)

CC **(1)** Is the LLC deferring any income from the disposition of assets? (see instructions) . . . . . ● ☐ Yes ☒ No

(2) If "Yes," enter the year of asset disposition . . . . . ●

DD Is the LLC reporting previously deferred Income from: (see instructions) . . . . . ● ☐ Installment Sale ● ☐ IRC §1031 ● ☐ IRC §1033 ● ☐ Other

EE "Doing business as" name. See instructions: . . . . . ● WNS P2 SERVICES LLC

FF **(1)** Has this LLC operated as another entity type such as a Corporation, S Corporation, General Partnership, Limited Partnership, or Sole Proprietorship in the previous five (5) years? . . . . . ● ☐ Yes ☒ No

(2) If "Yes", provide prior FEIN(s) if different, business name(s), and entity type(s) for prior returns filed with the FTB and/or IRS (see instructions): _____

GG **(1)** Has this LLC previously operated outside California? . . . . . ● ☐ Yes ☒ No

(2) Is this the first year of doing business in California? . . . . . ● ☐ Yes ☒ No

HH Is the LLC a section 721(c) partnership, as defined in Treasury Regulations Section 1.721(c)-1T(b)(14)? . . . . . ☐ Yes ☒ No

II At any time during the tax year, were there any transfers between the LLC and its members subject to the disclosure requirements of Regulations section 1.707-8? . . . . . ☐ Yes ☒ No

JJ Check if the LLC: (1) ☐ Aggregated activities for IRC Section 465 at-risk purposes

(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

KK (1) Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? . . . . . ● ☐ Yes ☒ No

(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● _____ (3) Amount last remitted ■ $_____ . _____

Single Member LLC Information and Consent — Complete only if the LLC is disregarded.

● Federal TIN/SSN

Sole Owner's name (as shown on owner's return)

FEIN/CA Corp no./CA SOS File no.

◉

Street Address, City, State, and ZIP Code

● What type of entity is the ultimate owner of this SMLLC? See instructions. Check only one box:

☐ **(1)** Individual ☐ **(2)** C Corporation ☐ **(3)** Pass-Through (S corporation, partnership, LLC classified as a partnership)

☐ **(4)** Estate/Trust ☐ **(5)** Exempt Organization

Member's Consent Statement: I consent to the jurisdiction of the State of California to tax my LLC income and agree to file returns and pay tax as may be required by the Franchise Tax Board.

Signature ▶ Date

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of authorized member or manager ▶ _____ Date

Telephone

Authorized member or manager's email address (optional)

● (510)660-1869

Paid Preparer's Use Only

Paid preparer's signature ▶ SONIA DE OLIVEIRA | Date | Check if self-employed ☐

PTIN ● P00739286

Firm's name (or yours, if self-employed) and address ▶ SDO INSURANCE AND FINANCIAL SERVICES
118 ALTO ST STE 207
SAN RAFAEL, CA 94901

Firm's FEIN ● 26-1712763

Telephone ● (415)785-3378

May the FTB discuss this return with the preparer shown above (see instructions)? . . . . . ● ☐ Yes ☒ No

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Schedule A Cost of Goods Sold

1	Inventory at beginning of year	1		00
2	Purchases less cost of items withdrawn for personal use	2		00
3	Cost of labor	3		00
4	Additional IRC Section 263A costs. Attach schedule	4		00
5	Other costs. Attach schedule	5		00
6	**Total**. Add line 1 through line 5	6		00
7	Inventory at end of year	7		00
8	**Cost of goods sold**. Subtract line 7 from line 6. Enter here and on Schedule B, line 2.	8		00

9 **a** Check all methods used for valuing closing inventory:
(1) ☐ Cost **(2)** ☐ Lower of cost or market as described in Treas. Reg. Section 1.471-4 **(3)** ☐ Write down of "subnormal" goods as described in Treas. Reg. Section 1.471-2(c) **(4)** ☐ Other. Specify method used and attach explanation _____

b Check this box if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐

c Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to the LLC? ☐ Yes ☐ No

d Was there any change (other than for IRC Section 263A purposes) in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

Schedule B Income and Deductions

Caution: Include **only** trade or business income and expenses on line 1a through line 22 below. See the instructions for more information.

Income	1	**a** Gross receipts or sales $ 309726. **b** Less returns and allowances $ _____ **c** Balance	1c	309726.	00
	2	Cost of goods sold (Schedule A, line 8)	2		00
	3	GROSS PROFIT. Subtract line 2 from line 1c	3	309726.	00
	4	Total ordinary income from other LLCs, partnerships, and fiduciaries. Attach schedule	4		00
	5	Total ordinary loss from other LLCs, partnerships, and fiduciaries. Attach schedule	5		00
	6	Total farm profit. Attach federal Schedule F (Form 1040)	6		00
	7	Total farm loss. Attach federal Schedule F (Form 1040)	7		00
	8	Total gains included on Schedule D-1, Part II, line 17 (**gain only**)	8		00
	9	Total losses included on Schedule D-1, Part II, line 17 (**loss only**)	9		00
	10	Other income. Attach schedule	10		00
	11	Other loss. Attach schedule	11		00
	12	**Total income (loss)**. Combine line 3 through line 11	12	309726.	00
Deductions	13	Salaries and wages (other than to members)	13		00
	14	Guaranteed payments to members	14		00
	15	Bad debts	15		00
	16	Deductible interest expense not claimed elsewhere on return	16		00
	17	**a** Depreciation and amortization. Attach form FTB 3885L $ 40000. **b** Less depreciation reported on Schedule A and elsewhere on return $ _____ **c** Balance	17c	40000.	00
	18	Depletion. Do not deduct oil and gas depletion	18		00
	19	Retirement plans, etc	19		00
	20	Employee benefit programs	20		00
	21	Other deductions. Attach schedule. See Statement	21	191243.	00
	22	**Total deductions**. Add line 13 through line 21	22	231243.	00
	23	Ordinary income (loss) from trade or business activities. Subtract line 22 from line 12	23	78483.	00

Schedule T Nonconsenting Nonresident Members' Tax Liability. Attach additional sheets if necessary.

(a) Member's name	(b) SSN, ITIN, or FEIN	(c) Distributive share of income	(d) Tax rate	(e) Member's total tax due (see instructions)	(f) Amount withheld by this LLC on this member – reported on Form 592-B	(g) Member's net tax due

Total the amount of tax due. Enter the total here and on Side 1, line 4. If less than zero enter -0- _____

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Schedule K **Members' Shares of Income, Deductions, Credits, etc.**

		(a) Distributive share items		(b) Amounts from federal K (1065)	(c) California adjustments	(d) Total amounts using California law
Income (Loss)	1	Ordinary income (loss) from trade or business activities	1	78483.	0.	78483.
	2	Net income (loss) from rental real estate activities. Attach federal Form 8825	2			
	3 a	Gross income (loss) from other rental activities	3a			
	b	Less expenses. Attach schedule	3b			
	c	Net income (loss) from other rental activities. Subtract line 3b from line 3a	3c			
	4	Guaranteed payments a Services	4a			
	b	Capital	4b			
	c	Total	4c			
	5	Interest income	5			
	6	Dividends	6			
	7	Royalties	7			
	8	Net short-term capital gain (loss). Attach Schedule D (568)	8			
	9	Net long-term capital gain (loss). Attach Schedule D (568)	9			
	10 a	Total gain under IRC Section 1231 (other than due to casualty or theft)	10a			
	b	Total loss under IRC Section 1231 (other than due to casualty or theft)	10b			
	11 a	Other portfolio income (loss). Attach schedule	11a			
	b	Total other income. Attach schedule	11b			
	c	Total other loss. Attach schedule	11c			
Deductions	12	Expense deduction for recovery property (IRC Section 179). Attach schedule	12			
	13 a	Cash contributions	13a			
	b	Noncash contributions	13b			
	c	Investment interest expense	13c			
	d 1	Total expenditures to which IRC Section 59(e) election may apply	13d1			
	2	Type of expenditures	13d2			
	e	Deductions related to portfolio income	13e			
	f	Other deductions. Attach schedule	13f			
Credits	15 a	Withholding on LLC allocated to all members	15a			
	b	Low-income housing credit	15b			
	c	Credits other than the credit shown on line 15b related to rental real estate activities. Attach schedule	15c			
	d	Credits related to other rental activities. Attach schedule	15d			
	e	Nonconsenting nonresident members' tax paid by LLC	15e			
	f	Other credits. Attach schedule	15f			
Alternative Minimum Tax (AMT) Items	17 a	Depreciation adjustment on property placed in service after 1986	17a	10000.	0.	10000.
	b	Adjusted gain or loss	17b			
	c	Depletion (other than oil and gas)	17c			
	d	Gross income from oil, gas, and geothermal properties	17d			
	e	Deductions allocable to oil, gas, and geothermal properties	17e			
	f	Other alternative minimum tax items. Attach schedule	17f			
Other Information	18 a	Tax-exempt interest income	18a			
	b	Other tax-exempt income	18b			
	c	Nondeductible expenses	18c	1560.	0.	1560.
	19 a	Distributions of money (cash and marketable securities)	19a	76923.	0.	76923.
	b	Distribution of property other than money	19b			
	20 a	Investment income	20a			
	b	Investment expenses	20b			
	c	Other information. See instructions AGGREGATE GROSS RECEIPTS	20c			309726.
Analysis	21 a	Total distributive income/payment items. Combine lines 1, 2, 3c and 4c through 11c. From the result, subtract the sum of lines 12 through 13f	21a	78483.	0.	78483.

b Analysis of members:	(a) Corporate	(b) Individual i. Active	(b) Individual ii. Passive	(c) Partnership	(d) Exempt Organization	(e) Nominee/Other	(f) LLC
Members		78483.					

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Schedule L **Balance Sheets.** See instructions before completing Schedules L, M-1, and M-2.

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets. Attach schedule				
7 a Loans to members				
b Mortgage and real estate loans				
8 Other investments. Attach schedule				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule				
14 **Total** assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule				
18 All nonrecourse loans				
19 a Loans from members				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule				
21 Members' capital accounts				0.
22 **Total** liabilities and capital				0.

Schedule M-1 **Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** Use total amount under California law. See instructions.

1 Net income (loss) per books	76923.	6 Income recorded on books this year not included on Schedule K, line 1 through line 11c. Itemize:	
2 Income included on Schedule K, line 1 through line 11c not recorded on books this year. Itemize		a Tax-exempt interest $	
3 Guaranteed payments (other than health insurance)		b Other $	
4 Expenses recorded on books this year not included on Schedule K, line 1 through line 13f. Itemize:		c Total. Add line 6a and line 6b	
a Depreciation $		7 Deductions included on Schedule K, line 1 through line 13f not charged against book income this year. Itemize:	
b Travel and entertainment $ 1560.		a Depreciation $	
c Annual LLC tax $		b Other $	
d Other $		c Total. Add line 7a and line 7b	
e Total. Add line 4a through line 4d	1560.	8 Total. Add line 6c and line 7c	
5 Total of line 1 through line 4e	78483.	9 Income (loss) (Schedule K, line 21a.) Subtract line 8 from line 5	78483.

Schedule M-2 **Analysis of Members' Capital Accounts.** Use California amounts.

1 Balance at beginning of year		5 Total of line 1 through line 4	76923.
2 Capital contributed during year		6 Distributions: a Cash	76923.
a Cash		b Property	
b Property		7 Other decreases. Itemize	
3 Net income (loss) per books	76923.	8 Total of line 6 and line 7	76923.
4 Other increases. Itemize		9 Balance at end of year. Subtract line 8 from line 5	0.

Schedule O **Amounts from Liquidation used to Capitalize a Limited Liability Company.** (Complete only if initial return box is checked on Side 1, Question H.)

Name of entity liquidated (if more than one, attach a schedule) _____

Type of entity: ☐ **(1)** C Corporation ☐ **(2)** S Corporation ☐ **(3)** Partnership ☐ **(4)** Limited Partnership ☐ **(5)** Sole Proprietor ☐ **(6)** Farmer

Entity identification number(s): FEIN _____ SSN or ITIN _____ CA Corp. No. _____ CA SOS File No. _____

Amount of liquidation gains recognized to capitalize the LLC _____

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Schedule IW Limited Liability Company (LLC) Income Worksheet

Enter your California income amounts on the worksheet. All amounts entered must be assigned for California law differences. **Use only amounts that are from sources derived from or attributable to California when completing lines 1-17 of this worksheet.** If your business is both within and outside of California, see Schedule IW instructions to assign the correct amounts to California. If the LLC is wholly within California, the total income amount is assigned to California and is entered beginning with line 1a. If the single member LLC (SMLLC) does not meet the 3 million criteria for filing Schedule B (568) and Schedule K (568), the SMLLC is still required to complete Schedule IW. Disregarded entities that do not meet the filing requirements to complete Schedule B or Schedule K should prepare Schedule IW by entering the California amounts attributable to the disregarded entity from the member's federal Schedule B, C, D, E, F (Form 1040), or additional schedules associated with other activities. **Do not enter amounts on this worksheet that have already been reported by another LLC to determine its fee.**

See instructions on page 14 of the Form 568 Booklet for more information on how to complete Schedule IW.

1 a Total California income from Form 568, Schedule B, line 3. See instructions . . . . . **1a** 309726.

b Enter the California cost of goods sold from Form 568, Schedule B, line 2 and from federal Schedule F (Form 1040) (plus California adjustments) associated with the receipts assigned to California on lines 1a and 4. . . . . **1b**

2 a If the answer to Question U(1) on Form 568 Side 2, is "Yes", include the gross income of this disregarded entity that is not included in lines 1 and 8 through 16 . . . . . **2a**

b Enter the cost of goods sold of disregarded entities associated with the receipts assigned to California on line 2a **2b**

3 a LLC's distributive share of ordinary income from pass-through entities **3a**

b Enter the LLC's distributive share of cost of goods sold from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1a) **3b**

c Enter the LLC's distributive share of deductions from other pass-through entities associated with the receipt assigned to California on line 3a (see Schedule K-1s (565), Table 3, line 1b) **3c**

4 Add gross farm income from federal Schedule F (Form 1040). Use California amounts **4**

5 Enter the total of other income (not loss) from Form 568, Schedule B, line 10 . . . . . **5**

6 Enter the total gains (not losses) from Form 568, Schedule B, line 8. . . . . **6**

7 Add line 1a through line 6 . . . . . **7** 309726.

8 California rental real estate

a Enter the total gross rents from federal Form 8825, line 18a **8a**

b Enter the total gross rents from all Schedule K-1s (565), Table 3, line 2 . . . . . **8b**

c Add line 8a and line 8b **8c**

9 Other California rentals.

a Enter the amount from Schedule K (568), line 3a **9a**

b Enter the amount from all Schedule K-1s (565), Table 3, line 3. . . . . **9b**

c Add lines 9a and 9b **9c**

10 California interest. Enter the amount from Form 568, Schedule K, line 5 . . . . . **10**

11 California dividends. Enter the amount from Form 568, Schedule K, line 6 . . . . . **11**

12 California royalties. Enter the amount from Form 568, Schedule K, line 7 . . . . . **12**

13 California capital gains. Enter the capital gains (not losses) included in the amounts from Form 568, Schedule K, lines 8 and 9 . . . . . **13**

14 California 1231 gains. Enter the amount of total gains (not losses) from Form 568, Schedule K, line 10a **14**

15 Other California portfolio income (not loss). Enter the amount from Form 568, Schedule K, line 11a. **15**

16 Other California income (not loss) not included in line 5. Enter the amount from Form 568, Schedule K, line 11b **16**

17 Total California income. Add lines 7, 8c, 9c, 10, 11, 12, 13, 14, 15, and 16. Line 17 may not be a negative number. Enter here and on Form 568, Side 1, line 1. If less than zero enter -0- . . . . . **17** 309726.

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TAXABLE YEAR

CALIFORNIA FORM

2023 Depreciation and Amortization 3885L

Name as shown on return

WNS P2 SERVICES LLC

California Secretary of State (SOS) file number

202252210142

FEIN

884068738

Tangible and intangible assets placed in service during the 2023 taxable year:			Depreciation of assets			Amortization of property		
(a) Description of property	(b) Date placed in service (mm/dd/yyyy)	(c) Cost or other basis	(d) Method of figuring depreciation	(e) Life or rate	(f) Depreciation for this year	(g) Code section	(h) Period or percentage	(i) Amortization for this year
1 FREIGHTLINER 2011 MODEL DD13	01/05/2023	200000.	200DB	5.0	40000.			
1 Enter line 1, column (f) and column (i) totals 1					40000.			

Depreciation

Be sure to make adjustments for any basis differences when calculating depreciation.

2 California depreciation for assets placed in service beginning before the 2023 taxable year 2

3 Total California depreciation. Add line 1(f) totals and line 2 . . . . . 3 40000.

Amortization

Be sure to make adjustments for any basis differences when calculating amortization.

4 California amortization for intangibles placed in service beginning before the 2023 taxable year 4

5 Total California amortization. Add line 1(i) totals and line 4 5

6 Total depreciation and amortization. Add line 3 and line 5. Enter the total here and on Form 568, Schedule B, line 17a, if from a trade or business, or on federal Form 8825, line 14, if from rental real estate activities . . . . . 6 40000.

7 IRC Section 179 expense deduction from line 12 of the worksheet in the instructions 7

8 Carryover of disallowed deduction to 2024 from line 13 of the worksheet in the instructions. . 8

General Information

In general, for taxable years beginning on or after January 1, 2015, California law conforms to the Internal Revenue Code (IRC) as of January 1, 2015. However, there are continuing differences between California and federal law. When California conforms to federal tax law changes, we do not always adopt all of the changes made at the federal level. For more information, go to **ftb.ca.gov** and search for **conformity**. Additional information can be found in FTB Pub. 1001, Supplemental Guidelines to California Adjustments, the instructions for Schedule CA (540), California Adjustments - Residents, or Schedule CA (540NR), California Adjustments - Nonresidents or Part-Year Residents, and the Business Entity tax booklets.

The instructions provided with California tax forms are a summary of California tax law and are only intended to aid taxpayers in preparing their state income tax returns. We include information that is most useful to the greatest number of taxpayers in the limited space available. It is not possible to include all requirements of the California Revenue and Taxation Code (R&TC) in the instructions. Taxpayers should not consider the instructions as authoritative law.

A Purpose

Use form FTB 3885L, Depreciation and Amortization, to compute depreciation and amortization allowed as a deduction on Form 568, Limited Liability Company Return of Income. Attach form FTB 3885L to Form 568.

Depreciation is the annual deduction allowed to recover the cost or other basis of business or income producing property with a determinable useful life of more than one year. Land is not depreciable.

Amortization is an amount deducted to recover the cost of certain capital expenses over a fixed period.

B Federal/State Calculation Differences

California law has not always conformed to federal law with regard to depreciation methods, special credits, or accelerated write-offs. Consequently, the recovery periods and the basis on which the depreciation is calculated may be different from the amounts used for federal purposes. Reportable differences may occur if all or part of your assets were placed in service:

- **Before January 1, 1987:** California disallowed depreciation under the federal Accelerated Cost Recovery System (ACRS). Continue to calculate California depreciation in the same manner as in prior years for those assets.
- **On or after January 1, 1987:** California provides special credits and accelerated write-offs that affect the California basis for qualifying assets. California does not conform to all the changes to federal law enacted in 1993. Therefore, the California basis or recovery periods may be different for some assets.

California law **does not** conform to the federal law for:

- IRC Section 168(k) relating to the depreciation deduction for certain assets.
- The enhanced IRC Section 179 expensing election.
- The expanded definition of IRC Section 179 property for certain depreciable tangible personal property related to furnishing lodging and for qualified real property for improvements to nonresidential real property.
- Federal modifications to amortization of research and experimental expenditures (IRC Section 174).

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TAXABLE YEAR **2023**

Member's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (568)**

TYB 01-01-2023 TYE 12-31-2023
303-95-1912
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

88-4068738 202252210142
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

A What type of entity is this member? ● See instructions.

(1) [X] Individual **(4)** [ ] C Corporation **(7)** [ ] LLP **(10)** [ ] Exempt Organization
(2) [ ] S Corporation **(5)** [ ] General Partnership **(8)** [ ] LLC **(11a)** [ ] Disregarded Entity (DE)
(3) [ ] Estate/Trust **(6)** [ ] Limited Partnership **(9)** [ ] IRA/Keogh/SEP **(11b)** DE owner's name _____
(11c) DE owner's TIN _____

B Is this member a foreign member? ● [ ] Yes [X] No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning		(ii) Ending	
Profit	100.0000	%	● 100.0000	%
Loss	100.0000	%	● 100.0000	%
Capital	100.0000	%	● 100.0000	%

Check if decreases is due to: [ ] Sale or [ ] Exchange of LLC interest.

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse	$ .00		● $ .00	
Qualified nonrecourse financing	$ .00		● $ .00	
Recourse	$ .00		● $ .00	

Check the box if Item D includes liability amounts from lower tier partnerships or LLCs [ ]
Check if any of the above liability is subject to guarantees or other payment obligations by the member [ ]

E Reportable transaction or tax shelter registration number(s)

F **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ [ ]

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For Privacy Notice, get FTB 1131 EN-SP. 051 7901234 Schedule K-1 (568) 2023 **Side 1**

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) . . . . . ◉ ☐

G Check here if this is: ● **(1)** ☐ A final Schedule K-1 (568) **(2)** ☐ An amended Schedule K-1 (568)

H Is this member a resident of California? . . . . . ● ☒ Yes ▶ ☐ No

I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. . . . . ☐ Yes ☒ No

J Member's share of net unrecognized IRC Section 704(c) gain or (loss) . . . . . (i) Beginning _____ (ii) Ending _____

K Analysis of member's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
●	●	● 76923.		● (76,923)	● 0.

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	**1** Ordinary income (loss) from trade or business activities	78483.	0.	● 78483.	▶
	2 Net income (loss) from rental real estate activities			●	▶
	3 Net income (loss) from other rental activities			◉	◉
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income			●	▶
	6 Dividends			●	▶
	7 Royalties			●	▶
	8 Net short-term capital gain (loss)			●	▶
	9 Net long-term capital gain (loss)			●	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			●	▶
	b Total loss under IRC Section 1231 other than due to casualty or theft			●	▶
	11 a Other portfolio income (loss). Attach schedule			●	▶
	b Total other income. Attach schedule			●	▶
	c Total other loss. Attach schedule			●	▶

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Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)			◉	◉
	13 a Cash contributions			◉	
	b Noncash contributions			◉	
	c Investment interest expense			◉	◉
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			◉	◉
	2 Type of expenditures ◉				
	e Deductions related to portfolio income. Attach schedule			◉	◉
	f Other deductions. Attach schedule			◉	◉
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			●	▶
	b Low-income housing credit			◉	◉
	c Credits other than line 15b related to rental real estate activities. Attach schedule			◉	◉
	d Credits related to other rental activities. Attach schedule			◉	◉
	e Nonconsenting nonresident members' tax paid by LLC			◉	◉
	f Other credits – Attach required schedules or statements			◉	◉
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	10000.	0.	◉ 10000.	◉
	b Adjusted gain or loss			◉	◉
	c Depletion (other than oil & gas)			◉	◉
	d Gross income from oil, gas, and geothermal properties			◉	◉
	e Deductions allocable to oil, gas, and geothermal properties			◉	◉
	f Other alternative minimum tax items. Attach schedule			◉	◉
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income			◉	◉
	b Other tax-exempt income			◉	◉
	c Nondeductible expenses	1560.	0.	◉ 1560.	◉
Distributions	19 a Distributions of money (cash and marketable securities)	76923.	0.	◉ 76923.	
	b Distributions of property other than money			◉	
Other Information	20 a Investment income			◉	◉
	b Investment expenses			◉	◉
	c Other information. See instructions			◉ 309726.	
	21 ☐ More than one activity for at-risk purposes. See instructions.				
	22 ☐ More than one activity for passive activity purposes. See instructions.				

REV 09/17/24 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

Other Member Information

Table 1 — Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest . . . . . $	Sec. 1231 Gains/Losses . . . . . $	Capital Gains/Losses . . . $
Dividends . . . . . $	Royalties . . . . . $	Other . . . . . $

FOR USE BY MEMBERS ONLY – See instructions.

Table 2 — Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. $

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . . . $	Rents/Royalties . . . . . $
Sec. 1231 Gains/Losses . . . . . $	Other . . . . . $

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . . $		$
Property: Ending . . . . . $		$
Property: Annual rent expense . . . . . $		$
Payroll . . . . . $		$
Sales . . . . . $		$

REV 09/17/24 PRO

Additional Information From CA Schedule K-1 (568): Member's Share of Income, Deductions, Credits, etc. (PLINIO E DE SOUSA FIGUEIREDO)

CA Schedule K-1 (568): Member's Share of Income, Deductions, Credits, etc. (PLINIO E DE SOUSA FIGUEIREDO)

Supplemental Information Required to be Reported **Continuation Statement**

Description	CA Law Amounts
AGGREGATE GROSS RECEIPTS	309726.
TOTAL	309726.

TAXABLE YEAR **2023**

Member's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (568)**

TYB 01-01-2023 TYE 12-31-2023
303-95-1912
PLINIO E DE SOUSA FIGUEIREDO

1799 REDWOOD RD
HERCULES CA 94547

88-4068738 202252210142
WNS P2 SERVICES LLC

1799 REDWOOD RD
HERCULES CA 94547

A What type of entity is this member? ● See instructions.

(1) [X] Individual **(4)** [ ] C Corporation **(7)** [ ] LLP **(10)** [ ] Exempt Organization
(2) [ ] S Corporation **(5)** [ ] General Partnership **(8)** [ ] LLC **(11a)** [ ] Disregarded Entity (DE)
(3) [ ] Estate/Trust **(6)** [ ] Limited Partnership **(9)** [ ] IRA/Keogh/SEP **(11b)** DE owner's name _____
(11c) DE owner's TIN _____

B Is this member a foreign member? ● [ ] Yes [X] No

C Enter member's percentage (without regard to special allocations) of:

	(i) Beginning			(ii) Ending	
Profit	0.0000	%	●	0.0000	%
Loss	0.0000	%	●	0.0000	%
Capital	0.0000	%	●	0.0000	%

Check if decreases is due to: [ ] Sale or [ ] Exchange of LLC interest.

D Member's share of liabilities:

	(i) Beginning		(ii) Ending	
Nonrecourse	$ .00	●	$	.00
Qualified nonrecourse financing	$ .00	●	$	.00
Recourse	$ .00	●	$	.00

Check the box if Item D includes liability amounts from lower tier partnerships or LLCs [ ]
Check if any of the above liability is subject to guarantees or other payment obligations by the member [ ]

E Reportable transaction or tax shelter registration number(s)

F **(1)** Check here if this is a publicly traded partnership as defined in IRC Section 469(k)(2) ◉ [ ]

REV 09/17/24 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

(2) Check here if this is an investment partnership (R&TC Sections 17955 and 23040.1) . . . . . ◉ ☐

G Check here if this is: ● **(1)** ☐ A final Schedule K-1 (568) **(2)** ☐ An amended Schedule K-1 (568)

H Is this member a resident of California? . . . . . ● ☒ Yes ▶ ☐ No

I Did this member contribute property with a built-in gain or loss? If "Yes" attach statement. See instructions. . . . . ☐ Yes ☒ No

J Member's share of net unrecognized IRC Section 704(c) gain or (loss) . . . . . (i) Beginning _____ (ii) Ending _____

K Analysis of member's **tax basis** capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Current year net income (loss)	(d) Other increase (decrease) (attach explanation)	(e) Withdrawals and distributions	(f) Capital account at end of year, combine column (a) through column (e)
●	●	● 0.		● (0)	● 0.

Caution: Refer to Member's Instructions for Schedule K-1 (568) before entering information from this schedule on your California return.

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form 1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Income (Loss)	**1** Ordinary income (loss) from trade or business activities	0.	0.	● 0.	▶
	2 Net income (loss) from rental real estate activities			●	▶
	3 Net income (loss) from other rental activities			◉	◉
	4 a Guaranteed payments for services				
	4 b Guaranteed payments for capital				
	4 c Total guaranteed payments			●	▶
	5 Interest income			●	▶
	6 Dividends			●	▶
	7 Royalties			●	▶
	8 Net short-term capital gain (loss)			●	▶
	9 Net long-term capital gain (loss)			●	▶
	10 a Total gain under IRC Section 1231 (other than due to casualty or theft)			●	▶
	b Total loss under IRC Section 1231 other than due to casualty or theft			●	▶
	11 a Other portfolio income (loss). Attach schedule			●	▶
	b Total other income. Attach schedule			●	▶
	c Total other loss. Attach schedule			●	▶

REV 09/17/24 PRO

Member's name PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number 303-95-1912

	(a) Distributive share items	(b) Amounts from federal Schedule K-1 (Form1065)	(c) California adjustments	(d) Total amounts using California law. Combine col. (b) and col. (c)	(e) California source amounts and credits
Deductions	12 Expense deduction for recovery property (IRC Section 179)			◉	◉
	13 a Cash contributions			◉	
	b Noncash contributions			◉	
	c Investment interest expense			◉	◉
	d 1 Total expenditures to which an IRC Section 59(e) election may apply			◉	◉
	2 Type of expenditures ◉				
	e Deductions related to portfolio income. Attach schedule			◉	◉
	f Other deductions. Attach schedule			◉	◉
Credits	15 a Total withholding (equals amount on Form 592-B if calendar year LLC)			●	▶
	b Low-income housing credit			◉	◉
	c Credits other than line 15b related to rental real estate activities. Attach schedule			◉	◉
	d Credits related to other rental activities. Attach schedule			◉	◉
	e Nonconsenting nonresident members' tax paid by LLC			◉	◉
	f Other credits – Attach required schedules or statements			◉	◉
Alternative Minimum Tax (AMT) Items	17 a Depreciation adjustment on property placed in service after 1986	0.	0.	◉ 0.	◉
	b Adjusted gain or loss			◉	◉
	c Depletion (other than oil & gas)			◉	◉
	d Gross income from oil, gas, and geothermal properties			◉	◉
	e Deductions allocable to oil, gas, and geothermal properties			◉	◉
	f Other alternative minimum tax items. Attach schedule			◉	◉
Tax-exempt Income and Nondeductible Expenses	18 a Tax-exempt interest income			◉	◉
	b Other tax-exempt income			◉	◉
	c Nondeductible expenses	0.	0.	◉ 0.	◉
Distributions	19 a Distributions of money (cash and marketable securities)	0.	0.	◉ 0.	
	b Distributions of property other than money			◉	
Other Information	20 a Investment income			◉	◉
	b Investment expenses			◉	◉
	c Other information. See instructions			◉ 0.	
	21 ☐ More than one activity for at-risk purposes. See instructions.				
	22 ☐ More than one activity for passive activity purposes. See instructions.				

REV 09/17/24 PRO

Member's name

PLINIO E DE SOUSA FIGUEIREDO

Member's identifying number

303-95-1912

Other Member Information

Table 1 — Member's share of nonbusiness income from intangibles (source of income is dependent on residence or commercial domicile of the member):

Interest . . . . . $	Sec. 1231 Gains/Losses . . . . . $	Capital Gains/Losses . . . $
Dividends . . . . . $	Royalties . . . . . $	Other . . . . . $

FOR USE BY MEMBERS ONLY – See instructions.

Table 2 — Member's share of distributive items.

A. Member's share of the LLC's business income. See instructions. $

B. Member's share of nonbusiness income from real and tangible personal property sourced or allocable to California.

Capital Gains/Losses . . . . . $	Rents/Royalties . . . . . $
Sec. 1231 Gains/Losses . . . . . $	Other . . . . . $

C. Member's distributive share of the LLC's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning . . . . . $		$
Property: Ending . . . . . $		$
Property: Annual rent expense . . . . . $		$
Payroll . . . . . $		$
Sales . . . . . $		$

REV 09/17/24 PRO

Additional Information From CA Schedule K-1 (568): Member's Share of Income, Deductions, Credits, etc. (PLINIO E DE SOUSA FIGUEIREDO)

CA Schedule K-1 (568): Member's Share of Income, Deductions, Credits, etc. (PLINIO E DE SOUSA FIGUEIREDO)

Supplemental Information Required to be Reported **Continuation Statement**

Description	CA Law Amounts
AGGREGATE GROSS RECEIPTS	0.
TOTAL	0.

Additional Information From 2023 California Limited Liability Company Tax Return

Form 568: Limited Liability Company Return of Income
Schedule B, Line 21 (7)
Sch B, Line 21, amount **Itemization Statement**

Description	Amount
PARKING YARD FOR TRUCK	12000.
Total	**12000**

Form 568: Limited Liability Company Return of Income
Schedule B, Line 21 **Continuation Statement**

Description	Amount
AUTOMOBILE AND TRUCK EXPENSE	163281.
LEGAL AND PROFESSIONAL	3200.
PARKING FEES AND TOLLS	3150.
SUPPLIES	4117.
TELEPHONE	570.
UNIFORMS	3365.
RENT	12000.
MEALS (50%)	1560.
Total	191243

HOLD TO LIGHT TO VIEW TRUE WATERMARK IN PAPER - HEAT SENSITIVE RED LOCK DISAPPEARS WHEN HEATED

0100198

alco IRON&METAL

ALCO IRON & METAL CO.
2140 DAVIS ST
SAN LEANDRO, CA 94577

BMO HARRIS CENTRAL N.A.
ROSELLE, ILLINOIS
70-1558/719

***Five Thousand Six Hundred Thirty-Five And 85/100 Dollars

DATE
05/01/2026

AMOUNT
$5,635.85

Security features. Details on back.

PAY TO THE ORDER OF

Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States

NOT VALID 90 DAYS AFER ISSUE DATE

AUTHORIZED SIGNATURE

MP

⑈0100198⑈ ⑆071915580⑆ 04⑈443⑈595⑈4⑈


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.
139258
alco
IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Seven Thousand One Hundred Ninety-Five And 72/100 Dollars
DATE
04/03/2026
AMOUNT
$7,195.72
Details on Back.
PAY
TO THE
ORDER
OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Security Features Included
⑈139258⑈ ⑆121000358⑆ 4467⑈0958 2⑈


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.
139536
alco
IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Six Thousand Nine Hundred Eighty-Two And 36/100 Dollars
DATE
04/10/2026
AMOUNT
$6,982.36
Details on Back.
PAY TO THE ORDER OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Security Features Included
⑈139536⑈ ⑆121000358⑆ 4467⑈0958 2⑈


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM
139801
alco IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Five Thousand Five Hundred Ninety-Four And 59/100 Dollars
DATE
04/17/2026
AMOUNT
$5,594.59
Details on Back.
PAY TO THE ORDER OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Security Features Included
⑈139801⑈ ⑆121000358⑆ 4467095821

21046

ALCO IRON & METAL CO
SAN JOSE
1788 ROGER AVE.
SAN JOSE, CA 95112

BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355

***Six Thousand Four Hundred Thirty-Two And 57/100 Dollars

DATE
04/24/2026

AMOUNT
$6,432.57

NOT VALID 90 DAYS AFTER ISSUE DATE

PAY TO THE ORDER OF

Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States

AUTHORIZED SIGNATURE

Photo Safe Deposit®

Details on Back.

⑈021046⑈ ⑆121000358⑆ 4416?⑈09605⑈



138228

alco IRON&METAL

ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577

BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355

***Five Thousand Two Hundred Eighty-Six And 52/100 Dollars

DATE
03/13/2026

AMOUNT
$5,286.52

Details on Back. Security Features Included

PAY TO THE ORDER OF

Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States

NOT VALID 90 DAYS AFTER ISSUE DATE

AUTHORIZED SIGNATURE

HEAT SENSITIVE

⑈138228⑈ ⑆121000358⑆ 4467⑈0958 2⑈


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND VOID TO ESCAPE INK
138594
alco
IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Six Thousand Ten And 32/100 Dollars
DATE
03/20/2026
AMOUNT
$6,010.32
PAY TO THE ORDER OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
VALID
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Details on Back. Security Features Included
⑈138594⑈ ⑆121000358⑆ 4467⑈0958 2⑈


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.
138921
alco
IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Six Thousand Thirty-Five And 13/100 Dollars
DATE
03/27/2026
AMOUNT
$6,035.13
Details on Back.
PAY
TO THE
ORDER
OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Security Features Included
⑈138921⑈ ⑆121000358⑆ 14167⑈0958 2⑈

136911

ALCO IRON & METAL CO

Alco Iron and Metal Co.
Overflow Checks Stubs
Check Number:136911

Vendor Name: Ven0518 WNS P2 LLC.

Check Date: 02/06/2026

Invoice Number	Invoice Date	Memo	Amount	Discount	Adj Amt	Amt Paid
020626			$7,193.16		7193.16	$7,193.16

Amount	$7,193.16

Rev 3/19

104651

10465

137253

ALCO IRON & METAL CO

Alco Iron and Metal Co.
Overflow Checks Stubs
Check Number:137253

Vendor Name: Ven0518 WNS P2 LLC.

Check Date: 02/13/2026

Invoice Number	Invoice Date	Memo	Amount	Discount	Adj Amt	Amt Paid
021326			$5,771.90		5771.90	$5,771.90

Amount	$5,771.90

Rev 3/19

104651

10465

137379

ALCO IRON & METAL CO

Alco Iron and Metal Co.
Overflow Checks Stubs
Check Number:137379

Vendor Name: Ven0518 WNS P2 LLC.

Check Date: 02/20/2026

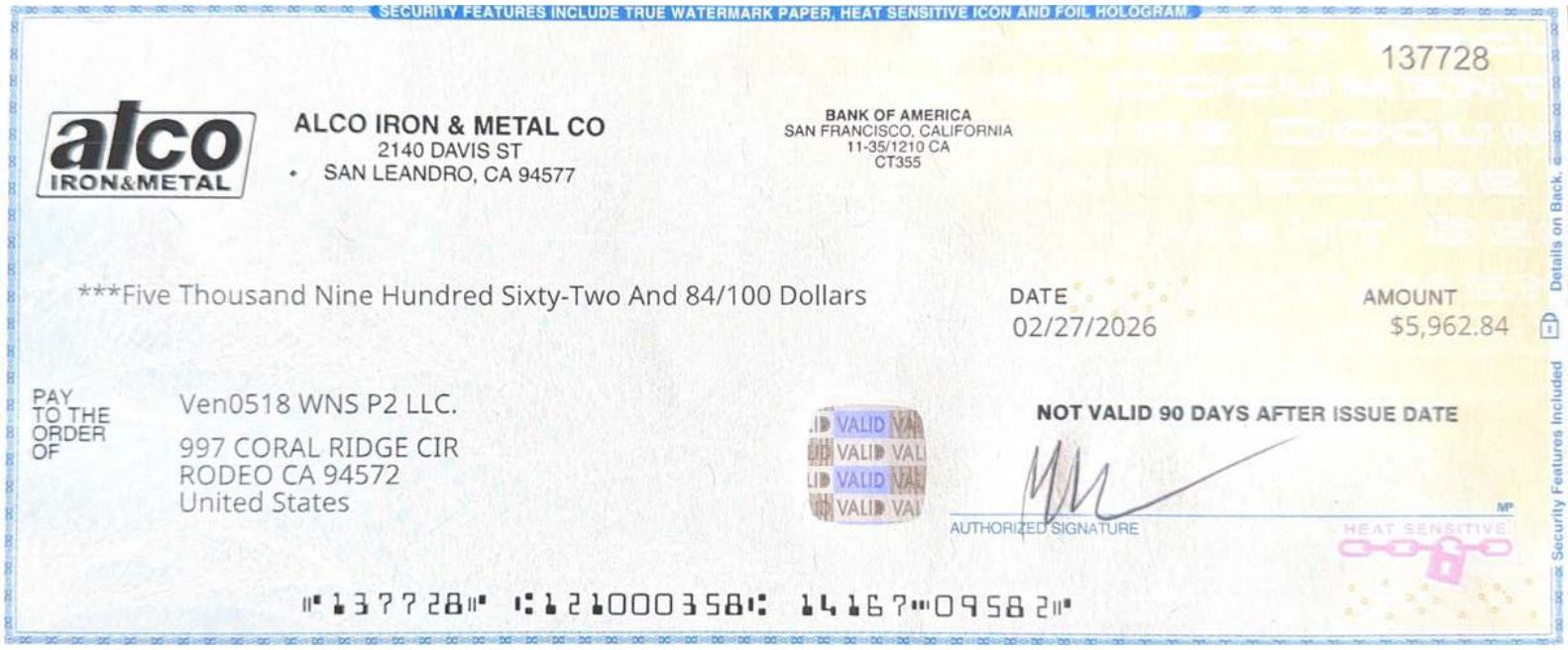
Invoice Number	Invoice Date	Memo	Amount	Discount	Adj Amt	Amt Paid
022026			$6,457.56		6457.56	$6,457.56

Amount	$6,457.56

Rev 3/19

104651

10465


SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM.
137728
alco IRON&METAL
ALCO IRON & METAL CO
2140 DAVIS ST
SAN LEANDRO, CA 94577
BANK OF AMERICA
SAN FRANCISCO, CALIFORNIA
11-35/1210 CA
CT355
***Five Thousand Nine Hundred Sixty-Two And 84/100 Dollars
DATE
02/27/2026
AMOUNT
$5,962.84
Details on Back.
PAY TO THE ORDER OF
Ven0518 WNS P2 LLC.
997 CORAL RIDGE CIR
RODEO CA 94572
United States
VALID
NOT VALID 90 DAYS AFTER ISSUE DATE
AUTHORIZED SIGNATURE
HEAT SENSITIVE
Security Features Included
⑈137728⑈ ⑆121000358⑆ 4467⑈0958 2⑈

136579

ALCO IRON & METAL CO

Alco Iron and Metal Co.
Overflow Checks Stubs
Check Number:136579

Vendor Name: Ven0518 WNS P2 LLC.

Check Date: 01/30/2026

Invoice Number	Invoice Date	Memo	Amount	Discount	Adj Amt	Amt Paid
013026			$5,639.40		5639.40	$5,639.40

Amount	$5,639.40

Rev 3/19

104651

10465