Officer:

COVERSHEET

PLEASE RETURN THE REQUESTED INFORMATION AND ALL SUPPORTING DOCUMENTS **WITH THIS PAGE ON TOP TO:**

USCIS/TSC
ATTN: RFE/NOID/NOIR/NOIT
6046 N BELT LINE RD STE 172
IRVING, TX 75038-0015

Please check the appropriate box regarding if there is a new Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, additional fees, additional forms, etc. Please place the new Form G-28, additional fees, additional forms directly under this sheet.

Yes, there is:

☐ **A New G-28** ☐ **Additional Fees**

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If you have moved, write your current address in the blank area below. Please be sure to write clearly.

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☐ **Applicant/Beneficiary** ☐ **Petitioner**

New Address:

As required by Section § 265.1 Reporting change of address. "Except for those exempted by section 263(b) of the Act, all aliens in the United States required to register under section 262 of the Act must report each change of address and new address within 10 days of such change in accordance with instructions provided by USCIS."

NOTICE OF INTENT TO DENY

I-918 Petition for U Nonimmigrant Status

CASAMASSA JUNIOR, CARLOS ALBERTO

LIN2525650862

A214-272-158

USCIS/TSC
ATTN: RFE/NOID/NOIR/NOIT
6046 N BELT LINE RD STE 172
IRVING, TX 75038-0015

Re: Form I-918, Petition for U Nonimmigrant Status
Petitioner: CARLOS ALBERTO CASAMASSA JUNIOR **A#:** 214-272-158
Receipt No.: LIN2525650862 **NOID Response Due:** May 24, 2026

RESPONSE TO NOTICE OF INTENT TO DENY

Dear Immigration Officer:

Mr. Carlos Alberto Casamassa Junior, through counsel, respectfully submits this response to the Notice of Intent to Deny ("NOID") dated April 21, 2026, concerning his Form I-918, Petition for U Nonimmigrant Status. This response is submitted in a respectful and cooperative manner for the purpose of clarifying the factual and legal issues identified in the NOID and requesting that USCIS reconsider the proposed finding under INA § 212(a)(6)(C)(i), or, in the alternative, favorably exercise its broad waiver discretion in connection with the filed Form I-192.

Mr. Casamassa maintains that the record does not clearly establish the elements of fraud or willful misrepresentation under INA § 212(a)(6)(C)(i) as applied to him. Furthermore, he submits that his answer of "No" to Part 3, Question 23 of Form I-918 was given in subjective good faith based on his genuine understanding at the time of filing.

I. INTRODUCTION AND PROCEDURAL POSTURE

Carlos Alberto Casamassa Junior, a native and citizen of Brazil born on April 29, 1983, respectfully submits this response to the NOID issued by USCIS on April 21, 2026. Mr. Casamassa filed his Form I-918 on March 18, 2025, based on his status as a victim of a qualifying crime, specifically, an armed robbery and shooting incident that occurred on January 13, 2024, in San Francisco, California. During this incident, an armed assailant rear-ended Mr. Casamassa's vehicle, struck him in the head with a firearm, and discharged multiple rounds. Mr. Casamassa possesses a certified Form I-918, Supplement B.

USCIS thereafter issued an unfavorable bona fide determination on March 18, 2026, and subsequently issued the present NOID on April 21, 2026.

The NOID proposes denial on the ground that Mr. Casamassa appears inadmissible under INA § 212(a)(6)(C)(i), relying primarily on issues arising from prior immigration proceedings involving Forms I-130 and I-485 filed in 2016, and on his "No" answer to Part 3, Question 23 of the present Form I-918. Mr. Casamassa respectfully contests the conclusion that the record clearly establishes fraud or willful misrepresentation attributable to him within

the meaning of the statute. He further submits that his answer on the I-918 was given in good faith, based on his actual understanding at the time.

At the same time, and without conceding inadmissibility, Mr. Casamassa has elected to proceed prudently by seeking alternative relief through Form I-192, in the event USCIS maintains concerns under INA § 212(a)(6)(C)(i).

II. LEGAL STANDARD FOR INADMISSIBILITY UNDER INA § 212(a)(6)(C)(i)

INA § 212(a)(6)(C)(i) applies where an individual, by fraud or willfully misrepresenting a material fact, seeks to procure, or has procured, a visa, admission, or another immigration benefit. As recognized in USCIS guidance, including the Policy Manual discussion addressing fraud and willful misrepresentation, such a finding requires more than the mere existence of prior discrepancies, concerns, suspicions, or adverse inferences. At minimum, the record must clearly support the essential elements of a false representation, willfulness, and materiality in connection with the procurement of an immigration benefit.

In this context, willfulness is not established by confusion, misunderstanding, limited legal sophistication, or an honest but mistaken understanding of the legal significance of prior events. Likewise, materiality must be evaluated carefully and cannot simply be presumed from the fact that USCIS later views an earlier matter unfavorably. The analysis must focus on what the applicant knew, understood, and represented, and whether the record clearly demonstrates a knowing falsehood of a material fact. That standard matters here. The issue is not whether USCIS now views the prior history with concern. The issue is whether the record clearly demonstrates that Mr. Casamassa knowingly provided false information, understood that his prior conduct had already been formally determined to constitute fraud or willful misrepresentation, and then intentionally concealed that fact on his Form I-918. Respectfully, the current record does not clearly establish that sequence.

III. CLARIFICATIONS REGARDING PRIOR USCIS FACTUAL FINDINGS

While this response does not seek to fully relitigate the prior I-130/I-485 proceedings, it is important to briefly address the factual context referenced in the NOID, as those facts form the basis for the proposed inadmissibility finding.

The NOID references prior site visit observations, interview discrepancies, and documentary concerns. Mr. Casamassa does not dispute that USCIS identified inconsistencies during those proceedings. However, the existence of discrepancies does not, by itself, establish that he knowingly engaged in fraud or willful misrepresentation within the meaning of INA § 212(a)(6)(C)(i).

At the time of those proceedings, Mr. Casamassa had limited understanding of the legal process, relied significantly on third parties, and did not appreciate how certain facts would later be interpreted by USCIS. The prior case involved a situation that, from his perspective,

resulted in a denial, not a clear and formally communicated finding that he had committed fraud.

This distinction is critical. The issue now before USCIS is not whether concerns existed in the prior case, but whether the present record clearly establishes that Mr. Casamassa understood those concerns to constitute fraud and then knowingly concealed that understanding on his Form I-918. **The record does not indicate this sequence was the subject of a formal finding.**

IV. THE PRESENT RECORD DOES NOT CLEARLY ESTABLISH WILLFULNESS

Willfulness is the central issue here. Even if USCIS remains concerned about prior filings, the record must still clearly establish that Mr. Casamassa knowingly made a false representation of a material fact. The relevant question is whether the evidence clearly shows that he actually understood the earlier matter as involving fraud or willful misrepresentation and nevertheless chose to conceal it.

Respectfully, the record does not clearly establish that understanding. At the time of the prior marriage-based filings, Mr. Casamassa understood the marriage to be legitimate, and therefore did not understand that process as involving fraud. In that context, his later answer on Form I-918 should not be treated as deliberate concealment based solely on USCIS's current interpretation of earlier events. That is especially true where the earlier filings involved legal assistance and where Mr. Casamassa did not independently grasp the legal significance USCIS now attributes to those prior proceedings

The fairer reading is that Mr. Casamassa answered based on his own genuine understanding: that the prior case had been denied, that it had been poorly handled, and that he did not believe he had committed fraud. He maintains that understanding. He does not admit fraud. And while USCIS is certainly entitled to evaluate the record differently, a difference in legal characterization is not the same thing as proof that the I-918 answer was knowingly false.

Willfulness is not established by confusion, misunderstanding, limited legal sophistication, or an honest but mistaken understanding of the legal significance of prior events. See *Matter of Kai Hing Hui*, 15 I&N Dec. at 289-90. Likewise, materiality cannot be presumed simply because USCIS later views an earlier matter unfavorably; rather, the inquiry is whether the alleged statement had a natural tendency to influence the decision or shut off a line of inquiry relevant to admissibility. See *Matter of S- and B-C-*, 9 I&N Dec. at 447-49. And to the extent fraud is alleged, the case law requires more than inconsistency: it requires a material false representation made with intent to deceive, and one that is believed and acted upon by the government. See *Matter of Tijam*, 22 I&N Dec. at 424; *Matter of G-G-*, 7 I&N Dec. 161 (BIA 1956).

V. THE RECORD DOES NOT CLEARLY ESTABLISH MATERIALITY IN THE MANNER SUGGESTED BY THE NOID

USCIS also must establish materiality. Here, the NOID treats the I-918 answer as material because it allegedly concealed a ground of inadmissibility and an adverse discretionary factor. Mr. Casamassa respectfully submits that the materiality analysis is not as straightforward as the NOID suggests.

First, the premise depends on a prior determination that was not clearly conveyed to him as a formal beneficiary-specific finding. Second, in the U nonimmigrant context, Congress expressly authorized broad waiver relief, including for serious inadmissibility issues, through INA § 212(d)(14). That statutory framework is relevant when evaluating whether the record truly supports an inference of deliberate concealment. Where the law expressly provides a mechanism for requesting a discretionary waiver, particularly in the U nonimmigrant context, where Congress intended broad forgiveness of inadmissibility grounds, it undermines the inference that an applicant would intentionally conceal such information. See INA § 212(d)(14). This reasoning is consistent with the Supreme Court's materiality framework in *Kungys v. United States*, 485 U.S. 759 (1988), which requires that a misrepresentation have a natural tendency to influence the decision or shut off a line of inquiry. In a statutory scheme where inadmissibility may be broadly waived, the assumption that disclosure would necessarily result in denial, and therefore create an incentive to conceal, is significantly weakened.

That does not eliminate USCIS's concern, but it does weaken the conclusion that the I-918 answer necessarily reflected a calculated attempt to cut off a line of inquiry. On this record, a more reasonable conclusion is that Mr. Casamassa did not understand the prior history to constitute a clear fraud finding against him and therefore did not believe that Question 23 required a "Yes" answer.

VI. MR. CASAMASSA'S ANSWER TO PART 3, QUESTION 23 OF THE I-918 WAS GIVEN IN GOOD FAITH

Part 3, Question 23 of Form I-918 asks whether the applicant has ever, "by fraud or willful misrepresentation of a material fact," sought to procure or procured a visa, entry, or other immigration benefit. That question is not merely historical; it requires the applicant to understand and characterize prior conduct according to a technical legal standard.

At the time he signed the Form I-918, Mr. Casamassa did not understand himself to have been the subject of a clear formal fraud finding under INA § 212(a)(6)(C)(i). Nor did he understand that USCIS had definitively determined that his own conduct, as opposed to broader concerns surrounding the prior case, had already been legally categorized as fraud or willful misrepresentation. Based on that understanding, he answered "No." Importantly, the NOID now treats that answer as an additional misrepresentation. But that conclusion assumes the very point still in dispute: namely, that Mr. Casamassa knew, at the time of filing the I-918, that he had already committed fraud or willful misrepresentation as a matter of immigration law. The present record does not clearly establish such knowledge. To the

contrary, the circumstances show a good-faith answer given by an applicant who did not understand that prior events had the legal meaning USCIS now assigns to them.

This is particularly true where the issue turns not on a simple factual question, but on the applicant's understanding of a legal characterization. This question requires a self-assessment of whether one has committed "fraud or willful misrepresentation", terms that carry specific legal weight. At the time of filing, Mr. Casamassa genuinely did not believe he had engaged in such conduct. His understanding of the prior proceedings was limited, he did not have access to a complete record, and he did not believe the prior outcome constituted a formal finding of fraud against him. His answer reflected his subjective belief, not a deliberate attempt to conceal information.

Importantly, there is no evidence that Mr. Casamassa attempted to conceal underlying facts about his immigration history. Rather, the issue centers on how he understood and legally characterized those facts when answering a technical legal question. This further supports a finding of subjective good faith rather than willful misrepresentation.

VII. THE RECORD DID NOT PROVIDE CLEAR NOTICE OF A BENEFICIARY-SPECIFIC FRAUD FINDING

A central problem with the proposed ground of inadmissibility is that the record, as understood and available to Mr. Casamassa prior to the present NOID, did not clearly communicate that USCIS had made a formal, beneficiary-specific fraud determination against him under INA § 212(a)(6)(C)(i).

What he understood, in practical terms, was that the case had been denied and had not gone forward. That understanding may have been incomplete, but incompleteness is not the same thing as willful concealment. This point is reinforced by the FOIA materials obtained from USCIS. As reflected in the records made available through FOIA, the file did not convey to Mr. Casamassa a definitive, express, and beneficiary-specific fraud finding. It was only through the present NOID that the scope of USCIS's concerns, investigative materials, and historical suspicions regarding the prior case were clearly articulated to Mr. Casamassa in the context of a formal inadmissibility charge. Prior to this notice, the record did not, clearly and unambiguously, place Mr. Casamassa on fair notice that USCIS had reached a formal determination that he himself had committed fraud or willful misrepresentation for purposes of INA § 212(a)(6)(C)(i).

That lack of clarity is significant. Where the government seeks to conclude that a later answer was knowingly false because the applicant should have understood a prior formal fraud determination existed, the record should clearly show that such notice was actually conveyed. Here, the record does not do so.

VIII. CLARIFICATIONS REGARDING PRIOR MARRIAGE ISSUES

The NOID states that Mr. Casamassa indicated on his 2016 B-2 visa application that he was in a "common-law marriage" with Bianca Silva Rodrigues, and that on the subsequent I-485 he indicated "no prior marriages." Mr. Casamassa submits that there is no inconsistency when properly understood. A common-law relationship in Brazil ("união estável") is a recognized form of domestic partnership under Brazilian law, but it is not equivalent to a formal civil marriage. This relationship was formally dissolved in June, 2016.

Upon establishing his life in the United States, Mr. Casamassa entered into a formal civil marriage with Tremaine Monet Taylor. **See *Exhibit 2.*** When subsequently filing Form I-485 based on that marriage, he indicated that he had no prior marriages. Because he had never entered into a formal civil marriage before his relationship with Tremaine. Although the relationship with Tremaine is no longer ongoing, they have not yet formalized a legal divorce. For that reason, it does not support a finding of willfulness under INA § 212(a)(6)(C)(i).

IX. THE NOID AS A MILESTONE OF UNDERSTANDING

Mr. Casamassa respectfully submits that the issuance of the instant NOID on April 21, 2026, constitutes the pivotal moment at which he gained a clear and complete understanding of USCIS's position regarding the prior proceedings. It is only through this NOID, which contains a comprehensive recitation of the factual findings, that Mr. Casamassa and his current counsel have been able to fully comprehend the scope and nature of the agency's fraud position.

X. THIS RESPONSE DOES NOT ADMIT FRAUD AND DOES NOT SEEK TO RELITIGATE THE ENTIRE PRIOR MARRIAGE CASE

For clarity, Mr. Casamassa does not admit that he engaged in fraud. The purpose of this submission is narrower and more disciplined: to show that the current record does not clearly establish the legal elements necessary to sustain the proposed inadmissibility finding, and that his answer on the I-918 was not shown to be a knowing and willful falsehood.

To the extent the prior record contains inconsistencies or adverse information, Mr. Casamassa does not deny that USCIS has concerns. But concerns, suspicions, and unfavorable inferences are not identical to a clearly established finding that satisfies every element of INA § 212(a)(6)(C)(i), particularly where the applicant did not receive clear notice and did not understand himself to have committed fraud.

XI. FORM I-192 WAIVER REQUEST - HUMANITARIAN FACTORS

In the alternative to the arguments set forth above, and in an abundance of caution, Mr. Casamassa concurrently submits Form I-192, Application for Advance Permission to Enter as a Nonimmigrant, pursuant to INA § 212(d)(14), requesting that USCIS exercise its broad discretionary authority to waive any grounds of inadmissibility. **This application has been forwarded to the USCIS Phoenix Lockbox for processing. See *Exhibit 8.***

A. Statutory Framework for Waiver

Congress has conferred upon USCIS broad waiver authority in the U-visa context, reflecting the legislative purpose of protecting crime victims and encouraging cooperation with law enforcement. INA § 212(d)(14) provides that the Secretary of Homeland Security may waive the application of inadmissibility grounds for U nonimmigrant petitioners "in the national interest" or "if it is otherwise in the public or national interest." INA § 212(d)(3)(A)(ii) further provides that an alien may be admitted as a nonimmigrant notwithstanding inadmissibility if the Secretary determines that it is "in the national interest" to do so.

The legislative history of the Victims of Trafficking and Violence Protection Act of 2000 (VTVPA) reflects Congress's intent that the U-visa waiver authority be exercised liberally in favor of crime victims. See H.R. Rep. No. 106-939, at 72 (2000). USCIS's own policy guidance confirms this broad discretion, recognizing that "[t]he purpose of the U nonimmigrant classification is to strengthen the ability of law enforcement agencies to investigate and prosecute serious crimes . . . while also protecting victims of crimes."

B. Matter of Hranka Factors

In evaluating whether to grant a discretionary waiver, USCIS considers the factors set forth in Matter of Hranka, 16 I&N Dec. 491 (BIA 1978), which balance: (1) the risk of harm to society if the applicant is admitted; (2) the seriousness of the applicant's prior immigration violations or criminal record; and (3) the applicant's reasons for wishing to enter the United States. Application of these factors overwhelmingly favors Mr. Casamassa:

1. Risk of Harm to Society: Minimal to None

Mr. Casamassa poses no risk to public safety or the community, as evidenced by his impeccable record and active contributions to society. A formal Identity History Summary check conducted by the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Division confirms that a search of his records **"revealed no prior arrest data at the FBI." See *Exhibit 4.*** This is particularly significant in a case involving alleged fraud or misrepresentation, as it confirms the absence of any broader pattern of deceptive or criminal behavior. The record reflects no history of fraud-related offenses, no criminal conduct, and no indication that Mr. Casamassa has engaged in any form of systemic dishonesty.

Beyond his clear criminal record, Mr. Casamassa is a productive, taxpaying business owner who contributes to the San Francisco Bay Area economy. As the owner and operator of Veloce Collision LLC in San Francisco, he provides specialized services and employs local workers, demonstrating his role as a pillar of the community. Far from being a threat, Mr. Casamassa has consistently acted as a partner to law enforcement. To ensure the safety of his neighborhood, he has proactively filed numerous police reports and provided his business's security camera footage to authorities, directly leading to arrests of criminal elements in the

area. His proactive civic engagement and verified clear background demonstrate that his presence in the United States continues to be a benefit, rather than a risk, to society.

2. Seriousness of Prior Immigration Violations: Mitigated by Context

Even assuming, *arguendo*, that USCIS continues to view these matters as supporting a finding under INA § 212(a)(6)(C)(i), the surrounding circumstances substantially mitigate the seriousness of the alleged violations:

a) **Temporal distance:** The underlying events relating to the I-130/I-485 proceedings occurred nearly eight years ago, and there have been no subsequent findings of fraud or immigration violations since that time;
b) **Context of the I-918 response:** The "No" response on Form I-918 did not reflect an attempt to conceal prior conduct, but rather Mr. Casamassa's good-faith understanding that he had not engaged in fraud or willful misrepresentation, particularly in light of the absence of a clear, prior, beneficiary-specific fraud determination;
c) **Reliance on prior immigration assistance:** Mr. Casamassa relied on immigration assistance in connection with his earlier filings, which, in hindsight, did not provide adequate guidance regarding the legal characterization and consequences of his case. He did not independently assess the complex legal implications of those proceedings.
d) **Absence of criminal or removal consequences:** The prior proceedings did not result in any criminal charges, removal proceedings, or findings involving moral turpitude.

These factors weigh strongly in favor of a favorable exercise of discretion, even if USCIS were to maintain its current inadmissibility concerns.

XII. POSITIVE DISCRETIONARY FACTORS

In addition to the Matter of Hranka factors analyzed above, the following discretionary considerations weigh heavily in favor of approving Mr. Casamassa's petition and granting the requested waiver:

A. Crime Victim Status and the Purpose of the U-Visa Program

The U-visa program was created by Congress to serve two vital purposes: (1) to protect victims of serious crimes who have suffered substantial mental or physical abuse; and (2) to strengthen the ability of law enforcement to investigate and prosecute such crimes by encouraging victims to cooperate. Mr. Casamassa's case exemplifies both purposes. He was the victim of an extremely violent crime, an armed robbery involving a shooting, threats to kill, and physical assault, and he has fully cooperated with law enforcement. Denying his petition would not only fail to serve the protective purpose of the statute but would also send a chilling message to crime victims about the consequences of cooperating with law enforcement.

B. Cooperation with Law Enforcement

Mr. Casamassa's cooperation with law enforcement extends well beyond the qualifying crime incident. He formally reported the incident to the police and has remained available and willing to assist authorities with any ongoing or future investigative needs related to that matter. In addition, he has made multiple police reports concerning other criminal activity he has witnessed in his neighborhood and around his workplace. His mechanic shop is located in an area with frequent criminal activity, and his consistent willingness to report crimes and cooperate with law enforcement has made him more visible and vulnerable.

C. U.S. Citizen Child

Mr. Casamassa is the father of Angelina Casamassa Mavraki, born March 3, 2024, in San Francisco, California, a United States citizen. Angelina is approximately two years old and depends entirely on her father for financial support and familial stability. Denial of Mr. Casamassa's petition would effectively separate a young U.S. citizen child from her father, causing significant harm to the child's welfare and best interests. USCIS has consistently recognized the presence of U.S. citizen children as a significant positive discretionary factor.

D. Community Ties and Economic Self-Sufficiency

Mr. Casamassa is a self-employed business owner who operates Veloce Collision LLC. He is not a burden on public resources; rather, he contributes to the economy through his business operations, tax payments, and employment of workers. **See *Exhibit 5.*** He currently resides at 536 Hudson Avenue, San Francisco, where he has established roots in the community

E. Severe Psychological Harm and Need for Continued Presence

As evidenced in the Form I-918 application, the psychological evaluation conducted by Dr. Louisa Lurkis on February 25, 2025, documents that Mr. Casamassa suffers from severe Posttraumatic Stress Disorder and Major Depressive Disorder as a direct result of the qualifying crime. His symptoms Response to include flashbacks, nightmares, hypervigilance, sleep disturbances, loss of interest in activities, severe anxiety, and suicidal ideation. The severity of his psychological functioning has been intensified by prior violent incidents he experienced, including a kidnapping in Brazil and an armed confrontation in Los Angeles. Removal from the United States would sever his access to mental health treatment and exacerbate his already severe psychological conditions.

XIII. ALTERNATIVE REQUEST FOR FAVORABLE EXERCISE OF WAIVER DISCRETION

Without conceding inadmissibility, Mr. Casamassa respectfully asks USCIS, in the alternative, to favorably adjudicate the filed Form I-192. The availability of waiver relief is especially important here. If USCIS ultimately concludes that concerns under INA § 212(a)(6)(C)(i) remain, this is nevertheless the type of case in which discretionary relief is warranted. The U-visa statute contemplates broad discretion precisely because many victims who assist law enforcement may also have complex immigration histories. Congress did not

design the statute to exclude such individuals automatically; rather, it empowered DHS to weigh the full humanitarian context.

Here, the relevant discretionary factors strongly favor approval of the waiver. There is no indication that Mr. Casamassa poses a danger to the community. The positive equities are substantial: he is a victim of a violent qualifying crime, has cooperated with law enforcement, has suffered serious trauma, has a U.S. citizen child, and has meaningful family and community ties. His reasons for seeking relief are compelling and squarely aligned with the humanitarian purpose of the statute.

Accordingly, if USCIS is not persuaded that the record fails to establish inadmissibility, it should nevertheless exercise favorable discretion and approve the Form I-192 so that the Form I-918 may proceed on the merits.

XIV. CONCLUSION

For the foregoing reasons, Mr. Casamassa respectfully requests that USCIS carefully reconsider the proposed finding in the April 21, 2026 NOID. Specifically, he respectfully requests that USCIS conclude that the current record does not clearly establish that he is inadmissible under INA § 212(a)(6)(C)(i), because the record does not clearly demonstrate a willful misrepresentation of a material fact. He further requests that USCIS accept that his answer to Part 3, Question 23 of Form I-918 was given in good faith, based on his actual understanding at the time, in the absence of clear notice that USCIS had made a formal beneficiary-specific fraud determination against him.

In the alternative, and without admitting fraud or willful misrepresentation, Mr. Casamassa respectfully requests that USCIS favorably exercise its discretionary authority and approve the concurrently filed Form I-192 in light of the compelling humanitarian, family, and public-interest considerations present in this case. He respectfully asks USCIS to consider the record in light of the distinct requirements of willfulness and materiality, the lack of clear prior notice, the limited clarity of the FOIA materials, his good-faith I-918 response, and the strong equities supporting U nonimmigrant relief.

Should USCIS determine that the record raises unresolved concerns, this case nevertheless squarely falls within the category of matters for which Congress intended waiver relief to be available, particularly given the strong humanitarian equities, the absence of any criminal history, and the applicant's demonstrated cooperation with law enforcement.

Respectfully,

Otavio Haverroth Silva (Bar N.343486) **DATE: 05/20/2026**
Attorney at Law - (510) 241-9336

Exhibit list

Exhibits:	Pages:
Exhibit 1 – Identification Documents	
Carlos Alberto Casamassa Júnior's Birth Certificate with English Translation	1-3
Carlos Alberto Casamassa Júnior's Valid Passport	4-19
Carlos Alberto Casamassa Júnior's U.S. Visa (Expired Passport)	20
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Exhibit 2 – Marriage Certificate	
Carlos Alberto Casamassa Júnior and Tremaine Monet Taylor's Marriage Certificate	23
Exhibit 3 - Carlos Alberto Casamassa's Declaration of Support with English Translation	
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Exhibit 4 – Evidence of Good Moral Character - Criminal Background Clearance Certificates	
FBI Identity History Summary (No Records)	28-29
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Certificate of No Criminal Record from Goiás State Civil Police with English Translation	33-35
Certificate of No Criminal Record from the Federal Regional Court of the 1st Region (Brazil) with English Translation	36-38

Exhibit 5 – Evidence of Good Moral Character - Financial Responsibility (IRS Income Tax Returns 2022–2024)

Carlos Alberto Casamassa Júnior's Evidence of compliance with U.S. tax requirements (1 years ago - IRS Income Tax Return 2024)	39-49
Carlos Alberto Casamassa Júnior's Evidence of compliance with U.S. tax requirements (2 years ago - IRS Income Tax Return 2023)	50-59
Carlos Alberto Casamassa Júnior's Evidence of compliance with U.S. tax requirements (3 years ago - IRS Income Tax Return 2022)	60-73

Exhibit 6 – Evidence of Good Moral Character - Letters of Support

Letter of Support Delivered by Sheikh Sahib	74-76
Letter of Support Delivered by Aloizio Zulmiro Veronico Costa	77-78
Letter of Support Delivered by Silas Borges	79-80
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Exhibit 5 – Evidence of Strong Ties to the United States: Carlos Alberto Casamassa Júnior's Daughter Birth Certificate

Angelina Casamassa Mavraki's Birth Certificate with English Translation	85

Exhibit 8 - Proof of Filing (Form I-192, Application for Advance Permission to Enter as Nonimmigrant)

USPS Proof of Mailing - Form I-192	86
Copy of Form I-192, Application for Advance Permission to Enter as Nonimmigrant	87-97

Exhibit 1 – Identification Documents

Registry Stamp

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Book A-056 Page 266 Entry 030927

BIRTH CERTIFICATE

CARLOS ALBERTO CASAMASSA JUNIOR

Registration: 025023 01 55 1983 1 00056 266 0030927 71

Date of birth in full	Day	Month	Year
April twenty-nine, one thousand nine hundred eighty-three	29	04	1983

Time	Place of Birth
08:10 AM	Goiânia-GO

Municipality of Registration and Federation Unit	Place of Birth	Sex
Goiânia-GO	Maternidade de Maio	M

Filiation
CARLOS ALBERTO CASAMASSA and WÂNIA STELA MEIRELLES BORGES

Grandparents
Paternal, HELIO JOSÉ CASAMASSA and MARLENE LOMBELLO CASAMASSA and maternal SILAS BORGES and MARIA TEREZINHA MEIRELLES BORGES

Twin	Name of the twin(s)
No	----------

Date of registration in full	DNV LIVE REGISTRATION NUMBER
May two, one thousand nine hundred eighty-three	----------

Notes/Annotations
Nothing on record. Fees: R$29,16; Judicial Fee: R$12,25; State Fund: R$11,37, ISS: R$1,45

4th CIVIL REGISTRY AND NOTARY OFFICE OF THE JUDICIAL DISTRICT OF GOIÂNIA – GOIÁS
Av. Tocantins, 283, Centro
ZIP Code: 74.015-010 – Phone: (62) 3212-1030

Seal: Digital Seal No.: 02001512041311128601309
check: http://extrajudicial.tigo.jus.br/selo

The content of this certificate is true.
Goiânia-GO, April 11 2016

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

Marco Aurélio dos Santos
Deputy Registrar

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: May 21, 2026**

CARTÓRIO FRANCISCO TAVEIRA
4º
REGISTRO CIVIL E TABELIONATO DE NOTAS
GOIÂNIA GO

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Livro A-056 Folha 266 Termo 030927

CERTIDÃO DE NASCIMENTO

CARLOS ALBERTO CASAMASSA JUNIOR

Matrícula: 025023 01 55 1983 1 00056 266 0030927 71

Data do nascimento por extenso	Dia	Mês	Ano
Vinte e nove de abril de um mil e novecentos e oitenta e três ••	29	04	1983

Hora	Local do nascimento
08h 10min	Goiânia-GO ••

Município de Registro e unidade de federação	Local do nascimento	Sexo
Goiânia-GO ••	Maternidade de Maio ••	M

Filiação
CARLOS ALBERTO CASAMASSA e WÂNIA STELA MEIRELLES BORGES ••

Avós
Paternos HELIO JOSÉ CASAMASSA e MARLENE LOMBELLO CASAMASSA e maternos SILAS BORGES e MARIA TEREZINHA MEIRELLES BORGES ••

Gêmeo
Não

Nome do(s) gêmeo(s)
---------- ••

Data do registro por extenso
Dois de maio de um mil e novecentos e oitenta e três ••

Número da D.N.V.

Observações / Averbações
Nada consta. Emolumentos: R$29,16; Taxa Judiciária: R$12,25; Fundos Estaduais: R$11,37, ISS: R$1,45 ••

4º REGISTRO CIVIL E TABELIONATO DE NOTAS DA COMARCA DE GOIÂNIA - GOIÁS
Av. Tocantins, 283, Centro
CEP: 74.015-010 - Fone: (62)3212-1030

O conteúdo da certidão é verdadeiro.
Goiânia-GO, 11 de abril de 2016.

Selo: Selo Digital Nº:
02001512041311128601309
consulte:http//:extrajudicial.tjgo.jus.br/selo

Marcos Aurélio Araújo dos Santos
Suboficial

YF106152

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

REPÚBLICA FEDERATIVA DO BRASIL

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / *TYPE*
PP

PAÍS EMISSOR / *ISSUING COUNTRY*
BRA

PASSPORT No.
YF106152

SOBRENOME / *SURNAME*
CASAMASSA JUNIOR

NOME / *GIVEN NAMES*
CARLOS ALBERTO

NACIONALIDADE / *NATIONALITY*
BRASILEIRO(A)

DATA DE NASCIMENTO / *DATE OF BIRTH*
29 ABR/APR 1983

CPF / *PERSONAL NUMBER*
068928551-56

SEXO / *SEX*
M

NATURALIDADE / *PLACE OF BIRTH*
GOIÂNIA/GO

FILIAÇÃO / *FILIATION*
CARLOS ALBERTO CASAMASSA

WÂNIA STELA MEIRELLES BORGES

DATA DE EXPEDIÇÃO / *DATE OF ISSUE*
26 DEZ/DEC 2024

AUTORIDADE / *AUTHORITY*
SÃO FRANCISCO CG

VÁLIDO ATÉ / *DATE OF EXPIRY*
25 DEZ/DEC 2028

PPBRACASAMASSA<JUNIOR<<CARLOS<ALBERTO<<<<<<<

CANCELADO

4

Este passaporte contém
32 páginas numeradas.

Ce passeport contient
32 pages numérotées.

This passport contains
32 numbered pages.

Este pasaporte contiene
32 páginas numeradas.

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

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

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

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

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

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

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

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

REPÚBLICA
FEDERATIVA
DO BRASIL

CANCELADO

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.005
YF106152

120

CONCEDIDO EM SUBSTITUIÇÃO A PASSAPORTE DANIFICADO.

26 DEZ/DEC 2024
VERIDIANA DA SILVA VELAME
VICE-CÔNSUL

CONSULADO-GERAL DO BRASIL EM SÃO FRANCISCO

BRA

271335MT

DERATIVA
DO BRASIL

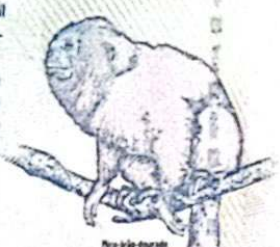
BRASILEY

6

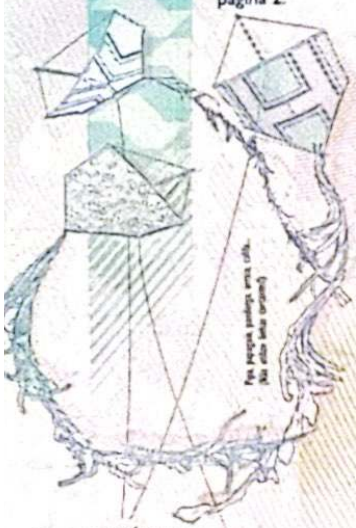
INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.



Tucano-de-bico-verde



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

YF 106152

Tucano

7

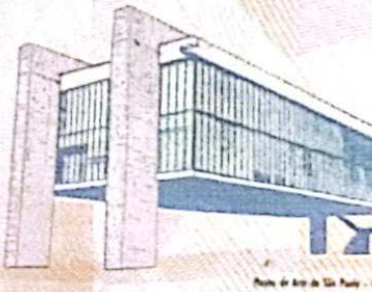
É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço 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.



Ponte Estaiada Octávio Frias de Oliveira, também conhecida como Ponte Estaiada Estaiada, em São Paulo

Consulte/ *Consultez / Consult / Consulte*
www.portalconsular.mre.gov.br ou **www.pf.gov.br**

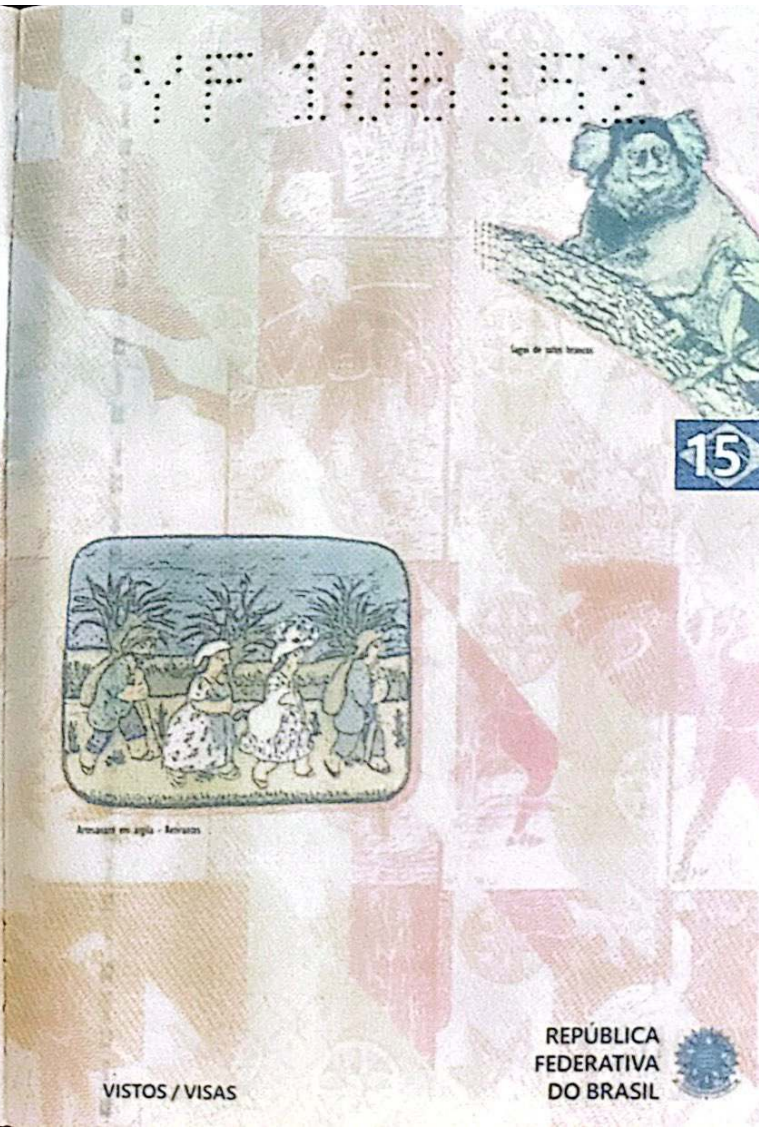
REPÚBLICA FEDERATIVA DO BRASIL

8
9
REPÚBLICA FEDERATIVA DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA FEDERATIVA DO BRASIL

10
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
11
REPÚBLICA
FEDERATIVA
DO BRASIL

12
Mandacaru e suas flores
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

14
Ave-branca
Armazenato em argila - Festa Junina
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS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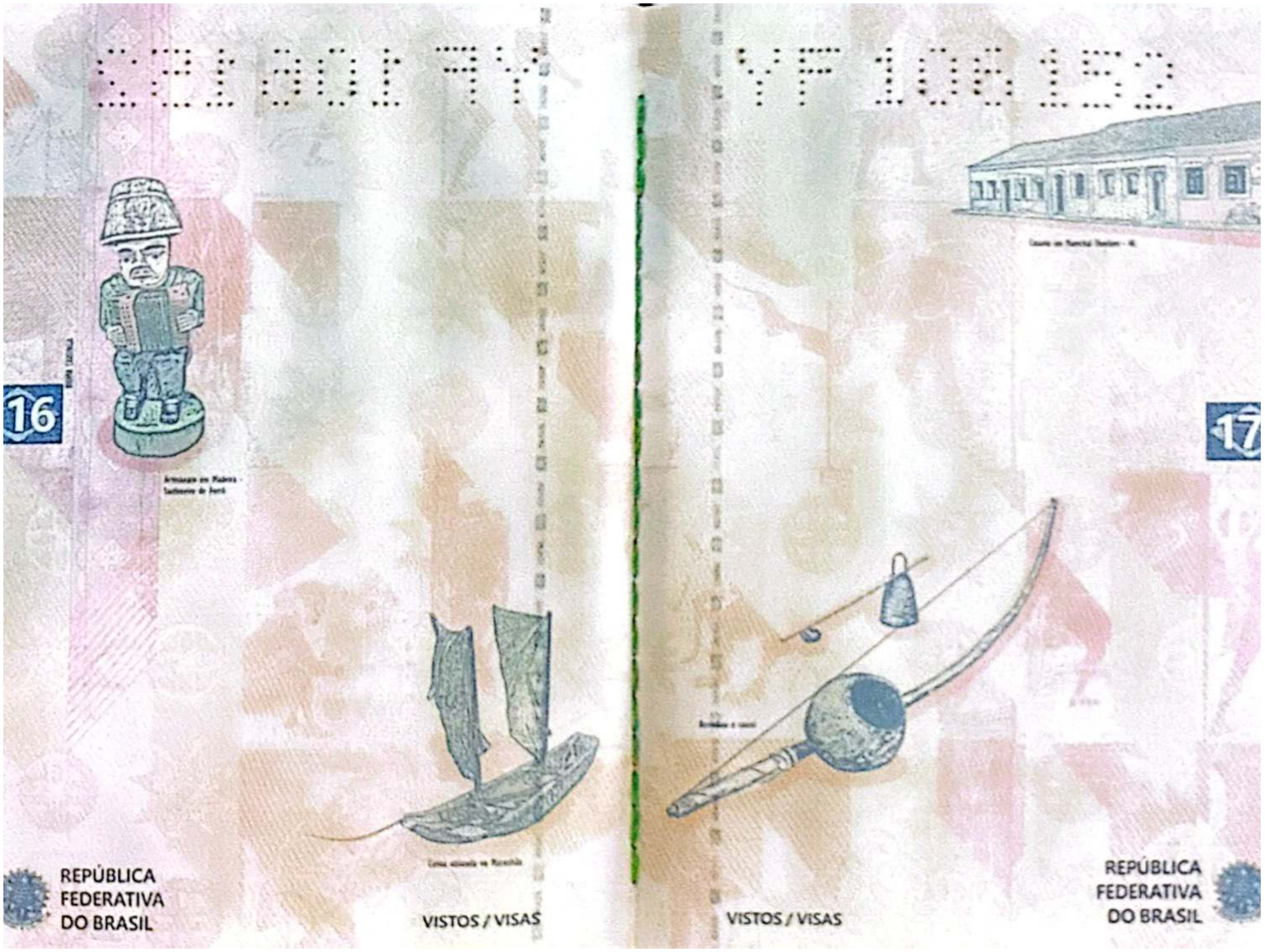
Sagui de tufos brancos
Armazenato em argila - Animais
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL


16
17
REPÚBLICA FEDERATIVA DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
REPÚBLICA FEDERATIVA DO BRASIL

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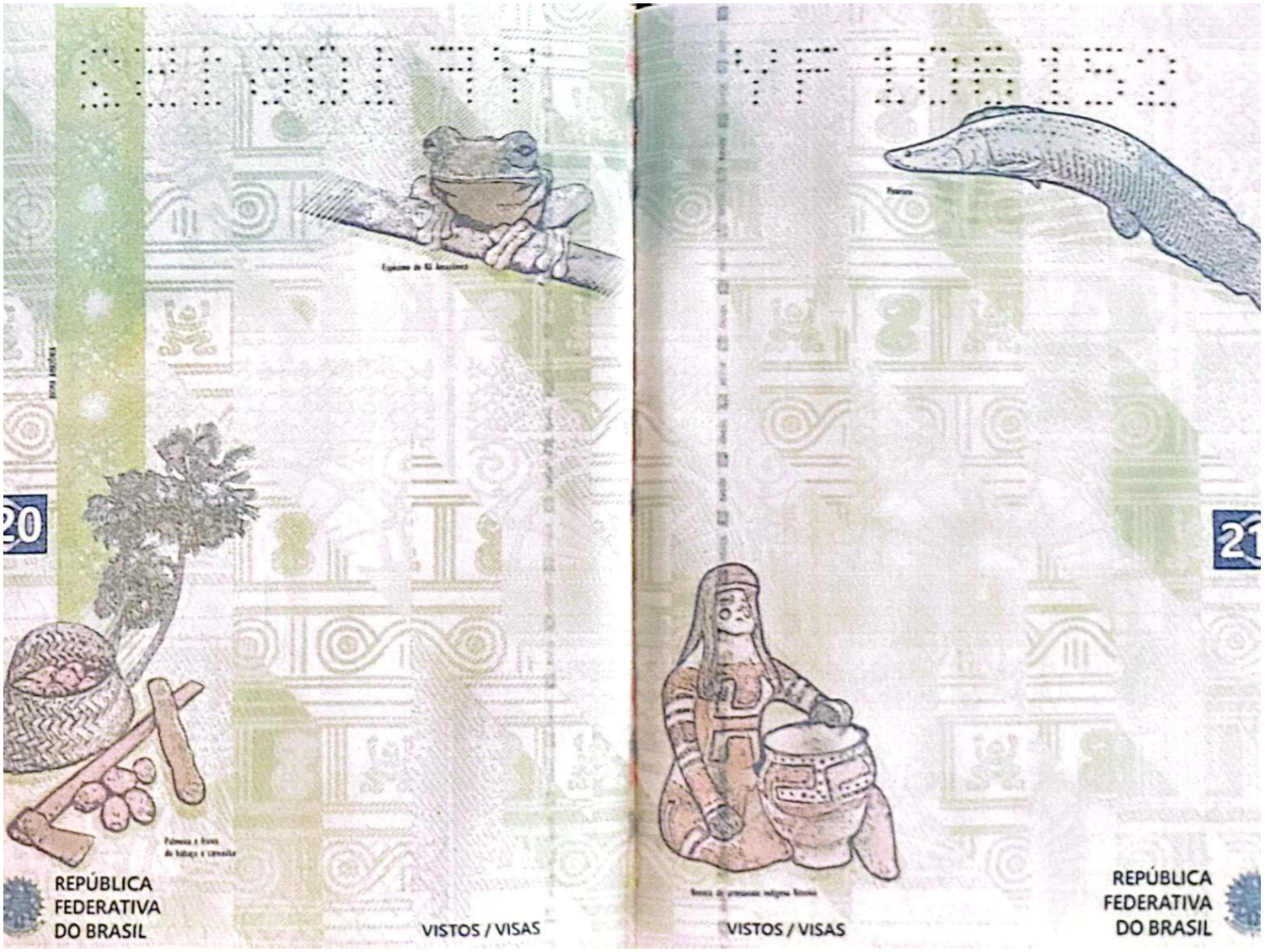
FEDERATIVA
DO BRASIL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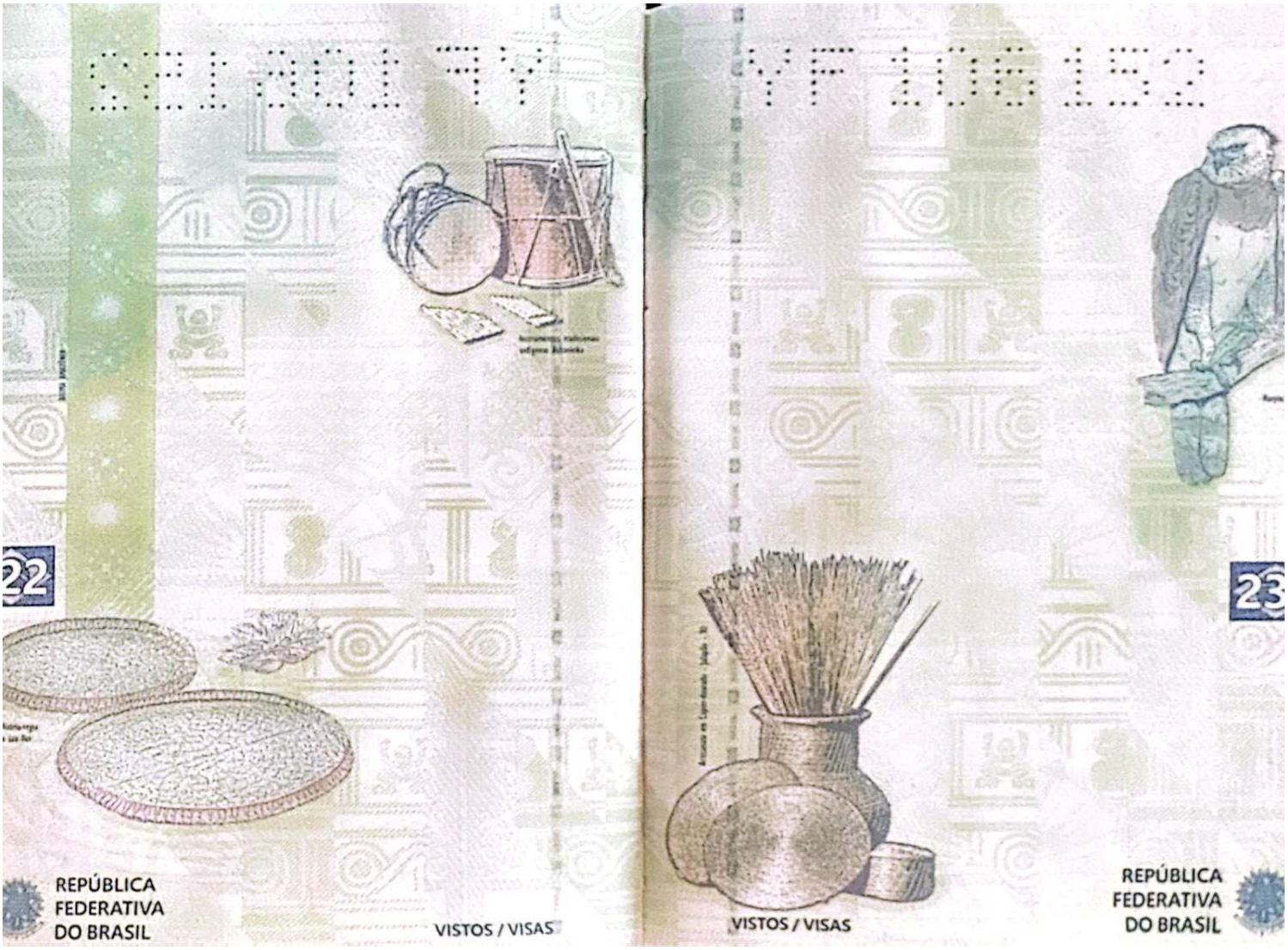
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
21
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL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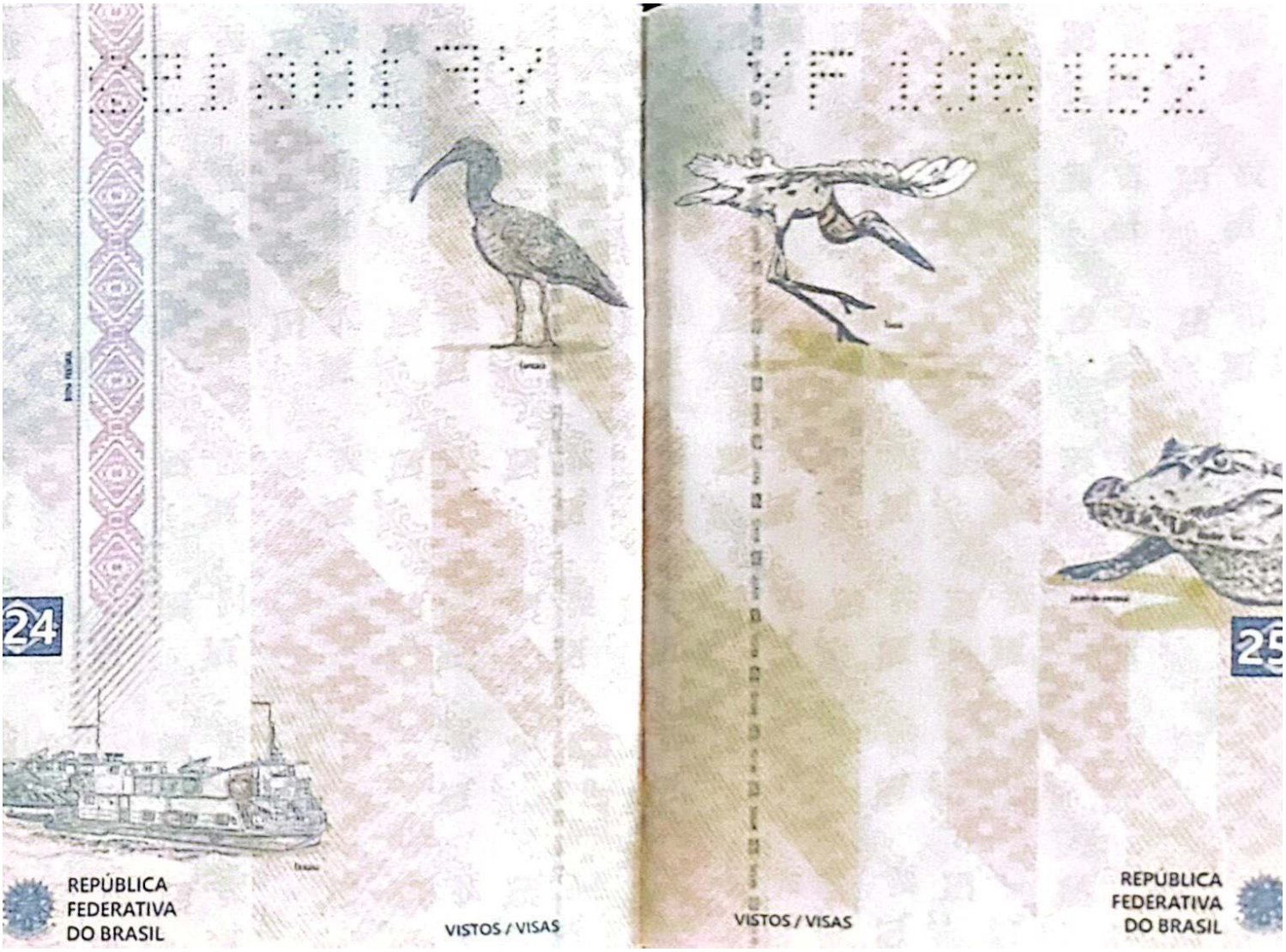
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
23
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL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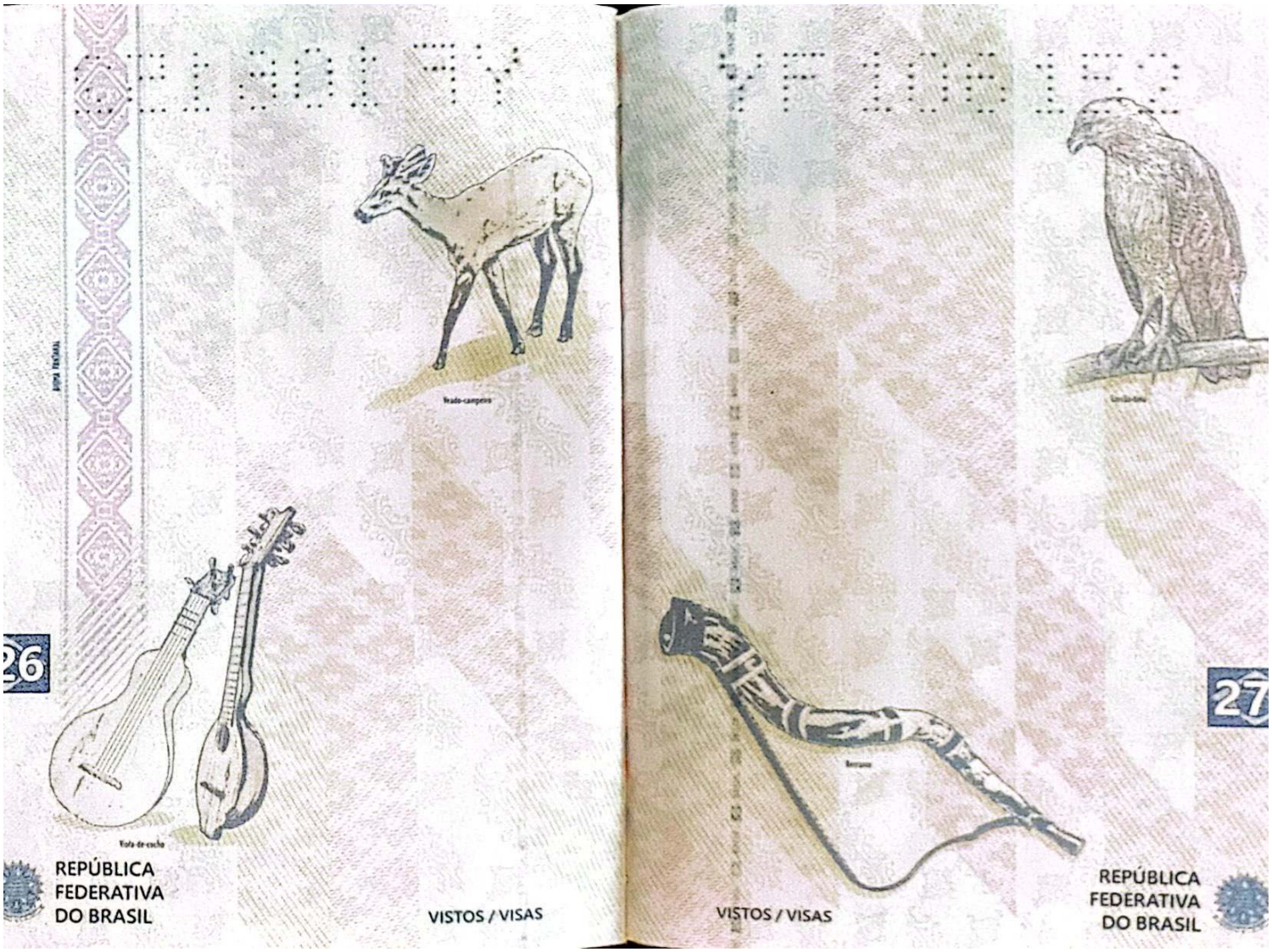
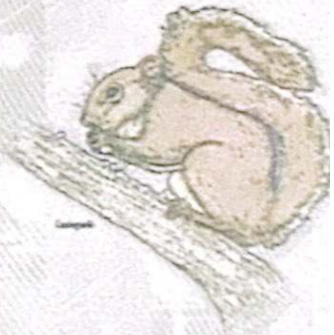
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
VISTOS / VISAS
25
REPÚBLICA
FEDERATIVA
DO BRASIL


26
Veado-campeiro
Viola-de-cocho
REPÚBLICA
FEDERATIVA
DO BRASIL
VISTOS / VISAS
27
Gavião-real
Borduna
VISTOS / VISAS
REPÚBLICA
FEDERATIVA
DO BRASIL

28

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



29

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

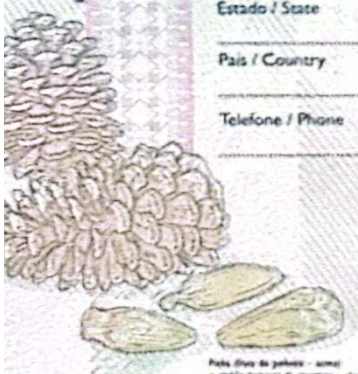
Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



30

REPÚBLICA FEDERATIVA DO BRASIL

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

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

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

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

Nome / Name

Endereço / Address

Cidade / City

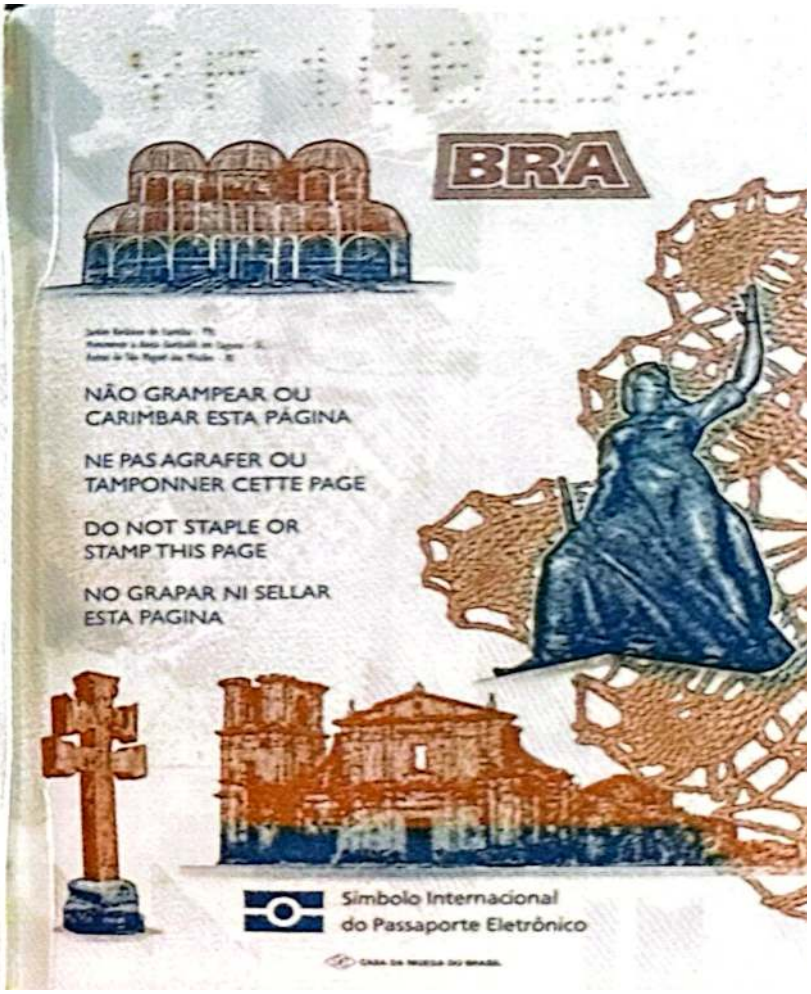
Estado / State

País / Country

Telefone / Phone

REPÚBLICA FEDERATIVA DO BRASIL

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.
Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.
Créditos e informações importantes:
Acesse o endereço eletrônico ou utilize o QR Code abaixo.
https://www.casadamoeda.gov.br/passaportebrasileiro
32
REPÚBLICA FEDERATIVA DO BRASIL


BRA
NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA
NE PAS AGRAFER OU TAMPONNER CETTE PAGE
DO NOT STAPLE OR STAMP THIS PAGE
NO GRAPAR NI SELLAR ESTA PAGINA
Símbolo Internacional do Passaporte Eletrônico

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
DAL
B1/B2
DEC 01 2016

VISTOS VISAS

VISA

UNITED STATES OF AMERICA

Issuing Post Name
BRASILIA

Control Number
20161269170001

Surname
CASAMASSA JUNIOR

Given Name
CARLOS ALBERTO

Visa Type /Class
R B1/B2

Passport Number
FP617522

Sex
M

Birth Date
29APR1983

Nationality
BRZL

Entries
M

Issue Date
06MAY2016

Expiration Date
04MAY2026

0110

Annotation

L0929112

*

VNUSACASAMASSA<JUNIOR<<CARLOS<ALBERTO<<<<<<<

FP617522<9BRA8304298M2605041B3BRAOJFBD852104

For: **CARLOS CASAMASSA JUNIOR**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 97972425030

Arrival/Issued Date: 2016 June 02

Class of Admission: B2

Admit Until Date: 2016 December 01

Details provided on the I-94 Information form:

Last/Surname: CASAMASSA JUNIOR

First (Given) Name: CARLOS

Birth Date: 1983 April 29

Document Number: FP617522

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: 05/31/2026

View Travel History

I-94 travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FP617522**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2016-06-02	Arrival	DAL

OMB No. 1651-0111 Expiration Date: 02/28/2025

Exhibit 2 – Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES
REGISTRAR-RECORDER/COUNTY CLERK

5 2016 19 017431

CONFIDENTIAL
LICENSE AND CERTIFICATE OF MARRIAGE
MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☐ Groom ☒ Bride

1A. FIRST NAME	1B. MIDDLE	1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
Tremaine	Monet	Taylor	-

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	5B. DATE ENDED (MM/DD/CCYY)
10/24/1981	California	00		-

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
3654 Barham Blvd. #Q320	Los Angeles	CA	90068

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
Ronnie Lawson Cooper	California
11A. FULL BIRTH NAME OF MOTHER/PARENT	**11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
Patricia Anette Hunt	California

SECOND PERSON DATA ☒ Groom ☐ Bride

12A. FIRST NAME	12B. MIDDLE	12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
Carlos	Alberto	Casamassa Junior	-

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	16B. DATE ENDED (MM/DD/CCYY)
04/29/1983	Brazil	00		-

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
3654 Barham Blvd. #Q320	Los Angeles	CA	90068

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
Carlos Alberto Casamassa	Brazil
22A. FULL BIRTH NAME OF MOTHER/PARENT	**22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)**
Wania Stela Meirelles Borges	Brazil

AFFIDAVIT

WE, THE UNDERSIGNED, CURRENTLY LIVING TOGETHER AS SPOUSES, 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 CONFIDENTIAL LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D | 24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME AND PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS NAMED, OR THAT 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 502. THE PARTIES HAVING FURTHER DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVING 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 PURSUANT TO FAMILY CODE SECTION 500. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
08/08/2016	11/06/2016	DEAN C. LOGAN	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
C2403304	LOS ANGELES	12400 Imperial Highway, Norwalk, CA 90650

ITEMS 26A-26D COMPLETED ONLY IF LICENSE IS SIGNED BY NOTARY PUBLIC

A NOTARY PUBLIC OR OTHER OFFICER COMPLETING THIS CERTIFICATE VERIFIES ONLY THE IDENTITY OF THE INDIVIDUAL WHO SIGNED THE DOCUMENT TO WHICH THIS CERTIFICATE IS ATTACHED, AND NOT THE TRUTHFULNESS, ACCURACY, OR VALIDITY OF THAT DOCUMENT.

26A. STATE OF CALIFORNIA, COUNTY OF: Los Angeles
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS 02 DAY OF September 2016
BY T.Taylor/C.Casamassa
PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME

26B. TYPED NAME OF NOTARY: YVONNE HARRIS
26C. SIGNATURE OF NOTARY: Yvonne Marie Harris

26D. AFFIX NOTARY SEAL

YVONNE MARIE HARRIS
Commission # 2108678
Notary Public - California
Los Angeles County
My Comm. Expires Apr 25, 2019

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.

27A. DATE OF MARRIAGE (MM/DD/CCYY)	27B. CITY OF MARRIAGE	27C. COUNTY OF MARRIAGE
09/02/2016	Los Angeles	Los Angeles

28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	28B. RELIGIOUS DENOMINATION (IF CLERGY)
▶	non denom
28C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	**28D. OFFICIAL TITLE**
Rev. David Roman Daniels	Reverend

28E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 834 S. La Brea Ave., Los Angeles, CA 90036

NEW NAME(S) (IF ANY) (SEE REVERSE)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

29A. FIRST – MUST BE SAME AS 1A	29B. MIDDLE	29C. 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)

30A. FIRST – MUST BE SAME AS 12A	30B. MIDDLE	30C. LAST
-	-	-

COUNTY CLERK

31A. NAME OF COUNTY CLERK	31B. SIGNATURE OF CLERK OR DEPUTY CLERK	31C. DATE ACCEPTED FOR REGISTRATION
DEAN C. LOGAN	BY ▶	NOV 0 7 2016

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH - VITAL RECORDS — VS-123 (01/01/2015)

CALOSANG02

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

Dean C. Logan
DEAN C. LOGAN
Registrar-Recorder/County Clerk

NOV 2 9 2018

1000001422296

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 3 - Carlos Alberto Casamassa's Declaration of Support with English Translation

536 Hudson Ave
San Francisco, CA, 64124
+1 (510) 334-7610
admin@velocecollision.com
May 20, 2026

PERSONAL DECLARATION

I, Carlos Alberto Casamassa Junior, make this declaration under penalty of perjury to clarify the facts presented by USCIS in the "Notice of Intent to Deny" regarding my U status petition.

I came to the United States on June 2, 2016. Over time, the circumstances of my life evolved and I ended up establishing my life and my ties in this country. Like any immigrant arriving in a new and complex system, I faced challenges of adaptation, language, and, most importantly, technical understanding of immigration laws.

Regarding my relationship with Bianca Silva Rodrigues in Brazil: we had a relationship that, at the time, was formalized as a common-law union. In Brazil, common-law union is legally recognized, but distinct from formal civil marriage, and at no point did I intend to provide false information. The difference between legal concepts and the terminology used may have generated different interpretations. This common-law union was legally dissolved.

Subsequently, already in the United States, I began a relationship with Tremaine Monet Taylor, we married and initiated the immigration process. Due to my lack of knowledge of immigration laws, I hired assistance that I believed to be professional to guide us.

That application was in fact denied, and although I understood that there had been a finding of failure to prove our relationship, I did not understand that USCIS had interpreted the situation as fraud or willful misrepresentation of material facts, which only became clear to me through the explanation provided in the NOID.

My marriage was genuine, and my intention in filing the immigration application was also legitimate. I never intended to deceive the government or commit fraud. Precisely for that reason, and because I did not have proper professional assistance at the time to appeal or clarify the facts, I left the situation as it was and moved on with my life.

Based on that understanding, I answered "No" to question 23 of Part 3 of Form I-918. My answer was based on what I honestly believed to be the truth at that time: that I had never attempted to obtain a benefit through deliberate lies or fraud.

I was aware that USCIS, in the U-Visa process, would conduct a full review of my entire immigration history. It was never my intention to deceive or conceal any fact, as I knew

my history would be completely reviewed by the authorities. Had I understood that the prior denial was legally interpreted as fraud, I would have sought the appropriate channels, such as the waiver request (Form I-192), from the very beginning of the process, in a transparent manner.

Today, I am an active member of the community, a businessman, and above all, the father of Angelina, an American citizen born in San Francisco who depends entirely on me. Being her father is the greatest proof of my stability and responsibility today. Furthermore, in January 2024, I was the victim of a serious crime that nearly cost me my life, an event that reinforces my continued cooperation with local law enforcement.

I reiterate that any inconsistency in my past history was not a deliberate attempt to deceive the United States government. I respectfully request that USCIS reconsider my situation under this new perspective and, if it maintains the position described in the NOID, accept my waiver request so that I may continue caring for my family and contributing to this country.

I declare under penalty of perjury that the above is true and correct.

Respectfully,

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

Carlos Alberto Casamassa Junior

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: May 20, 2026.

536 Hudson Ave
San Francisco, CA, 94124
+1 (510) 334-7610
admin@velocecollision.com
20 de maio de 2026

DECLARAÇÃO PESSOAL

Eu, Carlos Alberto Casamassa Júnior, faço esta declaração sob pena de perjúrio para esclarecer os fatos apresentados pelo USCIS no "Notice of Intent to Deny" referente à minha petição de status U.

Vim para os Estados Unidos em 2 de Junho de 2016. Com o passar do tempo, as circunstâncias da minha vida evoluíram e acabei estabelecendo minha vida e meus laços neste país. Como qualquer imigrante que chega a um sistema novo e complexo, enfrentei desafios de adaptação, idioma e, principalmente, de compreensão técnica das leis de imigração.

Sobre minha relação com Bianca Silva Rodrigues no Brasil: nós tivemos um relacionamento que, à época, foi formalizado como uma união estável. No Brasil, a união estável é reconhecida legalmente, mas distinta do casamento civil formal, e em nenhum momento tive a intenção de fornecer informações falsas. A diferença entre os conceitos jurídicos e a terminologia utilizada pode ter gerado interpretações distintas. Essa união estável foi legalmente dissolvida.

Posteriormente, já nos Estados Unidos, iniciei um relacionamento com Tremaine Monet Taylor, casamos e iniciamos o processo imigratório. Por não possuir conhecimento das leis de imigração, contratei uma assistência que acreditei ser profissional para nos orientar.

Essa aplicação, de fato, foi negada, e embora eu tenha entendido que houve uma conclusão pela não comprovação do nosso relacionamento, eu não compreendi que o USCIS havia interpretado a situação como fraude ou falsa representação de fatos materiais, o que apenas ficou com claro para mim através da explicação trazida na NOID.

Meu casamento foi genuíno, e minha intenção ao apresentar a aplicação imigratória também foi legítima. Eu nunca tive a intenção de enganar o governo nem de cometer fraude. Justamente por isso, e por não ter sido bem assistido profissionalmente na ocasião para recorrer ou esclarecer os fatos, deixei a situação como estava e segui com minha vida.

Com base nessa percepção, respondi "Não" à pergunta 23 da Parte 3 do formulário I-918. Minha resposta foi baseada no que eu honestamente acreditava ser a verdade naquele momento: que eu nunca havia tentado obter um benefício através de mentiras deliberadas ou fraudes.

Eu estava ciente de que o USCIS, no processo do Visto U, faria uma análise completa de todo o meu histórico imigratório. Jamais foi minha intenção ludibriar ou esconder qualquer

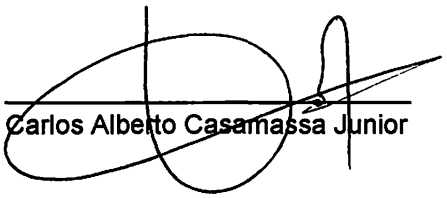
fato, pois sabia que meu histórico seria revisado integralmente pelas autoridades. Se eu tivesse a percepção de que a negação anterior era interpretada legalmente como fraude, eu teria buscado as vias adequadas, como o pedido de perdão (Formulário I-192), logo no início do processo, de forma transparente.

Hoje, sou um membro ativo da comunidade, empresário e, acima de tudo, pai de Angelina, uma cidadã americana nascida em San Francisco que depende totalmente de mim. Ser pai dela é a maior prova da minha estabilidade e responsabilidade hoje. Além disso, em janeiro de 2024, fui vítima de um crime grave que quase me custou a vida, evento que reforça minha colaboração contínua com as autoridades policiais locais.

Reitero que qualquer inconsistência no meu histórico passado não foi uma tentativa deliberada de enganar o governo dos Estados Unidos. Peço respeitosamente que o USCIS reconsidere minha situação sob esta nova ótica e, se continuar na perspectiva descrita no NOID, aceite o meu pedido de waiver (perdão) para que eu possa continuar cuidando da minha família e contribuindo com este país.

Declaro sob pena de perjúrio que o que foi dito acima é verdadeiro e correto.

Respeitosamente,



Carlos Alberto Casamassa Junior

Exhibit 4 – Evidence of Good Moral Character - Criminal Background Clearance Certificates

CARLOS ALBERTO CASAMASSA JUNIOR
C/O: CARLOS ALBERTO CASAMASSA JUNIOR
536 HUDSON AVE
SAN FRANCISCO, CA 94124

1-787 (Rev. 08-10-2016)

U.S. Department of Justice
Federal Bureau of Investigation
Criminal Justice Information Services Division
Clarksburg, WV 26306

CARLOS ALBERTO CASAMASSA JUNIOR
C/O: CARLOS ALBERTO CASAMASSA JUNIOR
536 HUDSON AVE
SAN FRANCISCO, CA 94124

Date: 05-14-2026

The Criminal Justice Information Services (CJIS) Division of the Federal Bureau of Investigation (FBI) has completed the following fingerprint submission:

Subject Name

CARLOS ALBERTO CASAMASSA JUNIOR

Search Completed Result 05-14-2026 E2026134000000443031

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED NO PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 04/29/1983

Social Security number: XXX-XX-XXXX

The result of the above response is only effective for the date the submission was originally completed. For more updated information, please submit new fingerprints of the Subject.

In order to protect Personally Identifiable Information, as of August 17, 2009, FBI policy has changed to no longer return the fingerprint cards. This form will serve as the FBI's official response.

This Identity History Summary (IdHS) is provided pursuant to 28 CFR 16.30-16.34 solely for you to conduct a personal review and/or obtain a change, correction, or updating of your record. **This IdHS is not provided for the purpose of licensing or employment or any other purpose enumerated in 28 CFR 20.33.**

Any questions may be addressed to the Customer Service Group at 304-625-5590. You may also visit the website at www.fbi.gov/checks for further instructions.

Chris Ormerod
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

No. 107085372026

Ministry of Justice and Public Security
Federal Police

ePol - SINIC
National Criminal Information System

Police Clearance Certificate

The Federal Police **CERTIFIES,** after a search in the National Criminal Information System - SINIC, that, as of this date, there is **NO RECORD** of a final criminal conviction recorded in the name of **CARLOS ALBERTO CASAMASSA JUNIOR**, of Brazilian nationality, son of CARLOS ALBERTO CASAMASSA and WANIA STELA MEIRELLES BORGES, born on 04/29/1983, from Goiânia-GO, CPF 068.928.551, passport YF106152.

This certificate was issued on **05/14/2026** at **3:33 p.m.** (Brasília time / GMT-3) based on the information provided and shall only be valid upon presentation of an identification document for data verification.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/ and entering the certificate number 107085372026.

This document is valid for 90 days.

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

Marina Viana

Date: May, 14 2026

Nº 107085372026

Ministério da Justiça e Segurança Pública
Polícia Federal

ePol - SINIC

Sistema Nacional de Informações Criminais

Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **CARLOS ALBERTO CASAMASSA JUNIOR**, país de nacionalidade Brasil, filho(a) de CARLOS ALBERTO CASAMASSA e WANIA STELA MEIRELLES BORGES, nascido(a) aos 29/04/1983, natural de Goiânia-GO, CPF 068.928.551-56, passaporte YF106152.

Esta certidão foi expedida em **14/05/2026** às **15:33** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/", e digitando o número da certidão 107085372026.

Este documento é valido por 90 dias.

STATE OF GOIÁS

State Department of Public Security
General Directorate of the Civil Police

Identification Institute

POLICE CLEARANCE CERTIFICATE

*** Document of Temporary Validity ***

WE HEREBY CERTIFY that:

CARLOS ALBERTO CASAMASSA JUNIOR

Mother's Name:	WANIA STELA MEIRELLES BORGES
Father's Name:	CARLOS ALBERTO CASAMASSA
Date of Birth:	04/29/1983
CPF:	068.928.551-56
ID:	3494596 SESP/DF-DF

HAS NO criminal record* in our files as of the present date.

Notes:

1. This certificate was issued based on the information provided and s**hall only be valid** upon presentation of an **identification document** for confirmation of the data. Before presenting or accepting this certificate, verify whether the names were informed in accordance with the presented document.

2. Certificate issued free of charge via the internet;

3. The authenticity of this certificate must be confirmed through the QR Code or at the following address: https://www.go.gov.br/servicos-digitais/dgpc/validar-antecedente-criminal

4. This certificate is valid for **90 days**;

*Certificate issued pursuant to Article 20, sole paragraph, of the Brazilian Code of Criminal Procedure: "In police clearance certificates requested by applicants, the police authority may not mention any records regarding the initiation of police investigations against the applicants."

Goiânia, Goiás, May 14, 2026

State Department of Public Security
General Directorate of the Civil Police
Identification Division
Document digitally published on 05/14/2026 at 3:56:20 PM.
Validation through the QR Code or code 26f4952fc1e5725a14d3a55d9b5536f6, at the following address:
https://www.go.gov.br/servicos-digitais/dgpc/validar-antecedente-criminal

Identification Division
Rua 66 n. 12 - Central Sector - ZIP Code: 74.055-070 - Goiânia-GO - **Phone: (62) 3201-2710**
institutodeidentificacao.policiacivil.go.gov.br

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

Marina Viana

Date: May, 14 2026

ATESTADO DE ANTECEDENTES

*** Documento de Valor Transitório ***

ATESTAMOS que:

CARLOS ALBERTO CASAMASSA JUNIOR

Nome da Mãe:	WANIA STELA MEIRELLES BORGES
Nome do Pai:	CARLOS ALBERTO CASAMASSA
Data de Nasc.:	29/04/1983
CPF:	068.928.551-56
RG:	3494596 SESP/DF-DF

NÃO POSSUI, até a presente data, antecedente criminal* em nossos arquivos.

Observações:

1.Este atestado foi expedido com base nos dados informados e **somente será válido** com a apresentação de **documento de identificação** para confirmação dos dados. Verifique, antes de apresentar ou aceitar este atestado, se os nomes foram informados de acordo com o documento apresentado;

2. Atestado expedido gratuitamente pela internet;

3. A autenticidade deste atestado deverá ser confirmada pelo QR Code ou no endereço: https://www.go.gov.br/servicos-digitais/dgpc/validar-antecedente-criminal

4. Este atestado é válido por **90 dias**;

*Atestado expedido nos termos do Art. 20, parágrafo único do Código de Processo Penal: “Nos atestados de antecedentes que lhe forem solicitados, a autoridade policial não poderá mencionar quaisquer anotações referentes a instauração de inquérito contra os requerentes”.

Goiânia-GO, 14 de Maio de 2026

Secretaria de Estado da Segurança Pública
Delegacia Geral da Polícia Civil
Gerência de Identificação
Documento publicado digitalmente em 14/05/2026 15:56:20
Validação pelo QR Code ou código 26f4952fc1e5725a14d3a55d9b5536f6, no endereço https://www.go.gov.br/servicos-digitais/dgpc/validar-antecedente-criminal

JUDICIARY
FEDERAL JUSTICE
FEDERAL REGIONAL COURT OF THE 1ST REGION
POLICE CLEARANCE CERTIFICATE

61985114/2026

WE HEREBY CERTIFY, pursuant to law, that, upon consultation of the procedural systems indicated below, as of the present date and time, there are **NO CRIMINAL CASES** filed against:

CARLOS ALBERTO CASAMASSA JUNIOR

OR

CPF No. 068.928.551-56

Certificate issued on 05/04/2026, at 4:05:26 PM (Brasília time), covering the Federal Court of First Instance within the following federal unit(s): Federal District.

Notes:

a) The authenticity of this certificate may be verified, within 90 (ninety) days, by any interested party on the website of the Federal Regional Court of the First Region (TRF1), at *https://sistemas.trf1.jus.br/certidao*, using the validation code below;

b) The search conducted based on the informed CPF covers proceedings in which the holder or his possible estate appears as a party;

c) In the cases provided for in §1 of Article 4 of Resolution No. 680/2020 (CPF not informed), the name indicated for the search shall be the responsibility of the applicant requesting the certificate, and ownership must be verified by the interested party and recipient;

d) This certificate was issued free of charge pursuant to CNJ Resolution No. 121/2010 and CJF Resolution No. 680/2020;

e) This certificate was issued upon consultation of the following databases (Brasília date and time): Judicial Section: Federal District (Electronic Judicial Proceeding System, 1st Region Digital Proceeding System, Digital Tax Enforcement Proceeding System, Virtual Special Federal Court, Procedural System, and SEEU) updated through 05/04/2026, at 3:37:17 PM.

f) This certificate covers ongoing proceedings before the Federal Court of First Instance.

Certificate:	61985114
Validation Code: Last	908D A758 1957 34AC CAEC 39A1 3D34 F918
Last Update:	05/04/2026, at 3:37:17 PM

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

Marina Viana

Date: May 14, 2026

PODER JUDICIÁRIO
JUSTIÇA FEDERAL
TRIBUNAL REGIONAL FEDERAL DA 1ª REGIÃO

CERTIDÃO JUDICIAL CRIMINAL NEGATIVA

61985114/2026

CERTIFICAMOS, na forma da lei, que, consultando os sistemas processuais abaixo indicados, **NÃO CONSTAM**, até a presente data e hora, PROCESSOS de classes CRIMINAIS contra:

CARLOS ALBERTO CASAMASSA JUNIOR

OU

CPF n. 068.928.551-56

Certidão emitida em 04/05/2026, às 16:05:26 (data e hora de Brasília), abrange a Justiça Federal de 1º Grau na(s) seguinte(s) unidade(s) federativa(s): Distrito Federal.

Observações:

a) A autenticidade desta certidão poderá ser verificada, no prazo de 90 (noventa) dias, por qualquer interessado no site do TRF1, endereço *https://sistemas.trf1.jus.br/certidao*, por meio do código de validação abaixo;
b) A pesquisa realizada com base no CPF informado abrange processos em que o titular ou seu eventual espólio figure como parte;
c) Nos casos do § 1º do art. 4º da Resolução n. 680/2020 (CPF não informado), o nome indicado para a consulta será de responsabilidade do solicitante da certidão, devendo a titularidade ser conferida pelo interessado e destinatário;
d) Certidão expedida gratuitamente e nos termos da Resolução CNJ n. 121/2010 e da Resolução CJF n. 680/2020;
e) Certidão emitida em consulta às seguintes bases de dados (data e hora de Brasília):
Seção Judiciária: Distrito Federal (Processo Judicial Eletrônico, Processo Digital da 1ª Região, Processo Judicial Digital de Execução Fiscal, JEF Virtual, Processual e SEEU) até 04/05/2026, às 15:37:17.
f) Esta certidão abrange os processos em curso na Justiça Federal de 1º Grau.

Certidão: 61985114

Código de Validação: 908D A758 1957 34AC CAEC 39A1 3D34 F918

Data da Atualização: 04/05/2026, às 15:37:17

Exhibit 5 – Evidence of Good Moral Character - Financial Responsibility (IRS Income Tax Returns 2022–2024)

Docusign Envelope ID: 0ECF9BC8-D51E-4359-8C90-917C645A1C44

Form 1040 U.S. Individual Income Tax Return 2024

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____ — See separate instructions.

Your first name and middle initial	Last name	Your social security number
CARLOS A	CASAMASSA	130-11-1835
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.
1465 DONNER AVE

City, town, or post office. If you have a foreign address, also complete spaces below. — State — ZIP code
San Francisco | CA | 94124

Foreign country name | Foreign province/state/county | Foreign postal code

Initial

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)
- ☐ Head of household (HOH)
- ☐ 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 name (see instructions and attach statement if required): _____

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

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

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

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

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 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	11,396.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**				9	11,396.
10	Adjustments to income from Schedule 1, line 26				10	805.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	10,591.
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	0.

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)

UYA

Docusign Envelope ID: 0ECF9BC8-D51E-4359-8C90-917C645A1C44

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,610.
	24	Add lines 22 and 23. This is your **total tax**		24	1,610.
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)	27 613.		
	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	613.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	613.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	0.
Direct deposit? See instructions.	b	Routing number _____ c Type: ☐ Checking ☐ Savings			
	d	Account number _____			
	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	997.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name Sheikh Sahib Phone no. 650-619-5171 Personal identification number (PIN) 94580

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.

Signed by: Your signature CARLOS CASAMASSA 848110F067E14F3... Date 1/22/2026 Your occupation AUTO REPAIRMAN If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Joint return? See instructions. Keep a copy for your records.

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (510)334-7610 Email address

Paid Preparer Use Only

Preparer's signature Sheikh Sahib Date 01/22/2026 PTIN P01824520 Check if: ☐ Self-employed

Preparer's name Sheikh Sahib Phone no. (650)619-5171

Firm's name Vinaka Tax & Book-Keep Svcs LLC

Firm's address 2135 Shoreview Ave, San Mateo, CA, 94401 Firm's EIN 85-1998370

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SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

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

CARLOS A CASAMASSA

Your social security number

130-11-1835

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	11,396.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a 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	11,396.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2024**

UYA

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	805.
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	805.

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SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024

Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CARLOS A CASAMASSA

Your social security number: 130-11-1835

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. (i) ☐ Line 1a, column (n) (ii) ☐ Line 1c, column (n) (iii) ☐ Line 1d, column (n) (iv) ☐ Line 2a, column (n)	1e			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a, column (o) (ii) ☐ Line 1c, column (o) (iii) ☐ Line 1d, column (o) (iv) ☐ Line 2a, column (o)	1f			
y	Other additions to tax (see instructions):	1y			
z	Add lines 1a through 1y			1z	
2	Alternative minimum tax. Attach Form 6251			2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	1,610.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	1,610.

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Signed by: CARLOS CASAMASSA 848110F067... 1/22/2026

SCHEDULE C (Form 1040)

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor: CARLOS A CASAMASSA	Social security number (SSN): 130-11-1835
A Principal business or profession, including product or service (see instructions): AUTO COLLISION AND REPAIR	B Enter code from instructions: 811110
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.): 1465 DONNER AVE	
City, town or post office, state, and ZIP code: SAN FRANCISCO, CA 94124	

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2024, check here . . . . [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [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	1,210,596.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,210,596.
4	Cost of goods sold (from line 42)	4	665,828.
5	**Gross profit.** Subtract line 4 from line 3	5	544,768.
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	544,768.

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

8	Advertising	8		18	Office expense (see instructions)	18	6,053.
9	Car and truck expenses (see instructions)	9	10,184.	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	96,848.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	23,250.
				22	Supplies (not included in Part III)	22	36,317.
				23	Taxes and licenses	23	24,212.
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	5,448.
				b	Deductible meals (see instructions)	24b	5,170.
15	Insurance (other than health)	15	4,237.	25	Utilities	25	89,583.
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	217,543.
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17	14,527.				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	533,372.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	11,396.
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	11,396.
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 [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] 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 [X] 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	544,768.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	121,060.
39	Other costs	39	
40	Add lines 35 through 39	40	665,828.
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	665,828.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2021

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

a Business 15200 Initial: CC b Commuting (see instructions) 2300 c Other 1200

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

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

47a Do you have evidence to support your deduction? [ ] Yes [ ] No

b If "Yes," is the evidence written? [ ] Yes [ ] No

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

PHONE, INTERNET	6,053.
GARBAGE	10,895.
GASOLINE, OIL CHANGE	14,527.
PARKING FEES, TOLLS	1,211.
BANK CHARGES	1,211.
DONATIONS	9,684.
FREIGHT	6,053.
PEST CONTROL	12,106.
See attached statement	
48 **Total other expenses.** Enter here and on line 27a	48 217,543.

Signed by: CARLOS CASAMASSA 848110F067E14F3... Initial: CC

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2024 Schedule C Other Expenses - Additional Information for Schedule C, Part V

Name(s) shown on Form 1040	Your social security number
CARLOS A CASAMASSA	130-11-1835

LOAN INTEREST	145,272.
JANITORIAL	2,663.
ACCOUNTING	3,026.
SECURITY	4,842.

Signed by: CARLOS CASAMASSA 848110F067E14F3... 1/22/2026

Docusign Envelope ID: 0ECF9BC8-D51E-4359-8C90-917C645A1C44

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

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

Social security number of person with **self-employment** income 130-11-1835

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	11,396.
3	Combine lines 1a, 1b, and 2		3	11,396.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	10,524.
	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	10,524.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	10,524.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024		7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11	8a		
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	168,600.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,305.
11	Multiply line 6 by 2.9% (0.029)		11	305.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**		12	1,610.
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	805.	

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2024**

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

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

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

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

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

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

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

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

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Form 1040 U.S. Individual Income Tax Return 2023

Department of the Treasury-Internal Revenue Service | OMB No. 1545-0074 | IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
CARLOS A	CASAMASSA	130-11-1835
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.
1465 DONNER AVE

City, town, or post office. If you have a foreign address, also complete spaces below. — State — ZIP code
San Francisco | CA | 94124

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 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	11,881.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	11,881.
10	Adjustments to income from Schedule 1, line 26			10	840.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	11,041.
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	0.

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)

UYA

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,679.
	24	Add lines 22 and 23. This is your **total tax**		24	1,679.
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	506.	
	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	506.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	506.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX c Type: ☐ Checking ☐ Savings			
	d	Account number XXXXXX			
	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	1,173.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name Sheikh Sahib Phone no. 650-619-5171 Personal identification number (PIN) 94580

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.)
DocuSigned by: Carlos Casamassa	1/20/2025	AUTO REPAIRMAN	
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)334-7610 Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
Sheikh Sahib	01/20/2025	P01824520	☐ Self-employed
Preparer's name Sheikh Sahib	Phone no. (650)619-5171		
Firm's name Vinaka Tax & Book-Keep Svcs LLC			
Firm's address 2135 Shoreview Ave, San Mateo, CA, 94401		Firm's EIN 85-1998370	

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SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CARLOS A CASAMASSA

Your social security number: 130-11-1835

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	11,881.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ( )		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ( )		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLE account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ( )		
t	Pension or annuity from a 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	11,881.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2023**

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CARLOS A CASAMASSA 130-11-1835

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	840.
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	840.

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SCHEDULE 2 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2023

Attachment Sequence No. **02**

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

CARLOS A CASAMASSA

Your social security number

130-11-1835

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,679.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137 — 5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 — 6		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	17a			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b			
c	Additional tax on HSA distributions. Attach Form 8889	17c			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d			
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i			
j	Section 72(m)(5) excess benefits tax	17j			
k	Golden parachute payments	17k			
l	Tax on accumulation distribution of trusts	17l			
m	Excise tax on insider stock compensation from an expatriated corporation	17m			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p			
q	Any interest from Form 8621, line 24	17q			
z	Any other taxes. List type and amount:	17z			
18	Total additional taxes. Add lines 17a through 17z			18	
19	Reserved for future use			19	
20	Section 965 net tax liability installment from Form 965-A	20			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21	1,679.

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1/20/2025

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2023

Attachment Sequence No. **09**

Name of proprietor: CARLOS A CASAMASSA

Social security number (SSN): 130-11-1835

A Principal business or profession, including product or service (see instructions): AUTO COLLISION AND REPAIR

B Enter code from instructions: 811110

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.): 2300 LANE ST

City, town or post office, state, and ZIP code: SAN FRANCISCO, CA 94124

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2023, check here . . . . [ ]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . [X] 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	240,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	240,000.
4	Cost of goods sold (from line 42)	4	55,500.
5	**Gross profit.** Subtract line 4 from line 3	5	184,500.
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	184,500.

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

8	Advertising	8		18	Office expense (see instructions)	18	565.
9	Car and truck expenses (see instructions)	9	16,506.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	4,770.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	2,859.
15	Insurance (other than health)	15	2,230.	23	Taxes and licenses	23	750.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	2,275.
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	134,270.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	164,225.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	20,275.
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	8,394.
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	11,881.
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 [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

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Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] 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 [X] 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	55,500.
39	Other costs	39	
40	Add lines 35 through 39	40	55,500.
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	55,500.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2021

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 25200 b Commuting (see instructions) 2300 c Other 1370

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

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

47a Do you have evidence to support your deduction? [ ] Yes [ ] No

b If "Yes," is the evidence written? [ ] Yes [ ] No

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

PHONE, INTERNET	2,840.
TOLL	650.
VEHICLE WASH	780.
BUSINESS BUILDING RENT	130,000.

DocuSigned by: Carlos Casamassa E105C603A2094FD... 1/20/2025

48	**Total other expenses.** Enter here and on line 27a	48	134,270.

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SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2023
Attachment Sequence No. **17**

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

Social security number of person with **self-employment** income 130-11-1835

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	11,881.
3	Combine lines 1a, 1b, and 2		3	11,881.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	10,972.
	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	10,972.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	10,972.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023		7	160,200
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $160,200 or more, skip lines 8b through 10, and go to line 11 — 8a			
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	160,200.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,361.
11	Multiply line 6 by 2.9% (0.029)		11	318.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**		12	1,679.
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	840.		

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2023**

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

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

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

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

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

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

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

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

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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
CARLOS A	CASAMASSA	130-11-1835
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. ☒

1465 DONNER AVE Initial: C

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

San Francisco CA 94124

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	ANGELINA	Initial: C		
(2) Last name	CASAMASSA MAVRAKI			
(3) SSN	656-27-4815			
(4) Relationship	Daughter			
(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	14,640.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	14,640.
10	Adjustments to income from Schedule 1, line 26			10	1,034.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	13,606.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	13,606.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for- • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	23,625.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	23,625.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	0.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,068.
	24	Add lines 22 and 23. This is your **total tax**	24	2,068.
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: 3,568.		
	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: 1,666.		
	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	5,234.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	5,234.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	3,166.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	3,166.
Direct deposit? See instructions.	b	Routing number 121122676 c Type: ☒ Checking ☐ Savings		
	d	Account number 155739742567		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	0.
	38	Estimated tax penalty (see instructions) — 38		

Third Party Designee Do you want to allow another person to discuss this return with the IRS? See instructions. ☒ **Yes.** Complete below. ☐ **No**

Designee's name Sheikh Sahib Phone no. 650-619-5171 Personal identification number (PIN) 94580

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature: CARLOS CASAMASSA 848110F067E14F3...	Date 4/26/2026	Your occupation AUTO REPAIRMAN	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (510)334-7610	Email address		

Paid Preparer Use Only

Preparer's signature Sheikh Sahib	Date 04/21/2026	PTIN P01824520	Check if: ☐ Self-employed
Preparer's name Sheikh Sahib	Phone no. (650)619-5171		
Firm's name Vinaka Tax & Book-Keep Svcs LLC			
Firm's address 2135 Shoreview Ave, San Mateo, CA, 94401		Firm's EIN 85-1998370	

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SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: CARLOS A CASAMASSA

Your social security number: 130-11-1835

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 transaction. See *www.irs.gov/1099k*.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	14,640.
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 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	14,640.

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule 1 (Form 1040) 2025** Created 7/25/25

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CARLOS A CASAMASSA 130-11-1835

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	1,034.
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	1,034.

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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
CARLOS A CASAMASSA

Your social security number
130-11-1835

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d			
e	Excessive payments (EP) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f			
y	Other additions to tax (see instructions): _____	1y			
z	Add lines 1a through 1y			1z	
2	Alternative minimum tax. Attach Form 6251			2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			4	2,068.
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, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b			21	2,068.

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CARLOS CASAMASSA
848110F067E14F3...
4/26/2026

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)
CARLOS A CASAMASSA	130-11-1835

A Principal business or profession, including product or service (see instructions)	B Enter code from instructions
AUTO COLLISION AND REPAIR	811110

C Business name. If no separate business name, leave blank. — D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) 1465 DONNER AVE
City, town or post office, state, and ZIP code SAN FRANCISCO, CA 94124

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. . . . [X] Yes [ ] No

J If "Yes," did you or will you file required Form(s) 1099? . . . [X] 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	848,118.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	848,118.
4	Cost of goods sold (from line 42)	4	340,428.
5	**Gross profit.** Subtract line 4 from line 3	5	507,690.
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	507,690.

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	20,986.	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	80,256.
12	Depletion	12		b	Other business property	20b	140,400.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	21,845.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	33,790.
15	Insurance (other than health)	15	5,950.	23	Taxes and licenses	23	20,334.
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	5,450.
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	164,039.

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	493,050.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	14,640.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	14,640.
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 [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

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UYA

04/21/2026 05:40:42PM

Name(s) CARLOS A CASAMASSA | SSN 130-11-1835

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] 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 [X] 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	234,473.
37	Cost of labor. Do not include any amounts paid to yourself	37	90,606.
38	Materials and supplies	38	15,349.
39	Other costs	39	
40	Add lines 35 through 39	40	340,428.
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	340,428.

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2021

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business 29980 b Commuting (see instructions) 500 c Other 560

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.

PHONE, INTERNET	6,588.
GARBAGE	11,850.
GASOLINE, OIL CHANGE	15,344.
PARKING FEES, TOLLS	1,632.
BANK CHARGES	1,330.
DONATIONS	7,545.
FREIGHT	6,420.
PEST CONTROL	11,580.
See attached statement	

Signed by: CARLOS CASAMASSA 4/26/2026 848110F067E14F3...

48 **Total other expenses.** Enter here and on line 27a . . . 48 164,039.

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2025 Schedule C Other Expenses - Additional Information for Schedule C, Part V

Name(s) shown on Form 1040	Your social security number
CARLOS A CASAMASSA	130-11-1835

LOAN INTEREST	90,000.
JANITORIAL	3,290.
ACCOUNTING	3,560.
SECURITY	4,900.

Signed by:
CARLOS CASAMASSA 4/26/2026
848110F067E14F3...

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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)
CARLOS A CASAMASSA

Social security number of person with **self-employment** income 130-11-1835

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	( )
	Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	14,640.
3	Combine lines 1a, 1b, and 2		3	14,640.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	13,520.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	13,520.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	13,520.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025		7	176,100
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $176,100 or more, skip lines 8b through 10, and go to line 11 — 8a			
b	Unreported tips subject to social security tax from Form 4137, line 10 — 8b			
c	Wages subject to social security tax from Form 8919, line 10 — 8c			
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	176,100.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	1,676.
11	Multiply line 6 by 2.9% (0.029)		11	392.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**		12	2,068.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — 13	1,034.		

For Paperwork Reduction Act Notice, see your tax return instructions. **Schedule SE (Form 1040) 2025** Created 5/7/25

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,860, **or (b)** your net farm profits[2] were less than $7,840.

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

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

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

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

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

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

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

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SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit
Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **43**

Name(s) shown on return: CARLOS A CASAMASSA

Your social security number: 130-11-1835

Before you begin:

- See the instructions for Form 1040, line 27a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27a, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name ANGELINA CASAMASSA MAVRAK	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27a, unless the child was born and died in 2025 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2025 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	656-27-4815		
3 Child's year of birth	Year 2024 *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2025?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Daughter		
6 Number of months child lived with you in the United States during 2025 ● If the child lived with you for more than half of 2025 but less than 7 months, enter "7." ● If the child was born or died in 2025 and your home was the child's home for more than half the time he or she was alive during 2025, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

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SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: CARLOS A CASAMASSA

Your social security number: 130-11-1835

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR		1	13,606.
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	13,606.
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by $2,200		5	2,200.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0	
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by $500		7	
8	Add lines 5 and 7		8	2,200.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000		9	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11?		12	2,200.
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ **Yes.** Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from **Credit Limit Worksheet A**		13	
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**		14	

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before compelte Part II-A

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Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use		15	
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit.		16a	2,200.
b	Number of qualifying children under age 17 with the required social security number: 1 x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit.		16b	1,700.
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the **smaller** of line 16a or line 16b		17	1,700.
18a	Earned income (see instructions)	18a 13,606.		
b	Nontaxable combat pay (see instructions) 18b			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19 11,106.		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		20	1,666.
	Next. On line 16b, is the amount $5,100 or more? ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bonna fide resident of Puerto Rico, see instructions	21		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22		
23	Add lines 21 and 22	23		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24		
25	Subtract line 24 from line 23. If zero or less, enter -0-		25	
26	Enter the **larger** of line 20 or line 25		26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	1,666.

Exhibit 6 – Evidence of Good Moral Character - Letters of Support

Sheik Fahroom Sahib
2135 Shoreview Ave
San Mateo, California
(Phone number)
jossahib786@gmail.com
05/13/2026

Affidavit in Support of Good Moral Character

To Whom It May Concern,

I, Sheikh Sahib , hereby declare under penalty of perjury as follows:

I am over the age of eighteen (18) and fully competent to make this declaration based on my personal knowledge and direct experience.

I have known Carlos Alberto Casamassa Junior, holder of California Driver's License No. Y4203678, for a substantial period of time through personal and/or professional interactions, during which I have had ample opportunity to observe his conduct and character.

Throughout this time, Carlos has consistently demonstrated himself to be a person of integrity, responsibility, and strong work ethic. He conducts himself in a respectful, professional, and reliable manner, and shows a high level of commitment in both his personal and professional endeavors.

Based on my observations, I firmly believe that Carlos is a person of good moral character. He conducts himself with honesty, sound judgment, and adherence to ethical principles in all aspects of his life.

I am not aware of any conduct, actions, or circumstances that would in any way call into question his character, integrity, or moral standing.

This declaration is made freely and voluntarily, and reflects my honest and considered assessment based on my direct knowledge of Carlos.

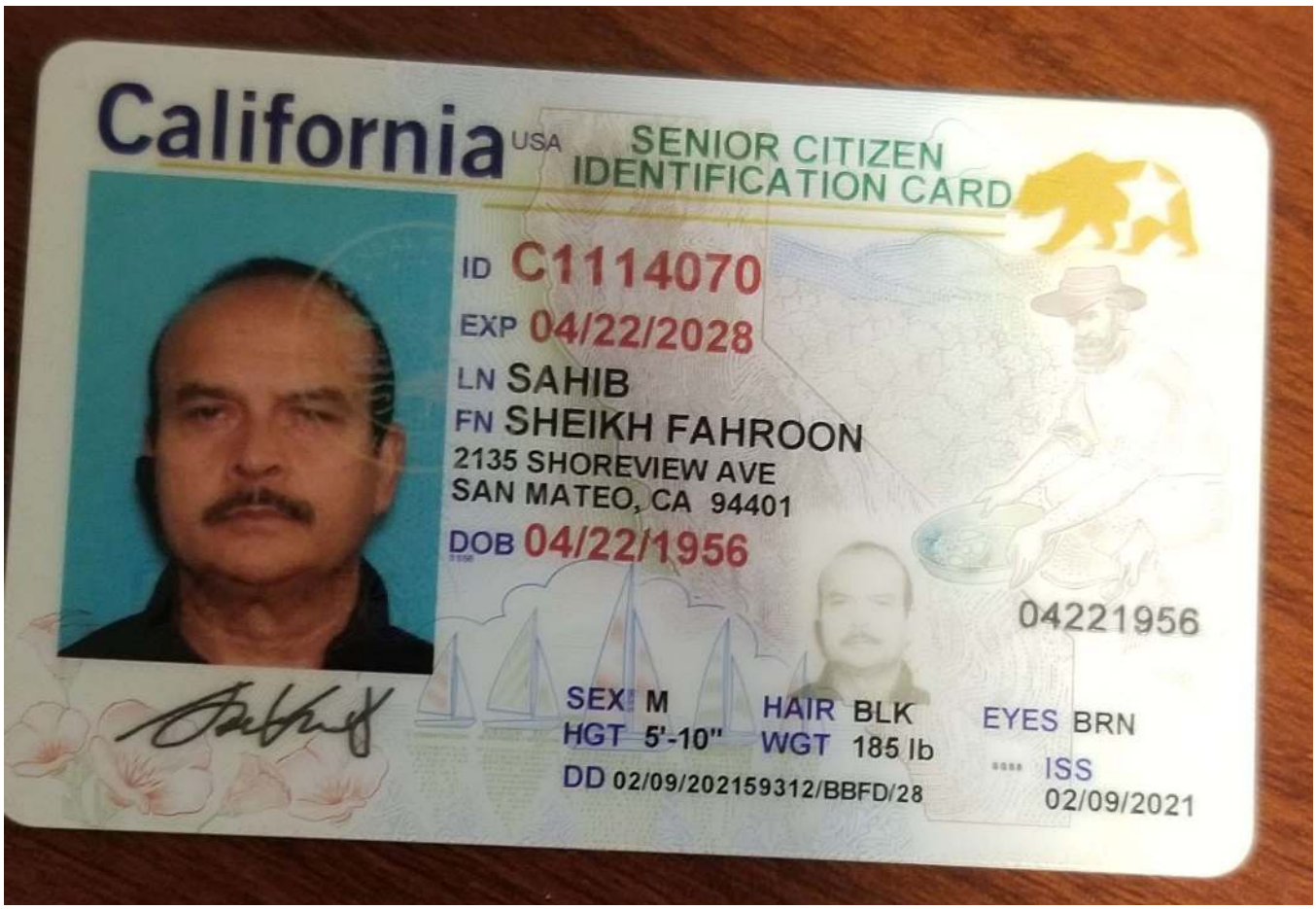
I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Sincerely,

(Sheik Fahroom Sahib)

Sheikh Sahib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SAN MATEO, CA 94401
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SEX M
HAIR BLK
EYES BRN
HGT 5'-10"
WGT 185 lb
DD 02/09/202159312/BBFD/28
ISS
02/09/2021

Aloizio Zulmiro Veronico Costa
2412 Mark Twain Dr, Antioch, California 94531
415-724-7861 05/15/2026

cladoc6@hotmail.com

Affidavit in Support of Good Moral Character

To Whom It May Concern,

I, Aloizio Zulmiro Veronico Costa declare the following to be true:

I am over eighteen (18) years of age and competent to provide this statement based on my personal knowledge.

I have known Carlos Alberto Casamassa Junior, holder of California Driver's License No. Y4203678, for a significant period of time and have had the opportunity to observe his character through personal and/or professional interactions.

During the time I have known him, Carlos has consistently presented himself as a dedicated, trustworthy, and responsible individual. He handles his work with seriousness and maintains respectful and appropriate conduct in his relationships with others.

It is my belief that Carlos demonstrates good moral character. He acts with integrity, honesty, and a clear sense of ethical responsibility in both his personal life and professional activities.

I am not aware of any conduct or circumstances that would bring his character into question or reflect negatively on his reputation.

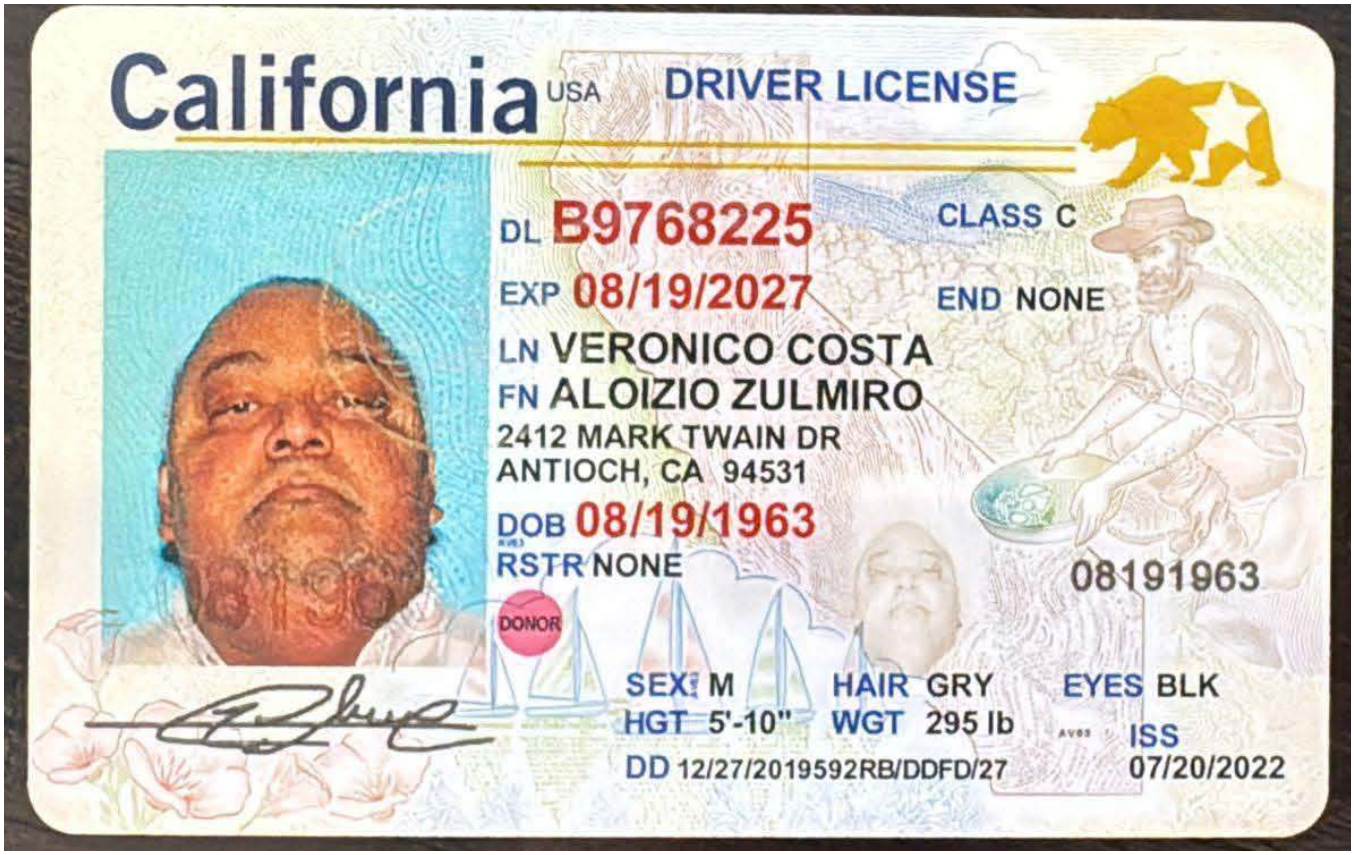
This statement is provided voluntarily and reflects my genuine observations and impressions.

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 if further information is needed.

Sincerely,

(Aloizio Zulmiro Veronico Costa)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ANTIOCH, CA 94531
DOB 08/19/1963
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DONOR
SEX M
HAIR GRY
EYES BLK
HGT 5'-10"
WGT 295 lb
ISS
07/20/2022
DD 12/27/2019592RB/DDFD/27

Silas Borges

24858 Avenida Sombra, Murrieta, Ca 92563
949 - 674-8100

Email: silasborgesjr@icloud.com
05/16/2026

Affidavit in Support of Good Moral Character

To Whom It May Concern,

I am Silas Borges, over the age of eighteen, and I am writing this statement based on my own knowledge and long-term familiarity.

I am the uncle of Carlos Alberto Casamassa Junior, holder of California Driver's License No. Y4203678, his whole life. Over that time, I have seen him grow both personally and professionally.

One thing that has always been consistent is his work ethic and the way he treats people. In his business, he has always dealt with customers honestly and with transparency, and I have seen him go out of his way to do the right thing.

He is someone who takes responsibility seriously and values doing things the correct way, both in business and in life.

To my knowledge, there has never been any reason to question his character or integrity.

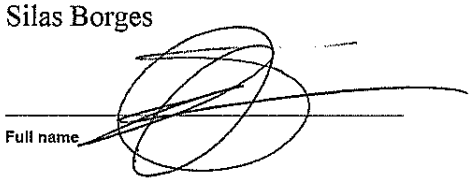
I am making this statement of my own free will based on many years of personal experience.

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

Executed this 16th day of May, 2026, in Murrieta, California.

Sincerely,

Silas Borges



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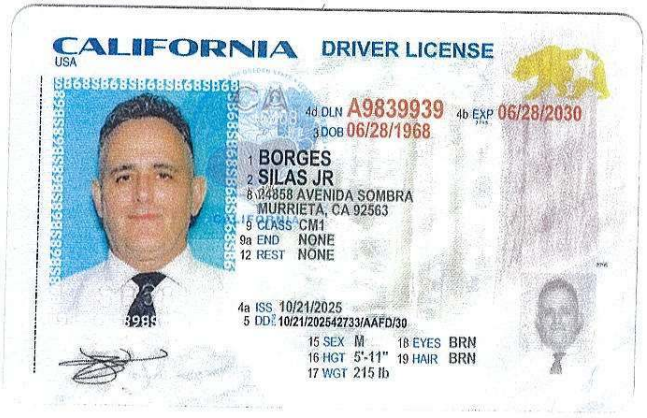
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3 DOB 06/28/1968
1 BORGES
2 SILAS JR
8 24858 AVENIDA SOMBRA
MURRIETA, CA 92563
9 CLASS CM1
9a END NONE
12 REST NONE
4a ISS 10/21/2025
5 DD 10/21/202542733/AAFD/30
15 SEX M
16 HGT 5'-11"
17 WGT 215 lb
18 EYES BRN
19 HAIR BRN

Darcy Borges
24914 Corte Tonikan Murrieta. Ca 02563
949-566-3003

darcyborges@yahoo.com
05/20/2026

Affidavit in Support of Good Moral Character

To Whom It May Concern,

I, Darcy Borges, hereby provide this statement based on my own personal knowledge and experience.

I am over eighteen (18) years of age and have known Carlos Alberto Casamassa Junior for a significant period of time through personal and/or professional interactions.

Throughout the time I have known him, Carlos has consistently demonstrated a strong sense of responsibility and reliability. He conducts himself with professionalism, treats others with respect, and approaches his obligations with dedication and care.

In my opinion, Carlos is a person of solid character. He has shown honesty, integrity, and sound judgment in both his personal life and business dealings. His actions have always reflected positively on his reputation.

To the best of my knowledge, I have never observed any conduct on his part that would call his character into question or suggest any lack of integrity.

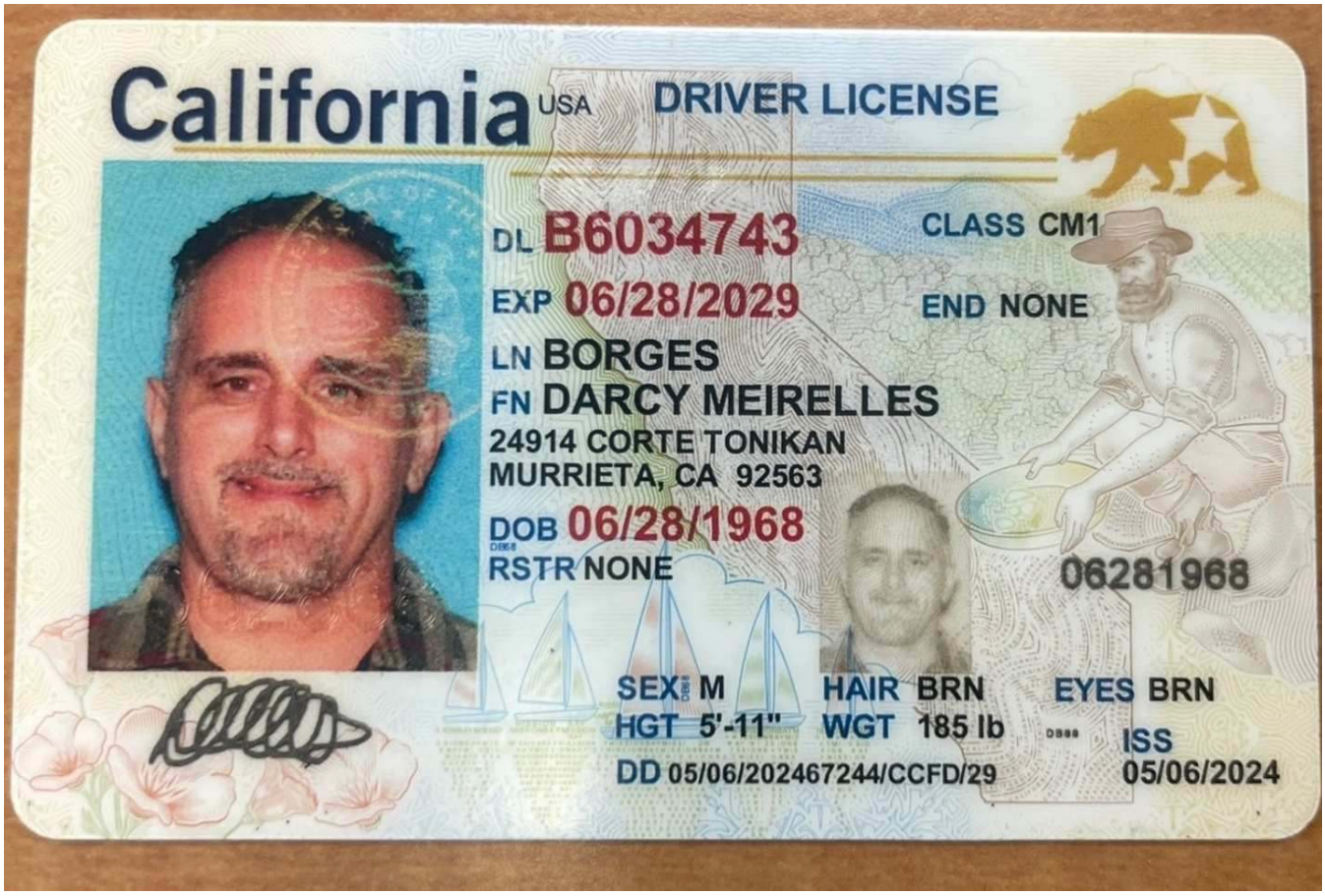
I am making this statement voluntarily, and it represents my genuine and honest perspective based on my direct experience.

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

Should additional information be required, I am available to provide further clarification.

Sincerely,

Darcy Borges


California USA DRIVER LICENSE
DL B6034743
CLASS CM1
EXP 06/28/2029
END NONE
LN BORGES
FN DARCY MEIRELLES
24914 CORTE TONIKAN
MURRIETA, CA 92563
DOB 06/28/1968
RSTR NONE
06281968
SEX M
HAIR BRN
EYES BRN
HGT 5'-11"
WGT 185 lb
ISS
05/06/2024
DD 05/06/202467244/CCFD/29

(Mosab Hasanat)
(11028 Achilles Way - San Diego, CA 92126 - United States)
(+1 (650) 436-2758)

(mhasanat@axionglobalengineering.coml)
(May/18/2026)

Affidavit in Support of Good Moral Character

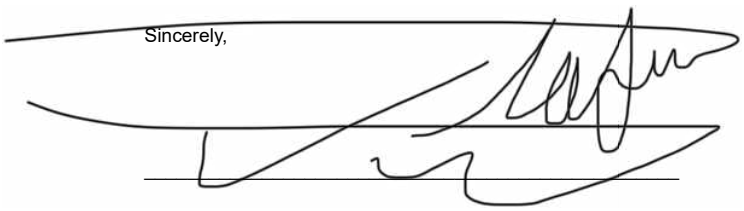
To Whom It May Concern,

I, Mosab Hasanat, make this statement as follows:
I am an adult over the age of eighteen (18) and I am providing this declaration based on my own personal knowledge and experience.
I have had the opportunity to know Carlos Alberto Casamassa Junior, holder of California Driver's License No. Y4203678, over a long period of time through personal and/or professional contact.
From my observations, Carlos consistently presents himself as a reliable and committed individual. He approaches his responsibilities with seriousness and maintains a respectful and appropriate demeanor in his interactions with others.
In my view, Carlos is a person of upright character. He demonstrates honesty, integrity, and strong ethical judgment in both his personal conduct and professional activities.
I am not aware of any actions or behavior that would raise concerns regarding his character or reflect negatively upon him.
This declaration is made willingly and reflects my honest assessment based on my own experience.

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 if further information is needed.

Sincerely,



(Name here and Signature on the line)

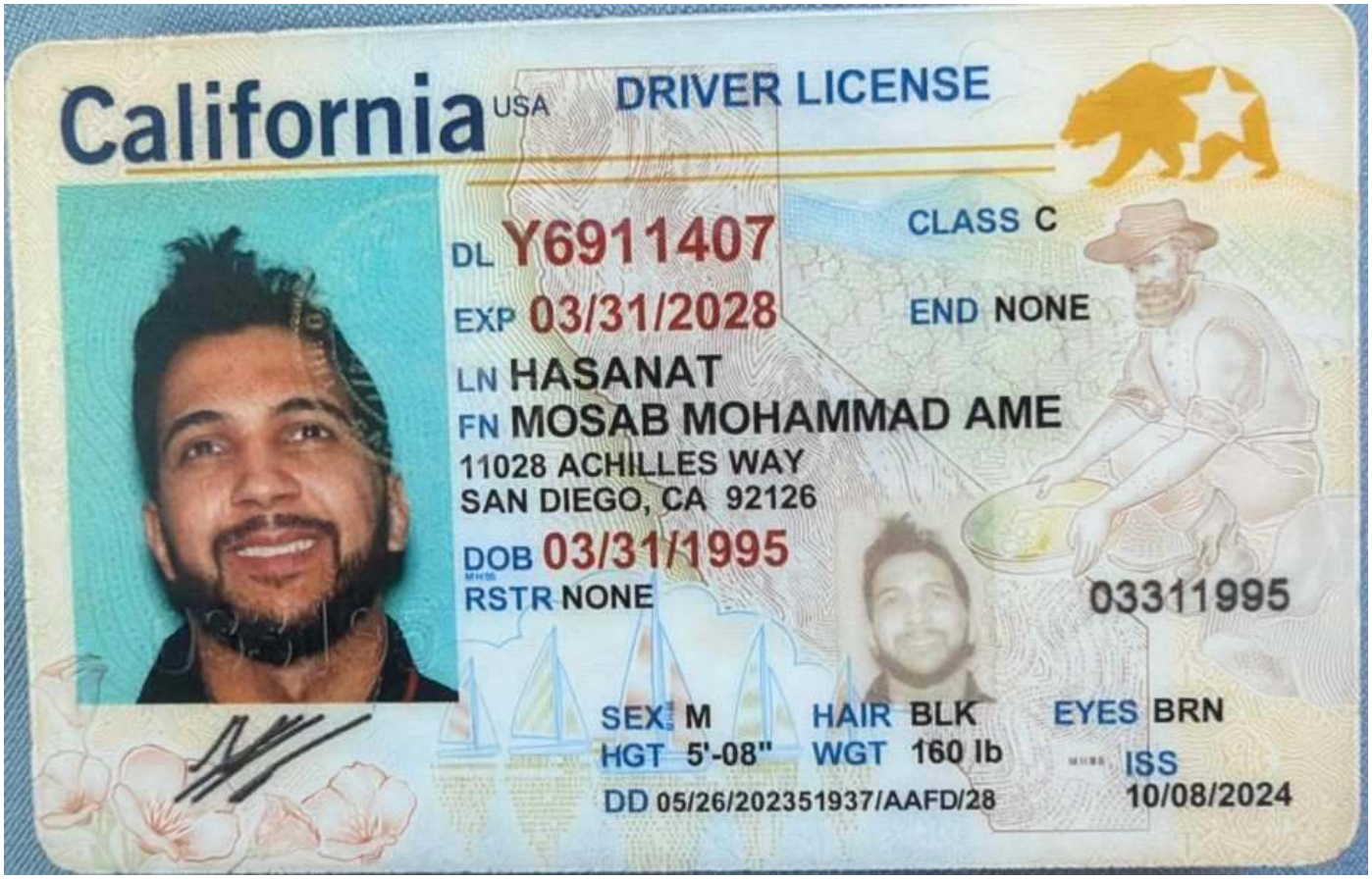

California USA DRIVER LICENSE
DL Y6911407
CLASS C
EXP 03/31/2028
END NONE
LN HASANAT
FN MOSAB MOHAMMAD AME
11028 ACHILLES WAY
SAN DIEGO, CA 92126
DOB 03/31/1995
RSTR NONE
03311995
SEX M
HAIR BLK
EYES BRN
HGT 5'-08"
WGT 160 lb
ISS 10/08/2024
DD 05/26/202351937/AAFD/28

Exhibit 5 – Evidence of Strong Ties to the United States: Carlos Alberto Casamassa Júnior's Daughter Birth Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

1052024064723

1202438001464

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
ANGELINA	-	CASAMASSA MAVRAKI

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
FEMALE	SINGLE	-	03/03/2024	1935

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
ZUCKERBERG SAN FRANCISCO GENERAL	1001 POTRERO AVE
5C. CITY	**5D. COUNTY**
SAN FRANCISCO	SAN FRANCISCO

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. ☐ MOTHER ☒ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/COUNTRY	8. DATE OF BIRTH
CARLOS	ALBERTO	CASAMASSA JUNIOR		BRAZIL	04/29/1983

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	10. BIRTHPLACE - STATE/COUNTRY	11. DATE OF BIRTH
VASILEIA	-	DE JESUS MAVRAKI		BRAZIL	06/20/1995

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	VASILEIA DE JESUS MAVRAKI CARLOS CASAMASSA JUNIOR	MOTHER FATHER	03/04/2024 03/04/2024
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	VANESSA O BASCO, MRC	CNM236095	03/05/2024

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
GABRIELA ANDREA TIRADO, CNM 1001 POTRERO AVE 6D14, SAN FRANCISCO, CA 94110	VANESSA O BASCO, MRC

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		SUSAN PHILIP, MD MPH	03/05/2024

CASANFRAD1

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED JUL 29 2024

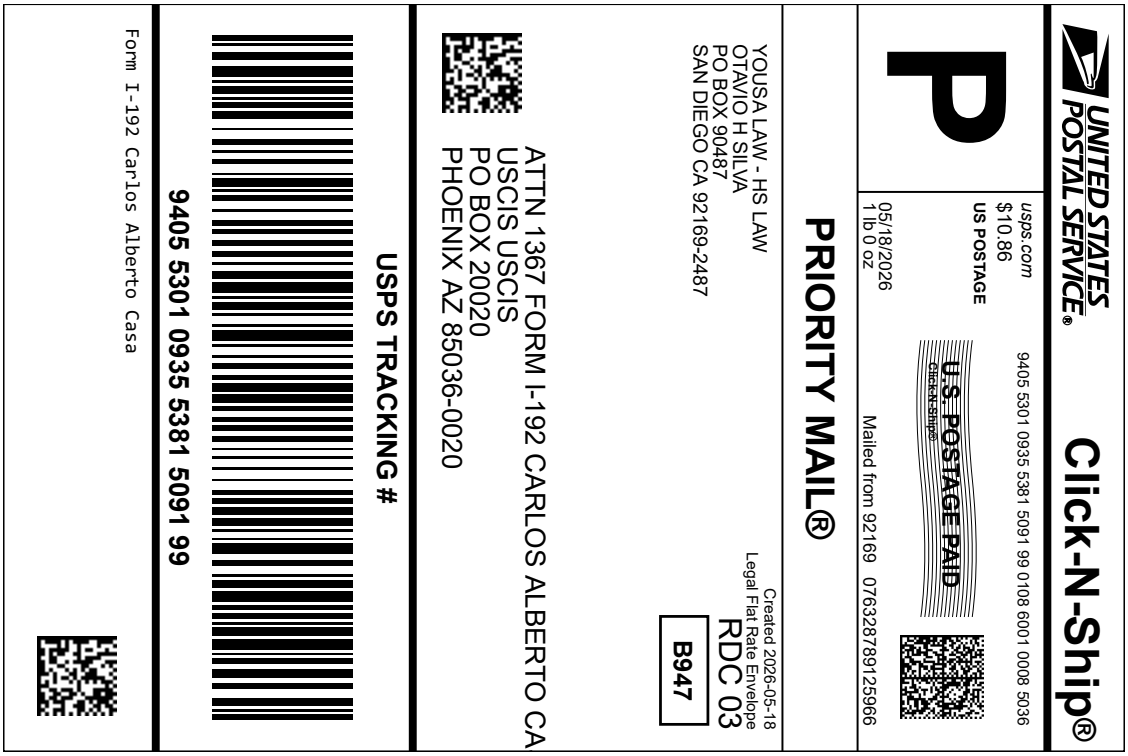
004019199

SUSAN PHILIP, MD, MPH
HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 8 - Proof of Filing (Form I-192, Application for Advance Permission to Enter as Nonimmigrant)



Cut on dotted line.

Instructions

1. **Please use a laser or laser-quality printer.**
2. **Adhere shipping label to package with tape or glue - DO NOT TAPE OVER BARCODE. Be sure all edges are secure. Self-adhesive label is recommended.**
3. **Place label so that it does not wrap around the edge of the package.**
4. **Each shipping label number is unique and can be used only once - DO NOT PHOTOCOPY.**
5. **Please use this shipping label on the "ship date" selected when you requested the label.**
6. **If a mailing receipt is required, present the article and Online e-Label Record at a Post Office for postmark.**

9405 5301 0935 5381 5091 99

Print Date:	**2026-05-18**	**PRIORITY MAIL®** **$10.86**
Ship Date:	**2026-05-18**	**Extra Services:** **$0.00**
		Fees: **$0.00**
		Total: **$10.86**

From: **YOUSA LAW - HS LAW**
OTAVIO H SILVA
PO BOX 90487
SAN DIEGO CA 92169-2487

To:
ATTN 1367 FORM I-192 CARLOS ALBERTO CASAI
USCIS USCIS
PO BOX 20020
PHOENIX AZ 85036-0020

*** Commercial Pricing PRIORITY MAIL® rates apply. There is no fee for USPS Tracking® service on PRIORITY MAIL® service with use of this electronic rate shipping label. Refunds for unused postage paid labels can be requested online 30 days from the print date.**

Thank you for shipping with the United States Postal Service!
Check the status of your shipment on the USPS Tracking® page at usps.com

Application for Advance Permission to Enter as a Nonimmigrant

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

USCIS
Form I-192
OMB No. 1615-0017
Expires 03/31/2027

For DHS Use Only		
Received	**Returned Trans. Out**	**Fee Stamp**
Trans. In	**Completed**	

Action by the Department of Homeland Security

Ground of Inadmissibility

- ☐ INA 212(a)(1)
- ☐ INA 212(a)(2)
- ☐ INA 212(a)(3)
- ☐ INA 212(a)(4)
- ☐ INA 212(a)(6)
- ☐ INA 212(a)(7)
- ☐ INA 212(a)(8)
- ☐ INA 212(a)(9)
- ☐ INA 212(a)(10)
- ☐ Other: _____
- ☐ Granted, subject to revocation at any time, upon the following terms and conditions

Action Stamp

Benefits Category:

- ☐ T Nonimmigrant/Advance Permission under INA 212(d)(3) and 8 CFR 212.16
- ☐ T Nonimmigrant/Waiver under INA 212(d)(13) and 8 CFR 212.16
- ☐ U Nonimmigrant/Waiver under INA 212(d)(14) and 8 CFR 212.17
- ☐ U Nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.17
- ☐ Nonimmigrant other than T or U nonimmigrant/Advance Permission under INA 212(d)(3)(A) and 8 CFR 212.4

Date of Action (mm/dd/yyyy) _____ **DD or OIC** _____ **Office** _____

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

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

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

Part 1. Application Type

I am applying to the Secretary of Homeland Security for permission to enter the United States temporarily under the provisions of the Immigration and Nationality Act (INA) section 212(d)(3)(A)(ii), 212(d)(13), or 212(d)(14).

1. I am seeking this permission so that I may obtain (select **only one** box):

- ☒ Status as a victim of trafficking (T nonimmigrant status) or a victim of qualifying criminal activity (U nonimmigrant status).
- ☐ Admission as a nonimmigrant (other than as a T or U nonimmigrant).

If filing this form concurrently with a USCIS Form I-914/I-914A or Form I-918/I-918A (T or U nonimmigrant, respectively) or in relation to one that you previously filed, you should complete **Item Numbers 1. - 10.** and then skip to **Item Number 26.**

Part 2. Information About You

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
CASAMASSA JUNIOR	Carlos Alberto	N/A

2. Other Names Used (if any)

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**.

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

Other Information

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

► A- 2 1 4 2 7 2 1 5 8

4. USCIS Online Account Number (if any)

► N / A

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

04/29/1983

6. Place of Birth

City or Town	State or Province
Goiania	Goias

Country

Brazil

7. Country of Citizenship or Nationality

Brazil

8. Sex

☒ Male ☐ Female

9. Mailing Address (Safe address, if applicable)
Please provide an address where you can safely receive correspondence from USCIS.

In Care Of Name (if any)

Otavio Haverroth Silva

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Part 2. Information About You (continued)

Address History

Provide physical addresses for everywhere you have lived during 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 6. Additional Information**.

10. Physical Address 1 (current address)

Street Number and Name: 536 Hudson Ave
Apt.Ste. Flr. Number: N/A
City or Town: San Francisco
State: CA
ZIP Code: 94124
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 01/07/2024
To (mm/dd/yyyy): PRESENT

11. Physical Address 2

Street Number and Name: 150 Avocet Way
Apt.Ste. Flr. Number: N/A
City or Town: San Francisco
State: CA
ZIP Code: 94124
Province: N/A
Postal Code: N/A
Country: USA

Dates of Residence

From (mm/dd/yyyy): 01/03/2022
To (mm/dd/yyyy): 01/07/2024

Information About Your Marital History

12. What is your current marital status?

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

☐ Other

13. How many times have you been married (including annulled marriages and marriages to the same person)? 2

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

If you are currently married, provide the following information about your **current spouse**.

14. Current Spouse's Legal Name

Family Name (Last Name): TAYLOR
Given Name (First Name): Tremaine
Middle Name (if applicable): Monet

15. Spouse's Alien Registration Number (A-Number) (if any) ► A- N / A

Part 2. Information About You (continued)

16. Date of Birth (mm/dd/yyyy) 10/24/1981

17. Date of Marriage (mm/dd/yyyy) 09/02/2016

18. Place of Birth

City or Town: Los Angeles

State or Province: California

Country: USA

19. Place of Marriage

City or Town: Los Angeles

State or Province: California

Country: USA

Information About Prior Marriages (if any)

If you have been married before, anywhere in the world, provide the information requested in **Item Numbers 20. - 25.** about your prior marriage. If you have had more than one previous marriage, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 20. - 25.** for each additional marriage.

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

Family Name (Last Name): SILVA RODRIGUES

Given Name (First Name): Bianca

Middle Name (if applicable): N/A

21. Date of Birth (mm/dd/yyyy) 07/18/1997

22. Date of Marriage (mm/dd/yyyy) 09/01/2024

23. Place of Marriage

City or Town: Goiania

State or Province: Goias

Country: Brazil

24. Date Marriage Legally Ended (mm/dd/yyyy) 06/22/2016

25. Place Where Marriage Legally Ended

City or Town: Goiania

State or Province: Goias

Country: Brazil

Immigration and Criminal History

26. Explain the grounds of inadmissibility that may apply in your case.

The applicant entered the United States on a B-2 visa and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B). (see additional information)

Part 2. Information About You (continued)

27. Have you previously filed an application for advance permission to enter the United States as a nonimmigrant? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 27.**, provide the details in **Item Numbers 28. - 29.**
If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

28. Date Application Filed (mm/dd/yyyy) **N/A**

29. Location where you filed your application (for example, USCIS Office or Port of Entry).

USCIS Office or U.S. Port-of-Entry: **N/A**

City or Town: **N/A**

State or Province: **N/A**

Country: **N/A**

Receipt Number (if available) ► **N / A**

30. Have you **EVER** been in the United States for a period of six months or more? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 30.**, provide the dates you were in the United States (from and to) and your immigration status at the time of entry into the United States in the space provided in **Part 6. Additional Information**.

31. Have you **EVER** filed an application or petition for immigration benefits with the U.S. Government, or has one ever been filed on your behalf? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 31.**, provide the information requested in **Item Numbers 32. - 34.**

If you have (or somebody else on your behalf has) filed multiple applications or petitions for immigration benefits with the U.S. Government, use the space provided in **Part 6. Additional Information** to provide the answers to **Item Numbers 32. - 34.** for each of your additional applications or petitions.

32. Type of application or petition filed

Petition for U-1 Nonimmigrant Status

33. Location the application or petition was filed (for example, USCIS office or Port of Entry)

USCIS Nebraska Service Center

34. Outcome of the application or petition (for example, approved, denied, or pending).

Pending

35. Have you **EVER** been denied or refused an immigration benefit by the U.S. Government, or had a benefit revoked or terminated (including but not limited to visas)? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 35.**, provide an explanation the information in the space provided in **Part 6. Additional Information**.

36. Have you **EVER**, in or outside the United States, been arrested, cited, charged, indicted, fined, convicted, or imprisoned for breaking or violating any law or ordinance, excluding minor traffic violations? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 36.**, describe the incidents in detail and include all offenses where impaired driving may have been an issue in the space provided in **Part 6. Additional Information**.

Part 2. Information About You (continued)

Travel Information

NOTE: If you are applying for T or U nonimmigrant status and are in the United States, you may skip **Item Numbers 37. - 43.**

Location at Which you Plan to Enter the United States (desired Port of Entry)

37. City
N/A

38. State

39. Name of Port of Entry
N/A

40. How do you plan to travel to the United States? (For example, by plane, ship, car)
N/A

41. When do you plan to enter the United States? (mm/dd/yyyy)
N/A

42. Approximate Length of Stay in the United States
N/A

43. What is the purpose of your stay in the United States? Explain fully below.
N/A

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide the most recent employment first. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

44. Employer 1 (current or most recent)

Name of Employer or Company
Veloce Collision LLC

Address of Employer or Company

Street Number and Name
1463-1465 Donner Ave

Apt. Ste. Flr. ☐ ☐ ☐

Number
N/A

City or Town
San Francisco

State
CA

ZIP Code
94124

Province
N/A

Postal Code
N/A

Country
USA

Your Occupation
Owner

Dates of Employment

From (mm/dd/yyyy)
05/14/2024

To (mm/dd/yyyy)
PRESENT

Part 2. Information About You (continued)

45. Employer 2

Name of Employer or Company

Hybrid Repair

Address of Employer or Company

Street Number and Name	Apt.Ste. Flr.	Number
2330 Lane Street	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
San Francisco	CA	94124

Province	Postal Code	Country
N/A	N/A	USA

Your Occupation

Owner

Dates of Employment

From (mm/dd/yyyy)	To (mm/dd/yyyy)
05/01/2021	05/13/2024

Part 3. Applicant's Statement, 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: 5103347610

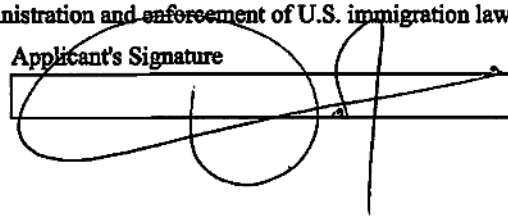
2. Applicant's Mobile Telephone Number (if any): 5103347610

3. Applicant's Email Address (if any): admin@velocecollision.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 4.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information is 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): 05/17/2026

Part 4. 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

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)
05/17/2026

Part 5. Contact Information, Declaration, 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

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 is 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)
05/17/2026

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. Family Name (Last Name): **CASAMASSA JUNIOR** | Given Name (First Name): **Carlos Alberto** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** 2 1 4 2 7 2 1 5 8

3. Page Number: 3 | Part Number: 2 | Item Number: 10

Avocet Way, San Francisco, CA 94124, USA. From 2021 to 03/01/2022

4. Page Number: 3 | Part Number: 2 | Item Number: 13

The applicant previously had a Brazilian 'Stable Union' (União Estável), a form of domestic partnership often translated as common-law marriage. This partnership was legally dissolved in 06/22/2016.

5. Page Number: 4 | Part Number: 2 | Item Number: 26

The applicant seeks a waiver of all applicable grounds of inadmissibility, including INA § 212(a)(9)(B), as he entered the United States on 06/02/2016 in B-2 status, was authorized to remain until 12/01/2016, and remained beyond that period, thereby accruing unlawful presence. The applicant also acknowledges that he engaged in unauthorized employment while in the United States, in violation of the terms of his status…

6. Page Number: 4 | Part Number: 2 | Item Number: 26

…Additionally, in the interest of full disclosure, the applicant requests that if USCIS determines that any statement or conduct constitutes fraud or willful misrepresentation of a material fact under INA § 212(a)(6)(C)(i), such ground be recognized and waived through this Form I-192.

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. Family Name (Last Name): CASAMASSA JUNIOR | Given Name (First Name): Carlos Alberto | Middle Name (if applicable): N/A

2. A-Number (if any) ► **A-** 214272158

3. Page Number: 5 | Part Number: 2 | Item Number: 30

The applicant entered the United States on 06/02/2016 as a B-2 Nonimmigrant Visitor and have remained to the present date.

4. Page Number: 5 | Part Number: 2 | Item Number: 32

The Applicant was previously the beneficiary of a Petition for Alien Relative (Form I-130) filed on his behalf (Receipt Number: MSC1790126605). Concurrently, the Petitioner filed Form I-485, Application to Register Permanent Residence or Adjust Status (Receipt Number: MSC1790126604), and Form I-765, Application for Employment Authorization (Receipt Number: MSC1790126606). These applications were subsequently denied by USCIS National Benefits Center.

5. Page Number: 5 | Part Number: 2 | Item Number: 33

The filings were submitted to the USCIS National Benefits Center.

6. Page Number: 5 | Part Number: 2 | Item Number: 34

The petition was denied.

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. Family Name (Last Name): **CASAMASSA JUNIOR** | Given Name (First Name): **Carlos Alberto** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** 214272158

3. Page Number: 5 | Part Number: 2 | Item Number: 35

The Applicant was the beneficiary of a Form I-130, Petition for Alien Relative, which was denied by USCIS in 2018. Consequently, the Applicant's concurrent Form I-485, Application to Register Permanent Residence, and Form I-765, Application for Employment Authorization, was also denied as a matter of law.

4. Page Number: 5 | Part Number: 2 | Item Number: 36

The Applicant was a defendant in Criminal Case No.0023863-29.2019.4.01.3500 in Brazil. Although there was an initial conviction at the trial level, this decision was fully reversed on appeal by the Federal Regional Court of the 1st Region (TRF-1), which acquitted the Applicant of all charges. Subsequent appeals filed by the prosecution were denied, and the acquittal remains final. The Applicant is therefore definitively not guilty under Brazilian law. To further demonstrate a clean criminal…

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…history, the Applicant is submitting multiple federal and state criminal background certificates from his country of origin, confirming that he has no criminal convictions (See Exhibit 3). At the time of the Form I-918 submission, the question was interpreted more narrowly, particularly given that the matter occurred outside the United States and did not result in a final conviction.

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

N/A