Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 750.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

U.S. Postal Service (USPS):
USCIS
Attn: I-751
P.O. Box 4072
Carol Stream, IL 60197-4072

RE: Form I-751, Petition to Remove Conditions on Residence
Petitioner: Victor Nathan Pereira

Dear Sir or Madam,

This **submission is filed in support of the Form I-751, Petition to Remove Conditions on Residence, filed by Victor Nathan Pereira.** Please find enclosed all requested documentation:

- Form G-1450, Authorization for Credit Card Transactions

- Victor Nathan Pereira's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-751, Petition to Remove Conditions on Residence

I. Victor Nathan Pereira's Identification Documents

- Victor Nathan Pereira's Valid Passport
- Victor Nathan Pereira's Permanent Resident Card (Green Card)
- Victor Nathan Pereira's Birth Certificate with English Translation

II. Victor Nathan Pereira and Larissa Caetano Marques' Marriage Certificate and Divorce Decree

- Victor Nathan Pereira and Larissa Caetano Marques' Marriage Certificate
- Victor Nathan Pereira and Larissa Caetano Marques' Divorce Certificate

III. Evidence of Bona Fide Marriage During the Relationship

- Joint Residence Evidence: Larissa Caetano Marques' Driver's License
- Joint Residence Evidence: Larissa Caetano Marques' Bank Statement
- Joint Residence Evidence: Victor Nathan Pereira's Driver's license
- Joint Residence Evidence: JEA Electric Utility Bill
- Photographs Evidencing Bona Fide Marriage
- Joint Financial Evidence: Commercial Auto Insurance Policy - LIP Flooring Corp
- Joint Federal Income Tax Return (Form 1040) for Tax Year 2022
- Joint Financial Evidence: Florida Business Registration - LIP Flooring Corp
- Joint Business Signature Card - Bank of America

IV. Victor Nathan Pereira's Personal Statement

- Personal Statement of Victor Nathan Pereira Regarding Bona Fide Marriage

V. Evidence of Bona Fide Relationship: Letters of Support

- Letter of Support Delivered by Vanessa Gomes Vita
- Letter of Support Delivered by Reginaldo da Silva
- Letter of Support Delivered by Michael Arthur
- Letter of Support Delivered by Lucimar Vilarino Musch
- Letter of Support Delivered by Victoria Robledo Pavliuk Silva

VI. Victor Nathan Pereira's Good Moral Character

- FBI Criminal Background Check - Identity History Summary

VII. Victor Nathan Pereira's Evidence of compliance with U.S.

- Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2025
- Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2024
- Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2023

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

Thank you for your attention to this matter.



_____ 10/29/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law
510-241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-751

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

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

6.b. Given Name (First Name): Victor Nathan

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- 232630692

Client's Contact Information

10. Daytime Telephone Number

19785967040

11. Mobile Telephone Number (if any)

19785967040

12. Email Address (if any)

victorlip1@hotmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 05/24/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 05/24/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): PEREIRA

1.b. Given Name (First Name): Victor Nathan

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition to Remove Conditions on Residence

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

USCIS
Form I-751
OMB No. 1615-0038
Expires 03/31/2027

For USCIS Use Only	Receipt	Action Block	Remarks
	Reloc Sent Date (mm/dd/yyyy) ___/___/___ Date (mm/dd/yyyy) ___/___/___	**Reloc Received** Date (mm/dd/yyyy) ___/___/___ Date (mm/dd/yyyy) ___/___/___	
	☐ **Petitioner interviewed on** (mm/dd/yyyy) ___/___/___	☐ **Approved under INA 216(c)(4)(C) Battered Spouse/Child**	

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

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

Part 1. Information About You, the Conditional Resident

1.a. Family Name (Last Name): PEREIRA

1.b. Given Name (First Name): Victor Nathan

1.c. Middle Name: N/A

Other Names Used

List 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 11. Additional Information**.

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

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

Other Information

4. Date of Birth (mm/dd/yyyy): 12/03/1999

5. Country of Birth: Brazil

6. Country of Citizenship or Nationality (provide all that apply): Brazil

7. Alien Registration Number (A-Number) (if any) ► A-: 232630692

8. U.S. Social Security Number (if any) ►: 874992573

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

Marital Status

10. Marital Status
☐ Single ☐ Married ☒ Divorced ☐ Widowed

11. Date of Marriage (mm/dd/yyyy): 11/15/2022

12. Place of Marriage: Saint Augustine FL

13. If the marriage through which you gained conditional residence has ended, provide the date it ended (date of divorce or date of death) (mm/dd/yyyy): 03/31/2025

14. Conditional Residence Expires On (mm/dd/yyyy): 06/08/2026

Part 1. Information About You, the Conditional Resident (continued)

Mailing Address

15.a. In Care Of Name
Otavio Haverroth Silva

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

15.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

15.d. City or Town: San Diego

15.e. State: CA **15.f.** ZIP Code: 92169

16. Is your physical address different than your mailing address? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 16.**, provide your physical address below.

Physical Address

17.a. In Care Of Name
Victor Nathan Pereira

17.b. Street Number and Name: 7311 Baymeadows Way

17.c. ☒ Apt. ☐ Ste. ☐ Flr. 126

17.d. City or Town: Jacksonville

17.e. State: FL **17.f.** ZIP Code: 32256

Additional Information About You

18. Are you in removal, deportation, or rescission proceedings? ☐ Yes ☒ No

19. Was a fee paid to anyone other than an attorney in connection with this petition? ☐ Yes ☒ No

20. Have you ever been arrested, detained, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance (excluding traffic regulations), or committed any crime which you were not arrested in the United States or abroad? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 20.**, provide a detailed explanation in **Part 11. Additional Information** or on a separate sheet of paper, and refer to the **What Initial Evidence Is Required** section of the Form I-751 instructions to determine what criminal history document to include with your petition.

21. If you are married, is this a different marriage than the one through which you gained conditional resident status? ☐ Yes ☒ No

22. Have you resided at any other address since you became a permanent resident? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 22.**, provide a list of all addresses where you have resided since becoming a permanent resident and the dates you resided at those locations in the space provided in **Part 11. Additional Information**.

23. Is your spouse or parent's spouse currently serving with or employed by the U.S. Government and serving outside the United States? ☐ Yes ☒ No

Part 2. Biographic Information

1. Ethnicity (Select **only one** box)
- ☒ Hispanic or Latino
- ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)
- ☒ White
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific Islander

3. Height Feet: 5 Inches: 11

4. Weight Pounds: 150

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

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

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

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

Part 3. Basis for Petition

Joint Filing

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, and I am filing this joint petition together with (Select **only one** box):

1.a. ☐ My spouse.

1.b. ☐ My parent's spouse because I am unable to be included in a joint petition filed by my parent and my parent's spouse.

OR (Select **all** applicable boxes in the next section.)

Waiver or Individual Filing Request

My conditional residence is based on my marriage or my parent's marriage to a U.S. citizen or lawful permanent resident, I am unable to file a joint petition with my spouse or my parent's spouse, because:

1.c. ☐ My spouse is deceased.

1.d. ☒ My marriage was entered in good faith, but the marriage was terminated through divorce or annulment.

1.e. ☐ I entered the marriage in good faith, and, during the marriage, I was battered, or was the subject of extreme cruelty, by my U.S. citizen or lawful permanent resident spouse.

1.f. ☐ My parent entered the marriage in good faith, and, during the marriage, I was battered, or was subjected to extreme cruelty, by my parent's U.S. citizen or lawful permanent resident spouse or by my conditional resident parent.

1.g. ☐ The termination of my status and removal from the United States would result in an extreme hardship.

Part 4. Information About the U.S. Citizen or Lawful Permanent Resident Spouse. If Filing as a Child Separately, Information About the U.S. Citizen or Lawful Permanent Resident Stepparent Through Whom You Gained Your Conditional Residence.

Relationship

1.a. ☒ Spouse or Former Spouse

1.b. ☐ Parent's Spouse or Former Spouse

Other Information

2.a. Family Name (Last Name): CAETANO MARQUES

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

2.c. Middle Name: N/A

3. Date of Birth (mm/dd/yyyy): 08/12/2004

4. U.S. Social Security Number (if any)
► 0 1 7 8 8 7 4 2 7

5. A-Number (if any)
► A- N/A

Physical Address

6.a. Street Number and Name: 8210 Green Parrot Rd

6.b. ☐ Apt. ☐ Ste. ☐ Flr. Unit 108

6.c. City or Town: Jacksonville

6.d. State: FL **6.e.** ZIP Code: 32256

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Part 5. Information About Your Children

Provide information on all of your children. If you need extra space to complete this section, use the space provided in **Part 11. Additional Information**.

Child 1

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

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

1.c. Middle Name: N/A

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

3. A-Number (if any)
► A- N/A

4. Is this child living with you? ☐ Yes ☐ No

5. Is this child applying with you? ☐ Yes ☐ No

Part 5. Information About Your Children (continued)

Physical Address

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

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town: N/A

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

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: N/A

Child 2

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

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

7.c. Middle Name: N/A

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

9. A-Number (if any) ► A- N/A

10. Is this child living with you? ☐ Yes ☐ No

11. Is this child applying with you? ☐ Yes ☐ No

Physical Address

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

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: N/A

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

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: N/A

Child 3

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

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

13.c. Middle Name: N/A

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

15. A-Number (if any) ► A- N/A

16. Is this child living with you? ☐ Yes ☐ No

17. Is this child applying with you? ☐ Yes ☐ No

Physical Address

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

18.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

18.c. City or Town: N/A

18.d. State: N/A **18.e.** ZIP Code: N/A

18.f. Province: N/A

18.g. Postal Code: N/A

18.h. Country: N/A

Child 4

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

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

19.c. Middle Name: N/A

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

21. A-Number (if any) ► A- N/A

22. Is this child living with you? ☐ Yes ☐ No

23. Is this child applying with you? ☐ Yes ☐ No

Part 5. Information About Your Children (continued)

Physical Address

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

24.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

24.c. City or Town: N/A

24.d. State: N/A **24.e.** ZIP Code: N/A

24.f. Province: N/A

24.g. Postal Code: N/A

24.h. Country: N/A

Child 5

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

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

25.c. Middle Name: N/A

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

27. A-Number (if any)

► **A-** N/A

28. Is this child living with you? ☐ Yes ☐ No

29. Is this child applying with you? ☐ Yes ☐ No

Physical Address

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

30.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

30.c. City or Town: N/A

30.d. State: N/A **30.e.** ZIP Code: N/A

30.f. Province: N/A

30.g. Postal Code: N/A

30.h. Country: N/A

Part 6. Accommodations for Individuals With Disabilities and/or Impairments

NOTE: Read the information in the Form I-751 Instructions before completing this part.

1. Are you requesting an accommodation because of your disabilities and/or impairments? ☐ Yes ☒ No

2. Are you requesting an accommodation because of your spouse's disabilities and/or impairments? ☐ Yes ☒ No

3. Are you requesting an accommodation because of your included children's disabilities and/or impairments? ☐ Yes ☒ No

If you answered "Yes" to **Item Numbers 1. - 3.**, select any applicable box for **Item Numbers 4.a. - 4.c.** Provide information on the disabilities and/or impairments for each person.

4.a. ☐ I am deaf or hard of hearing and request the following accommodation. (If you are requesting a sign-language interpreter, indicate for which language (for example, American Sign Language).):

N/A

4.b. ☐ I am blind or have low vision and request the following accommodation:

N/A

4.c. ☐ I have another type of disability and/or impairment. (Describe the nature of your disability and/or impairment and the accommodation you are requesting.):

N/A

Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

NOTE: If you selected **Box 1.a.** in **Part 3.**, your spouse must also read and sign the petition in **Part 8.** Signature of a conditional resident child under 14 years of age is not required; a parent may sign for a child.

Petitioner's Statement

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

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as my answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center**.

1.b. ☒ The interpreter named in **Part 9.** has also read to me every question and instruction on this petition, as well as my answer to every question, in Portuguese, a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☒ I have requested the services of and consented to Otavio Haverroth Silva, who ☒ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
19785967040

4. Petitioner's Mobile Telephone Number (if any)
19785967040

5. Petitioner's Email Address (if any)
victorlip1@hotmail.com

Acknowledgement of Appointment at USCIS Application Support Center

I, Victor Nathan Pereira, understand that the purpose of a USCIS ASC appointment is for me to provide fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.

If conditional residence was based on a marriage, I further certify that the marriage was entered into in accordance with the laws of the place where the marriage took place and was not for the purpose of procuring an immigration benefit.

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Part 7. Petitioner's Statement, Contact Information, Acknowledgement of Appointment at USCIS Application Support Center, Certification, and Signature (continued)

Petitioner's Certification

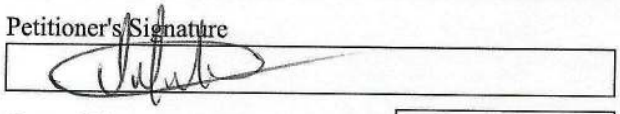
Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need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

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

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Petitioner's Signature

6.a. Petitioner's Signature



6.b. Date of Signature (mm/dd/yyyy) 05/24/2026

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

NOTE: If you are filing based on claims of having been battered or subjected to extreme cruelty waiver or individual filing, you are not required to have the spouse's or individual listed in **Part 4's** signature.

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable)

Provide the following information about the spouse or individual listed in **Part 4.**

NOTE: Read the information on penalties in the **Penalties** section of the Form I-751 Instructions before completing this part.

Spouse's or Individual's Statement

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

1.a. ☐ I can read and understand English, and have read and understand every question and instruction on this petition, as well as the petitioner's answer to every question. I have read and understand the **Acknowledgement of Appointment at USCIS Application Support Center.**

1.b. ☐ The interpreter named in **Part 9.** has also read to me every question and instruction on this petition, as well as the petitioner's answer to every question, in N/A, a language in which I am fluent. I understand every question and instruction on this petition as translated to me by my interpreter, and have provided complete, true, and correct responses in the language indicated above. The interpreter named in **Part 9.** has also read the **Acknowledgement of Appointment at USCIS Application Support Center** to me, in the language in which I am fluent, and I understand this Application Support Center (ASC) Acknowledgement as read to me by my interpreter.

2. ☐ I have requested the services of and consented to N/A, who ☐ is ☐ is not an attorney or accredited representative, preparing this petition for me. This person who assisted me in preparing my petition has reviewed the **Acknowledgement of Appointment at USCIS Application Support Center** with me, and I understand the ASC Acknowledgement.

Spouse's or Individual's Contact Information

3. Spouse's or Individual's Daytime Telephone Number
N/A

4. Spouse's or Individual's Mobile Telephone Number (if any)
N/A

5. Spouse's or Individual's Email Address (if any)
N/A

Part 8. Spouse's or Individual Listed in Part 4.'s Statement, Contact Information, Acknowledgement of Appointment USCIS Application Support Center, Certification, and Signature (if applicable) (continued)

Acknowledgement of Appointment at USCIS Application Support Center

I, N/A, understand that the purpose of a USCIS ASC appointment is for me to provide my fingerprints, photograph, and/or signature and to re-affirm that all of the information in my petition is complete, true, and correct and was provided by me. I understand that I will sign my name to the following declaration which USCIS will display to me at the time I provide my fingerprints, photograph, and/or signature during my ASC appointment.

> ***By signing here, I declare under penalty of perjury that I have reviewed and understand my application, petition, or request as identified by the receipt number displayed on the screen above, and all supporting documents, applications, petitions, or requests filed with my application, petition, or request that I (or my attorney or accredited representative) filed with USCIS, and that all of the information in these materials is complete, true, and correct.***

I also understand that when I sign my name, provide my fingerprints, and am photographed at the USCIS ASC, I will be re-affirming that I willingly submit this petition; I have reviewed the contents of this petition; all of the information in my petition and all supporting documents submitted with my petition were provided by me and are complete, true, and correct; and if I was assisted in completing this petition, the person assisting me also reviewed this **Acknowledgement of Appointment at USCIS Application Support Center** with me.

Spouse's or Individual's Certification

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

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

I certify under penalty of perjury, that the information in my petition, my responses to each question, and any document submitted with my petition were provided by me and are complete, true, and correct.

Spouse's or Individual's Signature

6.a. Spouse's or Individual's Signature

6.b. Date of Signature (mm/dd/yyyy) 05/24/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
(415) 425-2508

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

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

Interpreter's Certification

I certify that:

I am fluent in English and portuguese, which is the same language provided in **Part 7.**, **Item Number 1.b.**;

I have read to this petitioner every question and instruction on this petition, as well as the answer to every question, in the language provided in **Part 7.**, **Item Number 1.b.**; and

I have read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner in the same language provided in **Part 7.**, **Item Number 1.b.**

The petitioner has informed me that he or she understands every instruction and question on the petition, as well as the answer to every question, and the petitioner verified the accuracy of every answer; and

The petitioner has also informed me that he or she understands the ASC Acknowledgement and that by appearing for a USCIS ASC biometric services appointment and providing his or her fingerprints, photograph, and/or signature, he or she is re-affirming that the contents of this petition and all supporting documentation are complete, true, and correct.

Interpreter's Signature

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy) 05/24/2026

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
(510) 241-9336

5. Preparer's Fax Number
5102419336

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

Preparer's Statement

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

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

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

Part 10. Contact Information, Statement, Certification, and Signature of the Person Preparing this Petition, If Other Than the Petitioner (continued)

Preparer's Certification

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner. I completed this petition based only on responses the petitioner provided to me. After completing the petition, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer on the petition. If the petitioner supplied additional information concerning a question on the petition, I recorded it on the petition. I have also read the **Acknowledgement of Appointment at USCIS Application Support Center** to the petitioner and the petitioner has informed me that he or she understands the ASC Acknowledgement

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 05/24/2026

Part 11. Additional Information

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

Your Full Name

1.a. Family Name (Last Name): PEREIRA

1.b. Given Name (First Name): Victor Nathan

1.c. Middle Name: N/A

2. A-Number (if any)

A- 2 3 2 6 3 0 6 9 2

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Victor Nathan Pereira's Identification Documents	
Victor Nathan Pereira's Valid Passport	1-16
Victor Nathan Pereira's Permanent Resident Card (Green Card)	17-18
Victor Nathan Pereira's Birth Certificate with English Translation	19-22
Exhibit 2 - Victor Nathan Pereira and Larissa Caetano Marques' Marriage Certificate and Divorce Decree	
Victor Nathan Pereira and Larissa Caetano Marques' Marriage Certificate	23
Victor Nathan Pereira and Larissa Caetano Marques' Divorce Certificate	24-27
Exhibit 3 – Evidence of Bona Fide Marriage During the Relationship	
Joint Business Signature Card - Bank of America	28-30
Joint Federal Income Tax Return (Form 1040) for Tax Year 2022	31-58
Joint Financial Evidence: Commercial Auto Insurance Policy - LIP Flooring Corp	59
Joint Financial Evidence: Florida Business Registration - LIP Flooring Corp	60-61
Joint Residence Evidence: JEA Electric Utility Bill	62-63
Joint Residence Evidence: Larissa Caetano Marques’ Bank Statement	64-69
Joint Residence Evidence: Larissa Caetano Marques’ Driver’s License	70

Joint Residence Evidence: Victor Nathan Pereira's Driver’s license	71
Photographs Evidencing Bona Fide Marriage	72-96

Exhibit 4 – Petitioner’s Personal Statement

Personal Statement of Victor Nathan Pereira Regarding Bona Fide Marriage	97-99

Exhibit 5 – Letters of Support

Letter of Support Delivered by Vanessa Gomes Vita	100-101
Letter of Support Delivered by Reginaldo da Silva	102-103
Letter of Support Delivered by Michael Arthur	104-105
Letter of Support Delivered by Lucimar Vilarino Musch	106-107
Letter of Support Delivered by Victoria Robledo Pavliuk Silva	108-110

Exhibit 6 - Good Moral Character

FBI Criminal Background Check - Identity History Summary	111-112

Exhibit 7 - Victor Nathan Pereira's Evidence of compliance with U.S.

Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2025	113-125
Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2024	126-141
Victor Nathan Pereira's Evidence of compliance with U.S. tax requirements - 2023	142-158

Exhibit 1 - Victor Nathan Pereira's Identification Documents

Victor N Pereira

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

YE404346

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE404346



SOBRENOME / SURNAME
PEREIRA

NOME / GIVEN NAMES
VICTOR NATHAN

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
03 DEZ/DEC 1999

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: JOINVILLE, SC, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
11 JAN/JAN 2022

AUTORIDADE / AUTHORITY
ATLANTA CG

VÁLIDO ATÉ / DATE OF EXPIRY
10 JAN/JAN 2032

P<BRAPEREIRA<<VICTOR<NATHAN<<<<<<<<<<<<<<<<<<<<
YE404346<5BRA9912038M3201107<<<<<<<<<<<<<<06

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 de página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para resguardar sua responsabilidade o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

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

BRA

CASA DA MOEDA DO BRASIL

BRA

840661MQ

CONSULADO-GERAL DO BRASIL EM ATLANTA

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FR774406.

O TITULAR DEVERA, DENTRO DE 30 DIAS APÓS SUA ENTRADA NO BRASIL, REGULARIZAR SUA SITUAÇÃO PERANTE A JUSTIÇA ELEITORAL.

FILIAÇÃO/PARENTS: CINTIA REGINA DA SILVA PEREIRA
LAUDELINO ILVON PEREIRA

PAGOU
R$-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.000

YE404346

11 JAN/JAN 2022
RICARDO DA SILVA ALVES
VICE-CÔNSUL

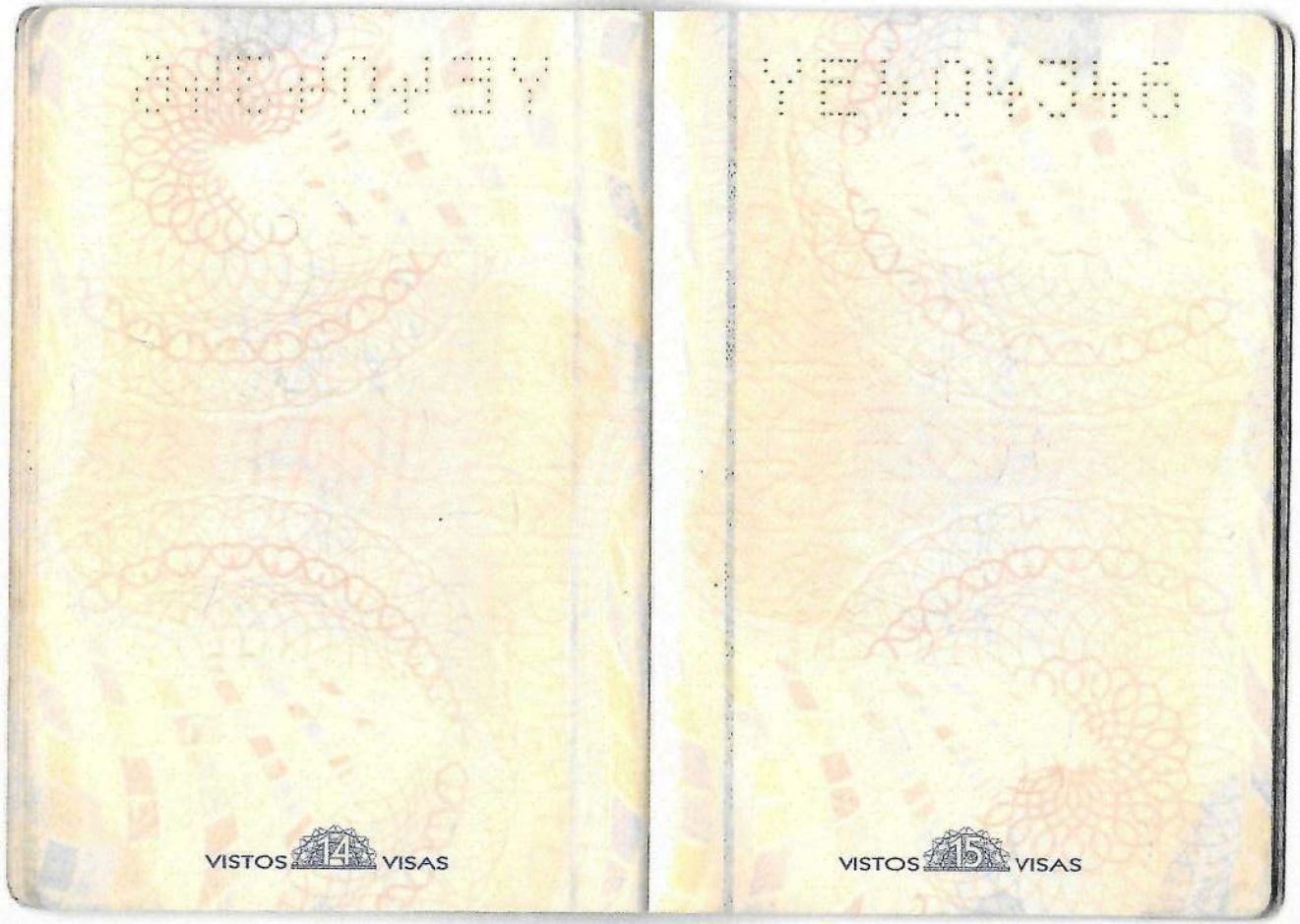
IMMIGRATION OFFICER
14 MAY 2025
VISTOS VISAS
06.10.23 20
27.09.25 14
MADRID - BARAJAS
A 207
VISTOS VISAS

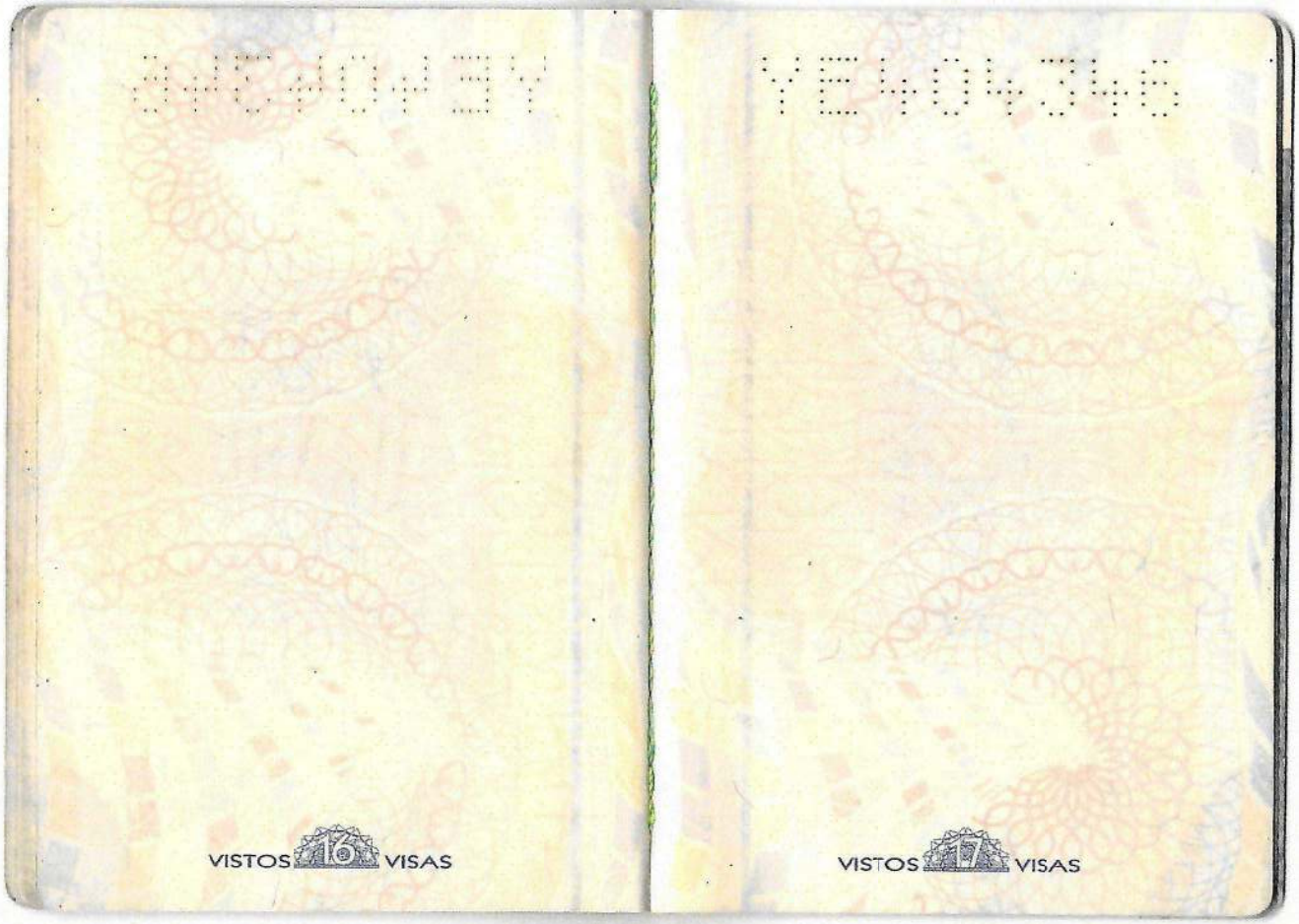

VISTOS VISAS
VISTOS VISAS

VISTOS 10 VISAS

VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS

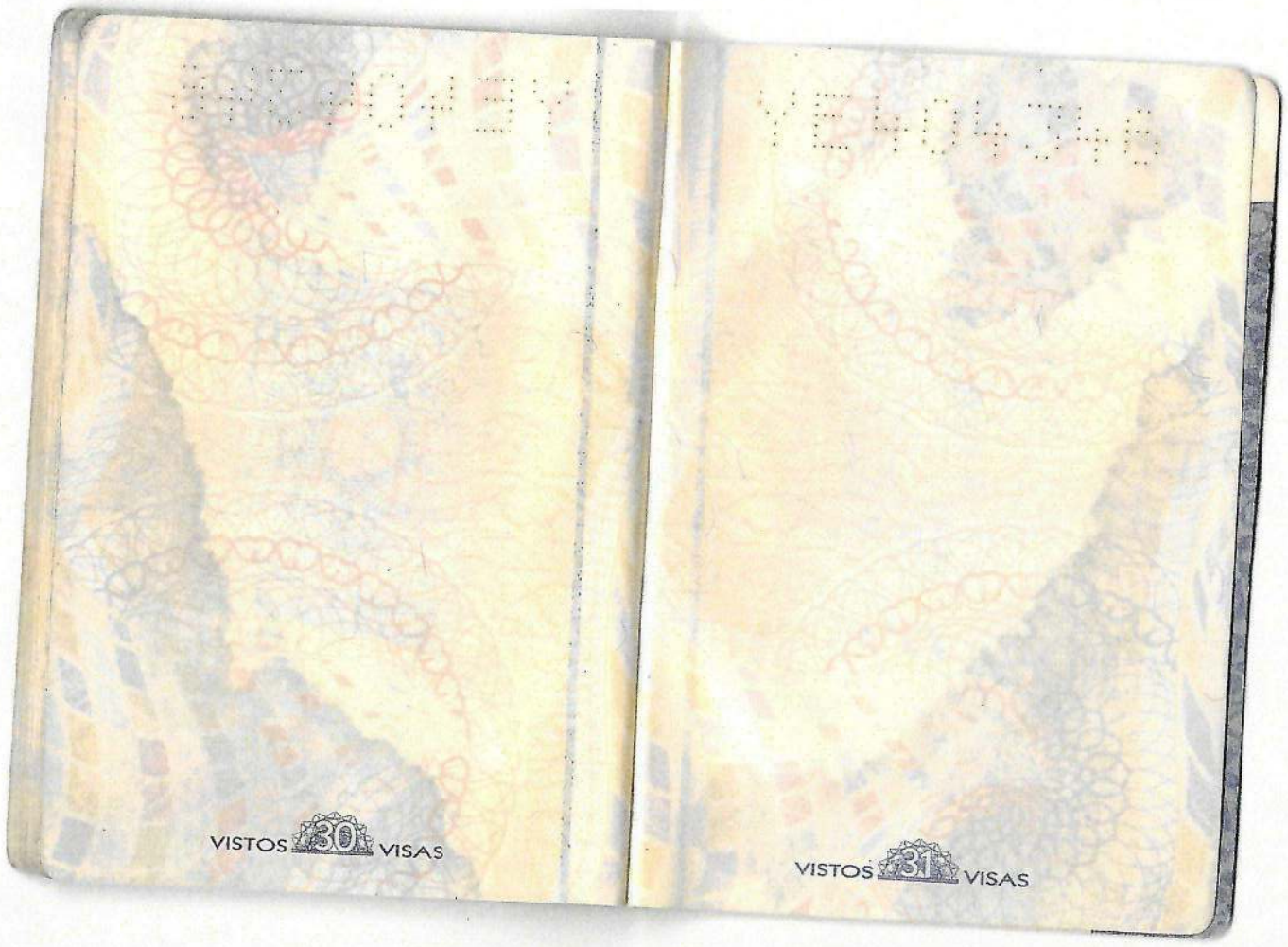

VISTOS 20 VISAS
VISTOS 21 VISAS

VISTOS VISAS
VISTOS VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS

VISTOS 96 VISAS
VISTOS 97 VISAS

VISTOS
VISAS
VISTOS
VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

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

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

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

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

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

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

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

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL


UNITED STATES OF AMERICA
PERMANENT RESIDENT
PEREIRA VICTOR 03 DEC
Surname
PEREIRA
Given Name
VICTOR N
Country of Birth
Brazil
USCIS#
232-630-692
Category
CR6
Date of Birth
03 DEC 1999
Sex
M
Card Expires:
06/08/26
Resident Since:
06/08/24

FORM I-551
Rev (12-2021)

74818117





102C

If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

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9912038M2606082BRA<<<<<<<<<<<<<0
PEREIRA<<VICTOR<NATHAN<<<<<<<<<

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF SANTA CATARINA
DISTRICT OF BOA VISTA\JOINVILLE
JUDICIAL DISTRICT OF JOINVILLE

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

RUY MEYER

Civil Registrar of Natural Persons
Bachelor Paulo H.Navarro Meyer - Maria da Graça de S.Hodecker - Vanira Hänsch
Deputy Clerks

BIRTH CERTIFICATE

I hereby CERTIFY that under No. **36131** on page **oo6** of book No. **68-A** of Birth Records, the birth registration of **VICTOR NATHAN PEREIRA** was recorded.

Born on **December (12) third (03), 1999**, at **4:13 AM**

at **DONA HELENA MATERNITY HOSPITAL/JOINVILLE-SANTA CATARINA**

Male

Son of **LAUDELINO ILVON PEREIRA.**

Born in the **CITY of JOINVILLE-SANTA CATARINA**

occupation: **DESIGNER.**

CINTIA REGINA DA SILVA PEREIRA. (12/22/1978),

Born in the **CITY of JOINVILLE-SANTA CATARINA**

occupation: **HOMEMAKER.**

Paternal grandparents: **ILVON LAUDELINO PEREIRA.**

and **ELEONICE DORALICE PEREIRA.**

Maternal grandparents: **LAURO DA SILVA.**

and **ROWALMARY KIRCHHOFF DA SILVA.**

Declarant: **the FATHER.**

The Witnesses are recorded in the entry.

The Record was made on **December (12) seventh (07), 1999.**

Note: **THE PARENTS WERE MARRIED IN THIS REGISTRY OFFICE PURSUANT TO THE ENTRY DRAWN UP ON PAGE 259 OF BOOK No. 17.B.AUX, UNDER No. 8629.**

Typed by MG

Civil Registry and Notary Public Office
RUY MEYER
Notary Public and Civil Registrar
BACHELOR PAULO HENRIQUE NAVARRO MEYER
VANIRA HÄNSCH
MARIA DA GRAÇA DE SOUZA HODECKER
Authorized Clerk

The Above is True, and I Certify.

Boa Vista\Joinville., on December (12), 7, 1999

Registrar

PHONE: 047-422-3859

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE SANTA CATARINA
DISTRITO DE BOA VISTA\JOINVILLE
COMARCA DE JOINVILLE

RUY MEYER
Oficial do Registro Civil das Pessoas Naturais
Bel. Paulo H.Navarro Meyer - Maria da Graça de S.Hodecker - Vanira Hänsch
Escreventes Substitutos

CERTIDÃO DE NASCIMENTO

CERTIFICO que, sob Nº 36131 às folhas 006
do Livro Nº 68-A de Registro de Nascimentos, encontra-se o assento de
VICTOR NATHAN PEREIRA.
Nascido aos tres (03) de dezembro (12) de 1999,às 04:13 horas
em(no) MATERNIDADE DONA HELENA/JOINVILLE-SC
do sexo: Masculino
Filho de LAUDELINO ILVON PEREIRA.
Natural MUNICIPIO DE JOINVILLE-SC
profissão DESENHISTA.
CINTIA REGINA DA SILVA PEREIRA.(22.12.1.978).
Natural MUNICIPIO DE JOINVILLE-SC
profissão DO LAR.
Avós paternos: ILVON LAUDELINO PEREIRA.
e ELEONICE DORALICE PEREIRA.
Avós maternos: LAURO DA SILVA.
e ROWALMARY KIRCHHOFF DA SILVA.
Declarante O PAI.
As Testemunhas constam no termo.
O Assento foi feito no dia sete (07) de dezembro (12) de 1999.
Observação:OS PAIS SÃO CASADOS POR ESTE CARTÓRIO,CONFORME TERMO LA
VRADO AS FLS.259,DO LIVRO N.17,B.AUX,SOB N.8629.

Digitado por MG

Cartório Registro Civil e Tabelionato
RUY MEYER
Tabelião e Ofício do Registro Civil
BEL. PAULO HENRIQUE NAVARRO MEYER
VANIRA HANSCH
Mª DA GRAÇA DE SOUZA HODECKER
Escreventes Substitutos

O Referido é Verdade e Dou Fé
Boa Vista\Joinville., em 7 de dezembro (12) de 1999

Oficial

CPMF:047-422-3859

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



Date: October 29, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE SANTA CATARINA
DISTRITO DE BOA VISTA\JOINVILLE
COMARCA DE JOINVILLE

RUY MEYER
Oficial do Registro Civil das Pessoas Naturais
Bel. Paulo H.Navarro Meyer - Maria da Graça de S.Hodecker - Vanira Hänsch
Escreventes Substitutos

CERTIDÃO DE NASCIMENTO

CERTIFICO que, sob Nº 36131 às folhas 006
do Livro Nº 68-A de Registro de Nascimentos, encontra-se o assento de
VICTOR NATHAN PEREIRA.
Nascido aos tres (03) de dezembro (12) de 1999,às 04:13 horas
em(no) MATERNIDADE DONA HELENA/JOINVILLE-SC
do sexo: Masculino
Filho de LAUDELINO ILVON PEREIRA.
Natural MUNICIPIO DE JOINVILLE-SC
profissão DESENHISTA.
CINTIA REGINA DA SILVA PEREIRA.(22.12.1.978).
Natural MUNICIPIO DE JOINVILLE-SC
profissão DO LAR.
Avós paternos: ILVON LAUDELINO PEREIRA.
e ELEONICE DORALICE PEREIRA.
Avós maternos: LAURO DA SILVA.
e ROWALMARY KIRCHHOFF DA SILVA.
Declarante O PAI.
As Testemunhas constam no termo.
O Assento foi feito no dia sete (07) de dezembro (12) de 1999.
Observação:OS PAIS SÃO CASADOS POR ESTE CARTÓRIO,CONFORME TERMO LA
VRADO AS FLS.259,DO LIVRO N.17.B.AUX.SOB N.8629.

Digitado por MG

Cartório Registro Civil e Tabelionato
RUY MEYER
Tabelião e Ofício do Registro Civil
BEL. PAULO HENRIQUE NAVARRO MEYER
VANIRA HANSCH
Mª DA GRAÇA DE SOUZA HODECKER
Escreventes Substitutos

Referido é Verdade e Dou Fé
Boa Vista\Joinville., em 7 de dezembro (12) de 1999

Oficial

Emol.:047,422 3859

Exhibit 2 - Victor Nathan Pereira and Larissa Caetano Marques' Marriage Certificate and Divorce Decree

Instr #2022104808 BK: 5664 PG: 1486, Filed & Recorded: 11/15/2022 2:05 PM #Pgs:1
Brandon J. Patty,Clerk of the Circuit Court and Comptroller St. Johns County FL

Department of Health • Office of Vital Statistics

STATE OF FLORIDA
MARRIAGE RECORD

TYPE IN UPPER CASE
USE BLACK INK
This license not valid unless seal of Clerk, Circuit or County Court, appears thereon.

(STATE FILE NUMBER)

2022ML2201465
(APPLICATION NUMBER)

APPLICATION TO MARRY

1. NAME OF SPOUSE (First, Middle, Last) VICTOR NATHAN PEREIRA		1b. MAIDEN SURNAME (If applicable)	2. DATE OF BIRTH (Month, Day, Year) 12/03/1999
3a. RESIDENCE - CITY, TOWN, OR LOCATION JOINVILLE	3b. COUNTY	3c. STATE BRAZIL	4. BIRTHPLACE (State or Foreign Country) BRAZIL
5a. NAME OF SPOUSE (First, Middle, Last) LARISSA CAETANO MARQUES		5b. MAIDEN SURNAME (If applicable)	6. DATE OF BIRTH (Month, Day, Year) 08/12/2004
7a. RESIDENCE - CITY, TOWN, OR LOCATION JACKSONVILLE	7b. COUNTY DUVAL	7c. STATE FLORIDA	8. Birthplace (State or Foreign Country) MASSACHUSETTS

WE THE APPLICANTS NAMED IN THIS CERTIFICATE, EACH FOR HIMSELF OR HERSELF, STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY

9. SIGNATURE OF SPOUSE *(Sign full name using black ink)*	10. SUBSCRIBED AND SWORN TO BEFORE ME ON(DATE) 11/15/2022
11. TITLE OF OFFICIAL DEPUTY CLERK	12. SIGNATURE OF OFFICIAL *(Use black ink)* D.C
13. SIGNATURE OF SPOUSE *(Sign full name using black ink)*	14. SUBSCRIBED AND SWORN TO BEFORE ME ON (DATE) 11/15/2022
15. TITLE OF OFFICIAL DEPUTY CLERK	16. SIGNATURE OF OFFICIAL *(Use black ink)* D.C

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONSTHIS LICENSE MUST BE USED ON OR AFTER THE EFFECTIVE DATE AND ON OR BEFORE THE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID

17. COUNTY ISSUING LICENSE	18. DATE LICENSE ISSUED	18a. DATE LICENSE EFFECTIVE	19. EXPIRATION DATE
ST. JOHNS	11/15/2022	11/15/2022	01/14/2023

20a. SIGNATURE OF COURT CLERK OR JUDGE	20b. TITLE	20c. BY D.C.
	CLERK OF THE COURT	ME

CERTIFICATE OF MARRIAGE

I HEREBY CERTIFY THAT THE ABOVE NAMED SPOUSES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA

21. DATE OF MARRIAGE *(Month, Day, Year)*	22. CITY, TOWN, OR LOCATION OF MARRIAGE
November 15, 2022	St. Augustine

23a. SIGNATURE OF PERSON PERFORMING CEREMONY *(Use black ink)*	23c. ADDRESS *(Of person performing ceremony)*
	4010 Lewis Speedway
23b. NAME AND TITLE OF PERSON PERFORMING CEREMONY *(Or notary stamp)* Monette England Deputy Clerk	24. SIGNATURE OF WITNESS TO CEREMONY *(Use black ink)* 25. SIGNATURE OF WITNESS TO CEREMONY *(Use black ink)*

I HEREBY CERTIFY THAT THIS DOCUMENT IS A TRUE AND CORRECT COPY AS APPEARS ON RECORD IN ST. JOHNS COUNTY, FLORIDA
WITNESS MY HAND AND OFFICIAL SEAL
THIS 2nd DAY December 2024
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
BY: R Felder D.C.

Electronically Certified Court Record

This is to certify that this is a true and correct copy of the original document, which may have redactions as required by law.

DOCUMENT INFORMATION

Agency Name:	Duval County Clerk of the Circuit Court
Clerk of the Circuit Court:	Jody Phillips
Date Issued:	5/1/2026 3:14:09 PM
Unique Reference Number:	CAA-FDD-BCADB-CCEJEDBFG-BEJJFCB-H
Case Number:	16-2024-DR-013763-AXXX-MA
Case Docket:	FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE BOOK 2
Requesting Party Reference:	1c98c0e0-64ef-45b7-9e46-3388e75bbd1e

CERTIFICATION

Pursuant to Sections 90.955(1) and 90.902(1), Florida Statutes, and Federal Rules of Evidence 901(a), 901(b)(7), and 902(1), the attached document is electronically certified by Jody Phillips, Duval County Clerk of the Circuit Court, to be a true and correct copy of a court record authorized by law to be recorded or filed and actually recorded or filed in the office of the Duval County Clerk of the Circuit Court. The document may have redactions as required by law.

HOW TO VERIFY THIS DOCUMENT

This document contains a Unique Reference Number for identification purposes and a tamper-evident seal to indicate if the document has been tampered with. To view the tamper-evident seal and verify the certifier's digital signature, open this document with Adobe Reader software. You can also verify this document by scanning the QR code or visiting https://Verify.Clerkecertify.com/VerifyImage .

**The web address shown above contains an embedded link to the verification page for this particular document.

Doc # 2025078803, OR BK 21419 Page 171, Number Pages: 3,
Recorded 04/03/2025 02:53 PM, JODY PHILLIPS CLERK CIRCUIT COURT DUVAL COUNTY

Filing # 219966061 E-Filed 03/31/2025 03:31:09 PM

IN THE CIRCUIT COURT FOURTH
JUDICIAL CIRCUIT, IN AND FOR
DUVAL COUNTY, FLORIDA

CASE NO.: 16-2024-DR-013763-AXXX-MA
DIVISION: FM-B

In Re: The Marriage of:
LARISSA MARQUES,
Petitioner,
and
VICTOR PEREIRA,
Respondent.
_____/

FINAL JUDGMENT OF DISSOLUTION OF MARRIAGE

A hearing was held before General Magistrate Houser on March 11, 2025 on a Petition For Dissolution Of Marriage With Property But No Dependent Or Minor Child(ren). The Petitioner appeared pro se. The Respondent did not appear.

Testimony was proffered and opportunity was given to call witnesses and offer exhibits. Based upon the evidence presented, testimony given and considering the credibility of those testifying at the hearing, the General Magistrate made the following findings of fact/conclusions of law:

A. The Court has jurisdiction of the parties and the subject matter of this action.

B. Venue properly lies in Duval County, Florida.

C. This action was properly referred to the General Magistrate pursuant to Rule 12.490 Florida Family Law Rules of Procedure and current administrative orders of Court. Neither party has filed an objection to the referral to General Magistrate, such that each party is deemed to have actually or constructively consented to the referral. Accordingly, the General Magistrate has jurisdiction over the parties and subject matter of this cause of action.

D. The parties were married on November 15, 2022 and separated on or about April 10, 2024. The marriage is irretrievably broken. The parties have no minor children.

E. The parties have three vehicles a 2015 Ford Transit, 2017 Porsche Macan and a 2020 Ford Mustang. All three vehicles are titled in the Husband's name. The Transit is valued at $8,500.00 and is paid in full. The Porsche is valued at $21,000.00 and has a lien with a balance of $10,000.00. Mustang is valued at $20,000.00 and has a loan with a balance of $23,000.00.

Unique Code : CAA-FDD-BCADB-CCEJEDBFG-BEJJFCB-H Page 1 of 3

ACCEPTED: DUVAL COUNTY, JODY PHILLIPS, CLERK, 04/01/2025 09:37:00 AM

I HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT COPY OF THE ORIGINAL AS IT APPEARS ON RECORD AND FILE IN THE OFFICE OF THE CLERK OF CIRCUIT AND COUNTY COURTS OF DUVAL COUNTY, FLORIDA.

THE HONORABLE JODY PHILLIPS
CLERK OF THE CIRCUIT COURT
DUVAL COUNTY, FLORIDA

Unique Code : CAA-FDD-BCADB-CCEJEDBFG-BEJJFCB-H Page 2 of 3

The Porsche and Transit are in the Husband's possession. The Mustang is in the Wife's possession. The Wife was requesting the Transit. The Wife was requesting that a 2021 IRS debt be divided but the debt is found to be a premarital debt.

F. The Husband should be awarded the Porsche and Mustang and be responsible for the debt on said vehicles. The Wife should be awarded the Ford Transit. The Wife should deliver the Mustang to the Husband at which time the Husband should sign the title of the Transit over to the Wife. A summary of the equitable distribution is outlined in the chart below.

EQUITABLE DISTRIBUTION CHART

Car	Value	Debt	NET	Wife	Husband
2015 Ford Transit	$ 8,500.00		8,500.00	$8,500.00	
Porsche	21,000.00	$ 9,500.00	11,500.00		$11,500.00
Mustang	20,000.00	23,000.00	(3,000.00)		(3,000.00)
TOTAL	49,500.00	32,500.00			
Net Award				8,500.00	8,500.00

G. The Wife's request to be restored to her former name of Larissa Caetano Marques should be granted.

H. The Husband has not paid the mediation fee, $120.00 and should be ordered to do so.

This Final Judgment is being submitted to the Court for entry by General Magistrate

16:2024:DR:013763:AXXX:MA:03/30/2025 12:26:07 PM

Joanna Houser, Magistrate

Joanna Houser, Magistrate
16-2024-DR-013763-AXXX-MA 03/30/2025 12:26:07 PM

The General Magistrate's findings are hereby accepted by the Court and it is therefore:

ADJUDGED:

1. **MARRIAGE DISSOLVED:** The marriage of the parties is dissolved and each spouse is restored to the status of being single and unmarried.

2. **ASSETS/DEBTS:** The Wife is hereby awarded the 2015 Ford Transit. The Husband is hereby awarded the 2017 Porsche Macan and the 2020 Ford Mustang and shall be responsible for the debt on said vehicles and hold the Wife harmless therefrom. The Wife shall deliver the

Porsche to the Husband within thirty (30) days of this Final Judgment. At that time, the Husband shall transfer the title to the Ford Transit to the Wife and place the vehicle in her care. The Court reserves jurisdiction to amend the equitable distribution should the vehicles be damaged/sold or either party refuses to transfer the vehicle to other party.

3. PERSONAL PROPERTY/DEBT: With the exception of the aforementioned, each party is hereby awarded the personal property in his/her possession and shall be responsible for the debts in their individual names.

4. NAME CHANGE: The Wife is hereby restored to her former name of Larissa Caetano Marques.

5. MEDIATION FEES: The Huband shall pay his outstanding mediation fee in the amount of $120.00 within twenty days of the entry of this Final Judgment.

6. RESERVATION OF JURISDICTION: Except as to the provisions of paragraph one (1) herein, the Court retains jurisdiction for the purpose of enforcement and/or modification of any provision of this Final Judgment.

DONE AND ORDERED this Monday, March 31, 2025

16-2024-DR-013763-AXXX-MA 03/31/2025 03:01:33 PM

RUSSELL L. HEALEY, CIRCUIT JUDGE

Russell Healey, Judge
16-2024-DR-013763-AXXX-MA 03/31/2025 03:01:33 PM
CIRCUIT JUDGE

Copies to:

Larissa Pereira
Villaservicesllc1@gmail.com

Victor Pereira
Victorlip1@hotmail.com
gaetalegal@gmail.com

Unique Code : CAA-FDD-BCADB-CCEJEDBFG-BEJJFCB-H Page 3 of 3

Exhibit 3 – Evidence of Bona Fide Marriage During the Relationship

Date: 6/12/2023 Time: 5:47:34 PM (US Central Time) Scanned From IP:10.74.36.13

BANK OF AMERICA

BANK OF AMERICA, N.A. (THE "BANK")

Business Signature Card with Substitute Form W-9

Account Number: 8981 2716 1908

Account Type: ☒ Checking ☐ Savings ☐ Certificate of Deposit

Account Title: LIP FLOORING CORP

Legal Designation

☐ Individual Owner/Sole Proprietor/Single Member LLC ☐ C Corporation ☒ S Corporation ☐ Trust/Estate

☐ Partnership (Enter type of partnership): General, LP, LLP or LLLP ____

☐ Limited Liability Company (Enter tax classification: C=C Corporation, S=S Corporation, P=Partnership) ____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (Defined in W-9 instructions) ____

Exemptions (codes apply only to certain entities, not individuals; see IRS instructions for Form W-9)
(Applies to accounts maintained outside the U.S.)

Exempt payee code (if any) ____
Exemption from FATCA reporting code (if any) ____

Employer Identification Number 87-2320205 (or) Social Security Number ____

By signing below, I/we acknowledge, agree and consent:

- To open this account and understand this does not change or replace any existing accounts **I/we** may have with Bank of America.
- This account is and will be governed by the terms and conditions set forth in the account opening documents, including the Deposit Agreement and Disclosures and the Business Schedule of Fees and **I/we** are in receipt of these documents.
- The Bank may change these documents at any time by adding new terms, or deleting or amending existing terms. The Deposit Agreement includes a provision for alternative dispute resolution.
- The signature(s) will serve as verification for any transaction in connection with this account, and as the certification (set forth below) of the taxpayer identification number (TIN) to which **I/we** want interest reported.
- Failure to fully complete and return the signature card may impact the ability to receive full FDIC deposit insurance coverage.

☐ **Nonresident Alien (NRA) Status:** Check this box if the account holder of this account is a non U.S. entity/person (NRA) for U.S. tax purposes. Have them complete and sign the applicable Form(s) W-8.

Substitute Form W-9: Certification – Under penalties of perjury, I certify that:

1. The number shown on this form is the correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (Defined in the W-9 instructions); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. (Please refer to the IRS instructions for Form W-9).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Printed Name	Title (if applicable)	Signature	Date
VICTOR N PEREIRA	PRESIDENT		06/12/23
LARISSA CAETANO MARQUES	SECRETARY	Larissa Marques	06/12/23

00-14-9297M 11-2018
NFL
© 2018 Bank of America, N.A. All Rights Reserved

Associate Name: Araujo, Victor M
Financial Center: BAYMEADOWS

Bank Number: 075
Date: 06/12/2023

Date: 6/12/2023 Time: 5:47:34 PM (US Central Time) Scanned From IP:10.74.36.13

BANK OF AMERICA

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

Name of Business: LIP FLOORING CORP

Account Number: 898127161908

State where Organized/Registered/Principal Place of Business: FL

Tax Identification Number: 87-2320205

Business Type:

- ☐ Sole Proprietor
- ☒ Corporation
- ☐ Limited Liability Company
- ☐ Partnership
- ☐ Unincorporated Association
- ☐ Other

1. **Resolved,** that Bank of America (the "Bank") is hereby designated as a depository for the funds of the Business; that any type of deposit account, including without limitation, time, demand, savings, and negotiable order of withdrawal accounts (generally, "Accounts") may be opened and maintained in the name of the Business with the Bank in accordance with the terms of the applicable Deposit Agreement, rules and regulations for such accounts and this Business Resolution and Authorization (the "Resolution"), by any one (1) of the following authorized representatives, officers, employees, partners, members, managers or agents (each an "Authorized Person"):

Name VICTOR N PEREIRA Title/Status PRESIDENT

Name LARISSA CAETANO MARQUES Title/Status SECRETARY

Name _____ Title/Status _____

Name _____ Title/Status _____

may, individually, without the Bank obtaining consent from any other Authorized Person, conduct affairs with the Bank on behalf of the Business and in its name; sign and execute any application, agreements and/or other documentation required by the Bank to open Accounts; enter into any agreement on behalf of the Business with the Bank for the provision of Treasury Management or other services related to such Accounts; pledge Accounts as collateral, transfer to or withdraw funds from Accounts through any channel, such as by teller, or instrument, including but not limited to, by check, wire or electronic transfer; enter into special depository agreements and arrangements regarding the manner, conditions or purposes for which funds, checks or items of the Business may be deposited, collected, or withdrawn, and to perform such other acts as they deem reasonably necessary to carry out the provisions of this Resolution; to appoint and delegate, from time to time, such other person(s) who may be authorized to enter into such agreements; and to perform any such other acts as an Authorized Person deems reasonably necessary to carry out the provisions of this Resolution.

2. **Further Resolved,** that the Business agrees that laws and regulations that are solely applicable to consumer-purpose deposit accounts, including but not limited to the Electronic Funds Transfer Act (15 U.S.C. 1693 et seq.) and Regulation E (12 C.F.R. Part 2005), are not applicable to business-purpose accounts (and any related services) that are opened on behalf of, or used by, the Business.

Business Resolution or Authorization for Opening and Maintaining Banking Relationship

Account Number: 898127161908

3. **Further Resolved,** that the Bank is authorized to honor all instruments for the payment, delivery or exchange of money or property when signed or otherwise authorized by an Authorized Person, regardless of amount, including any amount payable to any Authorized Person, signer or other officer or employees of the Business, without inquiry as to the circumstances of their issue or the application or disposition of their proceeds, and without liability to the Bank, and without obligation on the Bank to inquire whether the same be drawn or required for the corporation's business or benefit.

4. **Further Resolved,** that the authority hereby conferred upon the Authorized Persons shall remain in full force and effect until the Bank receives notification in writing of the revocation of such authority, along with the information the Bank deems necessary to make such a change, and has had a reasonable period of time to act upon such notice (the "Reasonable Period"); that receipt of such notice shall not affect any action taken by the Bank prior to such Reasonable Period; and that even after the Reasonable Period, any checks written by, and online transfers or ATM/debit card transactions initiated by, previously Authorized Persons will be honored in the absence of an effective stop payment order for the payment method involved. If the Business fails to effectively notify the Bank of any revocation of authority, the Business agrees to indemnify and hold the Bank harmless for any unauthorized transaction conducted by previous Authorized Persons.

5. **Further Resolved,** that each Authorized Person hereby is authorized and directed to certify that the provisions of this Resolution binding upon the Business as to transactional matters with the Bank, are in effect to serve as part of the books and records of the Business and that they are in full force and effect and cannot be modified in any manner without written consent of the Bank.

6. **Further Resolved**, the appropriate Authorized Person(s) is/are hereby authorized and directed to certify, from time to time hereafter, the names of the holders of the above authorized titles and their signatures on any signature card or other documentation required by the Bank.

In Witness Whereof, I certify that I am duly authorized to execute this Resolution or Authorization, as applicable, on behalf of the Business, and intending to bind the Business, I have hereunto subscribed my name, in my capacity to certify the adoption of the Resolution or Authorization.

Signature of Authorized Business Representative

06/12/23
Date

President
Title of Authorized Business Representative

INVOICE

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257

Phone: (904)699-6634 or (904)699-6634
Email: LMPAYROLL13@GMAIL.COM

Date: 04/29/2026
Invoice Number: 1087
Client: LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256
Phone: (239)634-0734

Service Description	Amount
Preparation of 2022 Federal Tax Return:	$250.00
Subtotal:	$250.00
Amount Due:	$250.00
Amount Paid:	$300.00

April 29, 2026

LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256

Please find enclosed a copy of your 2022 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on March 1, 2023; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $4,581. Make your check or money order payable to ' United States Treasury '. Write ' 2022 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment to:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257
(904)699-6634 or (904)699-6634

2022
Income Tax Return

Prepared For:

LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256
(239)634-0734

Prepared By:

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257
Telephone: (904)699-6634 or (904)699-6634
Email: LMPAYROLL13@GMAIL.COM

2022 Form 1040-V

Department of the Treasury
Internal Revenue Service

STOP Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
• Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation	• Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor	• Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees
Go to **directpay.irs.gov**	Go to **irs.gov/Payments**	Go to **EFTPS.gov** to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Form **1040-V** (2022)

Detach Here and Mail With Your Payment and Return

FORM **1040-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.
Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074
2022

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	4,581.00

1064

LARISSA C MARQUES
VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

017887427 FH MARQ 30 0 202212 610

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **1040** Department of the Treasury–Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. 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:

Your first name and middle initial	Last name	Your social security number
LARISSA C	MARQUES	017-88-7427
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
VICTOR NATHAN	PEREIRA	986-90-9500

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
8210 PARROTT RD	UNIT 108

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
JACKSONVILLE	FL	32256

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	3,507.
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	3,507.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Other income from Schedule 1, line 10				8	29,185.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	32,692.
10	Adjustments to income from Schedule 1, line 26				10	2,062.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	30,630.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	946.
14	Add lines 12 and 13				14	26,846.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	3,784.

Standard Deduction for -
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	378.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	378.
	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	378.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	4,124.
	24	Add lines 22 and 23. This is your **total tax**		24	4,502.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 80.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	80.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26	
	27	Earned income credit (EIC) NO	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	80.
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 2023 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	4,581.
	38	Estimated tax penalty (see instructions)	38 159.		

Third Party Designee

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

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SECRETARY	
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.)
		TILE INSTALLER	
Phone no. (239) 634-0734		Email address	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
LUCIMAR V MUSCH			P01715645	☐ Self-employed
Firm's name LM ACCOUNTING & PAYROLL SERVICES			Phone no. (904) 699-6634	
Firm's address 10503 SAN JOSE BLVD, SUITE 19, Jacksonville, FL, 32257			Firm's EIN 81-1024707	

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

2022

Attachment Sequence No. **01**

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

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your social security number

017-88-7427

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	29,185.
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	29,185.

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	2,062.
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 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,062.

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

2022

Attachment Sequence No. **02**

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

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your social security number

017-88-7427

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	4,124.
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**	**4,124.**

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment Sequence No. **09**

Name of proprietor: **LARISSA C MARQUES**

Social security number (SSN): 017-88-7427

A Principal business or profession, including product or service (see instructions): **SECRETARY**

B Enter code from instructions

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.)
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . . . . [X] **Yes** [ ] **No**

H If you started or acquired this business during 2022, check here . . . . [ ]

I Did you make any payments in 2022 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	31,673.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	31,673.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	31,673.
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	31,673.

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	2,188.	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	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17	300.	b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	2,488.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	29,185.
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	29,185.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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) 09/10/2022

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 3500 b Commuting (see instructions) 0 c Other 0

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

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

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

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

48	**Total other expenses.** Enter here and on line 27a	0.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022

Attachment Sequence No. **17**

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

LARISSA C MARQUES

Social security number of person with **self-employment** income 017-88-7427

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 AH	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	29,185.
3	Combine lines 1a, 1b, and 2	3	29,185.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	26,952.
	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	26,952.

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	26,952.
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 2022			7	147,000
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 $147,000 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	147,000.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)			10	3,342.
11	Multiply line 6 by 2.9% (0.029)			11	782.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**			12	4,124.
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	2,062.		

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 $9,060, **or (b)** your net farm profits[2] were less than $6,540.

14	Maximum income for optional methods	14	6,040
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. 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 $6,540 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.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your taxpayer identification number

017-88-7427

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	LARISSA C MARQUES	017-88-7427	27,123.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	27,123.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	27,123.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,425.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,425.
11	Taxable income before qualified business income deduction (see instructions)	11	4,730.		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	4,730.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	946.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	946.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

INVOICE

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257

Phone: (904)699-6634 or (904)699-6634
Email: LMPAYROLL13@GMAIL.COM

Date: 04/29/2026
Invoice Number: 1087
Client: LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256
Phone: (239)634-0734

Service Description	Amount
Preparation of 2022 Federal Tax Return:	$250.00
Subtotal:	$250.00
Amount Due:	$250.00
Amount Paid:	$300.00

April 29, 2026

LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256

Please find enclosed a copy of your 2022 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on March 1, 2023; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $4,581. Make your check or money order payable to ' United States Treasury '. Write ' 2022 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment to:

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257
(904)699-6634 or (904)699-6634

2022
Income Tax Return

Prepared For:

LARISSA C MARQUES and VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256
(239)634-0734

Prepared By:

LM ACCOUNTING & PAYROLL SERVICES
10503 SAN JOSE BLVD, SUITE 19
Suite 4
Jacksonville, FL 32257
Telephone: (904)699-6634 or (904)699-6634
Email: LMPAYROLL13@GMAIL.COM

2022 Form 1040-V

Department of the Treasury
Internal Revenue Service

STOP Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
• Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation	• Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor	• Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees
Go to **directpay.irs.gov**	Go to **irs.gov/Payments**	Go to **EFTPS.gov** to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Form **1040-V** (2022)

Detach Here and Mail With Your Payment and Return

FORM **1040-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.
Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074
2022

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	4,581.00

1064

LARISSA C MARQUES
VICTOR NATHAN PEREIRA
8210 PARROTT RD UNIT 108
JACKSONVILLE, FL 32256

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

017887427 FH MARQ 30 0 202212 610

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **1040** Department of the Treasury–Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

Check only one box. 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:

Your first name and middle initial	Last name	Your social security number
LARISSA C	MARQUES	017-88-7427
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
VICTOR NATHAN	PEREIRA	986-90-9500

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
8210 PARROTT RD	UNIT 108

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
JACKSONVILLE	FL	32256

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	3,507.
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	3,507.

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Other income from Schedule 1, line 10				8	29,185.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	32,692.
10	Adjustments to income from Schedule 1, line 26				10	2,062.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	30,630.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	25,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	946.
14	Add lines 12 and 13				14	26,846.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	3,784.

Standard Deduction for -
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse, $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	378.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	378.
	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	378.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	4,124.
	24	Add lines 22 and 23. This is your **total tax**		24	4,502.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 80.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	80.
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26	
	27	Earned income credit (EIC) NO	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	80.
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 2023 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	4,581.
	38	Estimated tax penalty (see instructions)	38 159.		

Third Party Designee

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

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SECRETARY	
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.)
		TILE INSTALLER	
Phone no. (239) 634-0734		Email address	

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
LUCIMAR V MUSCH			P01715645	☐ Self-employed
Firm's name LM ACCOUNTING & PAYROLL SERVICES			Phone no. (904) 699-6634	
Firm's address 10503 SAN JOSE BLVD, SUITE 19, Jacksonville, FL, 32257			Firm's EIN 81-1024707	

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

2022

Attachment Sequence No. **01**

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

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your social security number

017-88-7427

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	29,185.
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. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	29,185.

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	2,062.
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 or 1040-SR, line 10, or Form 1040-NR, line 10a		26	2,062.

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

2022

Attachment Sequence No. **02**

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

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your social security number

017-88-7427

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	4,124.
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**	**4,124.**

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

OMB No. 1545-0074

2022

Attachment Sequence No. **09**

Name of proprietor: **LARISSA C MARQUES**

Social security number (SSN): 017-88-7427

A Principal business or profession, including product or service (see instructions): **SECRETARY**

B Enter code from instructions

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.)
City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses . . . . [X] **Yes** [ ] **No**

H If you started or acquired this business during 2022, check here . . . . [ ]

I Did you make any payments in 2022 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	31,673.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	31,673.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	31,673.
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	31,673.

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	2,188.	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	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
15	Insurance (other than health)	15		b	Deductible meals (see instructions)	24b	
16	Interest (see instructions):			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	
b	Other	16b		27a	Other expenses (from line 48)	27a	
17	Legal and professional services	17	300.	b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	2,488.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	29,185.
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	29,185.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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) 09/10/2022

44 Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your vehicle for:

a Business 3500 b Commuting (see instructions) 0 c Other 0

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

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

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

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

48	**Total other expenses.** Enter here and on line 27a	0.

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022

Attachment Sequence No. **17**

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

LARISSA C MARQUES

Social security number of person with **self-employment** income 017-88-7427

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 AH	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	29,185.
3	Combine lines 1a, 1b, and 2	3	29,185.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	26,952.
	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	26,952.

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	26,952.
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 2022			7	147,000
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 $147,000 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	147,000.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)			10	3,342.
11	Multiply line 6 by 2.9% (0.029)			11	782.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**			12	4,124.
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	2,062.		

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 $9,060, **or (b)** your net farm profits[2] were less than $6,540.

14	Maximum income for optional methods	14	6,040
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. 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 $6,540 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.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2022

Attachment Sequence No. **55**

Name(s) shown on return

LARISSA C MARQUES and VICTOR NATHAN PEREIRA

Your taxpayer identification number

017-88-7427

Note. *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $170,050 ($340,100 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	LARISSA C MARQUES	017-88-7427	27,123.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	27,123.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	27,123.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,425.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,425.
11	Taxable income before qualified business income deduction (see instructions)	11	4,730.		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	4,730.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	946.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	946.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

BRISTOL WEST®
A Farmers Insurance® Company

Underwritten by: SECURITY NATIONAL INSURANCE COMPANY

PO BOX 31029
INDEPENDENCE OH 44131-0029
1-888-888-0080

Inquire or pay your bill online using www.bristolwest.com

COMMERCIAL AUTO DECLARATION

POLICY NUMBER	Policy Period From	To
M00 0038140 01	**01/05/24** later of 12:01 a.m. or time application is executed	**01/05/25** 12:01 a.m. *

*** Unless cancelled sooner for valid reasons.**

Named Insured:
LIP FLOORING CORP
8210 GREEN PARROT RD UNIT 108
JACKSONVILLE FL 32256

0990509
SAFE WAY MULTISERVICE CORP
9891 SAN JOSE BLVD STE 1
JACKSONVILLE FL 32257-5488
Telephone: **904-683-1767**

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits.

POLICY PREMIUM TOTAL : $23,005.00
(Includes $25.00 for MGA Policy fee and a $10.00 Underwriting fee)
(Includes $25.00 for Additional Insured fee)

Transaction Description

AMENDED DECLARATION **Effective: 03/11/24**
PREMIUM CHANGE DUE TO THIS ENDORSEMENT $3,916.00

DEL DRIVER RAMIREZ MORALES,JESUS DAVID

Business Information

Organization Type
Corporation or LLC

Business Type/Class
Residential Builders

Drivers

Drivers on Policy	Rated	Filing	Birth	Mar	CDL Issue Year	Case Number
VICTOR N PEREIRA	Rated	No	XX/XX/1999	M	NA	
LARISSA C MARQUES	Rated	No	XX/XX/2004	M	NA	

Forms and Endorsements

CVEN-AM09(08/22) CVEN-CNR09(08/22) CVEN-PP09(08/22) CVEN-CTL99(10/18) 49699(08/22) CVEN-AIN99(10/18)



Detail by Entity Name

Florida Profit Corporation
LIP FLOORING CORP

Filing Information

Document Number	P21000074938
FEI/EIN Number	87-2320205
Date Filed	08/20/2021
Effective Date	08/20/2021
State	FL
Status	ACTIVE

Principal Address

8210 GREEN PARROT RD
UNIT 108
JACKSONVILLE, FL 32256

Changed: 09/22/2023

Mailing Address

8210 GREEN PARROT RD
UNIT 108
JACKSONVILLE, FL 32256

Changed: 09/22/2023

Registered Agent Name & Address

PB ACCOUNTING LLC
9891 SAN JOSE BLVD
SUITE 1
JACKSONVILLE, FL 32258

Officer/Director Detail

Name & Address

Title P

PEREIRA, VICTOR NATHAN
8210 GREEN PARROT RD
UNIT 108
JACKSONVILLE, FL 32256

Title Secretary

MARQUES, LARISSA CAETANO
8210 GREEN PARROT RD
UNIT 108
JACKSONVILLE, FL 32256

Annual Reports

Report Year	Filed Date
2022	03/15/2022
2023	09/22/2023

Document Images

09/22/2023 -- ANNUAL REPORT	View image in PDF format
03/15/2022 -- ANNUAL REPORT	View image in PDF format
08/20/2021 -- Domestic Profit	View image in PDF format

21 West Church Street, Jacksonville, FL 32202-3139
Phone: 904.665.6000 • Fax: 904.665.7990 • Internet: jea.com

Customer Name: PEREIRA VICTOR N

Account #: 9749006764

Cycle: 16 **Bill Date:** 01/19/23

ELECTRIC SERVICE

Billing Rate: Residential Electric Service

Service Address: 8210 GREEN PARROT RD UNIT 108

Service Period: 12/16/22 - 01/19/23 **Reading Date:** 01/19/2023

Meter Number	Days Billed	Current Reading	Reading Type	Meter Constant	Consumption
24088718	34	17764	Regular	1	841 KWH

Basic Monthly Charge	$	5.50
Energy Charge ($0.07171 per kWh)		60.31
Fuel Cost		50.24
Environmental Charge		0.52
City of Jacksonville Franchise Fee		3.50
Gross Receipts Tax		3.08
Public Service Tax		7.72
TOTAL CURRENT ELECTRIC CHARGES	**$**	**130.87**

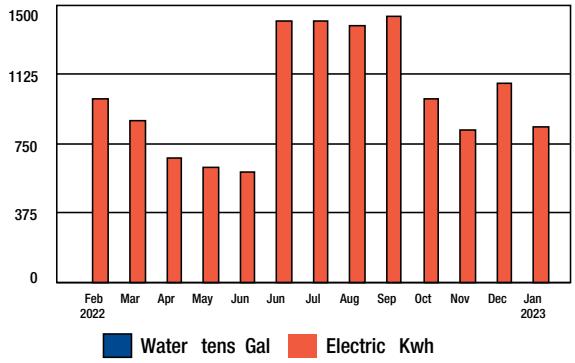
$45.94 of Fuel Cost is Tax Exempt

TOTAL NEW CHARGES..... $ 130.87

Please pay immediately to restore service or avoid service interruptions. Please disregard if your payment or other arrangements have been made.

Make sure weather stripping on exterior doors and windows is sealed well.

CONSUMPTION HISTORY



	1 year ago	Last Month	This Month	Average Daily
Total Kwh used	995	1,077	841	24
Total Gallons used				

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay
$154.40	$0.00	$154.40	$130.87	$285.27

WE APPRECIATE YOUR BUSINESS

PLEASE DETACH AND RETURN PAYMENT STUB BELOW WITH TOTAL DUE IN ENVELOPE PROVIDED.

Additional information on reverse side. →

☐ Add $_____to my monthly bill: $_____for Neighbor to Neighbor and/or $_____ for the Prosperity Scholarship Fund. I will notify JEA when I no longer wish to contribute.

☐ Check here for telephone/mail address correction and fill in on reverse side.

Acct#: 9749006764 **Bill Date:** 01/19/23 — **Please pay the full account balance immediately.**

Previous Balance	Payment(s) Received	Balance Before New Charges	New Charges	Please Pay	TOTAL AMOUNT PAID
$154.40	$0.00	$154.40	$130.87	$285.27	

0020305 I=00000000

PEREIRA VICTOR N
8210 GREEN PARROT RD UNIT 108
JACKSONVILLE FL 32256-3297

** JEA **
PO BOX 45047
JACKSONVILLE FL 32232-5047

2/1 379034/4128937 0020305 1 I=0000000000

5249974900676400000000000400002852701010000000160001 3

BILLING AND PAYMENT OPTIONS

JEA offers a number of convenient billing and payment options. You can pay online, by phone, by mail, in person or automatically using your bank account. And you can go paperless by receiving your bill by email, which is easy for you and good for the environment.

eBill: Receive, view, and pay your bill online. JEA ebill is one of our most convenient ways to receive, view and pay your bill.

MyBudget: With MyBudget, your bill is based on a rolling 12-month average. This prevents drastic changes in your bill month to month, even in the coldest or hottest months when you use more.

Auto-Pay: Our Automatic Bill Payment service ensures your JEA bill is paid automatically. You still receive a bill, but Automatic Bill Pay deducts the amount you owe from your bank account on your due date. Once set up, you don't have to do a thing.

Pay Online: When you pay your JEA bill on jea.com, your payment is credited to your account immediately. It is free to pay using your checking or savings account. Pay by debit or credit card–convenience fees charged by card payment vendor: Payments up to $500: $2.20, $500.01–$1,000: $4.40, $1,000.01 - $10,000: $9.95.

Pay Through Your Bank: Use your bank's bill payer system to pay JEA electronically. Provide your JEA account information to your bank and enter the date and amount to pay each month.

Pay by Phone: Call 665-6000 to pay your JEA bill using our automated phone system 24 hours a day. Your payment will be credited to your account immediately.
It is free to pay using your checking or savings account. Pay by debit or credit card–convenience fees charged by card payment vendor: Payments up to $500: $2.20, $500.01–$1,000: $4.40, $1,000.01–$10,000: $9.95.

Pay by Mail: Please write your account number on your check or money order. Please include the payment stub with your payment and mail to P.O. Box 45047, Jacksonville, FL 32232-5047. Make checks payable to JEA.

Pay in Person: JEA payments are accepted at the JEA Downtown Customer Center, Winn-Dixie stores, Duval County Tax Collector offices and over 140 JEA authorized payment-only locations. Find locations at JEA.com/paymentlocations. Be sure to take a copy of your JEA bill when you go. **The JEA Downtown Customer Center, 43 W. Church Street, is open 8:00 a.m.–5:00 p.m. Monday through Friday except holidays. Closed Saturday.**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction.

Request an Extension: We understand that sometimes things happen and you need a little more time to pay your bill. You can apply for an extension online at jea.com. Also, residential customers can call 665-6000; commercial customers can call 665-6250. Our self-serve system will let you know if you qualify and give you a new due date.

Need Help Paying Your Bill? United Way maintains a computerized database of programs that may be able to assist you in paying your utility bill. For assistance with your utility bill, dial 2-1-1 or 632-0600.

STATEMENT INFORMATION

APPLICATION AND CONTRACT FOR SERVICE–Customers may review terms and conditions of service and policies on jea.com, or may call, write or e-mail JEA to request a copy. Requesting of utility service and JEA's acceptance to provide utility service, including the rendering of a bill, constitutes a binding contractual agreement between JEA and the customer, including each financially responsible person or entity as defined by applicable State, City and Utility regulations and policies, whether or not service is listed in that individual's name.

Please review your billing statement. Should you suspect a billing or payment error, please notify us immediately at 665-6000. Commercial customers can call us at 665-6250. You have 90 days from the statement date to request a JEA review for correction or credit.

Customer Charge is a fixed monthly charge to maintain an account for a customer, including metering, billing and account administration.

Energy Charge pays for the cost of the electric infrastructure, contribution to the City of Jacksonville and to generate and deliver the electricity you use, excluding the cost of fuel.

Fuel Cost is determined by the Adjustable Fuel Rate, which may go up or down based on the cost of fuels JEA uses to generate electricity. A portion of the fuel charge is exempt from the Public Service Tax.

Water/Sewer Service Availability Charge is a fixed monthly charge that covers a portion of the water/sewer infrastructure and the cost to maintain an account for a customer, including metering, billing and account administration.

Conservation Charge applies only if you use more than 2,750 kWh during a billing period. If this occurs, you will be charged an additional $.01 per kWh over 2,750 kWh to encourage conservation. Average home usage is 1,000 kWh per month.

Environmental Charge provides funding for environmental and regulatory programs.

Water Consumption/Sewer Usage Tiers are based on the amount of water you use. Typical household usage is 6 kgals or less.

Fees and Taxes are government transfers paid to city or state governments.

kgal: 1,000 gallons

cf: Cubic foot of water which equals 7.48 gallons of water

kWh: Kilowatt-hour is a measure of electrical energy. One kWh is the equivalent of using 1,000 watts for one hour. For example, if you use a 100 watt light bulb for 720 hours (i.e. for 30 days straight), you will have used 72 kWh.

ADDRESS CORRECTION

Account # **Tel:** [redacted]

Address: [redacted]

[redacted]

City: [redacted] **State:** [redacted] **Zip Code:** [redacted]

E-mail: [redacted]

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

LARISSA CAETANO MARQUES
8210 GREEN PARROT RD UNIT 108
JACKSONVILLE, FL 32256-3297

Your Adv SafeBalance Banking

for December 22, 2022 to January 23, 2023

Account number: 8981 3647 4673

LARISSA CAETANO MARQUES

Account summary

Beginning balance on December 22, 2022	$119.00
Deposits and other additions	980.82
ATM and debit card subtractions	-791.28
Other subtractions	-298.00
Service fees	-0.00
Ending balance on January 23, 2023	**$10.54**

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
12/23/22	TJX COMPANY DES:PAYROLL ID:XXXXXXXXX INDN:MARQUES LARISSA CAETAN CO ID:1042207613 PPD	237.76
12/27/22	MARSHALLS 9400 12/27 #000222204 REFUND MARSHALLS 9400 AT JACKSONVILLE FL	29.00
12/28/22	HOMEGOODS 9041 12/28 #000238812 REFUND HOMEGOODS 9041 SO JACKSONVILLE FL	22.23
12/30/22	BKOFAMERICA MOBILE 12/30 3619758781 DEPOSIT *MOBILE FL	100.00
12/30/22	HOBBYLOBB 4972 12/30 #000938734 REFUND HOBBYLOBB 4972 TO JACKSONVILLE FL	10.94
01/04/23	CHECKCARD 0102 PUBLIX #1066 JACKSONVILLE FL 0230537300300149342	2.65
01/06/23	TJX COMPANY DES:PAYROLL ID:XXXXXXXXX INDN:MARQUES LARISSA CAETAN CO ID:1042207613 PPD	78.46
01/06/23	Zelle Transfer Conf# a2hyq85fo; LIP FLOORING CORP	23.42
01/06/23	Zelle Transfer Conf# 006KYWKPF; ESTHER VAZ	10.00
01/09/23	Zelle Transfer Conf# 006LZ00WN; ESTHER VAZ	7.00
01/10/23	ROSS STORES #7 01/10 #000030825 REFUND ROSS STORES #764 JACKSONVILLE FL	82.75
01/11/23	Zelle Transfer Conf# fi5503g2v; LIP FLOORING CORP	200.00
01/13/23	Zelle Transfer Conf# bf967vefb; LIP FLOORING CORP	20.00
01/17/23	CHECKCARD 0113 MARSHALLS #1528 JACKSONVILLE FL 0230537301400171807	11.61
01/18/23	Zelle Transfer Conf# cfjrs4i4f; LIP FLOORING CORP	40.00
01/18/23	Zelle Transfer Conf# cma6gtf3q; LIP FLOORING CORP	30.00
01/18/23	Zelle Transfer Conf# cikvnw3rw; LIP FLOORING CORP	5.00
01/23/23	Zelle Transfer Conf# g385y8lqf; CAETANO, TAISE	50.00
01/23/23	Zelle Transfer Conf# c2o4iue2j; LIP FLOORING CORP	20.00
Total deposits and other additions		**$980.82**

Save time this holiday season — bank online or with our mobile app.

With Online and Mobile Banking,[1] managing your accounts is convenient and secure.

Scan this code using the camera on your smartphone to get started, or visit us online at **bankofamerica.com/OnlineBanking**.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

[1] Mobile Banking requires that you download the Mobile Banking app and is only available for select mobile devices. Message and data rates may apply. SSM-08-22-0117.E | 4804771

Withdrawals and other subtractions

ATM and debit card subtractions

Date	Description	Amount
12/22/22	PURCHASE 1222 Amazon Prime*N34B Amzn.com/billWA	-7.56
12/27/22	BATH & BODY WO 12/26 #000671912 PURCHASE BATH & BODY WOR JACKSONVILLE FL	-8.49
12/27/22	MARSHALLS 9400 12/27 #000252933 PURCHASE MARSHALLS 9400 AT JACKSONVILLE FL	-31.59
12/27/22	MARSHALLS 9400 12/27 #000231705 PURCHASE MARSHALLS 9400 AT JACKSONVILLE FL	-16.13
12/28/22	WALGREENS 8309 12/27 #000438896 PURCHASE WALGREENS 8309 SO JACKSONVILLE FL	-49.47
12/29/22	CHECKCARD 1227 TACO BELL # 23697 JACKSONVILLE FL 55263522362837002387898	-11.27
12/29/22	CHECKCARD 1228 STARBUCKS STORE 6 JACKSONVILLE FL 5543286236320466496234l	-19.89
12/29/22	CVS/PHARMACY # 12/29 #000020797 PURCHASE 06456--8325 BAYME JACKSONVILLE FL	-25.78
01/03/23	CHECKCARD 1230 FL0212 SCRUBBLES JACKSONVILLE FL 05314612365000415852095	-10.00
01/03/23	CHECKCARD 1230 PANDA EXPRESS 181 JACKSONVILLE FL 55310202365838002048083	-13.28
01/03/23	CHECKCARD 1230 STARBUCKS STORE 5 JACKSONVILLE FL 5543286236520523837846 6	-5.64
01/03/23	CHECKCARD 0102 PUBLIX #1066 JACKSONVILLE FL 02305373003000462108453	-31.85
01/04/23	PURCHASE 0103 AMZN Mktp US*3P5D Amzn.com/billWA	-107.49
01/06/23	CHECKCARD 0106 WAL Wal-Mart S JACKSONVILLE FL	-23.42
01/09/23	CHECKCARD 0107 STARBUCKS STORE 0 JACKSONVILLE FL 55432863008207416530752	-12.36
01/09/23	CHECKCARD 0107 BUTEKO RESTAURANT JACKSONVILLE FL 72700693008900018234143	-24.52
01/09/23	ROSS STORE #22 01/07 #000043990 PURCHASE ROSS STORE #2262 JACKSONVILLE FL	-82.75
01/10/23	CHECKCARD 0110 FIELDPRINT INC 8882911369 PA 55369283010206112406535	-49.75
01/10/23	MARSHALLS 1026 01/10 #000626359 PURCHASE MARSHALLS 10261 R JACKSONVILLE FL	-30.95
01/11/23	CHECKCARD 0110 STARBUCKS STORE 0 JACKSONVILLE FL 5543286301120822307690l	-5.64
01/13/23	PURCHASE 0113 AMZN Mktp US*4W8Q Amzn.com/billWA	-42.97
01/13/23	PURCHASE 0112 AMZN Mktp US*SA8U Amzn.com/billWA	-17.18
01/13/23	CHECKCARD 0112 STARBUCKS STORE 5 JACKSONVILLE FL 5543286301320877533786 5	-11.83
01/17/23	CHECKCARD 0113 FUJI THREE JACKSONVILLE FL 55310203014200488201640	-25.26
01/17/23	CHECKCARD 0117 WAL Wal-Mart S JACKSONVILLE FL	-39.94
01/20/23	CHECKCARD 0119 STARBUCKS STORE 5 JACKSONVILLE FL 5543286302020067639822 0	-11.83
01/23/23	TARGET T- 9041 01/21 #000256679 PURCHASE TARGET T- 9041 So Jacksonville FL	-66.88
01/23/23	PURCHASE 0122 Amazon Prime*SU2A Amzn.com/billWA	-7.56
Total ATM and debit card subtractions		**-$791.28**

continued on the next page

Withdrawals and other subtractions - continued

Other subtractions

Date	Description	Amount
12/27/22	Zelle Transfer Conf# f5dzzynyo; mae	-40.00
12/27/22	Zelle Transfer Conf# cwsaoh8rf; Flavia	-33.00
01/09/23	Zelle Transfer Conf# hzdwm7t3z; Simon	-5.00
01/11/23	Zelle Transfer Conf# hnn6sh31o; Gabrielly Moreira	-200.00
01/23/23	Zelle Transfer Conf# guzooacb6; Table	-20.00
Total other subtractions		**-$298.00**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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USA

Florida
DRIVER LICENSE

9 CLASS E



3 DOB 08/12/2004
4b EXP 08/12/2029
12 REST NONE
94 END NONE

UNDER 21 UNTIL
08/12/2025

15 SEX F
16 HGT 5'-04"

4a ISS 01/21/2021
5 DD E74220913[illegible]
REPLACED 09/13/2022

4d DLN M622-523-04-792-0

1 MARQUES
2 LARISSA CAETANO
8 8210 GREEN PARROT RD UNIT 108
JACKSONVILLE, FL 32256-3297



DONOR

Operation of a motor vehicle constitutes consent to any sobriety test required by law.


Florida
TEMPORARY
DRIVER LICENSE
USA
4d DLN P660-874-99-443-0
9 CLASS E
1 PEREIRA
2 VICTOR NATHAN
8 8210 GREEN PARROT RD UNIT 108
JACKSONVILLE, FL 32256-3297
3 DOB 12/03/1999
15 SEX M
4b EXP 04/17/2028
16 HGT 5'-11"
12 REST NONE
9a END NONE
4a ISS 04/17/2024
5DD E832404170220
Operation of a motor vehicle constitutes
consent to any sobriety test required by law.



August 2019

First time hanging out was at Burlington with Victor's parents that were visiting from Brazil and asked Larissa, who was already a family friend, to come and help with translation.



October 20th 2019

After some time of being friends and getting to know eachother Victor asked Larissa to be his girlfriend.



December of 2019
Our first Christmas as a couple.





December 2019
First trip together was to New York City with family and friends.
(the Damas family and Larissa's family)



April 2020

Victor’s family came from Brazil to visit again and both families went on a trip to Orlando to visit the universal parks.



October 2021
Halloween of 2021 went out trickier treating with Larissa’s mom (Taise) and sisters (Isabella and Laura)



November of 2021
We decided to move in together and this was our first buy for the house.





December 2021
Victor's family came to visit again and we had a couple of trips. This is from Miami FL.





December 2021
Our second Christmas together and this time with our whole family together as well.



January 2022

One of many of Victor's soccer games.



February 2022
We decided to add a little family member and bought a french bulldog puppy (joey)



July 2022
Our fourth of July trip that we took with our friends to Panama City FL (Saulo and Abigail da Silva, Joao Silva and Karla Lopez, Douglas, Diana and their son Lucas)



October 22nd of 2022

The day Victor proposed to Larissa at the rooftop restaurant called River & Post Rooftop Bar in downtown Jacksonville FL.



October 2022,
On Halloween we dressed as characters from Toy story and had a little dog party at our friend Julio’s house.







November 15 of 2022

We got married in court with the company of our loving friends (Julio and Victoria) and our pastor who blessed our marriage (Pr. Alcir de Souza).







December 17 of 2022

Our special day, our wedding! It was a day full of love and only with our loved ones, our ceremony was ministered by our pastor at our church (Fathom Assembly of God Church).

Couple pictures with our guests



(Lukas and Bruna Suethe)



(Esther vaz and Eduardo Borba)



(Saulo and Abigail da Silva)



(Victoria Paviliuk and Julio Silveira)



Bridesmaids and Groomsmens





Larissa’s family



Moving out of our first home together.

December 2022



Victor and Larissa’s first Christmas as a married couple.

December 25, 2022



Victor and Larissa’s friends (Ana Martins and Matheus Azolini) wedding.

February 1, 2023



Good time in Disney.

February 13, 2023



Day at the park with Larissa's siblings (Simon Marques and Isabella Marques)

April 3, 2023



Trip to Miami with Victor’s brother and sister in law.

May 5, 2023



Trip to New York with Victor's brother (Douglas Filipe da Cunha) and sister-in-law (Nicole Sforcim da Cunha)

May 13, 2023









Having very good times in New York together.



Spending time in miami.

july, 2023



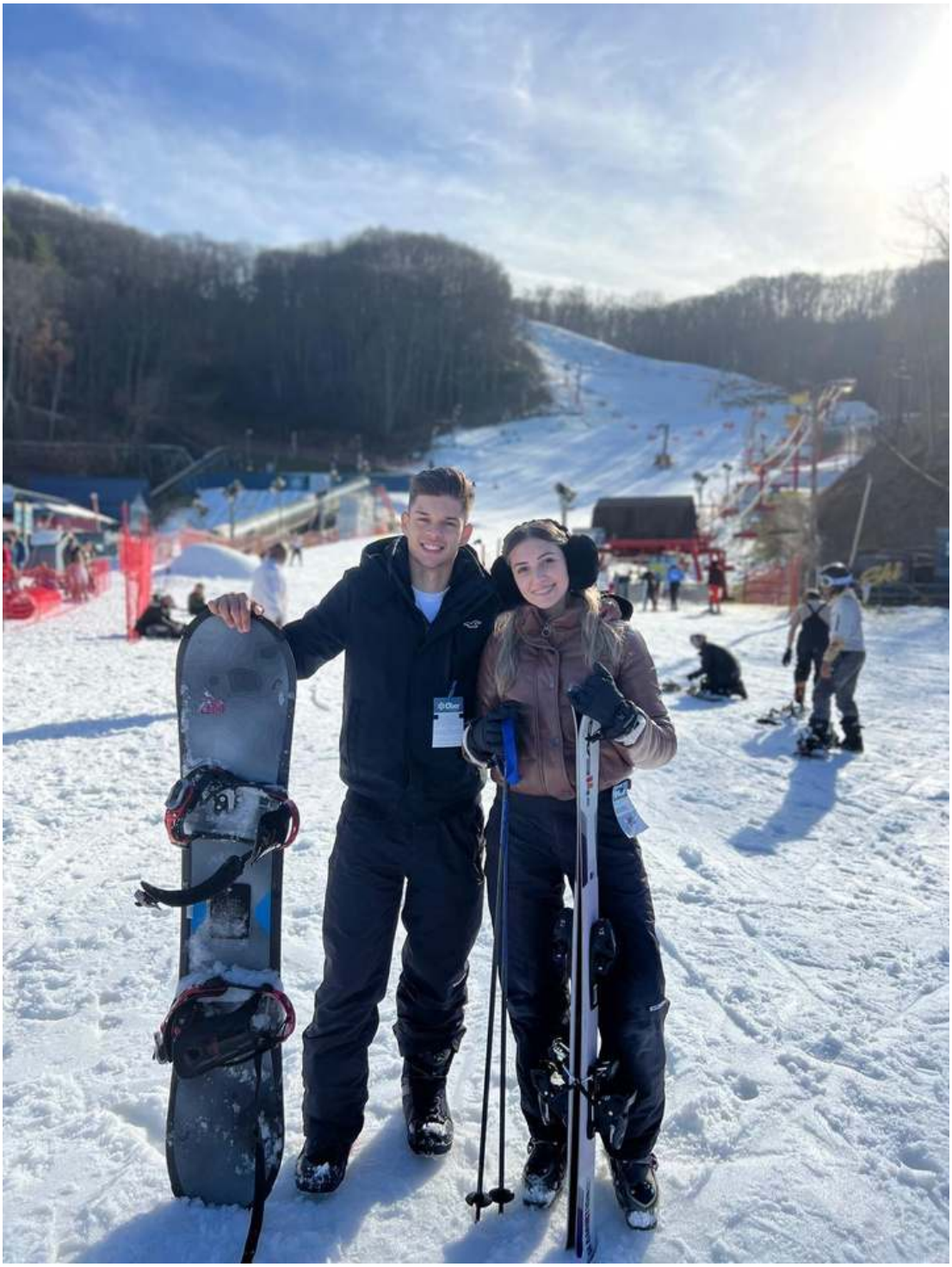


Enjoyingbirthdays days together.



Having good time with Victor’s work friends (Lifetime Flooring), first time watching the Jaguars.

December 17, 2023



Spending Christmas 2023 on an incredible trip to Tennessee.

December 24, 2023



Spending time with Larissa’s family.

January 2024

Exhibit 4 – Petitioner’s Personal Statement

7311 Baymeadows Way, Apt. 126 Jacksonville,
Jacksonville, FL 32256
+1 978 596 7040
victorlip1@hotmail.com
21 de julho 2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Quero relatar um pouco da minha história com a Larissa.

Nos conhecemos em agosto de 2018, na região de Boston, Massachusetts. Naquela época, meus pais tinham vindo me visitar, e eu ainda estava me estabilizando nos Estados Unidos. Por conta de uma relação familiar da minha madrasta com a família da Larissa, surgiu a oportunidade de eu trabalhar com o pai dela.

Começamos a trabalhar juntos e, com o tempo, fomos convivendo mais e criando uma amizade. Através dessa convivência, passei a frequentar a casa deles e acabei criando uma relação muito boa com toda a família, principalmente com a mãe dela e os irmãos. Aos poucos, isso também me aproximou da Larissa. Fomos conversando cada vez mais, nos apaixonamos e, com o apoio dos pais dela, iniciamos nosso namoro.

Namoramos por dois anos. Nesse período, todos nós nos mudamos para a Flórida, por conta de uma nova oportunidade de trabalho para mim e para o pai dela. Vivemos muitos momentos felizes nessa fase. Fizemos viagens, participamos de eventos em família, conhecemos lugares novos juntos e também recebemos visitas dos meus pais e do meu irmão.

Pela boa convivência e pelo relacionamento que estávamos construindo, decidimos morar juntos em novembro de 2021. Foi uma nova etapa da nossa vida, e no começo nos demos muito bem. Criamos laços fortes, fizemos planos para o futuro, pensamos em casamento e em construir nossa própria família. Depois de um tempo morando juntos, decidi pedir a Larissa em casamento. Ficamos noivos e nos casamos no civil em novembro de 2022. Em seguida, começamos a planejar nossa festa de casamento para dezembro de 2022.

Nosso casamento foi muito marcante. Mesmo com pouco tempo de preparação, conseguimos realizar uma linda festa, com padrinhos, familiares e amigos. Foi um momento muito especial para nós.

Depois do casamento, nos mudamos para um apartamento maior e mais próximo da família da Larissa. No início, essa fase também foi boa. Curtimos bastante, fizemos planos, trabalhamos, frequentamos a igreja e estávamos caminhando bem.

Com o tempo, porém, começaram a surgir dificuldades no relacionamento. Em muitos dos nossos desentendimentos, a Larissa buscava apoio imediato na família dela, compartilhando situações e particularidades que eu acreditava que deveriam ser resolvidas entre nós. Isso acabou trazendo interferências externas para dentro do casamento e, na minha visão, prejudicou muito a nossa relação. Em algumas ocasiões, após discussões, ela saía de casa e ia para a casa dos pais, voltando depois.

Na minha percepção, a partir desse período o comportamento dela mudou bastante. Eu sempre procurei priorizar a saúde do nosso casamento, mas sentia que ela já não demonstrava o mesmo compromisso com a relação. Houve momentos em que ela saiu de casa para passar finais de semana fora, como em Fort Myers e também em Boston, o que me gerava muita insegurança e desgaste emocional.

Também tivemos muitas discussões por questões financeiras. Como eu era o maior provedor da casa, sugeri um planejamento diferente para buscarmos mais estabilidade e prosperidade. Combinamos que a Larissa ficaria responsável pelas despesas da casa, enquanto eu cuidaria da parte de investimentos e lazer.

No primeiro mês desse acordo, quando chegou a data do aluguel, ela me disse que não tinha o valor disponível. Eu havia me organizado contando com a nossa combinação, inclusive já tinha feito outros pagamentos, e isso gerou uma das nossas maiores discussões. Quando tentei entender melhor a situação, pedi para ver o extrato bancário, mas ela não quis mostrar. Esse episódio abalou ainda mais a confiança entre nós.

Depois disso, nossa relação ficou muito desgastada. Certo dia, ao chegar em casa depois do trabalho, encontrei os pais da Larissa lá, dizendo que precisávamos conversar. Naquele momento, o pai dela me disse que a Larissa havia decidido que não queria mais continuar com o casamento. Depois da conversa, ela perguntou se eu não iria falar nada.

Eu respondi que, se eles tivessem vindo para conversar e ouvir os dois lados, eu poderia dar a minha versão, mas eles já chegaram com uma decisão tomada.

Depois disso, ela foi embora.

Sofri muito com tudo o que aconteceu. Passei dias muito difíceis, sem dormir direito e sem conseguir me alimentar bem. Alguns dias depois, a Larissa e o pai dela voltaram tentando uma reconciliação. Mas, diante de tudo o que já havíamos vivido, das repetidas saídas de casa após discussões e de todo o desgaste emocional acumulado, entendi que eu não queria mais continuar passando por aquela situação. Então decidi colocar um ponto final no relacionamento.

Declaro, sob pena de perjúrio, que as informações acima são verdadeiras e corretas de acordo com o meu conhecimento e crença.

Atenciosamente,



Victor Nathan Pereira

Exhibit 5 – Letters of Support

To Whom It May Concern,

CHARACTER AND GOOD CONDUCT DECLARATION

I, **Vanessa Gomes Vita**, holder of passport number **AE513452**, residing at **1179 S Main St, Fall River, Massachusetts, United States**, hereby declare, for all legal purposes and especially before immigration authorities, that I have known **Vitor Natan** for several years, and he is my nephew.

During this entire period, I can confidently state that he is a person of **excellent character, responsible, honest, and extremely hardworking**. He has always demonstrated commitment to his responsibilities, respect for others, and dedication in everything he does.

I had the honor of being a sponsor (witness) at his wedding, which reinforces the bond of closeness, trust, and respect that I have for him. I closely followed his relationship and also the separation process, and I can affirm that it was a very difficult time in his life, during which he **suffered emotionally**, yet maintained a dignified, respectful, and balanced attitude.

Even in the face of personal difficulties, **Vitor Natan** has always demonstrated integrity, maintaining his values, responsibility, and exemplary conduct. He is someone who strives to grow honestly and contribute positively to society, and he is fully trustworthy both personally and professionally.

I declare, under my responsibility, that the above information is true and reflects my sincere opinion based on direct knowledge and personal experience.

I remain available for any further clarification, if necessary.

Sincerely,

Vanessa Gomes Vita
■ 617-952-2380
■ Vanessavita230@gmail.com

Fall River, Massachusetts, United States
May 4, 2026

Vanessa Gomes Vita

Signature Vanessa Gomes Vita



Vanessa Gomes Vita

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

YE213715

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

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

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

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

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE213715

SOBRENOME / SURNAME
GOMES VITA

NOME / GIVEN NAMES
VANESSA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
03 DEZ/DEC 1975

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH
TANGARÁ DA SERRA, MT, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
06 MAI/MAY 2021

AUTORIDADE / AUTHORITY
BOSTON CG

VÁLIDO ATÉ / DATE OF EXPIRY
05 MAI/MAY 2031

P<BRAGOMES<VITA<<VANESSA<<<<<<<<<<<<<<<<<<<<
YE213715<7BRA7512032F3105054<<<<<<<<<<<<<<06

To Whom It May Concern,

CHARACTER REFERENCE LETTER

My name is Reginaldo da Silva, and I reside in Fall River, Massachusetts. I am writing this letter to declare that I am the uncle of Victor Nathan Pereira, whom I have known closely for many years.

In December 17, 2022, my wife and I had the honor of being invited to serve as godparents at Victor's wedding. It was a very meaningful moment for our family, and we were truly happy to witness what we believed would be the beginning of a strong and lasting union. After the wedding, we had the opportunity to visit their home a few times and see their life together up close.

Unfortunately, due to personal reasons between them, and despite their efforts and attempts to make things work, they were unable to maintain their marriage. We closely followed this difficult period in Victor's life, especially the emotional challenges he faced during the divorce process. As family, we did our best to support and advise him, reminding him that life can sometimes take unexpected turns, even when we try our hardest. We encouraged him to stay strong, learn from the experience, and continue moving forward with dignity and hope.

Victor is a hardworking, responsible, and determined individual. He has always shown resilience, even in challenging moments. More than anything, I sincerely hope he succeeds in life and finds happiness again, including the opportunity to build a family in the future, which has always been one of his greatest dreams.

I provide this statement honestly and based on my personal knowledge and experience with Victor's life and character. If any further information is needed, I am available to clarify.

Sincerely,

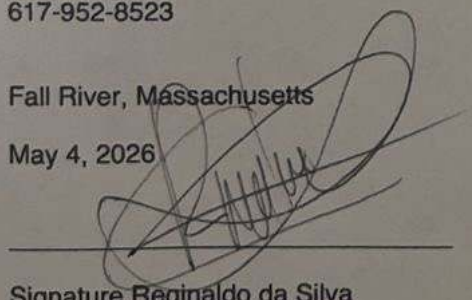
Reginaldo da Silva

golden.cliente@gmail.com

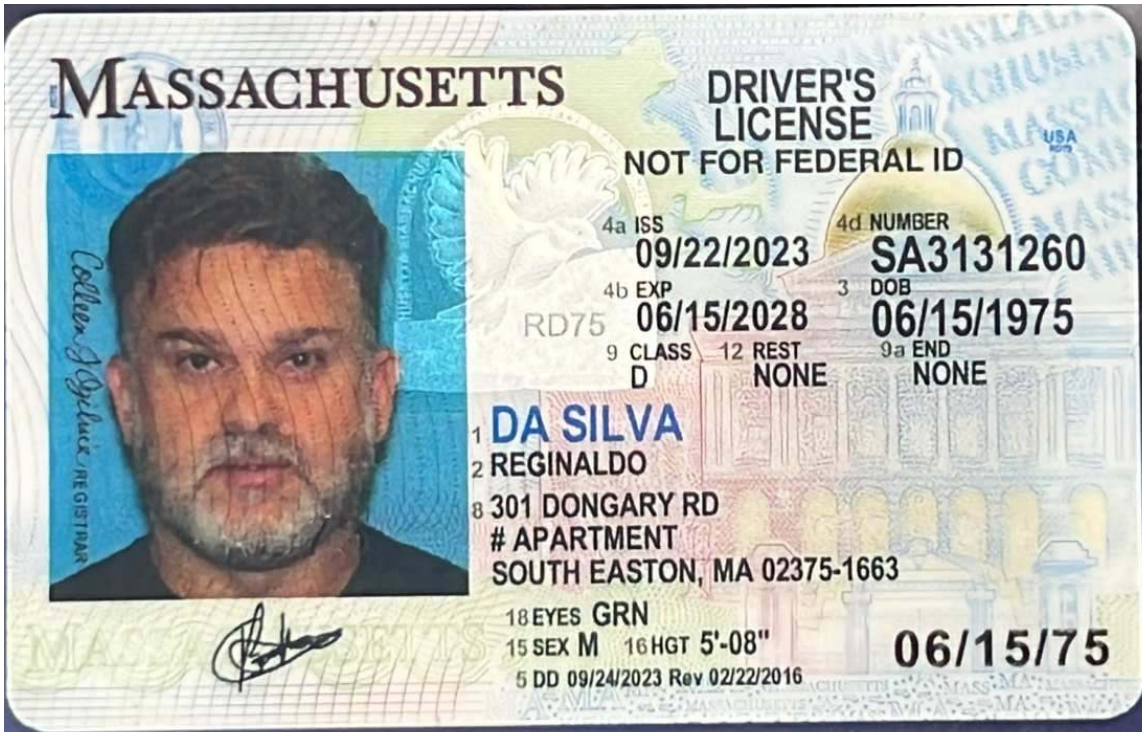
617-952-8523

Fall River, Massachusetts

May 4, 2026



Signature Reginaldo da Silva


MASSACHUSETTS
DRIVER'S LICENSE
NOT FOR FEDERAL ID
4a ISS 09/22/2023
4d NUMBER SA3131260
4b EXP 06/15/2028
3 DOB 06/15/1975
RD75
9 CLASS D
12 REST NONE
9a END NONE
1 DA SILVA
2 REGINALDO
8 301 DONGARY RD
APARTMENT
SOUTH EASTON, MA 02375-1663
18 EYES GRN
15 SEX M
16 HGT 5'-08"
06/15/75
5 DD 09/24/2023 Rev 02/22/2016

Jacksonville, October 5, 2026

AFFIDAVIT

I, Michael A. Musch, being duly sworn, hereby declare and affirm the following:

1. I am a resident of the State of Florida and competent to make this sworn statement.
2. I have personally known Larissa Caetano Marques and Victor Nathan Pereira since 2022, when I began providing bookkeeping and accounting services for them.
3. Larissa and Victor were legally married in November 2022.
4. Through my professional and personal interactions with Victor Nathan Pereira, I have found him to be a genuinely great individual and an outstanding worker. His work ethic is exceptional, and he consistently demonstrates responsibility, dedication, and professionalism.
5. Victor's performance and conduct clearly outshine his competition, and he has always impressed me with his reliability and strong moral character.
6. I am confident that he will fulfill all of his obligations. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge. If there are any additional needs or requests for information, please do not hesitate to contact me.

I make this affidavit voluntarily, of my own free will, and for whatever lawful purpose it may serve.

Signature of Affiant

Michael A. Musch
US NAVY Retired
Address: 1830 Bennett Rd
Saint Augustine, FL 32092
Phone: (904) 476-1848
Email: michaelamusch@gmail.com

STATE OF FLORIDA
COUNTY OF DUVAL
Sworn to or affirmed and subscribed before
me this 5 day of October, 2024
who is personally known to me or has produced
FL Driver License as identification

JENNIFER CULPEPPER
Notary Public, State of Florida
Commission# HH 574806
My comm. expires Sept. 12, 2028


Florida
DRIVER LICENSE
M232-113-28-200-0
CLASS E
MUSCH
MICHAEL ARTHUR
1830 BENNETT RD
ST AUGUSTINE, FL 32092
02/22/1959
M
02/22/2030
6'-02"
NONE
NONE
VETERAN
DONOR
SAFE DRIVER
12/02/2021
EF425070800?4
REPLACED 07/08/2025
Operation of a motor vehicle constitutes consent to any sobriety test required by law


The State of Florida retains all property rights herein.
022259
Rev. 03/01/2020
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: None
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

Jacksonville, October 5, 2026.

To Whom It May Concern,

AFFIDAVIT

Lucimar Vilarino Musch, resident of the State of Florida, certify that I have known Larissa Caetano Marques and Victor Nathan Pereira since 2022, when I became their accountants. They were married in November 2022. Victor Nathan Pereira is a genuinely good person and an excellent worker, and I'm am very impressed by his work ethic. I am confident that he will fulfill all his obligations. I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and believe If you need any additional information, please do not hesitate to contact me.

Sincerely,

Lucimar Vilarino Musch

Lucimar Vilarino Musch
US Citizen
1830 Bennet Rd
Saint Augustine, FL 32092
(904) 699-6634

STATE OF FLORIDA
COUNTY OF DUVAL
Sworn to or affirmed and subscribed before
me this 5 day of October, 2026
who is personally known to me or has produced
FL Driver License as identification

Jennifer Culpepper

NOTARY PUBLIC
JENNIFER CULPEPPER
Notary Public, State of Florida
Commission# HH 574806
My comm. expires Sept. 12, 2028


Florida
DRIVER LICENSE
M232-113-12-600-0
MUSCH
LUCIMAR VILARINO
1838 BENNETT RD
ST AUGUSTINE, FL 32092
DOB 12/19/1958
EXP 12/19/2029
F
5'-06"
BF
NONE
DONOR
SAFE DRIVER
06/22/2020
REPLACED 07/08/2025
Operation of a motor vehicle constitutes consent to any sobriety test required by law


The State of Florida retains all property rights herein.
121958
Rev. 03/01/2020
CLASS: E - Any non-commercial veh with a GVWR < 26,001 lbs. or any RV
REST: B-Corr Lenses, F-Outside Mirror
END: None
REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS OF ADDRESS OR NAME CHANGE.
WWW.FLHSMV.GOV

7311 Baymeadows Way, Apt. 126 Jacksonville,
Jacksonville, FL 32256
+1 978 596 7040
victorlip1@hotmail.com
23 de junho de 2026

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Quero relatar um pouco da minha história com a Larissa.

Nos conhecemos em agosto de 2018, na região de Boston, Massachusetts. Naquela época, meus pais tinham vindo me visitar, e eu ainda estava me estabilizando nos Estados Unidos. Por conta de uma relação familiar da minha madrasta com a família da Larissa, surgiu a oportunidade de eu trabalhar com o pai dela.

Começamos a trabalhar juntos e, com o tempo, fomos convivendo mais e criando uma amizade. Através dessa convivência, passei a frequentar a casa deles e acabei criando uma relação muito boa com toda a família, principalmente com a mãe dela e os irmãos. Aos poucos, isso também me aproximou da Larissa. Fomos conversando cada vez mais, nos apaixonamos e, com o apoio dos pais dela, iniciamos nosso namoro.

Namoramos por dois anos. Nesse período, todos nós nos mudamos para a Flórida, por conta de uma nova oportunidade de trabalho para mim e para o pai dela. Vivemos muitos momentos felizes nessa fase. Fizemos viagens, participamos de eventos em família, conhecemos lugares novos juntos e também recebemos visitas dos meus pais e do meu irmão.

Pela boa convivência e pelo relacionamento que estávamos construindo, decidimos morar juntos em novembro de 2021. Foi uma nova etapa da nossa vida, e no começo nos demos muito bem. Criamos laços fortes, fizemos planos para o futuro, pensamos em casamento e em construir nossa própria família. Depois de um tempo morando juntos, decidi pedir a Larissa em casamento. Ficamos noivos e nos casamos no civil em novembro de 2022. Em seguida, começamos a planejar nossa festa de casamento para dezembro de 2022.

Nosso casamento foi muito marcante. Mesmo com pouco tempo de preparação, conseguimos realizar uma linda festa, com padrinhos, familiares e amigos. Foi um momento muito especial para nós.

Depois do casamento, nos mudamos para um apartamento maior e mais próximo da família da Larissa. No início, essa fase também foi boa. Curtimos bastante, fizemos planos, trabalhamos, frequentamos a igreja e estávamos caminhando bem.

Com o tempo, porém, começaram a surgir dificuldades no relacionamento. Em muitos dos nossos desentendimentos, a Larissa buscava apoio imediato na família dela, compartilhando situações e particularidades que eu acreditava que deveriam ser resolvidas entre nós. Isso acabou trazendo interferências externas para dentro do casamento e, na minha visão, prejudicou muito a nossa relação. Em algumas ocasiões, após discussões, ela saía de casa e ia para a casa dos pais, voltando depois.

Na minha percepção, a partir desse período o comportamento dela mudou bastante. Eu sempre procurei priorizar a saúde do nosso casamento, mas sentia que ela já não demonstrava o mesmo compromisso com a relação. Houve momentos em que ela saiu de casa para passar finais de semana fora, como em Fort Myers e também em Boston, o que me gerava muita insegurança e desgaste emocional.

Também tivemos muitas discussões por questões financeiras. Como eu era o maior provedor da casa, sugeri um planejamento diferente para buscarmos mais estabilidade e prosperidade. Combinamos que a Larissa ficaria responsável pelas despesas da casa, enquanto eu cuidaria da parte de investimentos e lazer.

No primeiro mês desse acordo, quando chegou a data do aluguel, ela me disse que não tinha o valor disponível. Eu havia me organizado contando com a nossa combinação, inclusive já tinha feito outros pagamentos, e isso gerou uma das nossas maiores discussões. Quando tentei entender melhor a situação, pedi para ver o extrato bancário, mas ela não quis mostrar. Esse episódio abalou ainda mais a confiança entre nós.

Depois disso, nossa relação ficou muito desgastada. Certo dia, ao chegar em casa depois do trabalho, encontrei os pais da Larissa lá, dizendo que precisávamos conversar. Naquele momento, o pai dela me disse que a Larissa havia decidido que não queria mais continuar com o casamento. Depois da conversa, ela perguntou se eu não iria falar nada.

Eu respondi que, se eles tivessem vindo para conversar e ouvir os dois lados, eu poderia dar a minha versão, mas eles já chegaram com uma decisão tomada.

Depois disso, ela foi embora.

Sofri muito com tudo o que aconteceu. Passei dias muito difíceis, sem dormir direito e sem conseguir me alimentar bem. Alguns dias depois, a Larissa e o pai dela voltaram tentando uma reconciliação. Mas, diante de tudo o que já havíamos vivido, das repetidas saídas de casa após discussões e de todo o desgaste emocional acumulado, entendi que eu não queria mais continuar passando por aquela situação. Então decidi colocar um ponto final no relacionamento.

Declaro, sob pena de perjúrio, que as informações acima são verdadeiras e corretas de acordo com o meu conhecimento e crença.

Atenciosamente,

_____

Victor Nathan Pereira

Exhibit 6 - Good Moral Character

VICTOR NATAN PEREIRA
C/O: VICTOR NATAN PEREIRA
8210 GREEN PARROT ROAD
JACKSONVILLE, FL 32256

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

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

VICTOR NATAN PEREIRA
C/O: VICTOR NATAN PEREIRA
8210 GREEN PARROT ROAD
JACKSONVILLE, FL 32256

Date: 05-06-2026

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

Subject Name

VICTOR NATAN PEREIRA

Search Completed Result 05-06-2026 E2026126000000412931

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.

Social Security number: XXX-XX-2573

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

Exhibit 7 - Victor Nathan Pereira's Evidence of compliance with U.S.

Form 1040 U.S. Individual Income Tax Return 2025

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

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 | See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased Spouse

☐ Other

Your first name and middle initial	Last name	Your social security number
VICTOR N	PEREIRA	874-99-2573
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. ☒

7311 BAYMEADOWS WAY | 126

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

Jacksonville | FL | 32256 | Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

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

Filing Status Check only one box.

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

Digital Assets At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☒ No

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

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		1z
z	Add lines 1a through 1h		
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 30,000.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**		9 30,000.
10	Adjustments to income from Schedule 1, line 26		10 2,119.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**		11a 27,881.

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	27,881.
	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	15,750.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	2,426.
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	18,176.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	9,705.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	973.
	17	Amount from Schedule 2, line 3	17	375.
	18	Add lines 16 and 17	18	1,348.
	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	1,348.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,238.
	24	Add lines 22 and 23. This is your **total tax**	24	5,586.
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 25a		
	b	Form(s) 1099 25b		
	c	Other forms (see instructions) 25c		
	d	Add lines 25a through 25c	25d	
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) 27a		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ 28		
	29	American opportunity credit from Form 8863, line 8 29		
	30	Refundable adoption credit from Form 8839, line 13 30		
	31	Amount from Schedule 3, line 15 31		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	0.
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 X X X c Type: ☐ Checking ☐ Savings		
	d	Account number X X X		
	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	5,820.
	38	Estimated tax penalty (see instructions) 38 234.		

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

Designee's name | Phone no. | Personal identification number (PIN)

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

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

Your signature	Date	Your occupation BUSINESS OWNER	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. (978) 596-7040	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN P02275843	Check if: ☐ Self-employed
Preparer's name MICHAEL A MUSCH	Phone no. (904) 476-1848		
Firm's name LM ACCOUNTING & PAYROLL SERVICES			
Firm's address 10503 SAN JOSE BLVD, SUITE 19, JACKSONVILLE, FL, 32257		Firm's EIN 81-1024707	

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

VICTOR N PEREIRA

Your social security number

874-99-2573

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	30,000.
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	30,000.

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	2,119.
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	2,119.

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

VICTOR N PEREIRA

Your social security number

874-99-2573

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	375.		
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	375.
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	375.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			4	4,238.
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	4,238.

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: **VICTOR N PEREIRA**

Social security number (SSN): **874-99-2573**

A Principal business or profession, including product or service (see instructions): **FLOORING SUP-CONTRACTOR**

B Enter code from instructions: **238330**

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.)

City, town or post office, state, and ZIP code

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

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses . . . [X] Yes [ ] No

H If you started or acquired this business during 2025, check here . . . [ ]

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions. . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	30,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	30,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	30,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	30,000.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b					28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7					29	30,000.
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	30,000.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.					32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

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)

VICTOR N PEREIRA

Social security number of person with **self-employment** income 874-99-2573

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	30,000.
3	Combine lines 1a, 1b, and 2		3	30,000.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	27,705.
	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	27,705.
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	27,705.
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	3,435.
11	Multiply line 6 by 2.9% (0.029)		11	803.
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	4,238.
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	2,119.	

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

UYA

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.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return

VICTOR N PEREIRA

Your taxpayer identification number

874-99-2573

Note: *You can claim the qualified business income deduction* ***only*** *if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	VICTOR N PEREIRA	874-99-2573	27,881.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	27,881.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	27,881.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,576.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,576.
11	Taxable income before qualified business income deduction (see instructions)	11	12,131.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	12,131.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	2,426.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	2,426.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8995** (2025) Created 9/12/25

UYA

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2025
Attachment Sequence No. **73**

Name shown on your return: **VICTOR N PEREIRA**

Your social security number: **874-99-2573**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	27,881.		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	27,881.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC			4	15,060.
5	Household income as a percentage of federal poverty line (see instructions)			5	185 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0140
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	390.	8b	33.
	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount				

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage.

☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.

☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly PTC allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	735.	734.	33.	701.	701.	734.
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September	377.		33.			377.
21 October	377.		33.			377.
22 November	377.		33.			377.
23 December	377.		33.			377.

24	Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e) and enter the total here	24	701.
25	Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f) and enter the total here	25	2,242.
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	1,541.
28	Repayment limitation (see instructions)	28	375.
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	375.

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9.

To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

		(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
35	**Alternative entries for your SSN**				
36	**Alternative entries for your spouse's SSN**				

Details for Schedule C, Line 1

VICTOR N PEREIRA

874-99-2573

Date	Description		Amount
	30000 WAS BROUGHT OVER FROM 1120 TAXES		30,000.00
		Total	30,000.00

2024 Form 1040-V

Department of the Treasury
Internal Revenue Service

STOP Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
• Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation	• Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor	• Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees
Go to **directpay.irs.gov**	Go to **irs.gov/Payments**	Go to **EFTPS.gov** to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Amount to pay includes penalties and interest of $0

Form **1040-V** (2024)

Detach Here and Mail With Your Payment and Return

FORM **1040-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

Do not staple or attach this voucher to your payment or return.
Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074
2024

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	5,926.00

1064

VICTOR N PEREIRA

7311 BAYMEADOWS WAY Apt. 126
Jacksonville, FL 32256

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

874992573 RA PERE 30 0 202412 610

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
VICTOR N	PEREIRA	874-99-2573
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		017-88-7427

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 7311 BAYMEADOWS WAY 126

City, town, or post office. If you have a foreign address, also complete spaces below. State: Jacksonville FL ZIP code: 32256

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)
- ☐ 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: LARISSA C MARQUES

☐ 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	29,266.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	29,266.
10	Adjustments to income from Schedule 1, line 26			10	2,068.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	27,198.
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	2,520.
14	Add lines 12 and 13			14	17,120.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	10,078.

Standard Deduction for-
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____	16	1,008.
	17	Amount from Schedule 2, line 3	17	750.
	18	Add lines 16 and 17	18	1,758.
	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	1,758.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	4,135.
	24	Add lines 22 and 23. This is your **total tax**	24	5,893.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	0.
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 2025 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	5,926.
	38	Estimated tax penalty (see instructions) — 38 33.		

Third Party Designee

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

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

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

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

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

Phone no. (978)596-7040 Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P02275843	☐ Self-employed
Preparer's name MICHAEL A MUSCH	Phone no. (904)476-1848		
Firm's name LM ACCOUNTING & PAYROLL SERVICES			
Firm's address 10503 SAN JOSE BLVD, SUITE 19, JACKSONVILLE, FL, 32257		Firm's EIN 81-1024707	

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

VICTOR N PEREIRA

Your social security number

874-99-2573

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	29,266.
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	29,266.

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	2,068.
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	2,068.

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

VICTOR N PEREIRA

Your social security number

874-99-2573

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	750.		
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	750.
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	750.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	4,135.
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	4,135.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor: VICTOR N PEREIRA

Social security number (SSN): 874-99-2573

A Principal business or profession, including product or service (see instructions): FLOORING SUB-CONTYRACTOR

B Enter code from instructions: 238330

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.)
City, town or post office, state, and ZIP code

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	42,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	42,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	42,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	42,000.

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

8	Advertising	8		18	Office expense (see instructions)	18	1,540.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	8,000.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	2,143.
17	Legal and professional services	17		25	Utilities	25	1,051.
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	12,734.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	29,266.
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	29,266.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.
• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**
• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.
32b [ ] Some investment is not at risk.

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)

VICTOR N PEREIRA

Social security number of person with **self-employment** income 874-99-2573

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	29,266.
3	Combine lines 1a, 1b, and 2		3	29,266.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	27,027.
	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	27,027.
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	27,027.
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	3,351.
11	Multiply line 6 by 2.9% (0.029)		11	784.
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	4,135.
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	2,068.	

For Paperwork Reduction Act Notice, see your tax return instructions.

UYA

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm 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.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return

VICTOR N PEREIRA

Your taxpayer identification number

874-99-2573

Note: *You can claim the qualified business income deduction* ***only*** *if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	VICTOR N PEREIRA	874-99-2573	27,198.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	27,198.		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	27,198.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,440.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	5,440.
11	Taxable income before qualified business income deduction (see instructions)	11	12,598.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	12,598.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	2,520.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	2,520.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **73**

Name shown on your return: **VICTOR N PEREIRA**

Your social security number: **874-99-2573**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	27,198.		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	27,198.
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used. a ☐ Alaska b ☐ Hawaii c ☒ Other 48 states and DC			4	14,580.
5	Household income as a percentage of federal poverty line (see instructions)			5	186 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. ☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	(a) Annual enrollment premiums (Form(s) 1095-A, line 33A)	(b) Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	(c) Annual contribution amount (line 8a)	(d) Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Annual PTC allowed (smaller of (a) or (d))	(f) Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						

Monthly Calculation	(a) Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	(b) Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	(c) Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	(d) Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	(e) Monthly PTC allowed (smaller of (a) or (d))	(f) Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January						
13 February						
14 March						
15 April						669.
16 May						669.
17 June						669.
18 July						669.
19 August						669.
20 September						669.
21 October						679.
22 November						679.
23 December						679.

24	Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	6,051.
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	6,051.
28	Repayment limitation (see instructions)	28	750.
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	750.

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month

Allocation percentage applied to monthly amounts	(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9.

To complete line(s) 35 and/or 36 and compute the amounts for lines 12-23, see the instructions for this Part V.

35	**Alternative entries for your SSN**	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	**Alternative entries for your spouse's SSN**	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

06/06/2026 01:51:07PM

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2024

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
VICTOR N PEREIRA	FLOORING SUB-CONTYRACTOR	874-99-2573

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	8,000.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	8,000.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
2020 FORD MUSTANG	06/14/23	100.0%	25,000.	25,000.	5	200 DBHY	8,000.	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	8,000.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2024 tax year (see instructions):					
43 Amortization of costs that began before your 2024 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Details for Schedule C, Line 18

VICTOR N PEREIRA

874-99-2573 - 017-88-7427

Date	Description	Amount
	OFFICE MATERIAL	617.89
	OFFICE SUPPLIES	422.31
	OFFICE 10 X 10	500.00
	Total	1,540.20

Details for Schedule C, Line 1

VICTOR N PEREIRA

874-99-2573 - 017-88-7427

Date	Description	Amount
	42000 WAS CARRIED OVER FROM BUSINESS 1120	42,000.00
	Total	42,000.00

Gmail LUCIMAR MUSCH <lmpayroll13@gmail.com>

Your Requested 2023 TaxAct E-file Notice: Federal Amended Return Accepted For VICTOR PEREIRA

1 message

TaxAct Electronic Filing <EfileNotice@taxacte-file.com> Sat, Jun 6, 2026 at 12:52 PM
Reply-To: Do Not Reply <EfileNotice@taxacte-file.com>
To: MICHAEL A MUSCH <LMPAYROLL13@gmail.com>

TaxAct Professional

Date:	**Saturday, June 6, 2026 11:52 AM**
Taxpayer:	**VICTOR PEREIRA**
Submission ID:	**59265920261570361275**
Status:	**Federal Amended Electronic Return Accepted**

VICTOR PEREIRA's Federal Amended return has been accepted by the IRS on 06/06/2026.

Alert Code: IND-162
Alert Message: Thank you for using e-File.

The payment to the IRS or State Agency was elected to be paid by paper check.

Questions? Please do not reply to this email.
Contact us through our Support and Service Center.



Support
E-filing
Legal
Privacy

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This e-mail was sent to: LMPAYROLL13@GMAIL.COM OL23 18230653

All TaxAct offers, products and services are subject to applicable terms and conditions.

TaxAct Professional

Form 1040X Filing Instructions
Tax Year 2023

These instructions are provided to help you understand and complete the final steps for filing your Federal Form 1040X.

When to File:
File Form 1040X only after you have filed your original return. Generally, for a credit or refund, you must file Form 1040X within 3 years after the date you filed your original return or within 2 years after the date you paid the tax, whichever is later.

Note: The time limit for filing Form 1040X can be suspended for certain people who are physically or mentally unable to manage their financial affairs.

Where to File:
If you are filing Form 1040X in response to a notice you received from the IRS, mail it to the address shown on the notice. Otherwise, mail to the following address:

```
Department of the Treasury
Internal Revenue Service
Austin, TX  73301-0052
```

Assembling Your Return:
Assemble any schedules and forms behind Form 1040X in order of the "Attachment Sequence No." shown in the upper right corner of the schedule or form. If you have supporting statements, arrange them in the same order as the schedules or forms they support and attach them last. Do not attach correspondence or other items unless required to do so.

Attach to the front of Form 1040X:

- A copy of any Forms W-2, W-2c (a corrected Form W-2), and 2439 that supports changes made on this return; and
- A copy of any Form W-2G and 1099-R that support changes made on this return, but only if tax was withheld.

If you owe tax, enclose (do not attach) your check or money order in the envelope with your amended return.

Processing the Application:
Allow 8 to 12 weeks for the IRS to process Form 1040X.

Additional Instructions:
Do not file Form 1040X if you are requesting a refund of penalties and interest or an addition to tax that you have already paid. Instead, file Form 843, Claim for Refund and Request for Abatement.

To pay by check or money order.
Send your signed Form 1040X with a check or money order for the full amount payable to the "United States Treasury." Do not send cash. Do not attach your payment to Form 1040X. Instead, enclose it in the envelope with your amended return. On your payment, put your name, address, daytime phone number, and SSN. If you are filing a joint Form 1040X, enter the SSN shown first on the return. Also, enter the tax year and type of return you are amending (for example, "Amended 2023 Form 1040"). The IRS will figure any interest due and send you a bill.

To pay by credit or debit card or the EFTPS.
For information on paying your taxes electronically, including by credit or debit card or the EFTPS, go to www.irs.gov/e-pay

Form **1040-X** (Rev. February 2024)

Department of the Treasury-Internal Revenue Service

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

Go to *www.irs.gov/Form1040X* for instructions and the latest information.

This return is for calendar year (enter year) 2023 **or fiscal year** (enter month and year ended)

Your first name and middle initial	Last name	Your social security number
VICTOR N	PEREIRA	874-99-2573
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
		017-88-7427

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 7311 BAYMEADOWS WAY APT 126

City, town, or post office. If you have a foreign address, also complete spaces below. State: Jacksonville FL ZIP code: 32256

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

Presidential Election Campaign Check here if you, or your spouse if filing jointly, didn't previously want $3 to go to this fund, but now do. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

☐ Single ☐ Married filing jointly ☒ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: LARISSA C MARQUES

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.
Use Part II on page 2 to explain any changes.

		A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) — explain in Part II	C. Correct amount
Income and Deductions				
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1	4,311.		4,311.
2 Itemized deductions or standard deduction	2	13,850.		13,850.
3 Subtract line 2 from line 1	3	-9,539.		-9,539.
4a Reserved for future use	4a			
b Qualified business income deduction	4b			
5 Taxable income. Subtract line 4b from line 3. If the result for column C is zero or less, enter -0- in column C	5	0.		0.
Tax Liability				
6 Tax. Enter method(s) used to figure tax (see instructions): TABLE	6	0.		0.
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7			
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8	0.	0.	0.
9 Reserved for future use	9			
10 Other taxes	10	655.		655.
11 Total tax. Add lines 8 and 10	11	655.	0.	655.
Payments				
12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. **(If changing,** see instructions.)	12			
13 Estimated tax payments, including amount applied from prior year's return	13			
14 Earned income credit (EIC)	14			
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15			
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16			
17 Total payments. Add lines 12 through 15, column C, and line 16	17			0.
Refund or Amount You Owe				
18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18			
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19			
20 **Amount you owe.** If line 11, column C, is more than line 19, enter the difference	20			655.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount **overpaid** on this return	21			
22 Amount of line 21 you want **refunded to you**	22			
23 Amount of line 21 you want **applied to your (enter year):** 2024 **estimated tax**	23			

Complete and sign this form on page 2.

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents. Enter the information for the return year entered at the top of page 1.

			A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24	Reserved for future use	24			
25	Your dependent children who lived with you	25			
26	Reserved for future use	26			
27	Other dependents	27			
28	Reserved for future use	28			
29	Reserved for future use	29			

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents (see instructions): If more than four dependents, see instructions and check here ☐	(a) First name Last name	(b) Social security number	(c) Relationship to you	(d) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X. Attach any supporting documents and new or changed forms and schedules.

DID NOT REPORT MARRIED FILING SEPARATLEY

Sign Here

Remember to keep a copy of this form for your records.
Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		FLOORING SUB-CONTRA	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (978) 596-7040	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
MICHAEL A MUSCH			P02275843	☐ Self-employed
Firm's name LM ACCOUNTING & PAYROLL SERVICES			Phone no. (904) 476-1848	
Firm's address 10503 SAN JOSE BLVD, SUITE 19 JACKSONVILLE FL 32257			Firm's EIN 81-1024707	

2023 Form 1040-V

Department of the Treasury
Internal Revenue Service

STOP Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
• Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation	• Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor	• Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees
Go to **directpay.irs.gov**	Go to **irs.gov/Payments**	Go to **EFTPS.gov** to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Amount to pay includes penalties and interest of $0

Form **1040-V** (2023)

Detach Here and Mail With Your Payment and Return

FORM **1040-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

Do not staple or attach this voucher to your payment or return.
Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074
2023

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	655.00

1064

VICTOR N PEREIRA

7311 BAYMEADOWS WAY APT 126
Jacksonville, FL 32256

Internal Revenue Service
P.O. Box 1214
Charlotte, NC 28201-1214

874992573 RA PERE 30 0 202312 610

For Paperwork Reduction Act Notice, see your tax return instructions.
UYA

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
VICTOR N	PEREIRA	874-99-2573
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.
7311 BAYMEADOWS WAY APT 126

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Jacksonville FL 32256

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) ☐ 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: _____

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.

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.

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	4,639.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	4,639.
10	Adjustments to income from Schedule 1, line 26			10	328.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	4,311.
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.

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	655.
	24	Add lines 22 and 23. This is your **total tax**	24	655.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	0.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	0.
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	655.
	38	Estimated tax penalty (see instructions) — 38		

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

Designee's name | Phone no. | Personal identification number (PIN)

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

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

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		FLOORING SUB-CONTRACTOR	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (978)596-7040	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P02275843	☐ Self-employed
Preparer's name MICHAEL A MUSCH		Phone no. (904)476-1848	
Firm's name LM ACCOUNTING & PAYROLL SERVICES			
Firm's address 10503 SAN JOSE BLVD, SUITE 19, JACKSONVILLE, FL, 32257		Firm's EIN 81-1024707	

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
VICTOR N PEREIRA

Your social security number
874-99-2573

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	4,639.
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	4,639.

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	328.
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	328.

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

VICTOR N PEREIRA

Your social security number

874-99-2573

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	655.
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	655.

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: VICTOR N PEREIRA

Social security number (SSN): 874-99-2573

A Principal business or profession, including product or service (see instructions): FLOORING SUB-CONTRACTER

B Enter code from instructions:

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.)

City, town or post office, state, and ZIP code

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 . . . . . [ ] 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	39,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	39,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	39,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	39,000.

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

8	Advertising	8		18	Office expense (see instructions)	18	3,218.
9	Car and truck expenses (see instructions)	9	3,464.	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	2,400.	21	Repairs and maintenance	21	661.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	3,097.	23	Taxes and licenses	23	974.
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	300.
17	Legal and professional services	17	5,000.	25	Utilities	25	1,807.
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	13,440.
				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	34,361.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	4,639.
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	4,639.
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

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

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

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

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

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

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

a Business 0 b Commuting (see instructions) 0 c Other 0

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

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

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

b If "Yes," is the evidence written? ☐ Yes ☐ No

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

INTERNET	1,440.
2015 RANGE ROVER	12,000.

48 **Total other expenses.** Enter here and on line 27a 48 13,440.

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)
VICTOR N PEREIRA

Social security number of person with **self-employment** income 874-99-2573

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	4,639.
3	Combine lines 1a, 1b, and 2		3	4,639.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	4,284.
	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	4,284.
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	4,284.
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	531.
11	Multiply line 6 by 2.9% (0.029)		11	124.
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	655.
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	328.	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

UYA

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.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Go to *www.irs.gov/Form4562* for instructions and the latest information.

OMB No. 1545-0172

2023

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
VICTOR N PEREIRA	FLOORING SUB-CONTRACTER	874-99-2573

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0.

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (**Don't** include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (**Don't** include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	2,400.
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	2,400.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? [X] Yes [ ] No **24b** If "Yes," is the evidence written? [ ] Yes [X] No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						25		
26 Property used more than 50% in a qualified business use:								
2015 RANGE ROVER	06/11/23	100.0%	12,000.	12,000.	5	200 DBHY	2,400.	
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	2,400.	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1						29		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (**don't** include commuting miles)	2015 RANGE ROVER 6859					
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	6859					
34 Was the vehicle available for personal use during off-duty hours?	Yes: / No: X					
35 Was the vehicle used primarily by a more than 5% owner or related person?	X					
36 Is another vehicle available for personal use?	X					

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2023 tax year (see instructions):					
43 Amortization of costs that began before your 2023 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	