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) **Emilly**	Middle Name (if any) **N/A**	Family Name (Last Name) **JUNQUEIRA ALBINATI LIMA**

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 $ 800.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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

RE: Form I-290B, Notice of Appeal or Motion
Petitioner: Emilly Junqueira Albinati Lima (A233-555-650)

Dear Sir or Madam,

Please find enclosed Form I-290B, Notice of Appeal or Motion and all requisite documentation, filed by counsel on behalf of **Emilly Junqueira Albinati Lima**.

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

- **Emilly Junqueira Albinati Lima's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-290B, Notice of Appeal or Motion

I. **Exhibit 1 - Copy of USCIS Notice of Decision:**
  - Copy of USCIS Notice of Decision (June 02, 2026).

II. **Emilly Junqueira Albinati Lima's Identification Documents:**
  - Emilly Junqueira Albinati Lima's Birth Certificate with English Translation;
  - Emilly Junqueira Albinati Lima's Valid Passport.

III. **Exhibit 3 - Evidence of Eligibility for Adjustment of Status:**
  - Copy of Approval Notice for Form I-130 (Family Preference Classification F2A).

IV. **Exhibit 4 - Statement of Applicant's Mother:**
  - Declaration of Kennya Junqueira Camargo.

V. **Exhibit 5 - Evidence of Applicant's Ongoing Medical Treatment:**
  - Emilly Junqueira Albinati Lima's Clinical Records from Stanford Medicine;
  - Emilly Junqueira Albinati Lima's Recent Laboratory and Diagnostic Exam Results;
  - Emilly Junqueira Albinati Lima's Pediatric Endocrinology Consultation and Progress Notes;
  - Emilly Junqueira Albinati Lima's Photographic Evidence of Medical Condition.

VI. **Exhibit 6 - Proof of Original Filing - Form I-864 Evidence:**
  - UPS Delivery Confirmation;

- Form I-864, Affidavit of Support, Previously Filed, with Supporting Evidence.

VII. Evidence of Good Moral Character:

- Emilly Junqueira Albinati Lima's Brazilian Criminal Record Clearances with English translations.

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

Sincerely,

_____ Date: 06/29/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 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-290B

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): JUNQUEIRA ALBINATI LIMA

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

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- 2 3 3 5 5 5 6 5 0

Client's Contact Information

10. Daytime Telephone Number

6504306852

11. Mobile Telephone Number (if any)

6504306852

12. Email Address (if any)

emillyalbinati@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ EMILLY ALBINATI

2.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 06/25/2026

2.a. Signature of Law Student or Law Graduate

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): JUNQUEIRA ALBINATI LIMA

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

1.c. Middle Name: N/A

2.a. Page Number **2.b.** Part Number **2.c.** Item Number

2.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

3.a. Page Number **3.b.** Part Number **3.c.** Item Number

3.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

4.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

5.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

6.d. N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

Notice of Appeal or Motion

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

USCIS
Form I-290B
OMB No. 1615-0095
Expires 03/31/2027

For USCIS Use Only	Returned	Reloc Sent	Receipt	Remarks
	Date___/___/___	Date___/___/___		
	Date___/___/___	Date___/___/___		
	Resubmitted	Reloc Rec'd		
	Date___/___/___	Date___/___/___		
	Date___/___/___	Date___/___/___		

To be completed by an attorney or accredited representative (if any).	☒ Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

Please visit www.uscis.gov/i-290b/eligibility for information on the immigration benefit types that are eligible for an appeal or motion using this form.

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

If you do not properly complete this form or fail to submit required documents listed in the Instructions, we may dismiss or reject your appeal or motion.

Part 1. Information About the Applicant or Petitioner

If a business or organization is filing this appeal or motion, skip to **Item Number 3.** and do not complete **Item Numbers 1.** or **2.**

1.a. Family Name (Last Name): JUNQUEIRA ALBINATI LIMA

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

1.c. Middle Name: N/A

2. Date of Birth (mm/dd/yyyy): 04/10/2008

3. Business or Organization Name (if applicable): N/A

4. Alien Registration Number (A-Number, if any): ► A- 2 3 3 5 5 5 6 5 0

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

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

(USPS ZIP Code Lookup)

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

6.b. Street Number and Name: Po Box 90487

6.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.d. City or Town: San Diego

6.e. State: CA **6.f.** ZIP Code: 92169

6.g. Province: N/A

6.h. Postal Code: N/A

6.i. Country: USA

Part 2. Information About the Appeal or Motion

Please indicate whether you are filing an appeal to the Administrative Appeals Office (AAO) or a motion. You cannot file both an appeal and a motion on a single form. **If you select both an appeal and a motion, we may dismiss or reject your filing.**

NOTE: DO NOT use this form to file an appeal with the Board of Immigration Appeals (BIA). You must instead use Form EOIR-29.

I am filing an **appeal** to the AAO.

1.a. ☐ I have attached a brief and/or additional evidence.

1.b. ☐ I will submit a brief and/or additional evidence directly to the AAO within 30 calendar days of filing this appeal.

1.c. ☐ I will not be submitting any brief or additional evidence in support of this appeal.

I am filing a **motion**.

2.a. ☐ I am filing a **motion to reopen**. I have attached a brief and/or additional evidence.

2.b. ☒ I am filing a **motion to reconsider**. I have attached a brief.

2.c. ☐ I am filing a **motion to reopen** and a **motion to reconsider**. I have attached a brief and/or additional evidence.

3. Immigration Form That is the Subject of This Appeal or Motion (for example, Form I-140, I-360, I-129, I-485, I-601, I-730, I-131) (list **only one** form number)

I-485

4. Receipt Number for the Application, Petition, or Other Request (list **only one** Receipt Number)

IOE0936073888

5. Requested Immigrant or Nonimmigrant Classification (for example, H-1B, R-1, O-1, EB-1, EB-2, RE-2, AS-2) (if applicable)

F2A

6. Date of the Unfavorable Decision (mm/dd/yyyy)

06/02/2026

7. Office That Issued the Unfavorable Decision

National Benefits Center (NBC)

Part 3. Basis for the Appeal or Motion

You must provide a statement regarding the basis for your appeal or motion in the space provided on the next page. If you need additional space to provide your explanation, use **Part 7. Additional Information** or a separate sheet of paper.

Appeal: Provide a statement that specifically identifies an erroneous conclusion of law or statement of fact in the decision you are appealing. **You MUST provide this information with your Form I-290B even if you intend to submit a brief later.**

NOTE: Your appeal must address all grounds of ineligibility identified in the unfavorable decision. If you do not address an issue in a statement on this form or in a supporting brief, we may deem it waived for the appeal. A waived ground of ineligibility may be the sole basis for a dismissed appeal.

Motion to Reopen: A motion to reopen must state new facts and must be supported by documentary evidence demonstrating eligibility for the requested immigration benefit at the time you filed the application or petition.

Motion to Reconsider: A motion to reconsider must state the reasons for reconsideration and must be supported by any pertinent precedent decisions to establish that the decision was based on an incorrect application of law or service policy, if applicable. A motion to reconsider must also establish that the decision was incorrect based on the evidence of record at the time of the decision.

The Notice of Decision states that Applicant failed to submit a Form I-864, Affidavit of Support, with the required supporting documentation. This finding is factually incorrect.Form I-864 was submitted concurrently with the Form I-485 on March 19, 2026. Evidence of submission is attached hereto, including mailing receipt. The record clearly demonstrates that the I-864 and its required supporting documents were timely filed as part of Applicant's I-485 package.

See additional Information

Part 4. Applicant's or Petitioner's Contact Information, Certification, and Signature

Applicant's or Petitioner's Contact Information

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

1. Applicant's or Petitioner's Daytime Telephone Number
   6504306852
2. Applicant's or Petitioner's Mobile Telephone Number (if any)
   6504306852
3. Applicant's or Petitioner's Email Address (if any)
   emillyalbinati@gmail.com

Applicant's or Petitioner's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my appeal or motion, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my appeal/motion, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's or Petitioner's Signature
   Emilly Albinati
   Date of Signature (mm/dd/yyyy) 06/25/2026

Part 5. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)
   INACIO PENNA MELLO
   Interpreter's Given Name (First Name)
   Andre Vinicius
2. Interpreter's Business or Organization Name
   HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
   4154252508
4. Interpreter's Mobile Telephone Number (if any)
   4154252508
5. Interpreter's Email Address (if any)
   andre@yousalaw.com

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the appeal/motion, and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant/petitioner informed me that they understood every instruction, question, and answer on the appeal/motion.

6. Interpreter's Signature
   Date of Signature (mm/dd/yyyy) 06/25/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/Motion, if Other Than the Applicant or Petitioner

Preparer's Full Name

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
   5102419336
4. Preparer's Mobile Telephone Number (if any)
   5102419336
5. Preparer's Email Address (if any)
   otavio@yousalaw.com

Part 6. Contact Information, Declaration, and Signature of the Person Preparing This Appeal/ Motion, if Other Than the Applicant or Petitioner (continued)

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy) 06/25/2026

Part 7. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name and A-Number 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): JUNQUEIRA ALBINATI LIMA

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-233555650

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

3.d. The denial treats Applicant's overstay as a basis for inadmissibility. However, under INA § 212(a)(9)(B)(iii)(I), Applicant born April 10, 2008 was a minor throughout the entire period at issue and therefore did not accrue unlawful presence as a matter of law. USCIS's failure to apply this on the case.

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

U.S. DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES
MOTION TO RECONSIDER
RE: FORM I-485, APPLICATION TO REGISTER PERMANENT RESIDENCE
APPLICANT: Emilly Junqueira Albinati Lima
A-NUMBER: A233-555-650
RECEIPT NUMBER: IOE0936073888
DECISION DATE: June 02, 2026

LEGAL BRIEF IN SUPPORT OF MOTION TO RECONSIDER

INTRODUCTION

Applicant Emilly Junqueira Albinati Lima, a minor born April 10, 2008, respectfully submits this Legal Brief in support of her Motion to Reconsider the denial of Form I-485, dated June 2, 2026. The denial is based on factual and legal errors that directly affected the outcome and warrant reconsideration. As set forth below, Applicant satisfies all statutory requirements for adjustment of status under INA § 245. Furthermore, compelling humanitarian circumstances including Applicant's ongoing medical treatment at Stanford Medicine for a serious and undiagnosed condition affecting both her neurological and dermatological health further support a favorable exercise of discretion.

LEGAL STANDARD

A Motion to Reconsider must state the reasons for reconsideration and establish that the decision was incorrect based on the evidence of record at the time of the decision, including any applicable legal errors or misapplication of law or USCIS policy. See 8 C.F.R. § 103.5(a)(3). USCIS retains broad discretionary authority to approve adjustment of status applications where equitable and humanitarian considerations warrant a favorable outcome. See Matter of Arai, 13 I&N Dec. 494 (BIA 1970).

I. APPLICANT MEETS ALL REQUIREMENTS FOR ADJUSTMENT OF STATUS UNDER INA § 245

To qualify for adjustment of status under INA § 245, an applicant must: (1) be inspected and admitted or paroled into the United States; (2) be eligible to receive an immigrant visa; (3) be admissible to the United States for permanent residence; and (4) have an immigrant visa immediately available at the time the application is filed.

A. Applicant Was Inspected and Admitted Into the United States

Applicant was lawfully inspected and admitted into the United States on December 7, 2022, in B2 nonimmigrant status. This requirement is satisfied and is not in dispute.

B. Applicant Is Eligible to Receive an Immigrant Visa

Applicant is the beneficiary of an approved immigrant petition under the F2A preference category (spouse and unmarried children under 21 of lawful permanent residents). This requirement is satisfied and is not in dispute.

C. Applicant Is Admissible to the United States - USCIS Committed Legal Error

The denial treats Applicant's overstay as a basis for inadmissibility. This determination is legally erroneous.

Under INA § 212(a)(9)(B)(iii)(I), individuals under the age of 18 are expressly exempt from the accrual of unlawful presence. Applicant born April 10, 2008 was a minor throughout the entire period following the expiration of her B2 status on June 6, 2023, until she reached the age of majority on April 10, 2026. Therefore, as a matter of law, Applicant did not accrue unlawful presence during this period and is not subject to the inadmissibility bars under INA § 212(a)(9)(B).

This statutory protection is well-established. USCIS policy guidance expressly provides that minors are protected from unlawful presence accrual, and officers must apply this exemption in their admissibility analysis.

USCIS's failure to apply INA § 212(a)(9)(B)(iii)(I) to a minor applicant in this case constitutes a clear legal error that directly and incorrectly formed the basis for the denial. Applicant is fully admissible to the United States for permanent residence, and this requirement is satisfied.

D. An Immigrant Visa Was Immediately Available at the Time of Filing

At the time Applicant filed her Form I-485 on March 19, 2026, a visa was immediately available under the F2A preference category pursuant to the applicable DOS Visa Bulletin. This requirement is satisfied.

II. USCIS COMMITTED A FACTUAL ERROR REGARDING FORM I-864

The Notice of Decision states that Applicant failed to submit a Form I-864, Affidavit of Support, with the required supporting documentation. This finding is factually incorrect and constitutes reversible error.

Form I-864 was submitted concurrently with the Form I-485 on March 19, 2026, as evidenced by the documentation attached hereto. The submission of the I-864 is a mandatory requirement under INA § 213A, and Applicant fully complied with this requirement at the time of filing. The evidence of record including the signed Form I-864 and proof of concurrent submission directly contradicts the finding in the Notice of Decision.

It is well established that a denial based on a factual finding that is contradicted by the evidence of record cannot stand. See Matter of Liadov, 23 I&N Dec. 990 (BIA 2006) (holding that USCIS must base its determination on the full record of evidence before it). USCIS's conclusion that the I-864 was not submitted is therefore erroneous and warrants reconsideration.

III. COMPELLING HUMANITARIAN CIRCUMSTANCES WARRANT A FAVORABLE EXERCISE OF DISCRETION

Even if any technical deficiency were found to exist, which Applicant expressly denies, the extraordinary humanitarian circumstances of this case independently warrant a favorable exercise of discretion by USCIS.

A. Applicant Is a Minor Undergoing Active Medical Treatment at Stanford Medicine

Applicant is a 18-year-old who is currently under active medical care at Stanford Medicine, one of the foremost academic medical institutions in the United States. Applicant is being evaluated and treated for a serious and complex medical condition that manifests in both neurological/cognitive symptoms and significant dermatological involvement. The condition remains under active investigation by Stanford Medicine physicians, who are conducting specialized testing and evaluation that is not available in Applicant's country of origin.

Applicant's medical records and documentation from Stanford Medicine, attached hereto, demonstrate the severity and complexity of her condition and the critical importance of continuity of care. Interruption of this treatment, which would inevitably result from denial of adjustment of status and potential removal, would cause serious and irreparable harm to Applicant's health and well-being.

B. Established Legal Precedent Supports Humanitarian Consideration

USCIS and the Board of Immigration Appeals have consistently recognized that humanitarian circumstances, including serious medical conditions requiring ongoing treatment unavailable abroad, are material factors in the exercise of discretion in adjustment of status proceedings. See Matter of C-V-T-, 22 I&N Dec. 7 (BIA 1998) (holding that medical hardship is a significant positive factor in discretionary determinations); Matter of Marin, 16 I&N Dec. 581 (BIA 1978) (enumerating positive equitable factors including family ties, length of residence, and medical hardship).

Furthermore, courts have recognized that the best interests of a minor child must be given significant weight in immigration proceedings. See Fong Haw Tan v. Phelan, 333 U.S. 6 (1948); INS v. Cardoza-Fonseca, 480 U.S. 421 (1987). Applicant is a minor receiving specialized medical care that is directly relevant to her quality of life and long-term prognosis. Denial of her adjustment of status would sever this critical medical relationship with potentially devastating consequences.

C. The Balance of Equities Favors Approval

The equitable factors in this case strongly favor approval of Applicant's Form I-485:

A. Applicant entered the United States lawfully;
B. Applicant is a minor who, as a matter of law, did not accrue unlawful presence;
C. Applicant is the beneficiary of an approved F2A immigrant petition;
D. Applicant is actively receiving specialized medical treatment at Stanford Medicine for a serious undiagnosed condition;
E. No adverse factors, such as criminal history or fraud, are present in this case;
F. Denial would cause irreparable harm to Applicant's health, given the specialized and ongoing nature of her medical treatment.

See Matter of Marin, 16 I&N Dec. 581 (BIA 1978) (balancing equities in discretionary adjustment determinations).

For the foregoing reasons, Applicant respectfully requests that USCIS reconsider and approve the Form I-485. The denial rests on: (1) a legal error in failing to apply the minor's statutory exemption from unlawful presence under INA § 212(a)(9)(B)(iii)(I); and (2) a factual error regarding the submission of Form I-864, which was timely and properly filed. All four requirements for adjustment of status under INA § 245 are satisfied. Additionally, compelling humanitarian circumstances, including Applicant's active and irreplaceable medical treatment at Stanford Medicine, independently warrant a favorable exercise of discretion. Approval of the Form I-485 is respectfully requested.

Respectfully submitted,

Otavio Haverroth Silva (SBN: 343486) 06/25/2026

Attorney at Law

510-241-9336

Exhibit list

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Exhibit 7 - Evidence of Good Moral Character

Emilly Junqueira Albinati Lima's Brazilian Criminal Record Clearances with English translations. 180-182

Exhibit 1 - Copy of USCIS Notice of Decision

June 2, 2026

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648004
Lee's Summit, MO 64002

U.S. Citizenship and Immigration Services

IOE0936073888

A233-555-650

OTAVIO HAVERROTH SILVA
HS LAW CORP
PO BOX 90487
SAN DIEGO, CA 92169

RE: EMILLY JUNQUEIRA ALBINATI LIMA
I-485, Application to Register Permanent Residence or Adjust Status

NOTICE OF DECISION

Dear EMILLY JUNQUEIRA ALBINATI LIMA:

On March 19, 2026, you filed a Form I-485, Application to Register Permanent Residence or Adjust Status, with U.S. Citizenship and Immigration Services (USCIS).

After a thorough review of your application and the record of evidence, we must inform you that we are denying your application.

To qualify for adjustment under section 245 of the Immigration and Nationality Act (INA), an applicant must:

- Be inspected and admitted or paroled into the United States;
- Be eligible to receive an immigrant visa;
- Be admissible to the United States for permanent residence; and
- Have an immigrant visa immediately available at the time the application is filed.

You must demonstrate that you are eligible to adjust status to a lawful permanent resident (LPR). See Title 8, Code of Federal Regulations (8 CFR), section 245.1.

Statement of Facts and Analysis, Including Reason(s) for Denial

You filed Form I-485 based on being the beneficiary of an immigrant petition.

Your last entry into the United States was in nonimmigrant category B2 on December 7, 2022, and your nonimmigrant status expired on June 6, 2023. You are seeking adjustment of status to that of a preference-based immigrant, and you were not in lawful nonimmigrant status at the time you filed your Form I-485.

You have provided no evidence of lawful admission or parole after the one indicated above and you have not established eligibility under the provisions of INA 245(i). Therefore, you are restricted from adjustment of status, and USCIS must deny your Form I-485. See INA sections 245(a), (c), (i), and

Title 8, Code of Federal Regulations (8 CFR), sections 245.1(a) and (b), and 245.10.

Additionally, you failed to submit a From I-864, Affidavit of Support, with the required documents from the petitioning sponsor.

Since this Form I-485 has been denied, the condition upon which your Employment Authorization document and/or Advance Parole document was based, no longer exists. Therefore, USCIS has determined that any pending Application for Employment Authorization, Form I-765, and/or Application for Travel Document, Form I-131, related to the Form I-485 are also denied.

Any unexpired Employment Authorization document based upon this Form I-485 is revoked as of 18 days from the date of this notice pursuant to 8 CFR 274a.14(b)(2), unless you submit, within 18 days, proof that your Form I-485 remains pending. The decision shall be final and no appeal shall lie from the decision to revoke the authorization. Any unexpired Advance Parole document based upon this Form I-485 is terminated as of the date of this notice pursuant to 8 CFR 212.5(e)(2)(i). Any unexpired Employment Authorization document and/or Advance Parole document based upon this Form I-485 should be returned to the local USCIS office.

You may not appeal this decision. However, if you are issued a Notice to Appear, you will have an opportunity to renew your application for adjustment of status and/or to request any other relief that may be available in removal proceedings before an Immigration Judge. See Title 8, Code of Federal Regulations (8 CFR), section 245.2(a)(5)(ii). Furthermore, this decision is without prejudice to future applications filed with the appropriate USCIS office.

If you believe that the denial of your Form I-485 is in error, you may file a motion to reopen or a motion to reconsider using Form I-290B, Notice of Appeal or Motion. You must submit Form I-290B within 30 days from the date of this notice (33 days if this notice was received by mail).

To access Form I-290B or if you need additional information, please visit the USCIS Web site at www.uscis.gov. For questions about your application, you can use our many online tools (uscis.gov/tools) including our virtual assistant, Emma. If you are not able to find the information you need online, you can reach out to the USCIS Contact Center by visiting uscis.gov/contactcenter.

The motion shall be filed on Form I-290B, together with the current fee and mailed to:

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

If USCIS determines that you are inadmissible pursuant to INA 212 or deportable pursuant to INA 237 and you do not depart the United States, USCIS may issue you a Notice to Appear and commence removal proceedings against you with the immigration court.

Sincerely,

Rose M. Kendrick
Acting Director

Exhibit 2 - Emilly Junqueira Albinati Lima's Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Book A-215 Page 158 Entry 124820

BIRTH CERTIFICATE
Name: EMILLY JUNQUEIRA ALBINATI LIMA

CPF: 751.798.651-15

Registration: 025023 01 55 2008 1 00215 158 0124820 04

Date of birth in full	Day	Month	Year
April tenth, two thousand eight **	10	04	2008

Time of birth	City of birth
8:47 PM	Goiânia - Goiás **

City of registration and State	Place, city of birth and State	Sex
Goiânia - Goiás **	Fêmina Maternity Hospital, Goiânia - Goiás	Female

Filiation
RECIERI ALBINATI LIMA and **KENNYA JUNQUEIRA CAMARGO**

Grandparents
TARCISO ALOISIO LIMA, MARIA APARECIDA ALBINATI LIMA, CLAUDIO MANOEL CAMARGO and ELIANE CRISTINA JUNQUEIRA

Twin	Name and registration number of twins
No	---------- **

Date of registration in full	Live birth registration number
April eighteenth, two thousand eight **	43124483 **

Notes/Annotations to be added
No Record. Digital Seal No. 02001703061828128605291. You can verify this seal at http://extrajudicial.tjgo.jus.br/selo **

Registration notes
No record **

4TH CIVIL REGISTRY AND NOTARY OFFICE
OF THE JUDICIAL DISTRICT OF
GOIÂNIA

Bachelor Francisco José Taveira

Goiânia - State of Goiás

Avenida Tocantins, 283, Centro
ZIP Code 74015-010 - Phone:
(62) 3212-1030

Registry and Notary Office Stamp

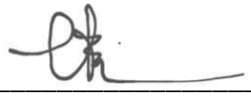
The content of this certificate is true. I certify.

Goiânia - Goiás, May 3, 2018

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

Leandro Henrique Tolentino Vieira
Deputy Registrar

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


_____ Date: February 11, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Livro A-215 Folha 158 Termo 124820

CERTIDÃO DE NASCIMENTO

Nome: EMILLY JUNQUEIRA ALBINATI LIMA

CPF 751.798.651-15

Matrícula: 025023 01 55 2008 1 00215 158 0124820 04

Data do nascimento por extenso	Dia	Mês	Ano
Dez de abril de dois mil e oito ••	10	04	2008

Hora	Naturalidade
20h 47min	Goiânia-GO ••

Município de Registro e UF	Local, Município de nascimento e UF	Sexo
Goiânia-GO ••	Hospital Fêmina Maternidade, Goiânia-GO	F

Filiação
RECIERI ALBINATI LIMA e KENNYA JUNQUEIRA CAMARGO

Avós
TARCISO ALOISIO LIMA, MARIA APARECIDA ALBINATI LIMA, CLAUDIO MANOEL CAMARGO e ELIANE CRISTINA JUNQUEIRA

Gêmeo	Nome e Matrícula do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V.
Dezoito de abril de dois mil e oito ••	43124483 ••

Averbações/Anotações a acrescer
Nada Consta. Selo Digital Nº: 02001703061828128605291 Consulte este selo em http://extrajudicial.tjgo.jus.br/selo ••

Anotações de cadastro
Nada consta. ••

4º REGISTRO CIVIL E TABELIONATO DE NOTAS DA COMARCA DE GOIÂNIA

Bel. Francisco José Taveira

Goiânia - Estado de Goiás

Av. Tocantins, 283, Centro
CEP 74.015-010 - Fone: (62)3212-1030

O conteúdo da certidão é verdadeiro.

Goiânia-GO, 03 de maio de 2018.

Leandro Henrique Tolentino Vieira
Suboficial

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.
Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.
Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.
Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.
Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.
Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.
Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.
This passport is valid for all countries with which Brazil maintains diplomatic relations.
Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.
BRA
Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Emilly Junqueira A. Lima

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

GD141177

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GD141177

SOBRENOME / SURNAME
JUNQUEIRA ALBINATI LIMA

NOME / GIVEN NAMES
EMILLY

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
10 ABR/APR 2008

IDENTIDADE Nº / PERSONAL No

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
GOIÂNIA/GO

FILIAÇÃO / FILIATION
RECIERI ALBINATI LIMA

KENNYA JUNQUEIRA CAMARGO

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
22 OUT/OCT 2021

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
21 OUT/OCT 2026

P<BRAJUNQUEIRA<ALBINATI<LIMA<<EMILLY<<<<<<<<
GD141177<4BRA0804105F2610210<<<<<<<<<<<<<<02

Para uso das autoridades brasileiras
Réservé aux autorités brésiliennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

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

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertence 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 o cessão a outra pessoa constituem crimes, pela lei brasileira. Para resolver 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 área conturbada 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 ser do Brasil munido de autorização particular prevista em lei.

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

Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.dpf.gov.br

VISTOS VISAS

VISA

UNITED STATES OF AMERICA

Issuing Post Name
BRASILIA

Control Number
20220981890015

Surname
JUNQUEIRA ALBINATI LIMA

Given Name
EMILLY

Visa Type /Class
R B1/B2

Passport Number
GD141177

Sex
F

Birth Date
10APR2008

Nationality
BRZL

Entries
M

Issue Date
27APR2022

Expiration Date
25APR2032

1001

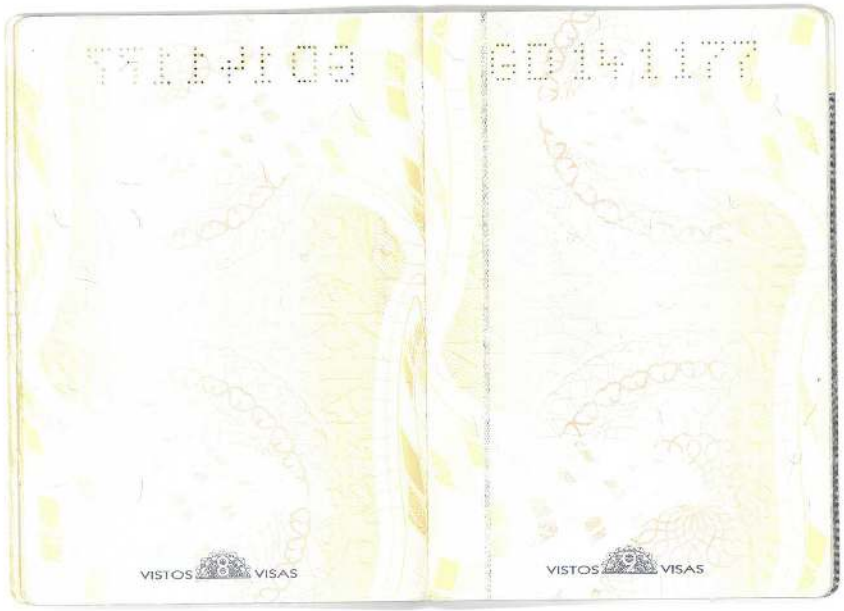
Annotation

R0167880

**

VNUSAJUNQUEIRA<ALBINATI<LIMA<<EMILLY<<<<<<<<<

GD141177<4BRA0804105F3204256B3BRA0Q3R1342471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VISTOS 11 VISAS

VISTOS 12 VISAS
VISTOS 13 VISAS

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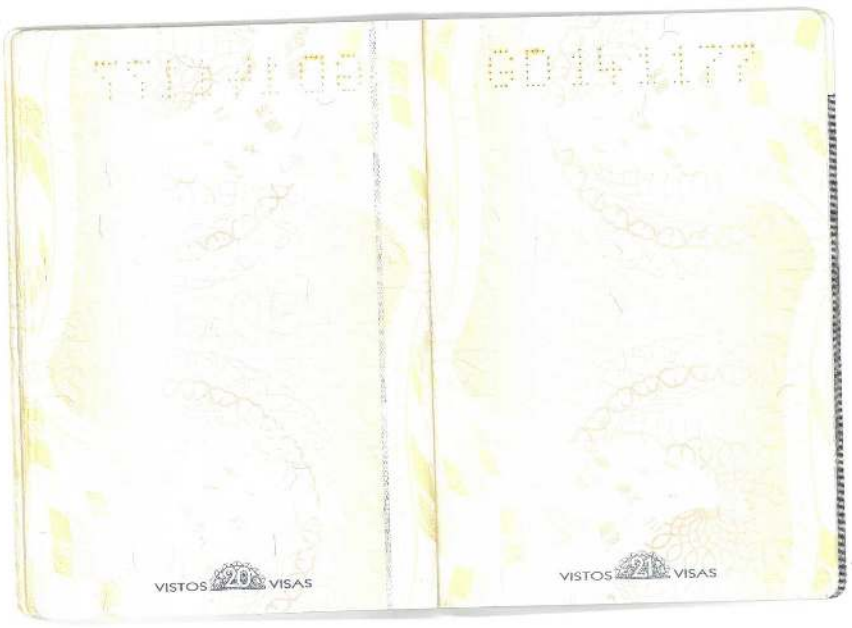
VISTOS 18 VISAS
VISTOS 19 VISAS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VISTOS VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar tinta preta 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:

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

En caso de accidente, comunicar 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 deobre, 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 PÁGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Exhibit 3 - Evidence of Eligibility for Adjustment of Status

Receipt Number		Case Type
IOE9480666227		I130 - PETITION FOR ALIEN RELATIVE
Received Date 11/21/2023	**Priority Date** 11/21/2023	**Petitioner** A232 730 548 JUNQUEIRA CAMARGO, KENYA
Notice Date 05/28/2026	**Page** 1 of 1	**Beneficiary** A233 555 650 JUNQUEIRA ALBINATI LIMA, EMILLY

JUNQUEIRA CAMARGO, KENYA NMN
2000 S DELAWARE ST UNIT 408
SAN MATEO CA 94403-1765

Notice Type: Approval Notice
Section: Unmarried child under 21 of permanent resident, 203(a)(2)(A) INA

The above petition has been approved. The petition indicates that the beneficiary wishes to apply for adjustment of status to that of a lawful permanent resident. They should submit a copy of this notice, along with a Form I-485, Application to Register Permanent Residence or Adjust Status. The beneficiary can obtain Form I-485 from the USCIS website at www.uscis.gov, by contacting the USCIS Contact Center at 1-800-375-5283, or by visiting the local USCIS field office. Filing address information can be found on the USCIS website at www.uscis.gov.

If the beneficiary decides to apply for an immigrant visa through consular processing outside the United States based on this petition, you should file Form I-824, Application for Action on an Approved Application or Petition with fee, to ask USCIS to send the petition to the U.S. Department of State National Visa Center (NVC) for consular processing. Please refer to the Form I-824 filing instructions at uscis.gov.

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. The NVC will then forward the approved petition to that consulate.

The NVC will contact the beneficiary of this petition with further information about immigrant visa processing steps.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to https://www.uscis.gov/file-online.

SCOPS TEXAS FACILITY
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N BELT LINE RD.
IRVING TX 75038-0001

USCIS Contact Center: www.uscis.gov/contactcenter

Exhibit 4 - Statement of Applicant's Mother

Letter of Support Regarding the Emotional and Medical Condition of Emilly Junqueira Albinati Lima

I, Kennya Junqueira Camargo (A232-730-548), residing at 2000 South Delaware St, Apt. 408, San Mateo, CA 94403, born on December 5, 1979, a permanent resident of this country since October 21, 2023, phone number +1 650-430-4803, hereby submit this statement to report the emotional and medical condition of my daughter, Emilly Junqueira Albinati Lima, who faces serious health challenges that directly impact her quality of life, emotional stability, and ongoing need for family support.

Emilly suffers from severe anxiety, which profoundly affects her daily life. Her anxiety manifests not only emotionally but also physically. During periods of intense stress, her dermatitis becomes significantly aggravated, causing skin inflammation, severe itching, pain, and considerable discomfort. This condition is recurrent and worsens in situations involving fear, insecurity, or instability.

In addition, we are currently undergoing medical evaluation for congenital adrenal hyperplasia, a serious condition that requires constant monitoring and immediate attention in the event of symptoms. This concern is even greater because, while we were living in Brazil, Emilly experienced an extremely serious health episode that required hospitalization in critical condition. On that occasion, she suffered severe dehydration and received eight bags of intravenous fluids, yet she was still unable to urinate. Her condition was so critical that the attending physician warned us that, had I not taken her back to the hospital at that moment, she could have died. This condition can cause sudden and severe dehydration, requiring immediate hospital care for intravenous hydration and medical monitoring. In addition, it may be accompanied by other significant symptoms that require continuous follow-up.

Emilly is extremely dependent on the emotional and physical support of her family. She is very attached to her parents and brother, and her entire support system is here in the United States. We live together and serve as her emotional, physical, and medical foundation.

It is important to highlight that, in Brazil, Emilly has no family members or any support network capable of welcoming, accompanying, or caring for her in case of need. She would have no one to stay with and no one who could provide assistance during emotional or medical crises.

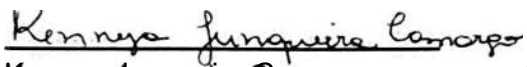
I would also like to emphasize that her brother is a U.S. citizen, and I am a lawful permanent resident of the United States, as evidenced by the attached documentation.

The entire family structure that provides her with emotional support, daily assistance, and care in emergency situations is established in this country.

The possibility of family separation or of facing this situation alone would have a devastating impact on her mental and physical health. I am deeply concerned that this could trigger severe anxiety crises, worsening of her dermatitis, and even medical complications related to the ongoing investigation of congenital adrenal hyperplasia.

My greatest concern as a mother is that any sudden change in her family and emotional structure could put her at risk, both psychologically and physically. Therefore, I respectfully and humanely request that her situation be assessed with sensitivity, taking into consideration her fragile emotional state, her medical history, and her ongoing need for care, monitoring, and family support.

I declare, under penalty of perjury, that all of the above is true, corresponds to the facts within my knowledge, and I certify it.



Kennya Junqueira Camargo 06/24/2026

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

Date: June 25, 2026.

Carta de Apoio sobre a Condição Emocional e Médica de Emilly Junqueira Albinati Lima

Eu, Kennya Junqueira Camargo (A232-730-548), residente em 2000 South Delaware St, Apt. 408 San Mateo, CA 94403, nascida em 05 de dezembro de 1979, residente permanente neste país desde 21 de outubro de 2023, com telefone: +1 650-430-4803 venho por meio desta relatar a condição emocional e médica de minha filha, Emilly Junqueira Albinati Lima, que enfrenta sérios desafios de saúde que impactam diretamente sua qualidade de vida, estabilidade emocional e necessidade constante de suporte familiar.

Emilly sofre de um quadro de ansiedade severa, que afeta profundamente seu dia a dia. Sua ansiedade não se manifesta apenas emocionalmente, mas também fisicamente. Em períodos de estresse intenso, sua dermatite se agrava de forma severa, causando inflamações na pele, coceiras intensas, dor e grande desconforto. Essa condição é recorrente e piora em situações de medo, insegurança ou instabilidade.

Além disso, atualmente estamos em investigação médica para hiperplasia adrenal congênita, uma condição séria que exige acompanhamento constante e atenção imediata em caso de sintomas. Essa preocupação é ainda maior porque, quando morávamos no Brasil, Emilly passou por um episódio extremamente grave relacionado à sua saúde, no qual precisou ser internada em estado crítico. Na ocasião, ela sofreu uma desidratação severa, recebeu oito bolsas de soro intravenoso e, mesmo assim, não conseguia urinar. Seu estado era tão grave que a médica responsável nos alertou que, se eu não a tivesse levado novamente ao hospital naquele momento, ela poderia ter falecido. Essa condição pode causar desidratação intensa e repentina, exigindo atendimento hospitalar imediato para hidratação venosa e monitoramento médico. Além disso, pode vir acompanhada de outros sintomas importantes que precisam de acompanhamento contínuo.

Emilly é extremamente dependente do apoio emocional e físico da família. Ela é muito apegada aos pais e ao irmão, e toda a sua estrutura de apoio está aqui nos Estados Unidos. Nós vivemos juntos e somos a base emocional, física e médica dela.

É importante destacar que, no Brasil, Emilly não possui familiares ou qualquer rede de apoio capaz de acolhê-la, acompanhá-la ou cuidar dela em caso de necessidade. Ela não teria com quem ficar nem quem pudesse prestar assistência em momentos de crise emocional ou médica.

Ressalto ainda que seu irmão é cidadão americano, e eu sou residente permanente legal dos Estados Unidos, conforme documentação anexa. Toda a estrutura familiar

que lhe oferece apoio emocional, assistência diária e acompanhamento em situações de emergência encontra-se estabelecida neste país.

A possibilidade de separação familiar ou de enfrentar essa situação sozinha causaria um impacto devastador em sua saúde mental e física. Tenho grande preocupação de que isso possa desencadear crises severas de ansiedade, agravamento da dermatite e até complicações médicas relacionadas à investigação da hiperplasia adrenal congênita.

Minha maior preocupação como mãe é que qualquer mudança brusca em sua estrutura familiar e emocional possa colocá-la em risco, tanto psicologicamente quanto fisicamente. Por isso, peço, com respeito e humanidade, que sua situação seja avaliada com sensibilidade, levando em consideração seu estado emocional fragilizado, seu histórico médico e a necessidade contínua de cuidado, acompanhamento e suporte familiar.

Declaro, sob pena de perjúrio, que todo o exposto acima é verdadeiro, corresponde aos fatos de meu conhecimento e dou fé.

Kennya Junqueira Camargo

Kennya Junqueira Camargo 06/24/2026

UNITED STATES OF AMERICA
PERMANENT RESIDENT
JUNQUEIRA CAMARGO KENNYA 05 DEC 1979
Surname
JUNQUEIRA CAMARGO
Given Name
KENNYA
Country of Birth
Brazil
USCIS#
232-730-548
Category
IR0
Date of Birth
05 DEC 1979
Sex
F
Card Expires:
10/21/33
Resident Since:
10/21/23

FORM I-551
Rev (12-2021)
73070622
142
If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002
C1USA23273054881OE0921245859<<
7912056F3310218BRA<<<<<<<<<<<9
JUNQUEIRA<CAMARGO<<KENNYA<<<<<

Exhibit 5 - Evidence of Applicant's Ongoing Medical Treatment

AFTER VISIT SUMMARY

Stanford MEDICINE Children's Health

Emilly Junqueira-AlbinatiLima MRN: 51593812
CEID: SCH-7GXP-4LBS-L6DC

3/18/2026 9:30 AM Palo Alto Dermatology Clinic
650-721-1227

Instructions from Ann Marqueling, MD

Diagnoses and all orders for this visit:

Seborrheic dermatitis

Other orders

- fluocinolone 0.01% (DERMA-SMOOTHE/FS BODY OIL) oil; Apply to affected areas of scalp and ears topically daily for itching
- ketoconazole 2% (NIZORAL) shampoo; Lather on scalp, face, and behind ears in shower for 5 minutes topically daily. Special Instructions: Use daily for 7 days then once each week.
- ketoconazole 2% (NIZORAL) cream; Apply topically 2 times a day. Apply to affected areas on the eyebrows and around ears topically 2 times daily.

Your medications have changed today

See your updated medication list for details.

Pick up these medications at CVS/pharmacy #9554 - San Mateo, CA - 77 Bovet Rd

fluocinolone 0.01% • ketoconazole 2% (2 prescriptions)

Address: 77 Bovet Rd, San Mateo CA 94402
Phone: 650-349-6303

Return in about 3 months

(around 6/18/2026).

Today's Visit

You saw Ann Marqueling, MD on Wednesday March 18, 2026.

What's Next

You currently have no upcoming appointments scheduled.

Survey

We value the opinion of our patients and their families. You may receive a survey in the mail about your experience at Stanford Children's Health. Please fill out the survey as your responses will help us to improve our service.

Valoramos la opinión de nuestros pacientes y de sus familias. Es posible que reciba una encuesta en el correo acerca de su experiencia con Stanford Children's Health. Por favor tome el tiempo para completar la encuesta, que sus respuestas nos ayudarán a mejorar nuestro servicio.

Allergies as of 3/18/2026

Banana
Shellfish Containing Products

Immunizations

Influenza, unspecified	11/10/2023	2/11/2026
Unspecified Covid-19 Vaccine	9/17/2021	11/11/2021

Open Payments Data Base

The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals.
It can be found at https://openpaymentsdata.cms.gov/

MyChart

View this After Visit Summary and more online at **https://mychart.stanfordchildrens.org/MyChart/**.

Your Medication List as of March 18, 2026 10:06 AM

ⓘ For the privacy of our adolescent and adult patients, some medications might be left out of this list. This message will appear for all patients, even if this is the full list .

	Morning	Afternoon	Evening	Bedtime	As Needed
etonogestrel 68 mg Impl Commonly known as: NEXPLANON Place 1 Device (68 mg) onto the skin once.			Place 1 Device (68 mg) onto the skin once.		
START **fluocinolone 0.01%** oil Commonly known as: Derma-Smoothe/FS Body Oil Apply to affected areas of scalp and ears topically twice a day for itching Quantity: 120 mL Signed by: Ann Marqueling, MD Started by: Ann Marqueling, MD			Apply to affected areas of scalp and ears topically twice a day for itching		
START *** ketoconazole 2%** shampoo Commonly known as: NIZORAL Lather on scalp, face, and behind ears in shower for 5 minutes topically daily. Special Instructions: Use daily for 7 days then once each week. Quantity: 120 mL Signed by: Ann Marqueling, MD Started by: Ann Marqueling, MD			Lather on scalp, face, and behind ears in shower for 5 minutes topically daily. Special Instructions: Use daily for 7 days then once each week.		
START *** ketoconazole 2%** cream Commonly known as: NIZORAL Apply topically 2 times a day. Apply to affected areas on the eyebrows and around ears topically 2 times daily. Quantity: 30 g Signed by: Ann Marqueling, MD Started by: Ann Marqueling, MD			Apply topically 2 times a day. Apply to affected areas on the eyebrows and around ears topically 2 times daily.		

*** This list has 2 medication(s) that are the same as other medications prescribed for you. Read the directions carefully, and ask your doctor or other care provider to review them with you.**

Hemoglobin (HGB)

View trends

Normal range: 11.7 - 15.7 g/dL

Hematocrit (HCT)

View trends

Normal range: 35.0 - 47.0 %

Mean Corpuscular Volume (MCV)

View trends

Normal range: 82.0 - 98.0 fL

Mean Corpuscular Hemoglobin (MCH)

View trends

Normal range: 27.0 - 34.0 pg

Mean Corpuscular Hemoglobin Concentration (MCHC)

View trends

Chat

Normal range: 32.0 - 36.0 g/dL

mychart.stan 34 dchildrens.org

Imm. Granulocyte, %

View trends

Normal range: 0.0 - 0.7 %

Neutrophil, Absolute

View trends

Normal range: 1.80 - 8.00 K/uL

Lymphocyte, Absolute

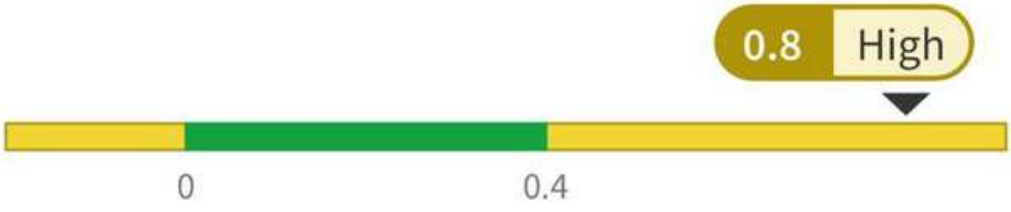
View trends

Normal range: 1.50 - 6.50 K/uL

Monocyte, Absolute

View trends

Normal range: 0.00 - 0.40 K/uL



Eosinophil, Absolute

View trends

Normal range: 0.00 - 0.20 K/uL

Chat

Neutrophil %

View trends

%

Value **67.5**

Lymphocyte %

View trends

%

Value **24.1**

Monocyte %

View trends

%

Value **6.3**

Eosinophil %

View trends

%

Value **1.3**

Basophil %

View trends

%

Value **0.4**

Chat

Imm. Granulocyte %

View trends

Normal ra...

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Mean Corpuscular Hemoglobin (MCH)

View trends

Normal range: 27.0 - 34.0 pg

Mean Corpuscular Hemoglobin Concentration (MCHC)

View trends

Normal range: 32.0 - 36.0 g/dL

Red Cell Distribution Width (RDW)

View trends

Normal range: 11.5 - 14.5 %

Platelet Count (PLT)

View trends

Normal range: 150 - 400 K/uL

Neutrophil %

%

Chat

Value 67.5

Office Visit - Feb 11, 2026

with Rachel Sewell, MD at Endocrinology and Diabetes

Notes from Care Team

Progress Notes by Rachel Sewell, MD at 2/11/2026 1:30 PM

PEDIATRIC ENDOCRINOLOGY OFFICE CONSULT

Subjective

Emilly Junqueira-AlbinatiLima is a 17-year 10-month old female seen at the request of Brody, Rosa Elizabeth, MD in consultation for congenital adrenal hyperplasia diagnosed in Brazil. Emilly was accompanied by mother and the history was obtained from the patient and caregiver(s) together. In addition, referral documents under media tab were reviewed and summarized below.

History of Present Illness:

She was on hydrocortisone several doses per day from 6yo-11yo. She has not taken any steroids in the last 4 years at all including for stress dosing.

Per mom she was severely ill with nausea, vomiting, and diarrhea and was told that Emily has CAH during the admission. However, they have received a lot of different information from doctors with some saying she had classic and some saying nonclassic CAH. She has never been told that she has Addison's disease or other autoimmune conditions. Denies ever being told she has low cortisol.
No concerns about her height and pubertal progression when she was younger.
She denies any irregular cycles but she has also had a nexplanon implant

in place and has not dealt with bleeding or spotting.
Per mom she was never told that her newborn screening was abnormal or that her private area appeared different or heard clitoromegaly.
Mom emphasized that the doctors she worked with told her this was a rare condition that they did not have much experience with.

Mom does not remember Emily ever undergoing an ACTH stimulation test.

REVIEW OF SYSTEMS:
A focused review of systems was performed and was negative other than noted.

Medications, Allergies and Problem List: Reviewed within EHR.
Histories: Reviewed in EHR

Objective
PHYSICAL EXAMINATION:

Vitals/Measurements*:* Vitals: BP 106/70 | Pulse 105 | Ht 1.653 m (5' 5.08") | Wt 66.2 kg (145 lb 15.1 oz) | BMI 24.23 kg/m²
1.74 meters squared
Sys BP %ile: 31 %
Dias BP %ile: 71 %
Blood pressure %ile targets based on the 2017 AAP Clinical Practice Guideline: 90%: 125/78, 95%: 128/81, 95% + 12 mmHg: 140/93.
BP Readings from Last 1 Encounters:
02/11/26 106/70 (31%, Z = -0.50 / 71%, Z = 0.55)*

*BP percentiles are based on the 2017 AAP Clinical Practice Guideline for girls

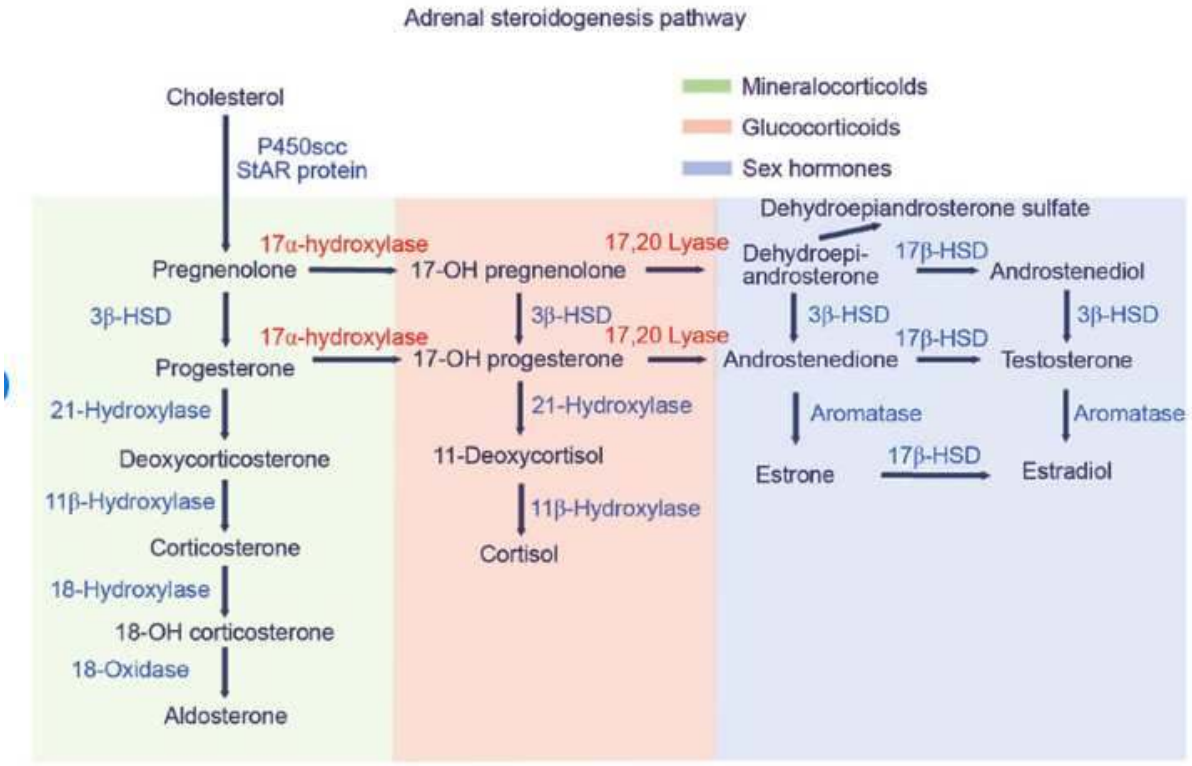
Growth Percentiles: 63 %ile (Z= 0.34) based on CDC (Girls, 2-20 Years)

Stature-for-age data based on Stature recorded on 2/11/2026., 81 %ile (Z= 0.90) based on CDC (Girls, 2-20 Years) weight-for-age data using data from 2/11/2026., 78 %ile (Z= 0.78) based on CDC (Girls, 2-20 Years) BMI-for-age based on BMI available on 2/11/2026.
GEN - NAD, appropriate to exam
HEENT - no facial dysmorphism and sclera white
Neck - FROM
Pulm - no increased work of breathing
Skin - No significant acne or acanthosis
Neuro - no focal deficit

LABORATORY TEST AND IMAGING

No labs recently.

Assessment & Plan
Emilly Junqueira-AlbinatiLima is a 17-year 10-month old female seen for previously diagnosed with CAH but off of all steroids for several years. There is some confusion about what her diagnosis actually was in Brazil and which labs were drawn and abnormal. Spent significant time with family discussing adrenal physiology and CAH. Reviewed with family that the history is inconsistent with CAH but if anything would be non-classic CAH.



Recommendations:
-Obtain labs below
-Consider ACTH stimulation test if borderline evaluation
-Follow up depending on lab results

Lab studies ordered
Orders Placed This Encounter
- 17a-OH Progesterone
- Androstenedione (LPCH/Quest)
- CBC with Diff
- Cortisol
- DHEA Sulfate (LPCH/Quest)
- Free T4
- Metabolic Panel, Comprehensive
- Testosterone, Total/Free Pedi (LPCH)
- TSH

Vitamin D 25 Hydroxy, Serum

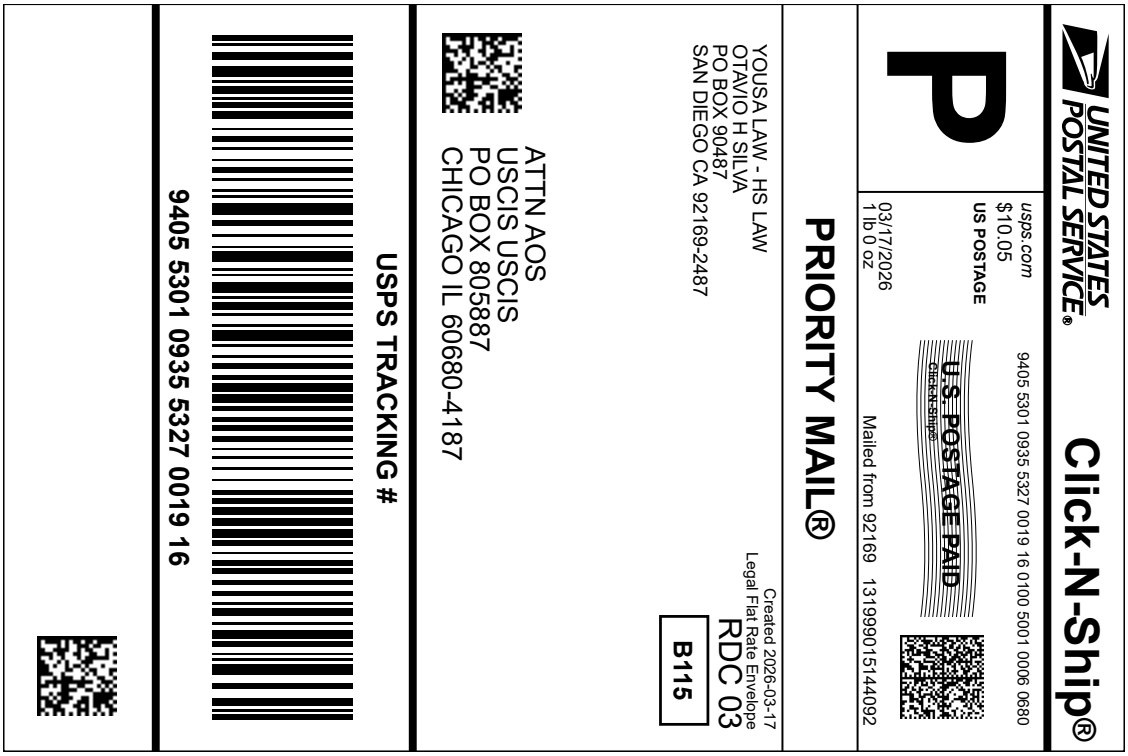
I discussed the plan and all recommendations with the family and patient and they expressed understanding and are in agreement of the plan.

I personally spent a total of 60 minutes which includes face-to-face time and non-face-to-face spent on preparing to see the patient, reviewing prior notes and tests, obtaining history from the patient, performing a medically appropriate exam, counseling and educating the patient, ordering medications/tests/procedures/referrals as clinically indicated, and documenting information in the electronic medical record. In addition, I have also done the following : counseling and educating the patient/family/caregiver, ordering medications/tests/or procedures, referring to and/or communicating with other healthcare professionals, independently interpreting results and communicating results to patient/family/caregiver, coordinating care, and reviewing separately obtained history

Rachel Sewell, MD (she/her)
Clinical Assistant Professor
Pediatric Endocrinology and Diabetes

ACQUA

Exhibit 6 - Proof of Original Filing - Form I-864 Evidence



Cut on dotted line.

Instructions

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

9405 5301 0935 5327 0019 16

Print Date: 2026-03-17	**PRIORITY MAIL®**	**$10.05**
Ship Date: 2026-03-17	**Extra Services:**	**$0.00**
	Fees:	**$0.00**
	Total:	**$10.05**

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

To: ATTN AOS
USCIS USCIS
PO BOX 805887
CHICAGO IL 60680-4187

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

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

Remove ×

Tracking Number:

9405530109355327001916

Copy Add to Informed Delivery

Latest Update

Your item was picked up at the post office at 3:45 pm on March 19, 2026 in CHICAGO, IL 60680.

Get More Out of USPS Tracking:

USPS Tracking Plus®

Delivered

Delivered, Individual Picked Up at Post Office

CHICAGO, IL 60680
March 19, 2026 3:45 PM

See All Tracking History

What Do USPS Tracking Statuses Mean?

Text & Email Updates

USPS Tracking Plus®

Product Information

See Less

Kennya Junqueira Camargo's Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

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

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

6.a. Family Name (Last Name): JUNQUEIRA CAMARGO

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

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- 2 3 2 7 3 0 5 4 8

Client's Contact Information

10. Daytime Telephone Number

6504305756

11. Mobile Telephone Number (if any)

6504305756

12. Email Address (if any)

limadinheiroenegocios@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ Kenya Junquera Lamargo

2.b. Date of Signature (mm/dd/yyyy) 03/10/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 03/10/2026

2.a. Signature of Law Student or Law Graduate

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): JUNQUEIRA CAMARGO

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

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

Affidavit of Support Under Section 213A of the INA

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☐ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

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

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

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

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

Street Number and Name
2000 S Delaware St

Apt. Ste. Flr. Number
☒ ☐ ☐ 408

City or Town
San Mateo

State
CA

ZIP Code
94403

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
12/05/1979

7. Country of Birth
Brazil

8. U.S. Social Security Number (Required)
► 6 1 9 0 6 6 5 9 0

9. Immigration Status

☐ I am a U.S. citizen.

☐ I am a U.S. national.

☒ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A- 2 3 2 7 3 0 5 4 8

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

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

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

Part 3. Information About the Principal Immigrant

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

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

2. Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality
Brazil

4. Date of Birth (mm/dd/yyyy)
04/10/1965

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

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

7. Daytime Telephone Number
6504305756

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
JUNQUEIRA ALBINATI LIMA	Emilly	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Child	04/10/2008	► N/A

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **2**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **0**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **0**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **0**

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

Household Size: **3**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an **N/A**

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

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

4. ☒ Self-Employed as a/an (Occupation) **Nanny**

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

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

7. My current individual annual income is: $ **8,500.00**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 8,500.00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2024	$ 8,500.00
16.b. 2nd Most Recent	2023	$ 1,393.00
16.c. 3rd Most Recent		$

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: 650-4305756

4. Sponsor's Mobile Telephone Number (if any): 650-4305756

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

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature: Kennya Junqueira Camargo

Date of Signature (mm/dd/yyyy): 03/10/2026

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

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

Interpreter's Full Name

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

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature
N/A

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

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
03/10/2026

Part 11. Additional Information

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

1. Family Name (Last Name): JUNQUEIRA CAMARGO | Given Name (First Name): Kennya | Middle Name (if applicable): N/A

2. A-Number (if any) ► **A-** 232730548

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

N/A

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

N/A

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

N/A

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

N/A

Renato Alves de Barros’ Signed Forms

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☐ Petitioner ☒ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): ALVES DE BARROS

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

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- 2 1 8 0 7 9 6 0 1

Client's Contact Information

10. Daytime Telephone Number

628-2787457

11. Mobile Telephone Number (if any)

628-2787457

12. Email Address (if any)

renatocalifornia2019@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 03/13/2026

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) 03/11/2026

2.a. Signature of Law Student or Law Graduate

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): ALVES DE BARROS

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

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

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☒ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALVES DE BARROS	Renato	N/A

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

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

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

Street Number and Name
467 Burnett Ave

Apt. Ste. Flr. Number
☒ ☐ ☐ 13

City or Town
San Francisco

State
CA

ZIP Code
94131

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
06/21/1980

7. Country of Birth
Brazil

8. U.S. Social Security Number (Required)
► 7 3 3 3 0 9 5 1 3

9. Immigration Status

☐ I am a U.S. citizen.

☐ I am a U.S. national.

☒ I am a lawful permanent resident.

10. Sponsor's A-Number (if any)
► A- 2 1 8 0 7 9 6 0 1

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

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

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

Part 3. Information About the Principal Immigrant

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

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

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 04/10/1965

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

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

7. Daytime Telephone Number: 6504305756

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
JUNQUEIRA ALBINATI LIMA	Emilly	N/A

Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
Child	04/10/2008	► N/A

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

1. Enter the total number of immigrants you are sponsoring on this affidavit which includes the principal immigrant listed in **Part 3.**, any immigrants listed in **Part 4.**, **Item Numbers 4. - 7.** and, any additional sponsored immigrants you listed in **Part 11. Additional Information**. Do not count the principal immigrant if you are only sponsoring family members entering more than six months after the principal immigrant. **2**

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **0**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **0**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **0**

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

Household Size: **4**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an **N/A**

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

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

4. ☒ Self-Employed as a/an (Occupation) **Driver**

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

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

7. My current individual annual income is: $ **47,693.00**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A | Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A | Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A | Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A | Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 47,693.00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2024	$ 47,693.00
16.b. 2nd Most Recent		$
16.c. 3rd Most Recent		$

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: 628-2787457

4. Sponsor's Mobile Telephone Number (if any): 628-2787457

5. Sponsor's Email Address (if any): renatocalifornia2019@gmail.com

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature ➡ [ ] Date of Signature (mm/dd/yyyy): 03/11/2026

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

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

Interpreter's Full Name

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

Interpreter's Given Name (First Name)
N/A

2. Interpreter's Business or Organization Name
N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature
N/A

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

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
03/11/2026

Part 11. Additional Information

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

1. Family Name (Last Name): **ALVES DE BARROS** | Given Name (First Name): **Renato** | Middle Name (if applicable): **N/A**

2. A-Number (if any) ► **A-** 2 1 8 0 7 9 6 0 1

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

N/A

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

N/A

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

N/A

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

N/A

2024
Income Tax Return

Prepared For:

KENNYA JUNQUEIRA CAMARGO
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403
(650)430-4803

Prepared By:

Certifica Inc.
72 Scott Street
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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
KENNYA	JUNQUEIRA CAMARGO	619-06-6590
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.
2000 S DELAWARE ST 408

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Mateo CA 94403

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

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

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

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.

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	8,500.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	8,500.
10	Adjustments to income from Schedule 1, line 26			10	601.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	7,899.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	0.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,201.
	24	Add lines 22 and 23. This is your **total tax**		24	1,201.
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)	27 602.		
	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	602.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	602.
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	599.
	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 JOSE A RODRIGUES MIRANDA Phone no. 415-571-7970 Personal identification number (PIN) 94066

Sign Here

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

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

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

Phone no. (650)430-4803 Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed
Preparer's name JOSE A RODRIGUES MIRANDA	Phone no. (415)571-7970		
Firm's name Certifica Inc.			
Firm's address 72 Scott Street , San Bruno, CA, 94066		Firm's EIN 92-2969531	

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

KENNYA JUNQUEIRA CAMARGO

Your social security number

619-06-6590

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	8,500.
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	8,500.

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	601.
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	601.

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

KENNYA JUNQUEIRA CAMARGO

Your social security number

619-06-6590

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	1,201.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	1,201.

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	Social security number (SSN)
KENNYA JUNQUEIRA CAMARGO	619-06-6590

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

B Enter code from instructions: 624410

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.): 2000 S DELAWARE ST APT 408

City, town or post office, state, and ZIP code: SAN MATEO, CA 94403

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	8,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	8,500.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	8,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	8,500.

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

8	Advertising	8		18	Office expense (see instructions)	18	
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	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	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	8,500.
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	8,500.

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

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

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

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)

KENNYA JUNQUEIRA CAMARGO

Social security number of person with **self-employment** income 619-06-6590

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	8,500.
3	Combine lines 1a, 1b, and 2	3	8,500.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,850.
	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	7,850.
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	7,850.
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	973.
11	Multiply line 6 by 2.9% (0.029)	11	228.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4,** or **Form 1040-SS, Part I, line 3**	12	1,201.
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	601.	

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

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 $10,380, **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 **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.

Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
KENNYA JUNQUEIRA CAMARGO	619-06-6590
Preparer's name	**Preparer tax identification number**
JOSE A RODRIGUES MIRANDA	P03054034

Part I Due Diligence Requirements

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I –V for the benefit(s) claimed (check all that apply). ☒ EIC ☐ CTC/ACTC/ODC ☐ AOTC ☐ HOH

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	☒	☐	
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	☒	☐	☐
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	☒	☐	
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)	☐	☒	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?	☐	☐	
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	☐	☐	
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: SSN,	☒	☐	
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	☒	☐	
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	☒	☐	☐
a	Did you complete the required recertification Form 8862?	☐	☐	☒
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	☒	☐	☐

For Paperwork Reduction Act Notice, see separate instructions. Form **8867** (Rev. 11-2024)

UYA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention.*

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **9465**
(Rev. September 2020)
Department of the Treasury
Internal Revenue Service

Installment Agreement Request

Go to *www.irs.gov/Form9465* for instructions and the latest information.
If you are filing this form with your tax return, attach it to the front of the return.
See separate instructions.

OMB No. 1545-0074

Tip: If you owe $50,000 or less, you may be able to avoid filing Form 9465 and establish an installment agreement online, even if you haven't yet received a tax bill. Go to *www.irs.gov/OPA* to apply for an Online Payment Agreement. If you establish your installment agreement using the Online Payment Agreement application, the user fee that you pay will be lower than it would be with Form 9465.

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) FORM 1040

Enter tax year(s) or period(s) involved (for example, 2021 and 2022, or January 1, 2022, to June 30, 2022) 2024

1a Your first name and initial: KENNYA | Last name: JUNQUEIRA CAMARGO | **Your social security number**: 619-06-6590

If a joint return, spouse's first name and initial | Last name | **Spouse's social security number**

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. | Apt. number

2000 S DELAWARE ST | 408

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).

San Mateo, CA 94403

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

1b If this address is new since you filed your last tax return, check here . . . ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 (650)430-4803 (Your home phone number) | 02:00 PM (Best time for us to call) | **4** Your work phone number | Ext. | Best time for us to call

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5	599.
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6	
7	Add lines 5 and 6 and enter the result	7	599.
8	Enter the amount of any payment you're making with this request. See instructions	8	
9	Amount owed. Subtract line 8 from line 7 and enter the result	9	599.
10	Divide the amount on line 9 by 72.0 and enter the result	10	8.
11a	Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, **as these charges will continue to accrue until you pay in full.** If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. **If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months**	11a	$ 150.
b	If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your *revised* monthly payment	11b	$

- If you can't increase your payment on line 11b to more than or equal to the amount shown on line 10, check the box. Also, complete and attach Form 433-F, Collection Information Statement . . . ☐
- If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over $25,000 but not more than $50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14.
- If the amount on line 9 is greater than $50,000, complete and attach Form 433-F.

12 Enter the date you want to make your payment each month. **Don't** enter a date later than the 28th — **12** 10

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

a Routing number 121042882 **b** Account number 8294816239

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions . . . ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 . . . ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II Additional information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** 0

18 How many people in your household are 65 or older? **18** 0

19 How often are you paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23** 0

24 How many car payments do you have each month? **24** 0

25a Do you have health insurance?

- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
KENNYA JUNQUEIRA CAMARGO	619-06-6590
Spouse's name	Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	7,899.
2	Total tax	2	1,201.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	599.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94403 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☐ I authorize _____ (ERO firm name) to enter or generate my PIN _____ (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR | FORM

2024 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

619-06-6590 JUNQ 24 PBA 624410
KENNYA JUNQUEIRA CAMARGO

2000 S DELAWARE ST APT 408
SAN MATEO CA 94403

12-05-1979

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 X Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $149 = $ 149

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $149 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $149 = $

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

10 Dependents: Do not include yourself or your spouse/RDP.

Exemptions

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . 10 X $461 = $

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 149

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	7,899 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	7,899 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	7,899 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: Single or Married/RDP filing separately . . . . . $5,540 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $11,080 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. .	18	5,540 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	2,359 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule [ ] FTB 3800 [ ] FTB 3803	31	24 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions	32	149 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A	34	.00
35	Add line 33 and line 34	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	.00
43	Enter credit name _____ code _____ and amount . .	43	.00
44	Enter credit name _____ code _____ and amount . .	44	.00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	0 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2024 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Reserved for future use	74	.
75	Earned Income Tax Credit (EITC). See instructions	75	221 .00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	221 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions **91** 0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions [X]

Individual Shared Responsibility (ISR) Penalty. See instructions **92** 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	221 .00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	94	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	221 .00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96	.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	221 .00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	221 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . 111 0 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . 112 .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . 113 .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . 114 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . 115 221 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number 121042882 Type: [X] Checking [ ] Savings Account number 8294816239 **116** Direct deposit amount 221 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number Type: [ ] Checking [ ] Savings Account number **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ☒ Yes ☐ No

Sign your tax return on Side 6

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

Your email address. Enter only one email address.: KJUNQUEIRACAMARGO@GMAIL.COM

Preferred phone number: 650-430-4803

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed): CERTIFICA INC.

PTIN: P03054034

Firm's address: 72 SCOTT STREET SAN BRUNO, CA 94066

Firm's FEIN: 922969531

Do you want to allow another person to discuss this tax return with us? See instructions . . . . [X] Yes [ ] No

Print Third Party Designee's Name: JOSE RODRIGUES MIRANDA

Telephone Number: 415-571-7970

TAXABLE YEAR

FORM

2024 California Earned Income Tax Credit 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

KENNYA JUNQUEIRA CAMARGO

Your SSN or ITIN

619-06-6590

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . . ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . **2** 7,899 .00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . **3** 602 .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income . . . . . **4** .00

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name			
6 Last name			
7 SSN or ITIN. See instructions.			

8 Date of birth (mm/dd/yyyy). If born after 2005 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.

Child 1	Child 2	Child 3

9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.

Child 1	Child 2	Child 3
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here. The child is not a qualifying child.

Child 1	Child 2	Child 3
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

10 Child's relationship to you. See instructions.

Child 1	Child 2	Child 3

11 Number of days child lived with you in California during 2024. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr.

Child 1	Child 2	Child 3
0	0	0

12 Child's physical address during 2024. See instructions.

Child 1
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 2
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 3
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	**13**	.00
14	IHSS payments. See instructions	**14**	.00
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	**15**	.00
16	Subtract line 14 and line 15 from line 13	**16**	.00
17	Nontaxable combat pay. See instructions	**17**	.00
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	**18**	7,899 .00

a Business name: BABYSITTER

b Business address (Street address (number, street, apt. no./ste. no.)): 2000 S DELAWARE ST APT 408

City: SAN MATEO State: CA ZIP code: 94403

c Business license number:

d SEIN:

e Business code: 624410

19 California earned income. Add line 16, line 17, and line 18 **19** 7,899 .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a **20** 221 .00

Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

21 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . **21** 0.0000

22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . **23** .00

a **Total** wages, salaries, tips, and other employee compensation. See instructions **23a** .00

b If your **total** net loss exceeds $34,602 or your federal AGI exceeds $31,950, check the box. See instructions . . . . . ☐

24 **Available Young Child Tax Credit** . . . . . **24** 1,154 .00

☐ If the amount on line 23 is $26,626 or less, skip line 25 through line 27 and enter $1,154 on line 28. If applicable, complete line 29 and line 30.

☐ If the amount on line 23 is greater than $26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.

25 Excess earned income over threshold. Subtract $26,626 from line 23 . . . . . **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **26** .00

27 **Reduction amount.** Multiply line 26 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round **27**

28 **Young Child Tax Credit.**

☐ If you did not need to complete line 25 through line 27, your credit is the $1,154 from line 24.

☐ If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. . . . . **28** .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . **29** 0.0000

30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return . . . . . ☐

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . . ☐

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	**Spouse/RDP**
a First name		
b Last name		

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . [redacted] ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . [redacted] ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19 . . . . . **34** .00

35 Available Foster Youth Tax Credit . . . . . **35** .00

[redacted] If the amount on line 34 is $26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.

> If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35 and line 39.
> If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35 and line 39.

If applicable, complete line 40 and line 41.

[redacted] If the amount on line 34 is greater than $26,626, complete line 36 through line 38 and enter on line 35 the following amount.

> If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35.
> If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35.

If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract $26,626 from line 34 . . . . . **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round . . . . **37** .00

38 Reduction amount **38**

[redacted] If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round.

[redacted] If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.34. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

[redacted] If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,154 from line 35.

[redacted] If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,308 from line 35.

[redacted] If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c . . . . . **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . **40** 0.0000

41 Part-year resident FYTC. Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

TAXABLE YEAR

2024

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return: KENNYA JUNQUEIRA CAMARGO

SSN or ITIN: 619-06-6590

Part I Due Diligence Requirements

1 a Preparer's name . . . . . **1a** JOSE A RODRIGUES MIRANDA

b Preparer's PTIN **1b** P03054034

c Preparer's license, registration, or enrollment type. Check one box

☐ CPA ☐ EA ☐ Attorney ☒ CTEC ☐ Other (specify) _____

If CPA, Attorney, or Other, enter license, registration, or enrollment state . . . . . **1c** CA

d Preparer's license, registration, or enrollment number **1d** A353131

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? . . . . . **2** ☒ Yes ☐ No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? . . . . . **3** ☒ Yes ☐ No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount . . . . . **4** ☒ Yes ☐ No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) . . . . . **5** ☐ Yes ☒ No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . **5a** ☐ Yes ☐ No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) . . . . . **5b** ☐ Yes ☐ No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit . . . . . **6** ☒ Yes ☐ No

List those documents provided by the taxpayer, if any, that you relied on.

SSN,

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? . . . . . **7** ☒ Yes ☐ No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? . . . . . **8** ☒ Yes ☐ No ☐ N/A

Part II Due Diligence Questions

9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . **9a** [X] Yes [ ] No

b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . . **9b** [ ] Yes [ ] No

c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . **9c** [ ] Yes [ ] No

[X] N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;

B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;

C. Submit form FTB 3596 in the manner required; and

D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1. A copy of form FTB 3596,

2. The EITC worksheet(s) or your own worksheet(s),

3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,

4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and

5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.

10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . **10** [X] Yes [ ] No

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
KENNYA JUNQUEIRA CAMARGO	619-06-6590
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 7,899.

2 Amount you owe. See instructions 2

3 Refund or no amount due. See instructions . . . . . 3 221.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent** . If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CERTIFICA INC. to enter my PIN 9 4 4 0 3

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and you return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☐ I authorize _____ to enter my PIN

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 9 4 8 3 5 2 9 4 0 6 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get FTB 1131 EN-SP. FTB 8879 2024

Exhibit 8 – Renato Alves de Barros' Financial Information – Joint Sponsor

UNITED STATES OF AMERICA
PERMANENT RESIDENT
ALVES DE BARROS RENATO 21 JUN
Surname
ALVES DE BARROS
Given Name
RENATO
Country of Birth
Brazil
USCIS#
218-079-601
Category
CR6
Date of Birth
21 JUN 1980
Sex
M
Card Expires:
08/26/27
Resident Since:
08/26/25

FORM I-551
Rev (12-2021)

77278827

55C If found, drop in any US Mailbox. USPS: Mail to 7 Product Way, Lees Summit, MO 64002

C1USA2180796018IOE0929718952<<
8006215M2708263BRA<<<<<<<<<<<<8
ALVES<DE<BARROS<<RENATO<<<<<<<

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: AMARILDO R MARTINS & RENATO ALVES DE BARROS
Primary SSN: 606-57-6292

Federal Return Submitted: July 08, 2025 10:23 PM PST
Federal Return Acceptance Date: 07/08/2025

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.
The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:
For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2025. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2025, your Intuit electronic postmark will indicate April 15, 2025, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2025, and a corrected return is submitted and accepted before April 20, 2025. If your return is submitted after April 20, 2025, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2025. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2025, and the corrected return is submitted and accepted by October 20, 2025

2. THE ACCEPTANCE DATE.
Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

Your first name and middle initial	Last name	Your social security number
AMARILDO R	MARTINS	606 57 6292
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
RENATO	ALVES DE BARROS	733 30 9513

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
467 Burnett Ave 13

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Francisco CA 94131

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

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

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

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

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

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

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	47,693.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	47,693.
10	Adjustments to income from Schedule 1, line 26				10	3,370.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	44,323.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	29,200.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	3,025.
14	Add lines 12 and 13				14	32,225.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	12,098.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

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Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	1,208.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,208.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,208.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,739.
	24	Add lines 22 and 23. This is your **total tax**	24	7,947.
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) — 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	12.	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	12.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	12.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXXXXXXXXXXXXX		
	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	8,199.
	38	Estimated tax penalty (see instructions) — 38	264.	

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

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

Phone no. (415)505-7853 | Email address

Paid Preparer Use Only

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

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SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
AMARILDO R MARTINS & RENATO ALVES DE BARROS	606-57-6292

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	47,693.
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	47,693.

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Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	3,370.
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	3,370.

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SCHEDULE 2 (Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074
2024
Attachment Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: AMARILDO R MARTINS & RENATO ALVES DE BARROS

Your social security number: 606-57-6292

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	6,739.
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)

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Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount: _____	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount: _____	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes**. Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	6,739.

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SCHEDULE 3
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: AMARILDO R MARTINS & RENATO ALVES DE BARROS

Your social security number: 606-57-6292

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required			1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441			2	
3	Education credits from Form 8863, line 19			3	
4	Retirement savings contributions credit. Attach Form 8880			4	
5a	Residential clean energy credit from Form 5695, line 15			5a	
b	Energy efficient home improvement credit from Form 5695, line 32			5b	
6	Other nonrefundable credits:				
a	General business credit. Attach Form 3800	6a			
b	Credit for prior year minimum tax. Attach Form 8801	6b			
c	Adoption credit. Attach Form 8839	6c			
d	Credit for the elderly or disabled. Attach Schedule R	6d			
e	Reserved for future use	6e			
f	Clean vehicle credit. Attach Form 8936	6f			
g	Mortgage interest credit. Attach Form 8396	6g			
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h			
i	Qualified electric vehicle credit. Attach Form 8834	6i			
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j			
k	Credit to holders of tax credit bonds. Attach Form 8912	6k			
l	Amount on Form 8978, line 14. See instructions	6l			
m	Credit for previously owned clean vehicles. Attach Form 8936	6m			
z	Other nonrefundable credits. List type and amount: _____	6z			
7	Total other nonrefundable credits. Add lines 6a through 6z			7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20			8	

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	12.
10	Amount paid with request for extension to file (see instructions)			10	
11	Excess social security and tier 1 RRTA tax withheld			11	
12	Credit for federal tax on fuels. Attach Form 4136			12	
13	Other payments or refundable credits:				
a	Form 2439	13a			
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b			
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other refundable credits (see instructions): _____	13z			
14	Total other payments or refundable credits. Add lines 13a through 13z			14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			15	12.

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Form **2210**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Individuals, Estates, and Trusts

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.
Go to *www.irs.gov/Form2210* for instructions and the latest information.

OMB No. 1545-0140

2024

Attachment Sequence No. **06**

Name(s) shown on tax return: AMARILDO R MARTINS & RENATO ALVES DE BARROS

Identifying number: 606-57-6292

Do You Have To File Form 2210?

Complete lines 1 through 7 below. Is line 4 or line 7 less than $1,000?
- **Yes** → **Don't file Form 2210.** You don't owe a penalty.
- **No** → Complete lines 8 and 9 below. Is line 6 equal to or more than line 9?
  - **Yes** → You **don't** owe a penalty. **Don't** file Form 2210 unless **box E** in Part II applies, then file page 1 of Form 2210.
  - **No** → You may owe a penalty. Does any box in Part II below apply?
    - **Yes** → You **must** file Form 2210. Does box **B**, **C**, or **D** in Part II apply?
      - **Yes** → You must figure your penalty.
      - **No** → You **aren't** required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **file only page 1 of Form 2210**.
    - **No** → **Don't file Form 2210.** You aren't required to figure your penalty because the IRS will figure it and send you a bill for any unpaid amount. If you want to figure it, you may use Part III as a worksheet and enter your penalty amount on your tax return, but **don't file Form 2210**.

Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)		1	1,208.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)		2	6,739.
3	Other payments and refundable credits (see instructions)		3	(12.)
4	Current year tax. Combine lines 1, 2, and 3. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210		4	7,935.
5	Multiply line 4 by 90% (0.90)	5 7,142.		
6	Withholding taxes. **Don't** include estimated tax payments. See instructions		6	0.
7	Subtract line 6 from line 4. If less than $1,000, **stop**; you don't owe a penalty. **Don't** file Form 2210		7	7,935.
8	Maximum required annual payment based on prior year's tax (see instructions)		8	5,248.
9	**Required annual payment.** Enter the **smaller** of line 5 or line 8		9	5,248.

Next: Is line 9 more than line 6?

☐ **No.** You **don't** owe a penalty. **Don't** file Form 2210 unless box **E** below applies.

☒ **Yes.** You may owe a penalty, but **don't** file Form 2210 unless one or more boxes in Part II below applies.

- If box **B**, **C**, or **D** applies, you must figure your penalty and file Form 2210.
- If box **A** or **E** applies (but not **B**, **C**, or **D**), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't** file Form 2210.

A ☐ You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.

B ☐ You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.

C ☐ Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.

D ☐ Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.

E ☒ You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box **B**, **C**, or **D** applies).

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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	Social security number (SSN)
AMARILDO R MARTINS	606-57-6292

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

B Enter code from instructions: 4 8 5 3 0 0

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

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

E Business address (including suite or room no.) 467 Burnett Ave, Apt. 13

City, town or post office, state, and ZIP code San Francisco, CA 94131

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

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

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

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . ☐ **Yes** ☒ **No**

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	44,540.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	44,540.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	44,540.
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	44,540.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	9,292.	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	325.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	7,845.
				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	17,462.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	27,078.
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	27,078.
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.	

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Part III Cost of Goods Sold (see instructions)

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

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

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

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2014

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

a Business 13,690 b Commuting (see instructions) c Other 0

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

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

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

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

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

LYFT FEES & EXPENSES	6,523.
CELL PHONE & INTERNET	525.
CAR WASH	545.
FASTRAK	252.

48 **Total other expenses.** Enter here and on line 27a . . . 48 7,845.

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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	Social security number (SSN)
RENATO ALVES DE BARROS	733-30-9513

A Principal business or profession, including product or service (see instructions): LIMOUSINE SERVICES

B Enter code from instructions: 4 8 5 3 0 0

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

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

E Business address (including suite or room no.) 467 Burnett Ave, Apt. 13

City, town or post office, state, and ZIP code San Francisco, CA 94131

F Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)

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

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

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . ☐ Yes ☒ No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	77,266.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	77,266.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	77,266.
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	77,266.

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	36,604.	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	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15	8,288.	25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	11,759.
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17					

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	56,651.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	20,615.
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	20,615.
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.	

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Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

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

a Business 53,917 b Commuting (see instructions) c Other 0

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

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

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

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

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

PHONE	1,699.
AIRPORT FEE	3,326.
TOLL & PARKING	4,648.
LAUNDRY & CLOTH	2,086.

48	**Total other expenses.** Enter here and on line 27a	48	11,759.

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SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

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

AMARILDO R MARTINS

Social security number of person with **self-employment** income: 606-57-6292

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**	27,078.
3	Combine lines 1a, 1b, and 2		**3**	27,078.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		**4a**	25,007.
	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**	25,007.
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**	25,007.
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**	3,101.
11	Multiply line 6 by 2.9% (0.029)		**11**	725.
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**	3,826.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	**13**	1,913.	

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

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

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

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

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

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

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

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

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

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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)

RENATO ALVES DE BARROS

Social security number of person with **self-employment** income: 733-30-9513

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**	20,615.
3	Combine lines 1a, 1b, and 2		**3**	20,615.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		**4a**	19,038.
	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**	19,038.
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**	19,038.
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**	2,361.
11	Multiply line 6 by 2.9% (0.029)		**11**	552.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**		**12**	2,913.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	**13**	1,457.	

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

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

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

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

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

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

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

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

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

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Form **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: AMARILDO R MARTINS & RENATO ALVES DE BARROS

Your taxpayer identification number: 606-57-6292

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	AMARILDO R MARTINS	606-57-6292	25,165.
ii	RENATO ALVES DE BARROS	733-30-9513	19,158.
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	44,323.		
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	44,323.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	8,865.
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	8,865.
11	Taxable income before qualified business income deduction (see instructions)	11	15,123.		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	0.		
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	15,123.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	3,025.
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	3,025.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	(0.)

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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: AMARILDO R MARTINS & RENATO ALVES DE BARR

Your social security number: 606-57-6292

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	2
2a	Modified AGI. Enter your modified AGI. See instructions	2a	44,323.		
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	44,323.
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	19,720.
5	Household income as a percentage of federal poverty line (see instructions)			5	224 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0296
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	1,312.	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 109.

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	14,202.	15,988.	1,312.	14,676.	14,202.	14,190.

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						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	14,202.
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	14,190.
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	12.

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	
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2024)

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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**				

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TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

APE ATTACH FEDERAL RETURN

606-57-6292 MART 733-30-9513 24 PBA 485300
AMARILDO R MARTINS
RENATO ALVES DE BARROS

467 BURNETT AVE APT 13
SAN FRANCISCO CA 94131

03-30-1966 06-21-1980

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Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . ◉ [X]

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . [ ]

1 [ ] Single

2 [X] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [2] X $149 = ◉ $ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $149 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $149 = ◉ $

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . ● 10 [ ] X $461 = ◉ $

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . ◉ 11 $ 298

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . ● 12 [ ] .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . ◉ 13 44323 .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 44323 .00

16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C . . . . . ● 16 .00

17 California adjusted gross income. Combine line 15 and line 16 . . . . . ● 17 44323 .00

18 Enter the **larger** of
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately $5,540
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,080

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions . . ● 18 11080 .00

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- . . . . . ◉ 19 33243 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31 449 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions. . . . . ◉ 32 298 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ◉ 33 151 .00

34 Tax. See instructions. Check the box if from: ● [ ] Schedule G-1 ● [ ] FTB 5870A . . ● 34 .00

35 Add line 33 and line 34 . . . . . ◉ 35 151 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions . . . . . ● 40 .00

43 Enter credit name [ ] code ● [ ] and amount . . . ● 43 .00

44 Enter credit name [ ] code ● [ ] and amount . . . ● 44 .00

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	●	45	.00
46	Nonrefundable Renter's Credit. See instructions	●	46	120 .00
47	Add line 40 through line 46. These are your total credits	◉	47	120 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	◉	48	31 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	●	61	.00
62	Mental Health Services Tax. See instructions	●	62	.00
63	Other taxes and credit recapture. See instructions	●	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	●	64	31 .00

Payments

71	California income tax withheld. See instructions	●	71	.00
72	2024 California estimated tax and other payments. See instructions	●	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	●	73	.00
74	Reserved for future use		74	.
75	Earned Income Tax Credit (EITC). See instructions	●	75	.00
76	Young Child Tax Credit (YCTC). See instructions	●	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	●	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	◉	78	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.
Individual Shared Responsibility (ISR) Penalty. See instructions ● 92 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	◉	93	.00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	◉	94	0 .00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	◉	95	.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	◉	96	.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	◉	97	.00

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	**100**	31 .00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	**400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
	California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
	California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
	State Parks Protection Fund/Parks Pass Purchase	**423**	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
	California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110	Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** ..... ● **111** 31 .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** 31 .00

Refund and Direct Deposit

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001**..... ● **115** .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ◉ ☐ Yes ☐ No

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Sign your tax return on Side 6

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number 4155057853

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name Telephone Number

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TAXABLE YEAR | SCHEDULE

2024 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: A R MARTINS & R ALVES DE BARROS

SSN or ITIN: 606576292

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a			
b Household employee wages not reported on federal Form(s) W-2 ..... 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 ..... 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 ..... 1f			
g Wages from federal Form 8919, line 6..... 1g			
h Other earned income. See instructions 1h			
i Nontaxable combat pay election. See instructions..... 1i			
z Add line 1a through line 1i..... 1z			
2 Taxable interest. a _____ 2b			
3 Ordinary dividends. See instructions. a _____ 3b			
4 IRA distributions. See instructions. a _____ 4b			
5 Pensions and annuities. See instructions. a _____ 5b			
6 Social security benefits. a _____ 6b			
7 Capital gain or (loss). See instructions 7			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1			
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions..... 3	47693		
4 Other gains or (losses)..... 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc..... 5			
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss 8a	( )		
b Gambling 8b			
c Cancellation of debt 8c			
d Foreign earned income exclusion from federal Form 2555 8d	( )		
e Income from federal Form 8853 8e			
f Income from federal Form 8889 8f			
g Alaska Permanent Fund dividends 8g			
h Jury duty pay 8h			
i Prizes and awards 8i			
j Activity not engaged in for profit income 8j			
k Stock options 8k			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property 8l			
m Olympic and Paralympic medals and USOC prize money 8m			
n IRC Section 951(a) inclusion 8n			
o IRC Section 951A(a) inclusion 8o			
p IRC Section 461(l) excess business loss adjustment 8p			
q Taxable distributions from an ABLE account 8q			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 8r			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d 8s	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan 8t			
u Wages earned while incarcerated 8u			
v Digital assets received as ordinary income not reported elsewhere 8v			
z Other income. List type and amount. _____ 8z			

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	47693		

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15	3370		
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

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Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**			
d Reforestation amortization and expenses **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**			
j Housing deduction from federal Form 2555 **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount. _____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	3370		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	44323		

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Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 0 **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. 44323 **2**			
3 Multiply line 2 by 7.5% (0.075) 3324 **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**	0		0
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**	72	72	
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**	0		
d Add line 5a through line 5c. **5d**	72		
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**	72	72	0
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6. . . . . **7**	72	72	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**			

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Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check **11**			
12 Other than by cash or check **12**			
13 Carryover from prior year **13**			
14 Add line 11 through line 13 **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C **17**	72	72	0
18 Total. Combine line 17 column A less column B plus column C **18**			0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**			
20 Tax preparation fees **20**			
21 Other expenses: investment, safe deposit box, etc. List type		**21**	0
22 Add line 19 through line 21 **22**			0
23 Enter amount from federal Form 1040 or 1040-SR, line 11	44323		
24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24**			886
25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 **25**			0
26 Total Itemized Deductions. Add line 18 and line 25 **26**			0
27 Other adjustments. See instructions. Specify.		**27**	
28 Combine line 26 and line 27 **28**			0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$244,857**
Head of household **$367,291**
Married/RDP filing jointly or qualifying surviving spouse/RDP **$489,719**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 **29** 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,540**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP **$11,080**

Transfer the amount on line 30 to Form 540, line 18 **30** 11080

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Nonrefundable Renter's Credit Qualification Record

✓Tip e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to **ftb.ca.gov** to check your e-file options.

If you were a resident of California for at least six months in 2024 and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

1. Were you a resident of California for at least six full months of the tax year in 2024?
Military personnel: If you are not a legal resident of California, you do not qualify for this credit. Your spouse/RDP may claim up to a maximum of $60 if he or she was a resident during 2024, and is otherwise qualified.
YES. Go to question 2. ✕ **NO.** Stop here. You do not qualify for this credit.

2. Is your adjusted gross income from all sources on your Form 540NR, line 17:
- $52,421 or less if single or married/RDP filing separately; or
- $104,842 or less if married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP?

YES. Go to question 3. ✕ **NO.** Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2024, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?
YES. Go to question 4. ✕ **NO.** Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2024?
NO. Go to question 6. ✕ **YES.** Go to question 5.

5. For more than half the year in 2024, did you live in the home of the person who can claim you as a dependent?
NO. Go to question 6. ✕ **YES.** Stop here. You do not qualify for this credit.

6. Was the property you rented exempt from property tax in 2024?
You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.
NO. Go to question 7. ✕ **YES.** Stop here. You do not qualify for this credit.

7. Did you claim the homeowner's property tax exemption anytime during 2024?
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
NO. Go to question 8. ✕ **YES.** If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.

8. Were you single in 2024?
YES. Go to question 11. ✕ **NO.** Go to question 9.

9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2024?
You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.
NO. Go to question 11. ✕ **YES.** If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.

10. Did you and your spouse/RDP maintain separate residences for the entire year in 2024?
YES. Go to question 11. **NO.** Stop here. You do not qualify for this credit.

SAMPLE COPY

(continued on next page)

Nonrefundable Renter's Credit Qualification Record – *Continued*

11. Use the following chart to find the amount of your credit based on the number of full months you were a resident of and rented property in California in 2024.

Enter the amount on the line below. If married/RDP filing jointly where one spouse/RDP claimed the homeowner's property tax exemption and both spouses/RDPs lived apart for the entire year, enter half of the amount listed on the chart for married/RDP filing jointly on the line below. Follow the instructions next to the chart.

Filing status	Number of months						
	6	7	8	9	10	11	12
Single or married/RDP filing separately	$30	$35	$40	$45	$50	$55	$60
Married/RDP filing jointly, head of household or qualifying surviving spouse/RDP	$60	$70	$80	$90	$100	$110	File Form 540

$ 1 2 0

If this credit is the only special credit you are claiming, enter the amount on your Form 540NR, line 61.
If you are a Form 540NR filer and are claiming additional special credits in addition to this credit, see the Special Credits and Nonrefundable Credits section in Form 540NR instructions.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2024, which qualified you for this credit.

Street Address	City, State, and ZIP Code	Dates Rented in 2024 (From_____to_____)

a_____

b_____

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name	Street Address	City, State, ZIP Code, and Telephone Number

a_____

b_____

CLIENT COPY

March 29, 2024

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403

Please find enclosed a copy of your 2023 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on March 29, 2024; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $196. Make your check or money order payable to ' United States Treasury '. Write ' 2023 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment by April 15, 2024 to:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

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

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

03/29/24 11:51 AM

March 29, 2024

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403

Please find enclosed a copy of your 2023 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on March 29, 2024; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is $83. The amount of overpayment applied to your 2024 estimates is $0. The amount to be refunded to you by direct deposit is $83.

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

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

03/29/24 11:51 AM

2023
Income Tax Return

Prepared For:

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403
(650)430-4803

Prepared By:

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
Telephone: (415)571-7970 or (415)571-7970
FAX: (628)227-8184
Email: CERTIFICABAYAREA@GMAIL.COM

03/29/2024 11:51:23AM

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"	196.00

1064

KENNYA JUNQUEIRA CAMARGO
RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

619066590 UZ JUN0 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
KENNYA	JUNQUEIRA CAMARGO	619-06-6590
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
RECIERI	ALBINATI LIMA	992-91-5518

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.: 2000 S DELAWARE ST 408

City, town, or post office. If you have a foreign address, also complete spaces below. State: San Mateo CA ZIP code: 94403

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

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

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

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

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

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

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

Income

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

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

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	1,393.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	1,393.
10	Adjustments to income from Schedule 1, line 26			10	98.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	1,295.
12	**Standard deduction or itemized deductions** (from Schedule A)			12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

Standard Deduction for-
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form 1040 (2023)

LIYA

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	196.
	24	Add lines 22 and 23. This is your **total tax**	24	196.
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) 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	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	196.
	38	Estimated tax penalty (see instructions) — 38		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. (650) 430-4803 | Email address

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed
Preparer's name JOSE A RODRIGUES MIRANDA	Phone no. (415) 571-7970		
Firm's name Certifica Inc.			
Firm's address 72 Scott Street , San Bruno, CA, 94066		Firm's EIN 92-2969531	

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

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA

Your social security number

619-06-6590

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	1,393.
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	1,393.

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	98.
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	98.

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

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI L

Your social security number

619-06-6590

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	196.
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	196.

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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: KENNYA JUNQUEIRA CAMARGO

Social security number (SSN): 619-06-6590

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

B Enter code from instructions: 624410

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	3,600.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	3,600.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	3,600.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	3,600.

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	185.
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	425.
17	Legal and professional services	17	350.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	1,247.
				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	2,207.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	1,393.
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	1,393.
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.

TRANSPORTATION	600.
UNIFORMS	235.
course	412.

48 **Total other expenses.** Enter here and on line 27a 48 1,247.

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)

KENNYA JUNQUEIRA CAMARGO

Social security number of person with **self-employment** income 619-06-6590

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		1b	( )

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2	Net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	1,393.
3	Combine lines 1a, 1b, and 2		3	1,393.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	1,286.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	1,286.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	1,286.
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	159.
11	Multiply line 6 by 2.9% (0.029)		11	37.
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	196.
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	98.	

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

Schedule SE (Form 1040) 2023

UYA

03/29/2024 11:51:23AM

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 **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
KENNYA JUNQUEIRA CAMARGO	619-06-6590
Spouse's name	**Spouse's social security number**
RECIERI ALBINATI LIMA	992-91-5518

Part I Tax Return Information—Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	1,295.
2	Total tax	2	196.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	196.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4637.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94403 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94403 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR | FORM

2023 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

619-06-6590 JUNQ 992-91-5518 23 PBA 624410
KENNYA JUNQUEIRA CAMARGO
RECIERI ALBINATI LIMA

2000 S DELAWARE ST APT 408
SAN MATEO CA 94403

12-05-1979 04-10-1965 CAMARGO

Principal Residence

Enter your county at time of filing (see instructions)
SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 X Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $144 = $ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $144 = $

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . 10 ☐ X $446 = $

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32. . . . . 11 $ 288

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	1,295 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	1,295 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	16	.00
17	California adjusted gross income. Combine line 15 and line 16	17	1,295 .00
18	Enter the larger of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately . . . . . $5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . $10,726 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions.	18	10,726 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	19	0 .00

Tax

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule • ☐ FTB 3800 • ☐ FTB 3803	31	0 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions	32	288 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	0 .00
34	Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A	34	.00
35	Add line 33 and line 34	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40	.00
43	Enter credit name ____ code • ☐ and amount . .	43	.00
44	Enter credit name ____ code • ☐ and amount . .	44	.00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	•	45	.00
46	Nonrefundable Renter's Credit. See instructions	•	46	120 .00
47	Add line 40 through line 46. These are your total credits	⊙	47	120 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙	48	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	•	61	.00
62	Mental Health Services Tax. See instructions	•	62	.00
63	Other taxes and credit recapture. See instructions	•	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	•	64	0 .00

Payments

71	California income tax withheld. See instructions	•	71	.00
72	2023 California estimated tax and other payments. See instructions	•	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	•	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	•	74	.00
75	Earned Income Tax Credit (EITC). See instructions	•	75	83 .00
76	Young Child Tax Credit (YCTC). See instructions	•	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	•	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	⊙	78	83 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions • 91 0 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions • [X]

Individual Shared Responsibility (ISR) Penalty. See instructions • 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙	93	83 .00
94	**Use Tax balance.** If line 91 is more than line 78, subtract line 78 from line 91	⊙	94	.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊙	95	83 .00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊙	96	.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊙	97	83 .00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	83	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	400	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
California Sea Otter Voluntary Tax Contribution Fund	410	.00
California Cancer Research Voluntary Tax Contribution Fund	413	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
State Parks Protection Fund/Parks Pass Purchase	423	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	425	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	440	.00
Suicide Prevention Voluntary Tax Contribution Fund	444	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00
110 Add amounts in code 400 through code 445. This is your total contribution	110	.00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information . . . • **111** 0 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: • ☐ **FTB 5805 attached** • ☐ **FTB 5805F attached** . . . . . • **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • **115** 83 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number 121042882 • Type ☒ Checking ☐ Savings • Account number 8294816239 • **116** Direct deposit amount 83 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Routing number • Type ☐ Checking ☐ Savings • Account number • **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

Sign your tax return on Side 6

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

(•) Your email address. Enter only one email address. KJUNQUEIRACAMARGO@GMAIL.COM

(•) Preferred phone number 650-430-4803

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) CERTIFICA INC.

• PTIN P03054034

Firm's address 72 SCOTT STREET SAN BRUNO, CA 94066

• Firm's FEIN 922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . • [ ] Yes [X] No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR

FORM

2023 California Earned Income Tax Credit 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

KENNYA JUNQUEIRA CAMARGO AND RECIERI ALBINATI LIMA

Your SSN or ITIN

619-06-6590

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Specific Instructions.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . . ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . 2 1,295 .00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . 3 .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income . . . . . 4 .00

Part III Qualifying Child Information (See Step 3 in the instructions.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name			
6 Last name			
7 SSN or ITIN. See instructions.			

8 Date of birth (mm/dd/yyyy). If born after 2004 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.

9 a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.

☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No

b Was the child permanently and totally disabled during any part of 2023? If yes, go to line 10. If no, stop here. The child is not a qualifying child.

☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No

10 Child's relationship to you. See instructions.

11 Number of days child lived with you in California during 2023. Do not enter more than 365 days. See instructions.

0	0	0

12 Child's physical address during 2023. See instructions.

Child 1
a Street address (number, street, apt. no./ste. no.)
b City | c State | d ZIP code

Child 2
a Street address (number, street, apt. no./ste. no.)
b City | c State | d ZIP code

Child 3
a Street address (number, street, apt. no./ste. no.)
b City | c State | d ZIP code

Part IV California Earned Income

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	13	.00
14	IHSS payments. See instructions	14	.00
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	15	.00
16	Subtract line 14 and line 15 from line 13	16	.00
17	Nontaxable combat pay. See instructions	17	.00
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	18	1,295 .00

a Business name: BABYSITTER

b Business address (Street address (number, street, apt. no./ste. no.)): 2000 S DELAWARE ST #408

City: SAN MATEO | State: CA | ZIP code: 94403

c Business license number:

d SEIN:

e Business code: 624410

19	**California earned income.** Add line 16, line 17, and line 18	19	1,295 .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20	**California EITC.** Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a	20	83 .00

Part VI Part-Year Resident California Earned Income Tax Credit

21 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . ⊙ 21 0.0000

22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . • 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . ⊙ 23 .00

a **Total** wages, salaries, tips, and other employee compensation. See instructions •23a .00

b If your **total** federal net loss exceeds $33,497 or your federal AGI exceeds $30,950, check the box. See instructions . . . . . •

24 **Available Young Child Tax Credit** . . . . . 24 1,117 .00

- If the amount on line 23 is $25,775 or less, skip line 25 through line 27 and enter $1,117 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $25,775, complete line 25 through line 28. If applicable, complete lines 29 and line 30.

25 Excess earned income over threshold. Subtract $25,775 from line 23 . . . . . • 25 .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round . . . . . ⊙ 26 .00

27 **Reduction amount.** Multiply line 26 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round . . . . . ■ 27

28 **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,117 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b . . . . . • 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA Exemption credit percentage from Form 540NR, line 38. See instructions. . . ⊙ 29 0.0000

30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . • 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return . . . . . •

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . . •

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name	•	•
b Last name	•	•

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 **California earned income.** Enter the amount from form FTB 3514, line 19 . . . . . **34** .00

35 **Available Foster Youth Tax Credit** . . . . . **35** .00

- If the amount on line 34 is $25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35 and line 39.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $25,775, complete line 36 through line 38 and enter on line 35 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35.

  If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract $25,775 from line 34 . . . . . **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **37** .00

38 **Reduction amount** **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.32. Enter the result as a decimal out to two decimal places, **do not** round.

39 **Foster Youth Tax Credit.**

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,117 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,234 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c . . . . . **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . **40** 0.0000

41 **Part-year resident FYTC.** Multiply line line 39 by line 40.
This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

TAXABLE YEAR **2023**

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM **3596**

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return: KENNYA JUNQUEIRA CAMARGO AND RECIERI ALBINATI LIMA

SSN or ITIN: 619-06-6590

Part I Due Diligence Requirements

1 a Preparer's name . . . . . 1a JOSE A RODRIGUES MIRANDA

b Preparer's PTIN 1b P03054034

c Preparer's license, registration, or enrollment type. Check one box

[ ] CPA [ ] EA [ ] Attorney [ ] CTEC [X] Other (specify) TAX PREPARER

If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c

d Preparer's license, registration, or enrollment number 1d

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? . . . . . 2 [X] Yes [ ] No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? . . . . . 3 [X] Yes [ ] No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.
- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount . . . . . 4 [X] Yes [ ] No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent?
(If "Yes," answer questions 5a and 5b. If "No," go to question 6.) . . . . . 5 [X] Yes [ ] No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . 5a [X] Yes [ ] No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) . . . . . 5b [X] Yes [ ] No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit . . . . . 6 [X] Yes [ ] No
List those documents provided by the taxpayer, if any, that you relied on.

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? . . . . . 7 [X] Yes [ ] No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? . . . . . 8 [X] Yes [ ] No [ ] N/A

Part II Due Diligence Questions

9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . 9a [X] Yes [ ] No

b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . . 9b [ ] Yes [ ] No

c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . 9c [ ] Yes [ ] No

[X] N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
C. Submit form FTB 3596 in the manner required; and
D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1. A copy of form FTB 3596,
2. The EITC worksheet(s) or your own worksheet(s),
3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.

10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . 10 [X] Yes [ ] No

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
KENNYA JUNQUEIRA CAMARGO	619-06-6590
Spouse's/RDP's name	**Spouse's/RDP's SSN or ITIN**
RECIERI ALBINATI LIMA	992-91-5518

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 1,295.

2 Amount you owe. See instructions 2

3 Refund or no amount due. See instructions . . . . . 3 83.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

X I authorize CERTIFICA INC. to enter my PIN 9 4 4 0 3

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

X I authorize CERTIFICA INC. to enter my PIN 9 4 4 0 3

ERO firm name **Do not enter all zeros**

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN. 9 4 8 3 5 2 9 4 0 6 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8879 2023

Exhibit 7 - Evidence of Good Moral Character

Ministry of Justice and Public Security
Federal Police

No. 129059262026

ePol - SINIC
National Criminal Information System

Police Clearance Certificate

The Federal Police **CERTIFIES**, that, after a search in the National Criminal Information System - SINIC, as of the present date, there is **NO** final and unappealable criminal conviction recorded in the name of **EMILLY JUNQUEIRA ALBINATI LIMA**, Brazilian, daughter of RECIERI ALBINATI LIMA and KENNYA JUNQUEIRA CAMARGO, born on 04/10/2008, in Goiânia, Goiás, ID 5721775 SSP GO, CPF 751.798.651-15.

This certificate was issued on **06/23/2026** at **6:58 pm** (Brasília/DF GMT-3 time) based on the information provided, and is only valid upon presentation of an identification document for data confirmation.

The authenticity of this certificate may be verified by scanning the QR Code or by accessing the Federal Police website at "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/" and entering the certificate number 129059262026.

This document is valid for 90 days.

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

Date: June 25, 2026.

Ministério da Justiça e Segurança Pública
Polícia Federal

N° 129059262026

ePol - SINIC

Sistema Nacional de Informações Criminais

Certidão de Antecedentes Criminais

A Polícia Federal **CERTIFICA**, após pesquisa no Sistema Nacional de Informações Criminais - SINIC, que, até a presente data, **NÃO CONSTA** condenação com trânsito em julgado em nome de **EMILLY JUNQUEIRA ALBINATI LIMA**, país de nacionalidade Brasil, filho(a) de RECIERI ALBINATI LIMA e KENNYA JUNQUEIRA CAMARGO, nascido(a) aos 10/04/2008, natural de Goiânia-GO, CI 5721775 SSP GO, CPF 751.798.651-15.

Esta certidão foi expedida em **23/06/2026** às **18:58** (horário de Brasília/DF GMT-3) com base nos dados informados e somente será válida com a apresentação de documento de identificação para confirmação dos dados.

A autenticidade desta certidão poderá ser confirmada por meio da leitura do QR Code ou acessando a página da Polícia Federal, no endereço "https://servicos.pf.gov.br/epol-sinic-publico/validar-cac/", e digitando o número da certidão 129059262026.

Este documento é valido por 90 dias.