

June 11, 2026

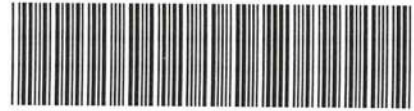


RECIERI ALBINATI LIMA
c/o OTAVIO HAVERROTH SILVA
PO BOX 90487
SAN DIEGO, CA 92169

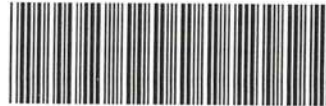


U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
National Benefits Center
P.O. Box 648004
Lee's Summit, MO 64002

**U.S. Citizenship
and Immigration
Services**



IOE0936073886



A234-000-780

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

REQUEST FOR EVIDENCE (FORM I-485)

Dear RECIERI ALBINATI LIMA:

Why We Are Writing You

On March 19, 2026, you submitted your Form I-485. We are writing to inform you that we need more information from you to make a decision on your case. Please read this letter carefully and follow all of the instructions below.

What You Need To Do

You must provide the following information in order for us to make a final decision on your case.

Please include a copy of ALL pages of this letter with your response.

The joint sponsor, RENATO ALVES DE BARROS, submitted a joint Federal income tax return for tax year, 2024. Since there is no supporting tax documentation (W-2s, 1099s, Form 2555 and tax schedules) provided for the sponsor, we are not able to determine if the sponsor's income (by itself, separate from the spouse's) on the Federal income tax return meets or exceeds 125 percent (100 percent if military and petitioning for spouse or child) of the poverty guideline.

Please submit for the sponsor:

- All supporting tax documents filed with the Federal income tax return (W-2s, 1099s, Form 2555, tax schedules, Social Security Benefits (SSA-1099 and/or SSDI-1099), etc.).

Based on the documents submitted, we could not determine that the joint sponsor, RENATO ALVES DE BARROS, is qualified. In order to be a qualified sponsor, the supporting documents must establish that the sponsor's income and/or assets meet 125 percent (100 percent if military and petitioning for spouse or child) of the federal poverty guideline.

Please submit:

- A properly completed and signed Form I-864, Affidavit of Support, from a different qualifying joint sponsor and all supporting documentation required by Form I-864 instructions. Evidence includes, but is not limited to:
 - A complete Federal income tax return submitted to the Internal Revenue Service (IRS) for tax year, 2025. The line for Total Income on IRS Forms 1040 and 1040A will be considered when determining income. For persons filing IRS Form 1040 EZ, the line for adjusted gross income will be considered. If an extension was requested using Form 4868, Application for Automatic Extension of Time to File U.S. Individual Tax Return, and the extension period is still valid, provide evidence of the extension and tax return for the previous year. If a tax transcript is submitted, it must be a "Tax Return Transcript" from the IRS. If he or she was not required to file a Federal income tax return under U.S. tax law, attach a written explanation of why filing was not required. See "Filing Requirements" in the IRS Form 1040 Filing Instructions.
 - All supporting tax documents filed with the Federal income tax return (W-2s, 1099s, Form 2555, tax schedules, Social Security Benefits (SSA-1099 and/or SSDI-1099), etc.).
 - Assets. Examples include but are not limited to: bank statements covering the last 12 months (statements will be averaged over a 12 month period) or a statement from an officer of the bank or other financial institution in which the sponsor has deposits, the account balance averaged over a 12 month period, and current balance; Evidence of ownership of stocks, bonds, certificates of deposit, and/or other personal property, dates of acquisition, value/equity, mortgage/lien or lien release information and a recent licensed appraisal.

IF the applicant is a(n)...	THEN assets must equal...
orphan	the difference.
spouse or child of a United States citizen	three times the difference.
all others	five times the difference.

When You Need To Do It

You must submit the requested information by September 6, 2026. You must either mail the requested information to the address shown below or scan and upload your response using your USCIS online account (if applicable).

You must submit all of the requested evidence at one time. If you submit only part of the evidence, we will make a decision based on the evidence that you submit. We will not consider any evidence that is submitted after the due date. If you do not respond to this request by the date shown above, we will deny your case.

If you submit a document in any language other than English, you must provide: (1) a copy of the original document in its foreign language; and (2) a full English translation of the document. The translator must certify that the translation is complete and accurate, and that he or she is competent to translate from the foreign language to English.

For more information about immigration requirements, please visit the USCIS website at uscis.dhs.gov or review the instructions for specific forms at uscis.dhs.gov/forms.

We strongly recommend you keep a copy of all documents that you submit to USCIS in response to this request.

Please include a copy of ALL pages of this letter with your response.



Submit your response with requested document(s), information, etc. to this address:

Regular Mail	Express Mail or Courier Deliveries
U.S. Department of Homeland Security	USCIS, Attention: Adjustment of Status
PO Box 648004	850 NW Chipman Rd
Lee's Summit, MO 64002	Lee's Summit, MO 64063

Please do not forget to include a copy of ALL pages of this letter with your response.

Sincerely,

A handwritten signature in black ink, appearing to read "Rose Kendrick", written over a horizontal line.

Rose M. Kendrick
Acting Director

U.S. Department of Homeland Security
PO Box 648004
Lee's Summit, MO 64002

RE: Request for Evidence of Form I-485, Application to Register Permanent Residence or Adjust Status
Applicant: Recieri Albinati Lima (A-234-000-780)

Dear Sir or Madam:

Please find enclosed the response to the Request for Evidence ("RFE") issued on June 11, 2026, in connection with the above-referenced Form I-485, Application to Register Permanent Residence or Adjust Status, filed on behalf of **Recieri Albinati Lima**.

This response is submitted by counsel on behalf of the applicant and includes all documentation requested by USCIS regarding the Affidavit of Support (Form I-864) submitted by the joint sponsor, Renato Alves de Barros.

This response is being timely submitted before the **September 6, 2026**, deadline.

- **Renato Alves de Barros's Signed Forms:**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
 - Form I-864, Affidavit of Support Under Section 213A of the INA

I. Renato Alves de Barros's Identification Documents

- Renato Alves de Barros's Permanent Resident Card.

II. Sponsor's Financial Information - Renato Alves de Barros

- Renato Alves de Barros's IRS Federal Income Tax Return - 2025;
- Renato Alves de Barros's RS Federal Income Tax Return - 2024;
- Renato Alves de Barros's IRS Federal Income Tax Return - 2023;

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

Sincerely,



Date: 08/13/2026

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, disbaring, 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
6282787457
11. Mobile Telephone Number (if any)
6282787457
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)

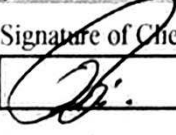
Options Regarding Receipt of USCIS Notices and Documents

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.

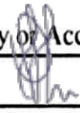
- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or 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
➡ 
- 2.b. Date of Signature (mm/dd/yyyy) **07/27/2026**

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) **07/27/2026**
- 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 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~~

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~~

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

4.d. **N/A**
~~N/A~~
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~~N/A~~
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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~~

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~~





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 ☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	Section 213A Review ☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	Number of Support Affidavits in File ☐ 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) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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► **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☒ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)

ALVES DE BARROS

Given Name (First Name)

Renato

Middle Name (if applicable)

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)

ALBINATI LIMA

Given Name (First Name)

Recieri

Middle Name (if applicable)

N/A

2. 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

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- 2 3 4 0 0 0 7 8 0

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)

JUNQUEIRA ALBINATI LIMA

Given Name (First Name)

Emilly

Middle Name (if applicable)

N/A

Relationship to Principal Immigrant

Child

Date of Birth (mm/dd/yyyy)

04/10/2008

Alien Registration Number (A-Number, if any)

▶ 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	
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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: | \$ 46,800 |

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	
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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.) \$ **46,800**

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

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

Federal Tax Return Information

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

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

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



For
USCIS
Use
Only

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	\$ 46,800
16.b. 2nd Most Recent	2024	\$ 47,693
16.c. 3rd Most Recent	2023	\$ 11,449

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	Year: 20	\$	
	☐ 4 ☐ 5 ☐ 6			
	☐ 7 ☐ 8 ☐ 9	Poverty Line:	The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, 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.	
	☐ Other	\$		

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 I-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

6282787457

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

6282787457

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)

07/27/2026

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) Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

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

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) Preparer's Given Name (First Name)
2. Preparer's Business or Organization Name

Preparer's Contact Information

3. Preparer's Daytime Telephone Number 4. Preparer's Mobile Telephone Number (if any)
5. Preparer's Email Address (if any)

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)



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) Given Name (First Name) Middle Name (if applicable)
ALVES DE BARROS **Renato**

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

3. Page Number Part Number Item Number

N/A

N/A

N/A

N/A

N/A

4. Page Number Part Number Item Number

N/A

N/A

N/A

N/A

N/A

5. Page Number Part Number Item Number

N/A

N/A

N/A

N/A

N/A

6. Page Number Part Number Item Number

N/A

N/A

N/A

N/A

N/A



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Renato Alves de Barros's Identification Documents

Renato Alves de Barros' Permanent Resident Card; 1-2

Exhibit 2 -Joint Sponsor Financial Information - Renato Alves de Barros

Renato Alves de Barros' IRS Federal Income Tax Return from 2025; 3-43

Renato Alves de Barros' IRS Federal Income Tax Return from 2024; 44-77

Renato Alves de Barros' IRS Federal Income Tax Return from 2023; 78-105

Exhibit 1 - Renato Alves de Barros's Identification Documents

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**

21



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

C1USA2180796018I0E0929718952<<
8006215M2708263BRA<<<<<<<<<<<8
ALVES<DE<BARROS<<RENATO<<<<<<<

**Exhibit 2 -Joint
Sponsor Financial
Information - Renato
Alves de Barros**

2025

Income Tax Return

Prepared For:

**RENATO ALVES DE BARROS
467 BURNETT AVE Apt. 13
San Francisco, CA 94131
(628) 278-7457**

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**

Amended U.S. Individual Income Tax Return

OMB No. 1545-0074

Go to www.irs.gov/Form1040X for instructions and the latest information.

You must: • Attach a completed Form 1040, 1040-SR, or 1040-NR, with your changes, for the return year entered below; and
• Attach any supporting documents and new or changed forms and schedules and complete Part II. See instructions.

This return is for calendar year (enter year) **2025** **or fiscal year** (enter month and year ended)

Your first name and middle initial RENATO		Last name ALVES DE BARROS		Your social security number 733-30-9513	
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number 606-57-6292	
Home address (number and street). If you have a P.O. box, see instructions. 467 BURNETT AVE				Apt. no. 13	
City, town, or post office. If you have a foreign address, also complete spaces below. San Francisco				State CA	
				ZIP code 94131	
Foreign country name		Foreign province/state/county		Foreign postal code	
☐ You ☐ Spouse					

Amended return filing status. You **must** check one box even if you are not changing your filing status. **Caution:** In general, you can't change your filing status from married filing jointly to married filing separately after the return due date.

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

If you checked the MFS box, enter the name of your spouse unless you are amending a Form 1040-NR. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: **AMARILDO R MARTINS**

Enter on lines 1 through 23, columns A through C, the amounts for the return year entered above.

You must complete Part II on page 2 and explain any changes.

Income and Deductions

	A. Original amount reported or as previously adjusted (see instructions)	B. Net change - amount of increase or (decrease) — explain in Part II	C. Correct amount
1 Adjusted gross income. If a net operating loss (NOL) carryback is included, check here ☐	1 36,751.	6,743.	43,494.
2 Itemized deductions or standard deduction.	2 15,750.		15,750.
3 Subtract line 2 from line 1	3 21,001.	6,743.	27,744.
4a Qualified business income deduction	4a 4,200.	1,349.	5,549.
b Deductions for tips, overtime, car loan interest, and seniors from Schedule 1-A (Form 1040). Attach your Schedule 1-A.	4b		
5 Taxable income. Subtract the total of lines 4a and 4b from line 3. If the result for column C is zero or less, enter -0- in column C.	5 16,801.	5,394.	22,195.

Tax Liability

6 Tax. Enter method(s) used to figure tax. See instructions: TABLE	6 1,781.	642.	2,423.
7 Nonrefundable credits. If a general business credit carryback is included, check here ☐	7		
8 Subtract line 7 from line 6. If the result is zero or less, enter -0-	8 1,781.	642.	2,423.
9 Reserved for future use	9		
10 Other taxes	10 5,587.	1,025.	6,612.
11 Total tax. Add lines 8 and 10	11 7,368.	1,667.	9,035.

Payments

12 Federal income tax withheld and excess social security and tier 1 RRTA tax withheld. (If changing, see instructions.)	12		
13 Estimated tax payments, including amount applied from prior year's return	13		
14 Earned income credit (EIC)	14		
15 Refundable credits from: ☐ Schedule 8812 Form(s) ☐ 2439 ☐ 4136 ☐ 8863 ☐ 8885 ☐ 8962 or ☐ other (specify):	15		
16 Total amount paid with request for extension of time to file, tax paid with original return, and additional tax paid after return was filed	16		
17 Total payments. Add lines 12 through 15, column C, and line 16	17		0.

Refund or Amount You Owe

18 Overpayment, if any, as shown on original return or as previously adjusted by the IRS	18	
19 Subtract line 18 from line 17. (If less than zero, see instructions.)	19	
20 Amount you owe. If line 11, column C, is more than line 19, enter the difference. For details on how to pay, go to www.irs.gov/Payments or see instructions.	20	9,035.
21 If line 11, column C, is less than line 19, enter the difference. This is the amount overpaid on this return	21	
22 Amount of line 21 you want refunded to you	22	
23 Amount of line 21 you want applied to your (enter year): 2026, estimated tax 23		

For Paperwork Reduction Act Notice, see separate instructions.

Form 1040-X (Rev. 12-2025) Created 2/19/26

Part I Dependents

Complete this part to change any information relating to your dependents. This would include a change in the number of dependents.

Enter the information for the return year entered at the top of page 1.

	A. Original number of dependents reported or as previously adjusted	B. Net change — amount of increase or (decrease)	C. Correct number
24 Reserved for future use	24		
25 Your dependent children who lived with you more than half of the year	25		
26 Reserved for future use	26		
27 Other dependents	27		
28 Reserved for future use	28		
29 Reserved for future use	29		

30 List **ALL** dependents (children and others) claimed on this amended return.

Dependents

(see instructions):

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

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

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of return year entered at top of page 1, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of return year entered at top of page 1.

Part II Explanation of Changes. In the space provided below, tell us why you are filing Form 1040-X. You must complete Part II.

This return is being amended because I inadvertently omitted income reported on a Form 1099-NEC when I filed my original tax return. This amended return is being filed to include the omitted income and report the correct taxable income.

Sign Here	Remember to keep a copy of this form for your records.			
	Under penalties of perjury, I declare that I have filed an original return, and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information about which the preparer has any knowledge.			
	Your signature	Date	Your occupation DRIVER	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Paid Preparer Use Only	Phone no. (628) 278-7457		Email address	
	Preparer's name Emmanuel Guzman	Preparer's signature	Date	PTIN P03365194
	Firm's name Certifica Inc.			Check if: ☒ Self-employed
	Firm's address 72 Scott Street , Apt 01 San Bruno CA 94066			Phone no. (415) 571-7970 Firm's EIN 92-2969531

For forms and publications, visit www.irs.gov/Forms.

UYA

Form **1040-X** (Rev. 12-2025)

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

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

☐ Other

Your first name and middle initial
RENATO

Last name
ALVES DE BARROS

Your social security number
733-30-9513

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number
606-57-6292

Home address (number and street). If you have a P.O. box, see instructions.
467 BURNETT AVE

Apt. no.
13

City, town, or post office. If you have a foreign address, also complete spaces below.
San Francisco

State
CA

ZIP code
94131

Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒

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

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

Dependents	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents
☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.				

Income Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	
	b	Household employee wages not reported on Form(s) W-2	1b	
	c	Tip income not reported on line 1a (see instructions)	1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
	e	Taxable dependent care benefits from Form 2441, line 26	1e	
	f	Employer-provided adoption benefits from Form 8839, line 31	1f	
	g	Wages from Form 8919, line 6	1g	
	h	Other earned income (see instructions). Enter type and amount:	1h	
	i	Nontaxable combat pay election (see instructions)	1i	
	z	Add lines 1a through 1h	1z	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	
	3a	Qualified dividends	3a	
	c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
	4a	IRA distributions	4a	
	c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
	5a	Pensions and annuities	5a	
	c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
	6a	Social security benefits	6a	
	c	If you elect to use the lump-sum election method, check here (see instructions)	b Taxable amount	
	d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here	b Taxable amount	
	7a	Capital gain or (loss). Attach Schedule D if required	7a	
	b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
	8	Additional income from Schedule 1, line 10	8	46,800.
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	46,800.
	10	Adjustments to income from Schedule 1, line 26	10	3,306.
	11a	Subtract line 10 from line 9. This is your adjusted gross income	11a	43,494.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	43,494.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for-	e	Standard deduction or itemized deductions (from Schedule A)	12e	15,750.
• Single or Married filing separately, \$15,750	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	5,549.
• Married filing jointly or Qualifying surviving spouse, \$31,500	b	Additional deductions from Schedule 1-A, line 38	13b	
• Head of household, \$23,625	14	Add lines 12e, 13a, and 13b	14	21,299.
• If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	22,195.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	2,423.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2,423.
	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	2,423.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,612.
	24	Add lines 22 and 23. This is your total tax	24	9,035.

Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2025 estimated tax payments and amount applied from 2024 return	26	

If you have a qualifying child, you may need to attach Sch. EIC.

		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC)	27a	
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Refundable adoption credit from Form 8839, line 13	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits	32	0.
	33	Add lines 25d, 26, and 32. These are your total payments	33	0.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number X X X c Type: ☐ Checking ☐ Savings		
	d	Account number X X X		
	36	Amount of line 34 you want applied to your 2026 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	9,035.
	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 Emmanuel Guzman	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.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation DRIVER
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation
	Phone no. (628) 278-7457	Email address	

Paid Preparer Use Only	Preparer's signature	Date	PTIN P03365194	Check if: ☒ Self-employed
	Preparer's name Emmanuel Guzman	Phone no. (415) 571-7970		
	Firm's name Certifica Inc.			
	Firm's address 72 Scott Street , Apt 01, 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

2025
Attachment
Sequence No. 01

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

RENATO ALVES DE BARROS

Your social security number

733-30-9513

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the transaction.

See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions):		
3	Business income or (loss). Attach Schedule C.	3	46,800.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555.	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends.	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions).	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2.	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount:	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	46,800.

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

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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. If claiming only storage fees (see instructions), check here ☐	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	3,306.
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN.		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m.	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974.	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions).	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555.	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041).	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10	26	3,306.

SCHEDULE 2
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

RENATO ALVES DE BARROS

Your social security number

733-30-9513

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 (I)	1d	
e	Excessive payments (EP) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) ☐ Line 1a (ii) ☐ Line 1c (iii) ☐ Line 1d (iv) ☐ Line 2a	1f	
y	Other additions to tax (see instructions):	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0.

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐	4	6,612.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2025 Created 5/8/25

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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 (I).	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	6,612.

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **09**

Name of proprietor

RENATO ALVES DE BARROS

Social security number (SSN)

733-30-9513

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

DRIVER

B Enter code from instructions

485300

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 AVENUE #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 2025? If "No," see instructions for limit on losses . . . ☒ Yes ☐ No

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

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions. . . . ☐ Yes ☒ 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	63,541.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	63,541.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	63,541.
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	63,541.

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	10,261.	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	896.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III) .	22	542.
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	1,359.
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Energy efficient commercial bldgs deduction (attach Form 7205) . .	27a	
			b Other expenses (from line 48) .	27b	3,683.

28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	16,741.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	46,800.

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.

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	46,800.
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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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For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

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07/23/2026 03:47:52PM

Name(s) RENATO ALVES DE BARROS	SSN 733-30-9513
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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)	35	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No	36	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation.	37	
36 Purchases less cost of items withdrawn for personal use	38	
37 Cost of labor. Do not include any amounts paid to yourself	39	
38 Materials and supplies	40	
39 Other costs	41	
40 Add lines 35 through 39	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) <u>01/01/2023</u>	
44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for: a Business <u>14659</u> b Commuting (see instructions) <u>0</u> c Other <u>2067</u>	
45 Was your vehicle available for personal use during off-duty hours?	☒ Yes ☐ No
46 Do you (or your spouse) have another vehicle available for personal use?	☐ Yes ☒ No
47a Do you have evidence to support your deduction?	☒ Yes ☐ No
b If "Yes," is the evidence written?	☒ Yes ☐ No

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

CELL PHONE AT 70%	913.
TOLLS	1,142.
CLOTHES & SAFETY SHOES	416.
PARKING FEES	508.
CARWASH & DETAILING	480.
SMALL TOOLS	224.
48 Total other expenses. Enter here and on line 27b	3,683.

SCHEDULE SE
(Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. 17

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

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	46,800.
3 Combine lines 1a, 1b, and 2	3	46,800.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	43,220.
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	43,220.

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	43,220.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025	7	176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c.	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	176,100.
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10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	5,359.
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11 Multiply line 6 by 2.9% (0.029)	11	1,253.
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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	6,612.
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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	3,306.
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2025 Created 5/7/25

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,860, **or (b)** your net farm profits² were less than \$7,840.

14 Maximum income for optional methods **14** \$ 7,240

15 Enter the **smaller** of: two-thirds (2/3) of gross farm income¹ (not less than zero) **or** \$7,240. Also, include this amount on line 4b above **15**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,840 and also less than 72.189% of your gross nonfarm income, **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 income⁴ (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.

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

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.

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

Form **8995****Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-0074

2025Department of the Treasury
Internal Revenue ServiceAttach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

RENATO ALVES DE BARROS**733-30-9513**

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

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

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	RENATO ALVES DE BARROS	733-30-9513	43,494.
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 43,494.	
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 43,494.	
5	Qualified business income component. Multiply line 4 by 20% (0.20).		5 8,699.
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 8,699.
11	Taxable income before qualified business income deduction (see instructions)	11 27,744.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 27,744.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 5,549.
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 5,549.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 ()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 ()	

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

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

UYA

**Allocation of Tax Amounts Between
Certain Individuals in Community Property States**
▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form8958 for the latest information.

OMB No. 1545-0074

Attachment
Sequence No. **63**

Your first name and initial	Your last name	Your social security number (SSN)	
RENATO	ALVES DE BARROS	733-30-9513	
Spouse's or partner's first name and initial	Spouse's or partner's last name	Spouse's or partner's SSN	
AMARILDO R	MARTINS	606-57-6292	
	A Total Amount	B Allocated to Spouse or RDP SSN 733-30-9513	C Allocated to Spouse or RDP SSN 606-57-6292
1 Wages (each employer)			
2 Interest income (each payer)			
3 Dividends (each payer)			
4 State income tax refund			
5 Self-employment income (see instructions) Business income or (loss)	46,800.	46,800.	
6 Capital gains and losses			
7 Pension income			
8 Rents, royalties, partnerships, estates, trusts			

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) **2025**

1a Your first name and initial RENATO	Last name ALVES DE BARROS	Your social security number 733-30-9513
If a joint return, spouse's first name and initial AMARILDO R	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. 467 BURNETT AVE		Apt. number 13
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). San Francisco, CA 94131		
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 (628) 278-7457 Your home phone number	02:15 PM Best time for us to call	4 _____ Your work phone number	Ext. _____	Best time for us to call _____
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s)) **5** **9,035.**

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** **12,000.**

7 Add lines 5 and 6 and enter the result **7** **21,035.**

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** **21,035.**

10 Divide the amount on line 9 by 72.0 and enter the result **10** **292.**

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** \$ **300.**

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** **18**

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 **b** Account number

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

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

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

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

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

OMB No. 1545-0074

► ERO must obtain and retain completed Form 8879.

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

Submission Identification Number (SID) ►

Taxpayer's name

RENATO ALVES DE BARROS

Spouse's name

Social security number

733-30-9513

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2025 (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	43,494.
2	Total tax	2	9,035.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	9,035.

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.** to enter or generate my PIN **94131**
ERO firm name
as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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 _____ to enter or generate my PIN _____
ERO firm name
as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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**For Paperwork Reduction Act Notice, see your tax return instructions.** 03:47:52PM
UYAForm **8879** (Rev. 01-2021)

Voucher at the bottom of page



Do not mail a paper copy of your tax return with the payment voucher.
If amount of payment is zero, do not mail this voucher.

When to pay:

Calendar Year - File and pay by April 15, 2026.

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day

Pay online: Go Green! Enjoy the ease and secure options for online payments.

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account – Web Pay** (free)
- **Credit Card** (service fee)

Go to **ftb.ca.gov/pay** for more information.

Do not mail this voucher if you pay online.

Where to pay: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and 2025 FTB 3582X on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267--0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2025

**Payment Voucher for
Individual e-filed Amended Returns**

CALIFORNIA FORM

3582X (e-file)

733-30-9513 ALVE 606-57-6292
RENATO ALVES DE BARROS

25

467 BURNETT AVE APT 13
SAN FRANCISCO CA 94131

Amount of payment

663.

2025

California Resident Income Tax Return

540

AMENDED1

ATTACH FEDERAL RETURN

733-30-9513ALVE606-57-629225PBA485300

RENATOALVES DE BARROS

467 BURNETT AVEAPT13

SAN FRANCISCOCA94131

06-21-1980

Principal Residence

Enter your county at time of filing (see instructions)

☒

CONTRA COSTA

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

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

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

☒

☒

CityStateZIP code

☒

☒

☒

Filing Status

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

1☐ Single

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

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

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

See instructions.

3☒ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. AMARILDO R MARTINS

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

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

7Personal: 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. 71X \$153 = \$153

8Blind: If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions 8X \$153= \$

9Senior: If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions 9X \$153= \$

Your name: ALVES DE BARROS Your SSN or ITIN: 733309513

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 \$475 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 153

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 11b	13	43,494	.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	43,494	.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	43,494	.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 \$5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . . \$11,411 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.	18	5,706	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	37,788	.00

Tax

31	Tax. Check the box if from: • ☒ Tax Table • ☐ Tax Rate Schedule • ☐ FTB 3800 • ☐ FTB 3803	31	876	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions	32	153	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	723	.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	723	.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: ALVES DE BARROS Your SSN or ITIN: 733309513

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	60	.00
47	Add line 40 through line 46. These are your total credits	⊙	47	60	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙	48	663	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	•	61		.00
62	Behavioral 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	663	.00

Payments

71	California income tax withheld. See instructions	•	71		.00
72	2025 California estimated tax and other payments. See instructions	•	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	•	73		.00
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	•	74		.00
75	Earned Income Tax Credit (EITC). See instructions	•	75		.00
76	Young Child Tax Credit (YCTC). See instructions	•	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	•	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	⊙	78	0	.00

Use Tax

91	Use Tax. Do not leave blank. See instructions	•	91	0	.00
If line 91 is zero, check if: ☒ 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	•		☒	
	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		.00
94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊙	94		.00
95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊙	95		.00
96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊙	96		.00
97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊙	97		.00

Your name:

ALVES DE BARROS

Your SSN or ITIN:

733309513

Overpaid
Tax/Tax Due

98	Amount of line 97 you want applied to your 2026 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	663	.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 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
	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
	California Pediatric Cancer Research Voluntary Tax Contribution Fund	•	448		.00
	Parkinson's Disease Research Voluntary Tax Contribution Fund	•	449		.00
110	Add amounts in code 400 through code 449. This is your total contribution	•	110		.00

Your name: ALVES DE BARROS Your SSN or ITIN: 733309513

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 . . . • 111 663 .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 114 663 .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 0 .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: • Type • Routing number • Account number • 116 Direct deposit amount ☐ Checking ☐ Savings .00 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: • Type • Routing number • Account number • 117 Direct deposit amount ☐ Checking ☐ Savings .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

Organ Donor Election By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California. If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time. To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions. ☒ Primary taxpayer ☒ Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name:

ALVES DE BARROS

Your SSN or ITIN:

733309513

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)

☒ Your email address. Enter only one email address.

☐ Preferred phone number

628-278-7457

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

- Print paid preparer's name

EMMANUEL GUZMAN

- Paid preparer's phone number

415-571-7970

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

P03365194

Firm's address

72 SCOTT STREET , APT 01 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

☐ No

Print Third Party Designee's Name

EMMANUEL GUZMAN

Telephone Number

415-571-7970

Attach this schedule to amended Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on amended tax returnRENATO ALVES DE BARROS

Your SSN or ITIN733-30-9513

Part I Financial Adjustments - Reconciliation

1	Enter the amount you owe, as shown on the amended tax return	1	663	.00
2	Overpaid tax, if any, as shown on original tax return or as previously adjusted by the FTB. See instructions	2		.00
3	Add line 1 and line 2	3	663	.00
4	Enter the refund, as shown on the amended tax return. See instructions	4		.00
5	Tax paid with original tax return plus additional tax paid after it was filed. Do not include penalties and interest	5		.00
6	Add line 4 and line 5	6		.00
7	AMOUNT YOU OWE. If line 3 is more than line 6, subtract line 6 from line 3. See instructions.	7	663	.00
8	Penalties/Interest. See instructions: Penalties 8a	Interest 8b		.00
9	Refund subtotal. If line 6 is more than line 3, subtract line 3 from line 6	9		.00
10	Amount of line 9 you want applied to your 2026 estimated tax. See instructions	10		.00
11	REFUND. See instructions	11		.00

Part II Reason(s) for Amending

1 Check all that apply:

☒ a ☐ Protective claim for refund. See instructions.	☒ g ☐ Error on original return	☒ k ☐ Military HR 100
☒ b ☐ Reservation source income adjustments	☒ h ☐ Credit adjustment	☒ l ☐ Informal claim
☒ c ☐ Pass-through entity adjustments	☒ i ☐ Earned income tax credit / Young child tax credit / Foster youth tax credit	☒ m ☒ Other. See instructions.
☒ d ☐ Federal audit and/or adjustments	☒ j ☐ Disaster loss	
☒ e ☐ FTB audit contact		

2 Provide further explanation of reason(s) for amending below. If needed, attach a separate sheet that includes your name and SSN or ITIN. See instructions.

THIS RETURN IS BEING AMENDED BECAUSE I INADVERTENTLY OMITTED INCOME REPORTED ON A FORM 1099-NEC WHEN I FILED MY ORIGINAL TAX RETURN. THIS AMENDED RETURN IS BEING FILED TO INCLUDE THE OMITTED INCOME AND REPORT THE CORRECT TAXABLE INCOME.

TAXABLE YEAR

2025

California e-file Signature Authorization for Individuals

FORM

8879

Your name RENATO ALVES DE BARROS	Your SSN or ITIN 733-30-9513
Spouse's/RDP's name AMARILDO R MARTINS	Spouse's/RDP's SSN or ITIN 606-57-6292

Part I Tax Return Information (whole dollars only)

1

California adjusted gross income (AGI). See instructions

1

43,494.

2

Amount you owe. See instructions

2

663.

3

Refund or no amount due. See instructions

3

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, 2025, 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

94131

Do not enter all zeros

ERO firm name

as my signature on my 2025 e-filed California individual income tax return.

☐

I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶

Date ▶

Spouse's/RDP's PIN: check one box only

☐

I authorize to enter my PIN

Do not enter all zeros

ERO firm name

as my signature on my 2025 e-filed California individual income tax return.

☐

I will enter my PIN as my signature on my 2025 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.

94835294066

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2025 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, 2025 Handbook for Authorized e-file Providers.

ERO's signature ▶

Date ▶

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JESSICA ALVES DAY CARE 2318 22ND ST SAN FRANCISCO CA 94110 (628) 241-5082 JESSICA RODRIGUES AL		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year 2025	Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S TIN 39-2108146	RECIPIENT'S TIN 733-30-9513	1 Nonemployee compensation \$ 7255.00		
RECIPIENT'S name RENATO ALVES DE BARROS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
Street address (including apt. no.) 467 BURNETT AVE APT 13		3 Excess golden parachute payments \$		
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94131		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. CA	7 State income \$

Form 1099-NEC

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)).

However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis.

Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ VOID

☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. JESSICA ALVES DAY CARE 2318 22ND ST SAN FRANCISCO CA 94110		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year 2025		FDEA2002 10/18/25	
PAYER'S TIN 39-2108146	RECIPIENT'S TIN 733-30-9513	1 Nonemployee compensation \$ 7255.00		Copy 1 For State Tax Department	
RECIPIENT'S name RENATO ALVES DE BARROS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐			
Street address (including apt. no.) 467 BURNETT AVE APT 13		3 Excess golden parachute payments \$			
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94131		4 Federal income tax withheld \$			
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. CA	7 State income \$	

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Do Not Staple

6969

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2025														
FILER'S name JESSICA ALVES DAY CARE Street address (including room or suite number) 2318 22ND ST City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94110																
Name of person to contact JESSICA RODRIGUES ALVES Email address Jessicaalvesdaycare@gmail.com Telephone number (628) 241-5082 Fax number		For Official Use Only 														
1 Employer identification number 39-2108146	2 Social security number	3 Total number of forms 1	4 Federal income tax withheld \$ 0.00	5 Total amount reported with this Form 1096 \$ 7255.00												
6 Enter an "X" in only one box below to indicate the type of form being filed.																
W-2G 32 ☐	1097-BTC 50 ☐	1098 81 ☐	1098-C 78 ☐	1098-E 84 ☐	1098-F 03 ☐	1098-Q 74 ☐	1098-T 83 ☐	1099-A 80 ☐	1099-B 79 ☐	1099-C 85 ☐	1099-CAP 73 ☐	1099-DA 7A ☐	1099-DIV 91 ☐	1099-G 86 ☐	1099-INT 92 ☐	1099-K 10 ☐
1099-LS 16 ☐	1099-LTC 93 ☐	1099-MISC 95 ☐	1099-NEC 71 ☒	1099-OID 96 ☐	1099-PATR 97 ☐	1099-Q 31 ☐	1099-QA 1A ☐	1099-R 98 ☐	1099-S 75 ☐	1099-SA 94 ☐	1099-SB 43 ☐	3921 25 ☐	3922 26 ☐	5498 28 ☐	5498-ESA 72 ☐	5498-QA 2A ☐
5498-SA 27 ☐																

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.
Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).

Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.

Signature**Title****Date**

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096

Caution: You may be required to electronically file (e-file) information returns as the e-file threshold is 10 (calculated by aggregating all information returns), effective for information returns required to be filed on or after January 1, 2024. Go to www.irs.gov/InfoReturn for e-file options. Also, see part F in the current General Instructions for Certain Information Returns.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Who must file. Any person or entity who files any form checked in box 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and taxpayer identification number (TIN) (employer identification number (EIN) or social security number (SSN)) must match the name and TIN used on your 94X series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. If any date shown falls on a Saturday, Sunday, or legal holiday in the District of Columbia or where the return is to be filed, the due date is the next business day. File Form 1096 in the calendar year following the year for which the information is being reported, as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28.*
- With Forms 1099-NEC, file by January 31.
- With Forms 5498, file by May 31.

* Leap years do not impact the due date. See Announcement 91-179, 1991-49 I.R.B. 78, for more information.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Use the following address:

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
P.O. Box 149213
Austin, TX 78714-9213

Alaska, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service Center
P.O. Box 219256
Kansas City, MO 64121-9256

California, Connecticut, District of Columbia, Louisiana, Maryland, Pennsylvania, Rhode Island, West Virginia

Internal Revenue Service Center
1973 North Rulon White Blvd.
Ogden, UT 84201

If your legal residence or principal place of business is outside the United States, file with the Internal Revenue Service, P.O. Box 149213, Austin, TX 78714-9213.

Transmitting to the IRS. Group the forms by form number and transmit each group with a separate Form 1096. For example, if you must file both Forms 1098 and 1099-A, complete one Form 1096 to transmit your Forms 1098 and another Form 1096 to transmit your Forms 1099-A. Do not send a form (1099, 5498, etc.) containing summary (subtotal) information with Form 1096. Summary information for the group of forms being sent is entered only in boxes 3, 4, and 5 of Form 1096.

Corrected returns. Originals and corrections of the same type of return can be submitted using one Form 1096. For information about filing corrections, see the current General Instructions for Certain Information Returns.

Box 1 or 2. Enter your TIN in either box 1 or 2, not both. Sole proprietors and all others must enter their EIN in box 1. Individuals not in a trade or business must enter their SSN in box 2. However, sole proprietors who do not have an EIN must enter their SSN in box 2. Use the same EIN or SSN on Form 1096 that you use on Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

Box 3. Enter the number of forms you are transmitting with this Form 1096. Do not include blank or voided forms or the Form 1096 in your total. Enter the number of correctly completed forms, not the number of pages, being transmitted. For example, if you send one page of three-to-a-page Forms 1098-E with a Form 1096 and you have correctly completed two Forms 1098-E on that page, enter "2" in box 3 of Form 1096.

Box 4. Enter the total federal income tax withheld shown on the forms being transmitted with this Form 1096.

Box 5. No entry is required if you are filing Form 1098-T, 1099-A, or 1099-G. For all other forms in the listing that follows, enter the total of the amounts from the specific boxes identified for each form.

Form W-2G	Box 1
Form 1097-BTC	Box 1
Form 1098	Boxes 1 and 6
Form 1098-C	Box 4c
Form 1098-E	Box 1
Form 1098-F	Box 1

Form 1098-Q	Box 4
Form 1099-B	Boxes 1d and 13
Form 1099-C	Box 2
Form 1099-CAP	Box 2
Form 1099-DA	Box 1f
Form 1099-DIV	Boxes 1a, 2a, 3, 9, 10, and 12
Form 1099-INT	Boxes 1, 3, 8, 10, 11, and 13
Form 1099-K	Box 1a
Form 1099-LS	Box 1
Form 1099-LTC	Boxes 1 and 2
Form 1099-MISC	Boxes 1, 2, 3, 5, 6, 8, 9, 10, and 11
Form 1099-NEC	Boxes 1 and 3
Form 1099-OID	Boxes 1, 2, 5, 6, and 8
Form 1099-PATR	Boxes 1, 2, 3, and 5
Form 1099-Q	Box 1
Form 1099-QA	Box 1
Form 1099-R	Box 1
Form 1099-S	Box 2
Form 1099-SA	Box 1
Form 1099-SB	Boxes 1 and 2
Form 3921	Boxes 3 and 4
Form 3922	Boxes 3, 4, and 5
Form 5498	Boxes 1, 2, 3, 4, 5, 8, 9, 10, 12b, 13a, and 14a
Form 5498-ESA	Boxes 1 and 2
Form 5498-QA	Boxes 1 and 2
Form 5498-SA	Box 1

Online fillable forms. Forms 1097-BTC, 1098-C, 1098-MA, 1098-Q, 1099-CAP, 1099-LTC, 1099-Q, 1099-QA, 1099-SA, 3922, 5498-ESA, 5498-QA, and 5498-SA have been converted to online fillable PDFs. For more information, see *Online fillable forms* in the current General Instructions for Certain Information Returns.

JESSICA ALVES DAY CARE
2318 22ND ST
SAN FRANCISCO, CA 94110

RENATO ALVES DE BARROS
467 BURNETT AVE APT 13
SAN FRANCISCO, CA 94131

This sheet is for your convenience when mailing the 1099-NEC to your recipients using standard 8-3/4 x 5-5/8 double window envelopes.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. DoorDash, Inc. 303 2nd Street Suite 800 San Francisco, CA 94107 +16506819470		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year <u>2025</u>		Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 46-2852392	RECIPIENT'S TIN XXXXXX9513	1 Nonemployee compensation \$ 8,788.23		
RECIPIENT'S name Renato Barros Street address (including apt. no.) Apt 13-467 Burnett Ave City or town, state or province, country, and ZIP or foreign postal code San Francisco, CA 94131		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
		3 Excess golden parachute payments \$		
Account number (see instructions) acct_1M2gzKM8fHqxqQXD		4 Federal income tax withheld \$ 0.00		
		5 State tax withheld \$ 0.00	6 State/Payer's state no.	7 State income \$
				\$

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5–7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TINY DREAMERS DAY CARE LLC 743 EXCELSIOR AVE SAN FRANCISCO CA 94112 (530) 407-6424 ANA PAULA ALEXANDRE		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year 2025	Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
PAYER'S TIN 33-4361110	RECIPIENT'S TIN 733-30-9513	1 Nonemployee compensation \$ 22520.00		
RECIPIENT'S name RENATO ALVES DE BARROS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐		
Street address (including apt. no.) 467 BURNET AVE APT 13		3 Excess golden parachute payments \$		
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94131		4 Federal income tax withheld \$		
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. CA	7 State income \$

Form 1099-NEC

(keep for your records)

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare taxes.

If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.

If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on schedule 1 (Form 1040)).

Recipient's taxpayer identification number (TIN). For your protection this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)).

However, the issuer has reported your complete TIN to the IRS.

Account number. May show an account or other unique number the payer assigned to distinguish your account.

Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.

Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis.

Generally, report any income from your sale of these products on Schedule C (Form 1040).

Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.

Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.

Boxes 5-7. State income tax withheld reporting boxes.

Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC.

Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

☐ VOID

☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. TINY DREAMERS DAY CARE LLC 743 EXCELSIOR AVE SAN FRANCISCO CA 94112		OMB No. 1545-0116 Form 1099-NEC (Rev. April 2025) For calendar year 2025		FDEA2002 10/18/25	
PAYER'S TIN 33-4361110	RECIPIENT'S TIN 733-30-9513	1 Nonemployee compensation \$ 22520.00		Copy 1 For State Tax Department	
RECIPIENT'S name RENATO ALVES DE BARROS		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐			
Street address (including apt. no.) 467 BURNET AVE APT 13		3 Excess golden parachute payments \$			
City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94131		4 Federal income tax withheld \$			
Account number (see instructions)		5 State tax withheld \$	6 State/Payer's state no. CA		

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Do Not Staple

6969

Form 1096 Department of the Treasury Internal Revenue Service	Annual Summary and Transmittal of U.S. Information Returns	OMB No. 1545-0108 2025														
FILER'S name TINY DREAMERS DAY CARE LLC Street address (including room or suite number) 743 EXCELSIOR AVE City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO CA 94112																
Name of person to contact ANA PAULA ALEXANDRE DIAS Email address certificainc@gmail.com Telephone number (530) 407-6424 Fax number		For Official Use Only 														
1 Employer identification number 33-4361110	2 Social security number	3 Total number of forms 1	4 Federal income tax withheld \$ 0.00	5 Total amount reported with this Form 1096 \$ 22520.00												
6 Enter an "X" in only one box below to indicate the type of form being filed.																
W-2G 32 ☐	1097-BTC 50 ☐	1098 81 ☐	1098-C 78 ☐	1098-E 84 ☐	1098-F 03 ☐	1098-Q 74 ☐	1098-T 83 ☐	1099-A 80 ☐	1099-B 79 ☐	1099-C 85 ☐	1099-CAP 73 ☐	1099-DA 7A ☐	1099-DIV 91 ☐	1099-G 86 ☐	1099-INT 92 ☐	1099-K 10 ☐
1099-LS 16 ☐	1099-LTC 93 ☐	1099-MISC 95 ☐	1099-NEC 71 ☒	1099-OID 96 ☐	1099-PATR 97 ☐	1099-Q 31 ☐	1099-QA 1A ☐	1099-R 98 ☐	1099-S 75 ☐	1099-SA 94 ☐	1099-SB 43 ☐	3921 25 ☐	3922 26 ☐	5498 28 ☐	5498-ESA 72 ☐	5498-QA 2A ☐
5498-SA 27 ☐																

Return this entire page to the Internal Revenue Service. Photocopies are not acceptable.**Send this form, with the copies of the form checked in box 6, to the IRS in a flat mailer (not folded).**Under penalties of perjury, I declare that I have examined this return and accompanying documents and, to the best of my knowledge and belief, they are true, correct, and complete.**Signature****Title****Date**

Instructions

Future developments. For the latest information about developments related to Form 1096, such as legislation enacted after it was published, go to www.irs.gov/Form1096

Caution: You may be required to electronically file (e-file) information returns as the e-file threshold is 10 (calculated by aggregating all information returns), effective for information returns required to be filed on or after January 1, 2024. Go to www.irs.gov/InfoReturn for e-file options. Also, see part F in the current General Instructions for Certain Information Returns.

Purpose of form. Use this form to transmit paper Forms 1097, 1098, 1099, 3921, 3922, 5498, and W-2G to the IRS.

Who must file. Any person or entity who files any form checked in box 6 above must file Form 1096 to transmit those forms to the IRS.

Caution: Your name and taxpayer identification number (TIN) (employer identification number (EIN) or social security number (SSN)) must match the name and TIN used on your 94X series tax return(s) or you may be subject to information return penalties. Do not use the name and/or TIN of your paying agent or service bureau.

Enter the filer's name, address (including room, suite, or other unit number), and TIN in the spaces provided on the form. The name, address, and TIN of the filer on this form must be the same as those you enter in the upper left area of Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

When to file. If any date shown falls on a Saturday, Sunday, or legal holiday in the District of Columbia or where the return is to be filed, the due date is the next business day. File Form 1096 in the calendar year following the year for which the information is being reported, as follows.

- With Forms 1097, 1098, 1099, 3921, 3922, or W-2G, file by February 28.*
- With Forms 1099-NEC, file by January 31.
- With Forms 5498, file by May 31.

* Leap years do not impact the due date. See Announcement 91-179, 1991-49 I.R.B. 78, for more information.

Where To File

Send all information returns filed on paper with Form 1096 to the following.

If your principal business, office or agency, or legal residence in the case of an individual, is located in:

Use the following address:

Alabama, Arizona, Arkansas, Delaware, Florida, Georgia, Kentucky, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Texas, Vermont, Virginia

Internal Revenue Service
P.O. Box 149213
Austin, TX 78714-9213

Alaska, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service Center
P.O. Box 219256
Kansas City, MO 64121-9256

California, Connecticut, District of Columbia, Louisiana, Maryland, Pennsylvania, Rhode Island, West Virginia

Internal Revenue Service Center
1973 North Rulon White Blvd.
Ogden, UT 84201

If your legal residence or principal place of business is outside the United States, file with the Internal Revenue Service, P.O. Box 149213, Austin, TX 78714-9213.

Transmitting to the IRS. Group the forms by form number and transmit each group with a separate Form 1096. For example, if you must file both Forms 1098 and 1099-A, complete one Form 1096 to transmit your Forms 1098 and another Form 1096 to transmit your Forms 1099-A. Do not send a form (1099, 5498, etc.) containing summary (subtotal) information with Form 1096. Summary information for the group of forms being sent is entered only in boxes 3, 4, and 5 of Form 1096.

Corrected returns. Originals and corrections of the same type of return can be submitted using one Form 1096. For information about filing corrections, see the current General Instructions for Certain Information Returns.

Box 1 or 2. Enter your TIN in either box 1 or 2, not both. Sole proprietors and all others must enter their EIN in box 1. Individuals not in a trade or business must enter their SSN in box 2. However, sole proprietors who do not have an EIN must enter their SSN in box 2. Use the same EIN or SSN on Form 1096 that you use on Form 1097, 1098, 1099, 3921, 3922, 5498, or W-2G.

Box 3. Enter the number of forms you are transmitting with this Form 1096. Do not include blank or voided forms or the Form 1096 in your total. Enter the number of correctly completed forms, not the number of pages, being transmitted. For example, if you send one page of three-to-a-page Forms 1098-E with a Form 1096 and you have correctly completed two Forms 1098-E on that page, enter "2" in box 3 of Form 1096.

Box 4. Enter the total federal income tax withheld shown on the forms being transmitted with this Form 1096.

Box 5. No entry is required if you are filing Form 1098-T, 1099-A, or 1099-G. For all other forms in the listing that follows, enter the total of the amounts from the specific boxes identified for each form.

Form W-2G	Box 1
Form 1097-BTC	Box 1
Form 1098	Boxes 1 and 6
Form 1098-C	Box 4c
Form 1098-E	Box 1
Form 1098-F	Box 1

Form 1098-Q	Box 4
Form 1099-B	Boxes 1d and 13
Form 1099-C	Box 2
Form 1099-CAP	Box 2
Form 1099-DA	Box 1f
Form 1099-DIV	Boxes 1a, 2a, 3, 9, 10, and 12
Form 1099-INT	Boxes 1, 3, 8, 10, 11, and 13
Form 1099-K	Box 1a
Form 1099-LS	Box 1
Form 1099-LTC	Boxes 1 and 2
Form 1099-MISC	Boxes 1, 2, 3, 5, 6, 8, 9, 10, and 11
Form 1099-NEC	Boxes 1 and 3
Form 1099-OID	Boxes 1, 2, 5, 6, and 8
Form 1099-PATR	Boxes 1, 2, 3, and 5
Form 1099-Q	Box 1
Form 1099-QA	Box 1
Form 1099-R	Box 1
Form 1099-S	Box 2
Form 1099-SA	Box 1
Form 1099-SB	Boxes 1 and 2
Form 3921	Boxes 3 and 4
Form 3922	Boxes 3, 4, and 5
Form 5498	Boxes 1, 2, 3, 4, 5, 8, 9, 10, 12b, 13a, and 14a
Form 5498-ESA	Boxes 1 and 2
Form 5498-QA	Boxes 1 and 2
Form 5498-SA	Box 1

Online fillable forms. Forms 1097-BTC, 1098-C, 1098-MA, 1098-Q, 1099-CAP, 1099-LTC, 1099-Q, 1099-QA, 1099-SA, 3922, 5498-ESA, 5498-QA, and 5498-SA have been converted to online fillable PDFs. For more information, see *Online fillable forms* in the current General Instructions for Certain Information Returns.

TINY DREAMERS DAY CARE LLC
743 EXCELSIOR AVE
SAN FRANCISCO, CA 94112

RENATO ALVES DE BARROS
467 BURNET AVE APT 13
SAN FRANCISCO, CA 94131

This sheet is for your convenience when mailing the 1099-NEC to your recipients using standard 8-3/4 x 5-5/8 double window envelopes.

☐ VOID ☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.

MT TAM LIMOUSINE

100 HARBOR DR
CORTE MADERA

CA 94925

OMB No. 1545-0116

Form **1099-NEC**

(Rev. April 2025)

For calendar year

2025

FDEA2002 10/18/25

Nonemployee Compensation

PAYER'S TIN

555-97-8064

RECIPIENT'S TIN

733-30-9513

1 Nonemployee compensation

\$

19545.00

RECIPIENT'S name

RENATO ALVES DE BARROS

2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale ☐

3 Excess golden parachute payments

\$

Street address (including apt. no.)

467 BURNETT AVE APT 13

City or town, state or province, country, and ZIP or foreign postal code

SAN FRANCISCO

CA 94131

4 Federal income tax withheld

\$

Account number (see instructions)

5 State tax withheld

\$

6 State/Payer's state no.

\$

7 State income

\$

Form **1099-NEC**

www.irs.gov/Form1099NEC

Department of the Treasury — Internal Revenue Service

Copy 1
For State Tax
Department

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.

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 AMARILDO R		Last name MARTINS		Your social security number 606 57 6292	
If joint return, spouse's first name and middle initial RENATO		Last name ALVES DE BARROS		Spouse's social security number 733 30 9513	
Home address (number and street). If you have a P.O. box, see instructions. 467 Burnett Ave				Apt. no. 13	
City, town, or post office. If you have a foreign address, also complete spaces below. San Francisco			State CA		ZIP code 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

☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)
☐ Married filing separately (MFS)
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):

(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

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**

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

Attach Sch. B if required.

2a Tax-exempt interest	2a	b Taxable interest	2b
3a Qualified dividends	3a	b Ordinary dividends	3b
4a IRA distributions	4a	b Taxable amount	4b
5a Pensions and annuities	5a	b Taxable amount	5b
6a Social security benefits	6a	b Taxable amount	6b
c If you elect to use the lump-sum election method, check here (see instructions) ☐			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7		
8 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.		

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

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

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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	47,693.

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.

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)

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.

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 .

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

BAA REV 05/23/25 TTW

Schedule 3 (Form 1040) 2024

**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

2024Attachment
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?
No		You must figure your penalty.
Yes		
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.		
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.		

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).

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 AMARILDO R MARTINS		Social security number (SSN) 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
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27a Other expenses (from line 48)	27a 7,845.
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	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b
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 17,462.
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.			29 27,078.

32a ☐ All investment is at risk.
32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation 35
36	Purchases less cost of items withdrawn for personal use 36
37	Cost of labor. Do not include any amounts paid to yourself 37
38	Materials and supplies 38
39	Other costs 39
40	Add lines 35 through 39 40
41	Inventory at end of year 41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 42

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2014</u>
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 <u>13,690</u> b Commuting (see instructions) _____ c Other <u>0</u>
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.

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 RENATO ALVES DE BARROS		Social security number (SSN) 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
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15 8,288.	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
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27a Other expenses (from line 48)	27a 11,759.
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	b Energy efficient commercial bldgs deduction (attach Form 7205)	27b
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.	

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) <u>01/01/2024</u>	
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 <u>53,917</u>	b Commuting (see instructions) _____
		c Other <u>0</u>
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.

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.
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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.
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10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3,101.
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11 Multiply line 6 by 2.9% (0.029)	11	725.
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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.
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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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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² 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 profits³ 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.

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)

Social security number of person
with self-employment income

RENATO ALVES DE BARROS

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.
---	-----------	--------

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

Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² 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 profits³ 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.

**Qualified Business Income Deduction
Simplified Computation**

Attach to your tax return.

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

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	8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b
	1,312.		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)

Part IV Allocation of Policy Amounts

Complete the following information for up to four policy amount allocations. See instructions for allocation details.

Allocation 1

30	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 2

31	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 3

32	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

Allocation 4

33	(a) Policy Number (Form 1095-A, line 2)	(b) SSN of other taxpayer	(c) Allocation start month	(d) Allocation stop month
Allocation percentage applied to monthly amounts		(e) Premium Percentage	(f) SLCSP Percentage	(g) Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

☐ **Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.

☐ **No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

Complete line(s) 35 and/or 36 to elect the alternative calculation for year of marriage. For eligibility to make the election, see the instructions for line 9. To complete line(s) 35 and/or 36 and compute the amounts for lines 12–23, see the instructions for this Part V.

35	Alternative entries for your SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month
36	Alternative entries for your spouse's SSN	(a) Alternative family size	(b) Alternative monthly contribution amount	(c) Alternative start month	(d) Alternative stop month

2024 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

606-57-6292 MART 733-30-9513
AMARILDO R MARTINS
RENATO ALVES DE BARROS

24 PBA 485300

467 BURNETT AVE
SAN FRANCISCO CA 94131

APT 13

03-30-1966 06-21-1980

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN MATEOIf 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

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

Filing Status

1 ☐ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☒ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions. 3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here. 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 = ☒ \$ 2988 **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 = ☒ \$

REV 03/12/25 TTW

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Form 540 2024 Side 1

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: ☒ 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

Side 2 Form 540 2024

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3102244

REV 03/12/25 TTW

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: ☒ 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.				
		Individual Shared Responsibility (ISR) Penalty. See instructions	● 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	● 93		.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	● 94	0	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	● 95		.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	● 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	● 97		.00

Your name:

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

REV 03/12/25 TTW

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**

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ● **113**

31

.00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

31

.00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ● **115**

.00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number

● Type

☐ Checking

● Account number

● **116** Direct deposit amount

☐

Savings

.00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number

● Type

☐ Checking

● Account number

● **117** Direct deposit amount

☐

Savings

.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

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)

☒ Your email address. Enter only one email address.

☒ Preferred phone number

4155057853

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

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

REV 03/12/25 TTW

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	☐	☐	

REV 03/12/25 TTW

Section B – Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . .	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account . . .	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan	8t	☐		
u Wages earned while incarcerated	8u	☐		
v Digital assets received as ordinary income not reported elsewhere	8v	☐	☐	☐
z Other income. List type and amount. ☐ _____	8z	☐	☐	☐

REV 03/12/25 TTW

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	☐		

REV 03/12/25 TTW

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	☐	☐

REV 03/12/25 TTW

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	☒	☒	☒

REV 03/12/25 TTW

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

Nonrefundable Renter's Credit Qualification Record



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.

(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

2023

Income Tax Return

Prepared For:

RENATO ALVES DE BARROS
467 BURNETT AVE Apt. 13
San Francisco, CA 94131
(628) 278-7457

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

2023 Form 1040-V



Department of the Treasury
Internal Revenue Service



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 Registered 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 \$631

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"

1,762.00

1064

RENATO ALVES DE BARROS

467 BURNETT AVE Apt. 13
San Francisco, CA 94131

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

733309513 RJ ALVE 30 0 202312 610

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

See separate instructions.

Your first name and middle initial RENATO	Last name ALVES DE BARROS	Your social security number 733-30-9513
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.
467 BURNETT AVE

Apt. no.
13

City, town, or post office. If you have a foreign address, also complete spaces below.
San Francisco

State
CA

ZIP code
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

☒ Single

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Head of household (HOH)

☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

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):

(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
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐
				☐	☐	☐

If more than four dependents, see instructions and check here ☐

Income

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** _____

3a Qualified dividends **3a** _____

4a IRA distributions **4a** _____

5a Pensions and annuities **5a** _____

6a Social security benefits **6a** _____

c If you elect to use the lump-sum election method, check here (see instructions) ☐

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **7** _____

8 Additional income from Schedule 1, line 10 **8** **11,449.**

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**. **9** **11,449.**

10 Adjustments to income from Schedule 1, line 26 **10** **809.**

11 Subtract line 10 from line 9. This is your **adjusted gross income** **11** **10,640.**

12 **Standard deduction or itemized deductions** (from Schedule A) **12** **13,850.**

13 Qualified business income deduction from Form 8995 or Form 8995-A **13** _____

14 Add lines 12 and 13 **14** **13,850.**

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income** **15** **0.**

2b Taxable interest **2b** _____

3b Ordinary dividends **3b** _____

4b Taxable amount **4b** _____

5b Taxable amount **5b** _____

6b Taxable amount **6b** _____

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	1,618.
24	Add lines 22 and 23. This is your total tax	24	1,618.	

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		
	26	2023 estimated tax payments and amount applied from 2022 return	26		
	27	Earned income credit (EIC)	27	537.	
	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	537.		
33	Add lines 25d, 26, and 32. These are your total payments	33	537.		

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.
	b	Routing number XXXXXXX	c	Type: ☐ Checking ☐ Savings
	d	Account number XXXXXXX		
	36	Amount of line 34 you want applied to your 2024 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	1,131.
	38	Estimated tax penalty (see instructions)	38	50.

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.)
			DRIVER	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
	Phone no. (628) 278-7457	Email address		

Paid Preparer Use Only	Preparer's signature	Date	PTIN P03365194	Check if: ☒ Self-employed
	Preparer's name Emmanuel Guzman	Phone no. (415) 571-7970		
	Firm's name Certifica Inc.			
	Firm's address 72 Scott Street , Apt 01, San Bruno, CA, 94066	Firm's EIN 92-2969531		

Go to www.irs.gov/Form1040 for instructions and the latest information.Form **1040** (2023)

UYA

Int 0 FTF 485 FTP 146 Total due 1762

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

RENATO ALVES DE BARROS

Your social security number

733-30-9513

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C.	3	11,449.
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 nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	11,449.

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

Schedule 1 (Form 1040) 2023

UYA

Part II Adjustments to Income

11	Educator expenses	11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	12	
13	Health savings account deduction. Attach Form 8889	13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903	14	
15	Deductible part of self-employment tax. Attach Schedule SE	15	809.
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 8i 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	809.

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

RENATO ALVES DE BARROS

Your social security number

733-30-9513

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	1,618.
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)

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

Schedule 2 (Form 1040) 2023

UYA

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR.	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24.	17q		
z	Any other taxes. List type and amount: _____	17z		
18	Total additional taxes. Add lines 17a through 17z	18		
19	Reserved for future use	19		
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21		1,618.

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 RENATO ALVES DE BARROS	Social security number (SSN) 733-30-9513
A Principal business or profession, including product or service (see instructions) LIMOUSINE DRIVER	B Enter code from instructions 485300
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	467 BURNETT AVENUE #13 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 2023? If "No," see instructions for limit on losses	☒ Yes ☐ No
H If you started or acquired this business during 2023, check here	☐ Yes ☒ No
I Did you make any payments in 2023 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	71,643.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	71,643.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	71,643.
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	71,643.

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	41,433.	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	2,249.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,761.
15 Insurance (other than health)	15		23 Taxes and licenses	23	1,121.
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	2,174.
17 Legal and professional services	17	780.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	10,676.
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		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	11,449.			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.					

32a	☐	All investment is at risk.
32b	☐	Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

UYA

07/15/2026 04:45:50PM

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) 01/01/2022

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 63256 b Commuting (see instructions) 0 c Other 2813

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.

CELL PHONE FOR BUSINESS	1,521.
TOLLS	3,459.
CLOTHES & SAFETY SHOES	896.
PARKING FEES	792.
CARWASH & DETAILING	1,964.
SMALL TOOLS	753.
DUE & SUBSCRIPTION	836.
LAUNDRY	455.
48 Total other expenses. Enter here and on line 27a	48 10,676.

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)

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	11,449.
3 Combine lines 1a, 1b, and 2	3	11,449.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	10,573.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue.	4c	10,573.

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	0.

6 Add lines 4c and 5b	6	10,573.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c.	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	160,200.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1,311.
11 Multiply line 6 by 2.9% (0.029)	11	307.

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	1,618.
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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	809.
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2023

UYA

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² 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 income¹ (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 profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income⁴, 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 income⁴ (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.

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

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.

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

Form **8867**

(Rev. November 2023)

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, 1040-PR, or 1040-SS.
Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2023Attachment
Sequence No. **70**

Taxpayer name(s) shown on return

RENATO ALVES DE BARROS

Taxpayer identification number

733-30-9513

Preparer's name

Emmanuel Guzman

Preparer tax identification number

P03365194**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-PR, 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, 1099 NEC	☒	☐	
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. 11-2023)

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.)	☒	☐	
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:

- 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);
- 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;
- Submit Form 8867 in the manner required; **and**
- 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*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 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).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 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?	☒	☐

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

RENATO ALVES DE BARROS

Spouse's name

Social security number

733-30-9513

Spouse's social security number

Part I Tax Return Information—Tax Year Ending December 31, 2023 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	10,640.
2	Total tax	2	1,618.
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	1,131.

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. to enter or generate my PIN **94131**
ERO firm name
as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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 _____ to enter or generate my PIN _____
ERO firm name
as my signature on the income tax return (original or amended) I am now authorizing.
Enter five digits, but don't enter all zeros
- ☐ 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

For Paperwork Reduction Act Notice, see your tax return instructions. 04:45:50 PM
UYAForm **8879** (Rev. 01-2021)

2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

733-30-9513 ALVE
RENATO ALVES DE BARROS

23 PBA 485300

467 BURNETT AVE APT 13
SAN FRANCISCO CA 94131

06-21-1980

Principal Residence

Enter your county at time of filing (see instructions)

SAN FRANCISCO

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

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

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

Filing Status

1 ☒ Single4 ☐ Head of household (with qualifying person). See instructions.2 ☐ Married/RDP filing jointly (even if
only one spouse/RDP had income).
See instructions.5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.6 ☐ If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 1 X \$144 = ☒ \$ 1448 **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: ALVES DE BARROS Your SSN or ITIN: 733309513

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			

Exemptions

Total dependent exemptions 10 X \$446 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32. 11 \$ 144

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12		.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	10,640	.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	10,640	.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	10,640	.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 \$10,720 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.	18	5,363	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	5,277	.00

Tax

31	Tax. Check the box if from: ☒ Tax Table ☐ Tax Rate Schedule • ☐ FTB 3800 • ☐ FTB 3803	31	53	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions	32	144	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	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: ALVES DE BARROS Your SSN or ITIN: 733309513

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	60	.00
47	Add line 40 through line 46. These are your total credits	⊙	47	60	.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 VPD) withheld. See instructions	•	74		.00
75	Earned Income Tax Credit (EITC). See instructions	•	75	187	.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	187	.00

Use Tax

91	Use Tax. Do not leave blank. See instructions	•	91	0	.00
If line 91 is zero, check if: ☒ 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	•		☒	
	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	187	.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	187	.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	187	.00

Your name: ALVES DE BARROS Your SSN or ITIN: 733309513

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	187	.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:

ALVES DE BARROS

Your SSN or ITIN:

733309513

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**

113 Underpayment of estimated tax.

Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** **113**

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment **114**

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**

187 .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:

Refund and Direct Deposit

• Routing number ☐ 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 ☐ 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: ALVES DE BARROS Your SSN or ITIN: 733309513

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)

Your email address. Enter only one email address. Preferred phone number 628-278-7457

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

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 P03365194

Firm's address 72 SCOTT STREET , APT 01 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 No

Print Third Party Designee's Name Telephone Number

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

RENATO ALVES DE BARROS

Your SSN or ITIN

733-30-9513

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) .00
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 27) .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 - Investment Income .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 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN.
See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2023. Do not enter more than 365 days. See instructions. | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="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** .00

a Business name ☐ ☐ LIMOUSINE DRIVER

Street address (number, street, apt. no./ste. no.)

b Business address ☐ ☐ 467 BURNETT AVENUE #13

City State ZIP code

☐ ☐ SAN FRANCISCO ☐ ☐ CA ☐ ☐ 94131

c Business license number ☐

d SEIN ☐

e Business code ☐

- 19 California earned income. Add line 16, line 17, and line 18. ☐ **19** .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** .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 .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
If your **total** federal net loss exceeds \$33,497 or your federal AGI
- b exceeds \$30,950, check the box. See instructions ☐
- 24 **Available Young Child Tax Credit** 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 .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
- 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 .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 | <input type="text"/> | <input type="text"/> |
| b Last name | <input type="text"/> | <input type="text"/> |

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**

41 Part-year resident FYTC. Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 ☐ **41** .00

2023

Paid Preparer's Due Diligence Checklist
for California Earned Income Tax Credit

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return

RENATO ALVES DE BARROS

SSN or ITIN

733-30-9513

Part I Due Diligence Requirements

1 a Preparer's name 1a EMMANUEL GUZMAN

b Preparer's PTIN 1b P03365194

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 A362636

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 ☐ No3 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 ☒ Noa Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a ☐ Yes ☐ Nob 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 ☐ No6 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, 1099 NEC

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 ☐ No8 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** ☒ 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
- ☒ 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** ☒ Yes ☐ No

TAXABLE YEAR

FORM

2023**California e-file Signature Authorization for Individuals****8879**

Your name

RENATO ALVES DE BARROS

Your SSN or ITIN

733-30-9513

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 10,640.

2 Amount you owe. See instructions 2 _____

3 Refund or no amount due. See instructions 3 187.**Part II Taxpayer Declaration and Signature Authorization** (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only☒ I authorize CERTIFICA INC. to enter my PIN

ERO firm name

9 4 1 3 1

Do not enter all zeros

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's/RDP's PIN: check one box only☐ I authorize _____ to enter my PIN

ERO firm name

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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 ► _____