Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-130, Petition for Alien Relative

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Form I-485, Application to Register Permanent Residence or Adjust Status

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-765, Application for Employment Authorization

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

USCIS
Attn: AOS
P.O. Box 20500
Phoenix, AZ 85036-0500

RE: Form I-130, Petition for Alien Relative
Petitioner: Aryel Ferreira Costa
Beneficiary: Karuline Chayene da Silva Gomes Costa (Spouse);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Karuline Chayene da Silva Gomes Costa**

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

- **Aryel Ferreira Costa's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative
- Form I-864, Affidavit of Support Under Section 213A of the INA

- **Karuline Chayene da Silva Gomes Costa's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization
- Form I-130A, Supplemental Information for a Spouse Beneficiary

I. **Aryel Ferreira Costa's Identification Documents**
   - Aryel Ferreira Costa's Certificate of Naturalization;
   - Aryel Ferreira Costa's Valid Passport;
   - Aryel Ferreira Costa's Birth Certificate with English Translation;
   - Aryel Ferreira Costa's Driver License;

II. **Karuline Chayene da Silva Gomes Costa's Identification Documents:**
   - Karuline Chayene da Silva Gomes Costa's Valid Passport;
   - Karuline Chayene da Silva Gomes Costa's Old Passport with U.S. Visa;
   - Karuline Chayene da Silva Gomes Costa's Birth Certificate with English Translation;
   - Karuline Chayene da Silva Gomes Costa's Copy of I-94;
   - Karuline Chayene da Silva Gomes Costa's Driver License;

III. **Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Marriage Certificate;**

- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Marriage Certificate

IV. Aryel Ferreira Costa and Karuline Chayene da Silva Gomes' Child Identification Document

- Isaac Gomes Costa's Birth Certificate;
- Isaac Gomes Costa's Valid Passport;

V. Evidence of Current Residence of Petitioner and Beneficiary

- Aryel Ferreira Costa's Proof of residence Karuline Chayene da Silva Gomes Costa's Proof of residence;

VI. Evidence of Bona Fide Marriage

- Aryel Ferreira Costa's Personal Declaration with English Translation;
- Karuline Chayene da Silva Gomes Costa's Personal Declaration with English Translation;
- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Lease Agreement;
- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Auto Insurance;
- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Phone Bill;
- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Bank Account - Wells Fargo;
- Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Travel Evidence;

VII. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by Daniela Nelms;
- Letter of Support Delivered by Fernando Calacio Costa;
- Letter of Support Delivered by Katiene da Silva Gomes;
- Letter of Support Delivered by Eduarda Gomes Silva;
- Letter of Support Delivered by Letícia Carneiro Rodrigues;

VIII. Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

- Photographic Evidence of Relationship

IX. Karuline Chayene da Silva Gomes Costa's DUI Charges and Completed Required Program

- Karuline Chayene da Silva Gomes Costa's FBI FOIA Records
- Karuline Chayene da Silva Gomes Costa's DUI Records and Certificate of Completion of Required Program;

X. Petitioner's Financial Information

- Aryel Ferreira Costa's IRS Federal Income Tax Return - 2025;
- Aryel Ferreira Costa's Bank statements showing Uber payments - 2026;

- Aryel Ferreira Costa's IRS Federal Income Tax Return - 2024;
- Aryel Ferreira Costa's IRS Federal Income Tax Return - 2023;

XI. Karuline Chayene da Silva Gomes Costa's Photo 2x2;

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: 10/23/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

ARYEL FERREIRA COSTA'S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

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

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

6.a. Family Name (Last Name): FERREIRA COSTA

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

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 0 7 3 6 5 4 9 2

Client's Contact Information

10. Daytime Telephone Number

(650) 271-5562

11. Mobile Telephone Number (if any)

(650) 271-5562

12. Email Address (if any)

aryelcosta@yahoo.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 10/09/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 10/09/2026

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): FERREIRA COSTA

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only	Fee Stamp	Action Stamp
A-Number A-		
Initial Receipt		
Resubmitted		
Relocated		
Received		
Sent		
Completed		
Approved		
Returned		

Section of Law/Visa Category

- ☐ 201(b) Spouse - IR-1/CR-1
- ☐ 201(b) Child - IR-2/CR-2
- ☐ 201(b) Parent - IR-5
- ☐ 203(a)(1) Unm. S/D - F1-1
- ☐ 203(a)(2)(A) Spouse - F2-1
- ☐ 203(a)(2)(A) Child - F2-2
- ☐ 203(a)(2)(B) Unm. S/D - F2-4
- ☐ 203(a)(3) Married S/D - F3-1
- ☐ 203(a)(4) Brother/Sister - F4-1

Petition was filed on (Priority Date mm/dd/yyyy):

PDR request granted/denied - New priority date (mm/dd/yyyy):

- ☐ Field Investigation
- ☐ Previously Forwarded
- ☐ 203(g) Resolved
- ☐ Personal Interview
- ☐ Pet. A-File Reviewed
- ☐ Ben. A-File Reviewed
- ☐ 204(a)(2)(A) Resolved
- ☐ I-485 Filed Simultaneously
- ☐ 204(g) Resolved

Remarks

At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0074926254388

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information.** **Complete and submit as many copies of Part 9., as necessary, with your petition.**

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

1. I am filing this petition for my (Select **only one** box):

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

2. If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):

- ☐ Child was born to parents who were married to each other at the time of the child's birth
- ☐ Stepchild/Stepparent
- ☐ Child was born to parents who were not married to each other at the time of the child's birth
- ☐ Child was adopted (not an Orphan or Hague Convention adoptee)

3. If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No

4. Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

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

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

3. U.S. Social Security Number (if any)
► 287297773

Your Full Name

4.a. Family Name (Last Name): FERREIRA COSTA

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

4.c. Middle Name: N/A

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

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Goiania

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 09/14/1998

9. Sex ☒ Male ☐ Female

Mailing Address

10.a. In Care Of Name: Otavio Haverroth Silva

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

10.e. State: CA **10.f.** ZIP Code: 92169

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name: 132 Santa Clara Ave

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 04

12.c. City or Town: San Bruno

12.d. State: CA **12.e.** ZIP Code: 94066

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 11/01/2019

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

Physical Address 2

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

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: N/A

14.d. State: N/A **14.e.** ZIP Code: N/A

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: N/A

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

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

Your Marital Information

16. How many times have you been married? ▶ 1

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/26/2022

Place of Your Current Marriage (if married)

19.a. City or Town: Palo Alto

19.b. State: CA

19.c. Province: N/A

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): GOMES COSTA

20.b. Given Name (First Name): Karuline

20.c. Middle Name: Chayene da Silva

21. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

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

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

22.c. Middle Name: N/A

23. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): CALACIO COSTA

24.b. Given Name (First Name): Fernando

24.c. Middle Name: N/A

25. Date of Birth (mm/dd/yyyy): 11/15/1974

26. Sex ☒ Male ☐ Female

27. Country of Birth: Brazil

28. City/Town/Village of Residence: Goiania

29. Country of Residence: Brazil

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): CORREIA FERREIRA

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

30.c. Middle Name: N/A

31. Date of Birth (mm/dd/yyyy): 08/09/1983

32. Sex ☐ Male ☒ Female

33. Country of Birth: Brazil

34. City/Town/Village of Residence: Goiania

35. Country of Residence: Brazil

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

☐ Birth in the United States

☒ Naturalization

☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☒ Yes ☐ No

If you answered "Yes" to **Item Number 38.**, complete the following:

39.a. Certificate Number: 46660182

39.b. Place of Issuance: San Francisco - California

39.c. Date of Issuance (mm/dd/yyyy): 10/28/2025

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

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

40.b. Date of Admission (mm/dd/yyyy)

Place of Admission

40.c. City or Town

40.d State

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company: Uber / Lyft

43.a. Street Number and Name: Multiple Addresses

43.b. ☒ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town: San Bruno

43.d. State: CA **43.e.** ZIP Code: N/A

43.f. Province: N/A

43.g. Postal Code: N/A

43.h. Country: USA

44. Your Occupation: Driver

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

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

Employer 2

46. Name of Employer/Company: DoorDash

47.a. Street Number and Name: Multiple Addresses

47.b. ☒ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town: San Bruno

47.d. State: CA **47.e.** ZIP Code: N/A

47.f. Province: N/A

47.g. Postal Code: N/A

47.h. Country: USA

48. Your Occupation: Delivery

49.a. Date From (mm/dd/yyyy): 12/05/2019

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

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☒ Native Hawaiian or Other Pacific Islander

3. Height Feet: 6 Inches: 0

4. Weight Pounds: 180

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► A- N / A

2. USCIS Online Account Number (if any)

► N / A

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

► N / A

Beneficiary's Full Name

4.a. Family Name (Last Name): GOMES COSTA

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

4.c. Middle Name: Chayene da Silva

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name): DA SILVA GOMES

5.b. Given Name (First Name): Karuline Chayene

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Goiania

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 10/07/1997

9. Sex ☐ Male ☒ Female

10. Has anyone else ever filed a petition for the beneficiary?

☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

11.a. Street Number and Name: 132 Santa Clara Ave

11.b. ☒ Apt. ☐ Ste. ☐ Flr. 04

11.c. City or Town: San Bruno

11.d. State: CA **11.e.** ZIP Code: 94066

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town:

13.d. Province:

13.e. Postal Code:

13.f. Country:

14. Daytime Telephone Number (if any): 6502959591

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

6502959591

16. Email Address (if any)

karolcsgomess@gmail.com

Beneficiary's Marital Information

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

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/26/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Palo Alto

20.b. State: CA

20.c. Province: N/A

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): FERREIRA COSTA

21.b. Given Name (First Name): Aryel

21.c. Middle Name: N/A

22. Date Marriage Ended (mm/dd/yyyy): N/A

Spouse 2

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

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

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): N/A

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): FERREIRA COSTA

25.b. Given Name (First Name): Aryel

25.c. Middle Name: N/A

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 09/14/1998

28. Country of Birth: Brazil

Person 2

29.a. Family Name (Last Name): GOMES COSTA

29.b. Given Name (First Name): Isaac

29.c. Middle Name: N/A

30. Relationship: Child

31. Date of Birth (mm/dd/yyyy): 11/25/2025

32. Country of Birth: USA

Person 3

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

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

33.c. Middle Name: N/A

34. Relationship: N/A

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

36. Country of Birth: N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States? ☒ Yes ☐ No

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

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

46.b. Form I-94 Arrival-Departure Record Number: ▶ 69906156056

46.c. Date of Arrival (mm/dd/yyyy): 01/24/2019

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 07/23/2019

47. Passport Number: FX431998

48. Travel Document Number: N/A

49. Country of Issuance for Passport or Travel Document: Brazil

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 11/12/2028

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable): Unemployed

51.b. Street Number and Name: N/A

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

51.e. State: N/A **51.f.** ZIP Code: N/A

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: N/A

52. Date Employment Began (mm/dd/yyyy): 11/01/2025

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings? ☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town:

55.b. State:

56. Date (mm/dd/yyyy):

Part 4. Information About Beneficiary (continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country:

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name: 132 Santa Clara Ave

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 04

59.c. City or Town: San Bruno

59.d. State: CA **59.e.** ZIP Code: 94066

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 06/20/2022

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

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

61.a. City or Town: San Francisco

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 6502715562

4. Petitioner's Mobile Telephone Number (if any): 6502715562

5. Petitioner's Email Address (if any): aryelcosta@yahoo.com

Petitioner's Declaration and Certification

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

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

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

1) I provided or authorized all of the information contained in, and submitted with, my petition;

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) ➡ _____

6.b. Date of Signature (mm/dd/yyyy): 10/09/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 10/09/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): FERREIRA COSTA

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A-

3.a. Page Number: 4 **3.b.** Part Number: 2 **3.c.** Item Number: 42-46

3.d.
The Apliccant is self-employed as a driver and delivery driver for Uber, DoorDash, and Lyft. As he does not have a fixed work address "Multiple Addresses" was provided in the employment address field.

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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)	Given Name (First Name)	Middle Name (if applicable)
FERREIRA COSTA	Aryel	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
132 Santa Clara Ave

Apt. Ste. Flr. Number
☒ ☐ ☐ 04

City or Town
San Bruno

State
CA

ZIP Code
94066

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
09/14/2026

7. Country of Birth
Brazil

8. U.S. Social Security Number (Required)
► 2 8 7 2 9 7 7 7 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- N / A

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

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

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

Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GOMES COSTA	Karuline	Chayene da Silva

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality

Brazil

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

10/07/1997

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

► A- N / A

6. USCIS Online Account Number (if any)

► N / A

7. Daytime Telephone Number

6502959591

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

USCIS Online Account Number (if any)

► N/A

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

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

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

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

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

Household Size: **3**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an

2. Name of Employer 1

3. Name of Employer 2 (if applicable)

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

5. ☐ Retired Since (mm/dd/yyyy)

6. ☐ Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is: $ **35,635.00**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 35,635.00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 38,344
16.b. 2nd Most Recent	2024	$ 7,744
16.c. 3rd Most Recent	2023	$ 6,719

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

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

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

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

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. $ None

2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) $ $ None

3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** $ None

4. Add together **Item Numbers 1. - 3.** and enter the number here. $ None

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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.

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

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.**

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
(650) 271-5562

4. Sponsor's Mobile Telephone Number (if any)
(650) 271-5562

5. Sponsor's Email Address (if any)
aryelcosta@yahoo.com

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

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 authorize USCIS and DOS to request, and any consumer reporting agency to provide, information from one or more consumer reporting agencies in order to obtain or verify information, including credit reports and scores, in connection with the sufficiency determination of my Form I-864. I further authorize the disclosure of this information to the immigrant I am sponsoring for purposes of responding to any derogatory information pursuant to 8 C.F.R. 103.2(b)(16).

Photocopies of this authorization bearing my handwritten signature are valid. This authorization shall remain in effect until the earliest of the following: (1) the application for visa, admission, or adjustment of status (s) of the beneficiary and accompanying derivative(s), if any, I have agreed to sponsor are approved; (2) the application(s) for visa, adjustment of status or admission are refused and the one-year period to overcome the refusal has lapsed pursuant to 22 CFR 42.81(e), provided that this authorization shall remain valid during any period in which an application is pending administrative processing; or (3) a properly submitted request to withdraw my Form I-864, been effectuated. I understand that a new authorization may be required if I wish to sponsor future individuals, including following-to-join derivative beneficiaries.

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature ➡ [signature] Date of Signature (mm/dd/yyyy) 10/09/2026

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.

NOTE REGARDING CONSUMER OR CREDIT REPORT FILES: If you have a credit or security freeze on your consumer or credit report file, we may not be able to access the information necessary to assess the sufficiency of your Form I-864. To avoid any delays, you should expeditiously respond to any requests made to release the credit or security freeze.

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature

N/A

Date of Signature (mm/dd/yyyy)

N/A

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

10/09/2026

Part 11. Additional Information

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

1. Family Name (Last Name): **FERREIRA COSTA** | Given Name (First Name): **Aryel** | Middle Name (if applicable):

2. A-Number (if any) ► **A-** **N / A**

3.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

4.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

5.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

6.

Page Number	Part Number	Item Number
N/A	N/A	N/A

N/A

KARULINE CHAYENE DA SILVA GOMES COSTA'S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130A I-485 I-765

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): GOMES COSTA

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

6.c. Middle Name: Chayene da Silva

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

(650) 295-9591

11. Mobile Telephone Number (if any)

(650) 295-9591

12. Email Address (if any)

karolcsgomess@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

➡ Karoline Chayene da Silva Gomes

2.b. Date of Signature (mm/dd/yyyy) 10/09/2026

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) 10/09/2026

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): GOMES COSTA

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

1.c. Middle Name: Chayene da Silva

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Application For Employment Authorization

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

USCIS
Form I-765
OMB No. 1615-0040
Expires 08/31/2027

For USCIS Use Only		Fee Stamp	Action Block
	☐ **Authorization/Extension Valid From** _____		
	☐ **Authorization/Extension Valid Through** _____		
	Alien Registration Number A-		
	Remarks		

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

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

Part 1. Reason for Applying

I am applying for (select **only one** box):

1.a. ☒ Initial permission to accept employment.

1.b. ☐ Replacement of lost, stolen, or damaged employment authorization document, or correction of my employment authorization document NOT DUE to U.S. Citizenship and Immigration Services (USCIS) error.

NOTE: Replacement (correction) of an employment authorization document due to USCIS error does not require a new Form I-765 and filing fee. Refer to www.uscis.gov/i-765 for further details.

1.c. ☐ Renewal of my permission to accept employment. (Attach a copy of your previous employment authorization document.)

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): GOMES COSTA

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

1.c. Middle Name: Chayene da Silva

Other Names Used

Provide all other names you have ever used, including aliases, maiden name, and nicknames. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

2.a. Family Name (Last Name): DA SILVA GOMES

2.b. Given Name (First Name): Karuline Chayene

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

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

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

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

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

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

U.S. Physical Address

7.a. Street Number and Name: 132 Santa Clara Ave

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 04

7.c. City or Town: San Bruno

7.d. State: CA **7.e.** ZIP Code: 94066

Other Information

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

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

10. Sex ☐ Male ☒ Female

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

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
► N / A

Your Country or Countries of Citizenship or Nationality

List all countries where you are currently a citizen or national. If you need extra space to complete this item, use the space provided in **Part 6. Additional Information**.

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Goiania

15.b. State/Province of Birth

Goias

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 10/07/1997

Information About Your Last Arrival in the United States

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

► 6 9 9 0 6 1 5 6 0 5 6

18. Passport Number of Your Most Recently Issued Passport

FX431998

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 11/12/2028

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/24/2019

23. Place of Your Last Arrival Into the United States

Houston Texas

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

B2

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

Adjustment of Status-Form I-485 Pending

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

► N- N/A

Information About Your Eligibility Category

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

(c) (9) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N / A

30. **(c)(8) Eligibility Category.** If you entered the eligibility category (c)(8) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 30.**, refer to **Special Filing Instructions for Those With Pending Asylum Applications (c)(8)** in the **Required Documentation** section of the Form I-765 Instructions for information about providing court dispositions.

31.a. **(c)(35) and (c)(36) Eligibility Category.** If you entered the eligibility category (c)(35) in **Item Number 27.**, please provide the receipt number of your Form I-797 Notice for Form I-140, Immigrant Petition for Alien Worker. If you entered the eligibility category (c)(36) in **Item Number 27.**, please provide the receipt number of your spouse's or parent's Form I-797 Notice for Form I-140.

► N / A

31.b. If you entered the eligibility category (c)(35) or (c)(36) in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime? ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 31.b.**, refer to **Employment-Based Nonimmigrant Categories**, **Items 8. - 9.**, in the **Who May File Form I-765** section of the Form I-765 Instructions for information about providing court dispositions.

Part 3. Applicant's Statement, Contact Information, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-765 Instructions before completing this section. You must file Form I-765 while in the United States.

Applicant's Statement

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

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

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in

Portuguese ,

a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.,**

Otavio Haverroth Silva ,

prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

(650) 295-9591

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

(650) 295-9591

5. Applicant's Email Address (if any)

karolcsgomess@gmail.com

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

Applicant's Certification

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

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

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

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

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

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

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

Applicant's Signature

7.a. Applicant's Signature

➡ Karuline Chayene da Silva Gomes

7.b. Date of Signature (mm/dd/yyyy) 10/09/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

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

5. Interpreter's Mobile Telephone Number (if any): (415) 425-2508

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 10/09/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

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

5. Preparer's Mobile Telephone Number (if any): (510) 241-9336

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 10/09/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): GOMES COSTA

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

1.c. Middle Name: Chayene da Silva

2. A-Number (if any) ► A- N / A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Supplemental Information for Spouse Beneficiary

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

USCIS
Form I-130A
OMB No. 1615-0012
Expires 02/28/2027

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

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): GOMES COSTA
3.b. Given Name (First Name): Karuline
3.c. Middle Name: Chayene da Silva

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Physical Address 1

4.a. Street Number and Name: 132 Santa Clara
4.b. ☒ Apt. ☐ Ste. ☐ Flr.: 04
4.c. City or Town: San Bruno
4.d. State: CA **4.e.** ZIP Code: 94066
4.f. Province: N/A
4.g. Postal Code: N/A
4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 06/20/2022
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 906 Saint Francis Blvd
6.b. ☒ Apt. ☐ Ste. ☐ Flr.: 1104
6.c. City or Town: Dala City
6.d. State: CA **6.e.** ZIP Code: 94015
6.f. Province: N/A
6.g. Postal Code: N/A
6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 05/01/2019
7.b. Date To (mm/dd/yyyy): 06/19/2022

Last Physical Address Outside the United States

Provide your last address outside the United States of more than one year (even if listed above).

8.a. Street Number and Name: Rua Cassimiro de Abreu
8.b. ☐ Apt. ☐ Ste. ☐ Flr.: QD 18 LT 08
8.c. City or Town: Goiania
8.d. Province: Goias
8.e. Postal Code: 74335-040
8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 11/01/2006

9.b. Date To (mm/dd/yyyy) 01/23/2019

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) GOMES DE OLIVEIRA

10.b. Given Name (First Name) Marcelo

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 11/17/1975

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Goiania

14. Country of Birth
Brazil

15. City/Town/Village of Residence
San Mateo

16. Country of Residence
USA

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) da Silva Gomes

17.b. Given Name (First Name) Katiene

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 10/09/1997

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Goiania

21. Country of Birth
Brazil

22. City/Town/Village of Residence
San Mateo

23. Country of Residence
USA

Part 2. Information About Your Employment

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 1.** below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Employment History

Employer 1

1. Name of Employer/Company
Unemployed

2.a. Street Number and Name

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town

2.d. State **2.e.** ZIP Code

2.f. Province

2.g. Postal Code

2.h. Country

3. Your Occupation

4.a. Date From (mm/dd/yyyy) 11/01/2025

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

Employer 2

5. Name of Employer/Company
Uber

6.a. Street Number and Name Multiple Addresses

6.b. ☒ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town Dala City

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

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
USA

Part 2. Information About Your Employment (continued)

7. Your Occupation: Driver

8.a. Date From (mm/dd/yyyy): 10/01/2025

8.b. Date To (mm/dd/yyyy): 11/01/2025

Part 3. Information About Your Employment Outside the United States

Provide your last occupation outside the United States if not shown above. If you never worked outside the United States, provide this information in the space provided in **Part 7. Additional Information**.

1. Name of Employer/Company: GR Contrutora e Incorporadora - nova Suiça

2.a. Street Number and Name: Rua C-178 Q-616 - LOTE 8

2.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

2.c. City or Town: Goiania

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

2.f. Province: Goias

2.g. Postal Code: 74280-070

2.h. Country: Brazil

3. Your Occupation: INTERNSHIP

4.a. Date From (mm/dd/yyyy): 03/01/2016

4.b. Date To (mm/dd/yyyy): 12/20/2018

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 652959591

4. Spouse Beneficiary's Mobile Telephone Number (if any): 652959591

5. Spouse Beneficiary's Email Address (if any): karolcsgomess@gmail.com

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink): Karoline Chayene da Silva Gomes

6.b. Date of Signature (mm/dd/yyyy): 10/23/2026

NOTE TO ALL SPOUSE BENEFICIARIES: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the Form I-130 filed on your behalf.

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

Provide the following information about the interpreter you used to complete Form I-130A if he or she is different from the interpreter used to complete the Form I-130 filed on your behalf.

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and portuguese, which is the same language provided in **Part 4.**, **Item Number 1.b.**, and I have read to this spouse beneficiary in the identified language every question and instruction on this form and his or her answer to every question. The spouse beneficiary informed me that he or she understands every instruction, question, and answer on the form, including the **Spouse Beneficiary's Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy): 10/23/2026

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary

Provide the following information about the preparer you used to complete Form I-130A if he or she is different from the preparer used to complete the Form I-130 filed on your behalf.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Form, if Other Than the Spouse Beneficiary (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 10/23/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): GOMES COSTA

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

1.c. Middle Name: Chayene da Silva

2. A-Number (if any) ► A- N / A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 5

3.d. The Applicant was previously self-employed as a driver for Uber. She did not have a fixed work address, therefore, "Multiple Addresses" was provided in the employment address field.

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

4.d. The Applicant's only employment outside the United States was an internship in Brazil. She was also a college student in Brazil but did not complete her degree.

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 03/31/2027

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	007492625438

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

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

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

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

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GOMES COSTA	Karuline Chayene	Chayene da Silva

2. Other Names You Have Used Since Birth (if applicable)

Provide all other names you have ever used, including your family name at birth, other legal names, nicknames, aliases, and assumed names.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA GOMES	Karuline Cheyene	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 10/07/1997

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

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

N/A
N/A

A-Number ▶ A- N / A

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

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

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

A-Number (if any) ▶ A- N / A

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

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

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Goiania

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazilian

9. USCIS Online Account Number (if any)

▶ N / A

If one has been assigned, you can find it on a notice that USCIS may have sent to you.

10. Recent Immigration History

If you last entered the United States using a passport or travel document, provide the following information.

Passport or Travel Document Number Used at Last Arrival: FX431998

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 11/12/2028

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): J1580336

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 03/12/2014

Place and Date of Last Arrival into the United States

City or Town: Houston

State: TX

Date of Last Arrival (mm/dd/yyyy): 01/24/2019

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): B-2 Visitor

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

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

☐ Other:

A-Number ▶ A- N / A

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

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

Family Name (Last Name): DA SILVA GOMES

Given Name (First Name): Karuline Chayene

Form I-94 Arrival/Departure Record Number ▶ 6 9 9 0 6 1 5 6 0 5 6

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 07/23/2019

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B2

13. Was your last arrival the first time you were physically present in the United States? ☐ Yes ☒ No

14. What is your current immigration status (if it has changed since your last arrival)? No Status

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

16. Have you ever been issued an "alien crewman" visa? ☐ Yes ☒ No

17. Did you last arrive in the United States to join a vessel as a seaman or crewman, or while serving in any capacity aboard a vessel or aircraft? ☐ Yes ☒ No

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Karuline Chayene da Silva Gomes Costa

Street Number and Name: 132 Santa Clara Avenue

Apt. ☒ Ste. ☐ Flr. ☐ Number: 4

City or Town: San Bruno

State: CA

ZIP Code: 94066

Date You First Resided at This Address (mm/dd/yyyy): 06/20/2022

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO BOX 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

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

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

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

Prior Address

In Care Of Name (if any)

Karuline Chayene da Silva Gomes Costa

Street Number and Name: 906 Saint Francis blvd | Apt. Ste. Flr. ☒ ☐ ☐ | Number: 1104

City or Town: Dala City | State: CA | ZIP Code: 94015

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

Dates of Residence

From (mm/dd/yyyy): 05/01/2019 To (mm/dd/yyyy): 06/20/2022

Most Recent Address Outside the United States

Provide your most recent physical address outside the United States where you lived for more than one year (if not already listed above).

Street Number and Name: Rua Cassimiro de Abreu, quadra 18, lote 08 | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Goiania | State: GO | ZIP Code: 74335-040

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

Dates of Residence

From (mm/dd/yyyy): 11/01/2006 To (mm/dd/yyyy): 01/23/2019

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ▶ N / A

Do you want the SSA to issue you a Social Security card? ☒ Yes ☐ No

If you answered "Yes," you must also answer "Yes" to the **Consent for Disclosure** below.

Consent for Disclosure: I authorize disclosure of information from this application to the SSA as required for the purpose of assigning me an SSN and issuing me a Social Security Card. ☒ Yes ☐ No

A-Number ► A- N / A

Part 2. Application Type or Filing Category

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

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

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

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

☐ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born to a Foreign Government Employee in the United States

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

☐ Other Eligibility

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town: N/A

Country: N/A

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent): Unemployed

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

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

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

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

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

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 11/01/2025 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support:

Financially supported by her husband, the I-130 Petitioner.

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

Name of Employer, Company, or School: GR Contrutora e Incorporadora - Nova Suiça | Your Occupation (if unemployed or retired, so state): INTERNSHIP

Address of Employer, Company, or School

Street Number and Name: Rua C-178 Q-616 - LOTE 8 | Apt. Ste. Flr. Number: N/A

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

Province: Goias | Postal Code: 74280-070 | Country: Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 03/01/2016 | To (mm/dd/yyyy): 12/20/2018

If unemployed or retired, source of financial support:

N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): Gomes de Oliveira | Given Name (First Name): Marcelo | Middle Name (if applicable): N/A

2. Parent 1's Name at Birth (if different than above)

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

3. Date of Birth (mm/dd/yyyy): 11/17/1975

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
da Silva Gomes	Katiene	N/A

6. Parent 2's Name at Birth (if different than above)

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

7. Date of Birth (mm/dd/yyyy) 10/09/1997

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

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

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

4. Current Spouse's Legal Name

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

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

6. Current Spouse's Date of Birth (mm/dd/yyyy) 09/14/1998

7. Current Spouse's Country of Birth

Brazil

8. Current Spouse's Current Physical Address

Street Number and Name: 132 Santa Clara Ave

Apt. ☒ Ste. ☐ Flr. ☐ Number: 4

City or Town: San Bruno

State: CA

ZIP Code: 94066

Province: N/A

Postal Code: N/A

Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: Palo Alto

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 05/26/2022

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

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

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

Part 7. Information About Your Children

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

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

1

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

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

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy): 11/25/2025

Country of Birth: USA

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

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

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- N / A

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

Country of Birth: N/A

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

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

Part 8. Biographic Information

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino ☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☒ Native Hawaiian or Other Pacific Islander ☐ White

3. Height Feet 5 Inches 3 **4.** Weight Pounds 1 3 7

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 64.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 64.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and complete **Item Numbers 57. - 64.**"

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

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

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64.**" in **Item Number 56.**, complete **Item Numbers 57. - 64.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 65.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. Describe your family status (for example, your household size). 3

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

61. What is the highest level of education you have completed?

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

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

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

☐ Doctorate degree

62. List your skills (for example, certifications, licenses, skills obtained through work experience, and educational certificates).

List of Certifications

63. Have you ever received any means-tested public benefit? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

64. If your answer to **Item Number 63.** is "Yes," list the specific means-tested public benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received (if applicable), and the reason you received the benefit.

Means-Tested Public Benefit Received	Start Date	End Date	Dollar Amount (if applicable)	Reason

Illegal Entries and Other Immigration Violations

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

NOTE: If your answer to **Item Number 65.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

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

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

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

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

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

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

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

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

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

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

NOTE: If you answered "Yes" to **Item Number 74.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

75. If you answered "Yes" to **Item Number 74.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

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

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

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

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

Miscellaneous Conduct

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

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

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

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

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

Have you **EVER:**

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

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

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

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

84. If you answered "Yes" to **Item Number 83.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

A-Number ▶ A- N / A

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 6502959591

2. Applicant's Mobile Telephone Number (if any): 6502959591

3. Applicant's Email Address (if any): karolcsgomess@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Karoline Chayene da Silva Gomes

Date of Signature (mm/dd/yyyy): 10/09/2026

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

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

Interpreter's Given Name (First Name): Andre Vinicius

2. Interpreter's Business or Organization Name: HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: 4154252508

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

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and Portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy): 10/09/2026

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
10/09/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GOMES COSTA	Karuline Chayene	Chayene da Silva

2.

Page Number	Part Number	Item Number
3	1	14-15

The Applicant was admitted as a B-2 visitor on January 24, 2019 . She is currently out of status and has marked "No Status" for Item 14 and "N/A" for Item 15 to reflect her current situation.

3.

Page Number	Part Number	Item Number
14	9	11

The applicant had a B2 visa denied before being issued a B2 visa on March 12, 2014.

4.

Page Number	Part Number	Item Number
14	9	12

The Applicant worked without authorizations during her time in the United States to support herself financially.

5.

Page Number	Part Number	Item Number
14	9	13

The Applicant was admitted as a B-2 visitor on January 24, 2019 . She is currently out of status and has marked "No Status" for Item 14 and "N/A" for Item 15 to reflect her current situation.

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GOMES COSTA	Karuline	Chayene da Silva

2.

Page Number	Part Number	Item Number
15	9	23-24

The Applicant was involved in a criminal traffic matter in San Mateo County, California, Case No. 22-NM-011584-A. On December 20, 2022, the matter was resolved through a negotiated plea. The DUI-related charges under California Vehicle Code Sections 23152(a) and 23152(b) were dismissed, and the Applicant entered a plea of nolo contendere to California Vehicle Code Section 23103.5(a), Reckless Driving Alcohol Related. The Applicant was sentenced to one year of court summary probation, an $834.00 fine, and completion of a 12-hour First Offender Program. Probation ended on December 20, 2023, and all court-ordered requirements have been completed, with no remaining obligations or outstanding matters arising from this

3.

Page Number	Part Number	Item Number
20	9	74

The Applicant entered the United States on a B-1 visa on January 24, 2019 and remained beyond the authorized period of admission, accuring unlawful presence under INA § 212(a)(9)(B)(i)(II) from July 23, 2019 to the present.

4.

Page Number	Part Number	Item Number

5.

Page Number	Part Number	Item Number

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Aryel Ferreira Costa's Identification Documents	
Aryel Ferreira Costa's Certificate of Naturalization	1
Aryel Ferreira Costa's Valid Passport	2-15
Aryel Ferreira Costa's Birth Certificate	16-20
Aryel Ferreira Costa's Driver's License	21-22
Exhibit 2 - Karuline Chayene da Silva Gomes' Identification Documents	
Karuline Chayene da Silva Gomes Costa's Valid Passaport	23-39
Karuline Chayene da Silva Gomes Costa's Old Passaport with U.S. Visa	40-56
Karuline Chayene da Silva Gomes Costa's Birth Certificate with English Translation	57-61
Karuline Chayene da Silva Gomes Costa's Copy of I-94	62-63
Karuline Chayene da Silva Gomes Costa's Driver's License	64-65
Exhibit 3 - Aryel Ferreira Costa and Karuline Chayene da Silva Gomes' Marriage Certificate	
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Marriage Certificate	66
Exhibit 4 - Aryel Ferreira Costa and Karuline Chayene da Silva Gomes' Child Identification Document	
Isaac Gomes Costa's Birth Certificate	67
Isaac Gomes Costa's Valid Passport	68-69

Exhibit 5 - Evidence of Current Residence of Petitioner and Beneficiary

Aryel Ferreira Costa's Proof of residence	70
Karuline Chayene da Silva Gomes Costa's Proof of residence	71

Exhibit 6 - Evidence of Bona Fide Marriage

Aryel Ferreira Costa's Personal Statement	72-77
Karuline Chayene da Silva Gomes Costa's Personal Statement	78-81
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Lease Agreement	82-87
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Auto Insurance	88-89
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Bank Account - Wells Fargo	90-92
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Phone Bill	93
Aryel Ferreira Costa and Karuline Chayene da Silva Gomes Costa's Joint Travel Evidence	94-97

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

Letter of Support Delivered by Daniela Nelms	98-99
Letter of Support Delivered by Fernando Calacio Costa	100-101
Letter of Support Delivered by Katiene da Silva Gomes	102-106
Letter of Support Delivered by Eduarda Gomes Silva	107-111
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Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Photographic Evidence of Relationship	117-167

Exhibit 9 - Karuline Chayene da Silva Gomes Costa's DUI Charges and Completed Required Program

Karuline Chayene da Silva Gomes Costa's FBI FOIA Records	168-173
Karuline Chayene da Silva Gomes Costa's DUI Records and Certificate of Completion of Required Program;	174-194

Exhibit 10 - Petitioner’s Financial Information

Aryel Ferreira Costa's IRS Federal Income Tax Return - 2025	195-223
Aryel Ferreira Costa's Bank statements showing Uber payments - 2026	224-295
Aryel Ferreira Costa's IRS Federal Income Tax Return - 2024	296-323
Aryel Ferreira Costa's IRS Federal Income Tax Return - 2023	324-351

Exhibit 1 - Aryel Ferreira Costa's Identification Documents

THE UNITED STATES OF AMERICA

No. 46660182

CERTIFICATE OF NATURALIZATION

Personal description of holder as of date of naturalization:

Date of birth: **SEPTEMBER 14, 1998**

Sex: **MALE**

Height: **6** *feet* **00** *inches*

Marital status: **MARRIED**

Country of former nationality: **BRAZIL**



USCIS Registration No.: **A207 365 492**

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of Homeland Security

at: **SAN FRANCISCO, CALIFORNIA**

The Secretary having found that:

ARYEL FERREIRA COSTA

residing at:

SAN BRUNO, CALIFORNIA

having complied in all respects with all of the applicable provisions of the naturalization laws of the United States, being entitled to be admitted as a citizen of the United States, and having taken the oath of allegiance at a ceremony conducted by

U.S. CITIZENSHIP AND IMMIGRATION SERVICES

at: **SAN FRANCISCO, CALIFORNIA** *on:* **OCTOBER 28, 2025**

such person is admitted as a citizen of the United States of America.

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

O say does that star-
spangled banner yet wave
O'er the land of the free
& the home of the brave?



THE UNITED STATES OF AMERICA

...AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN



The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

A72997753

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo: P

Code/Code/Código: USA

Passport No./No. du Passeport/No. de Pasaporte: A72997753

USA

Surname/Nom/Apellidos
FERREIRA COSTA

Given names/Prénoms/Nombres
ARYEL



Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
14 SEP 1998

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
25 NOV 2025

Date of expiration/Date d'expiration/Fecha de caducidad
24 NOV 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAFERREIRA<COSTA<<ARYEL<<<<<<<<<<<<<<<<<<<<

A729977537USA9809147M3511244575143365<175448

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.



BEARER'S IMAGE
An image of the document holder is printed over security artwork.



MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.



WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.



PASSPORT NUMBER
The passport number is perforated throughout the passport.



COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.



A72897753

IMPORTANT TRAVEL AND SAFETY DATA

travel.state.gov/new

Scan for important passport information and travel requirements.

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

It is recommended to renew your passport at least one year prior to the expiration date of the passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

This passport is not valid unless signed by the bearer in the area designated on page three.

A72897753

IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

GAYTESTA

IMPORTANT INFORMATION

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

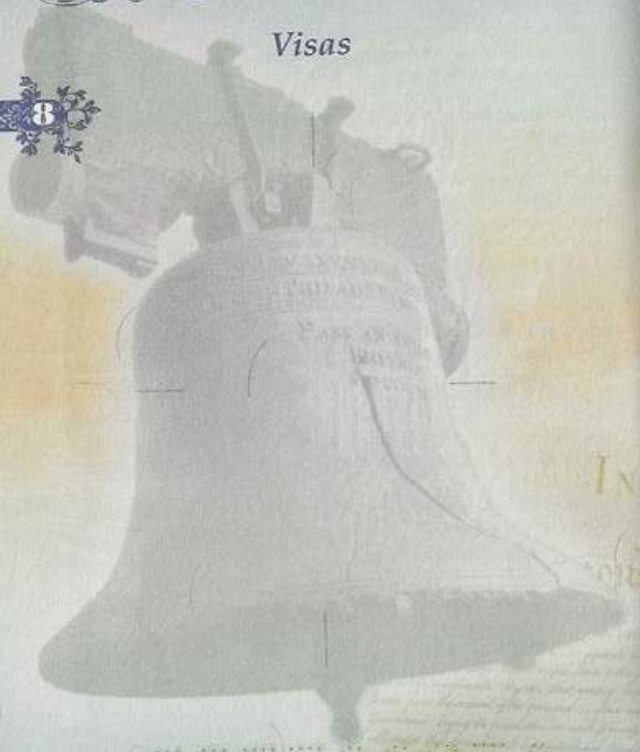
EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION.

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

A7299753

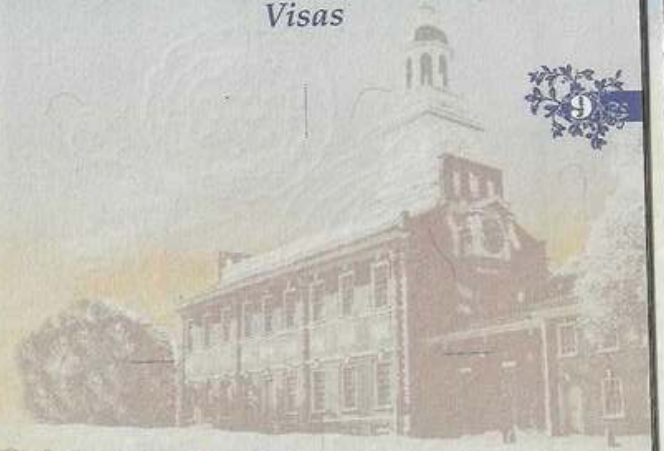
We have a great dream. It started way back in 1776,

Visas



and God grant that America will be true to her dream.
Martin Luther King, Jr.

Visas



IN CONGRESS, JULY 4, 1776.

The Declaration of the thirteen united States of America

10

Let every nation know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe, in order to assure the survival and the success of liberty.
John F. Kennedy

Visas

10



11

Visas



12

This is a new nation, based on a mighty continent, of boundless possibilities.
Theodore Roosevelt

13

Visas

12

Visas

13

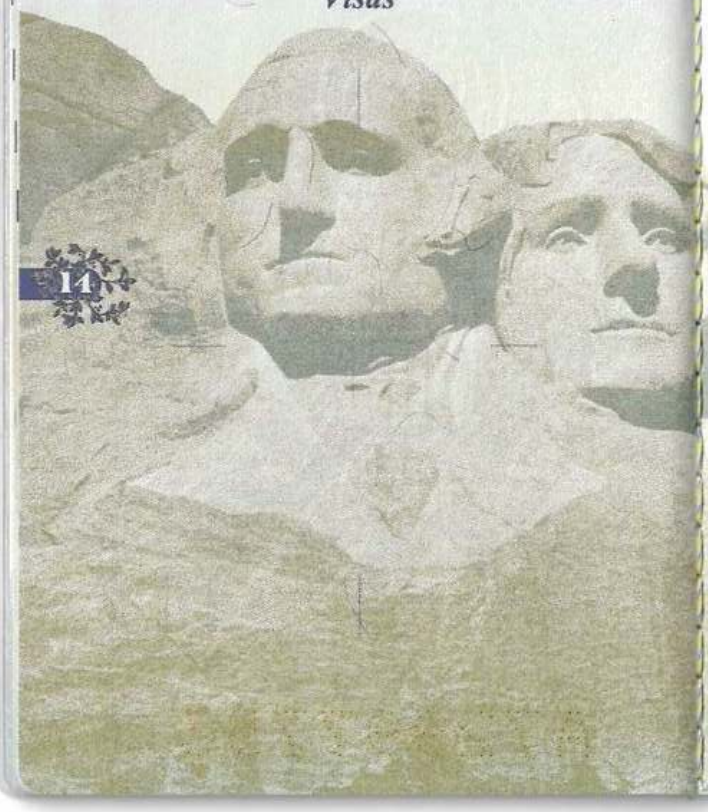


A7299772S3

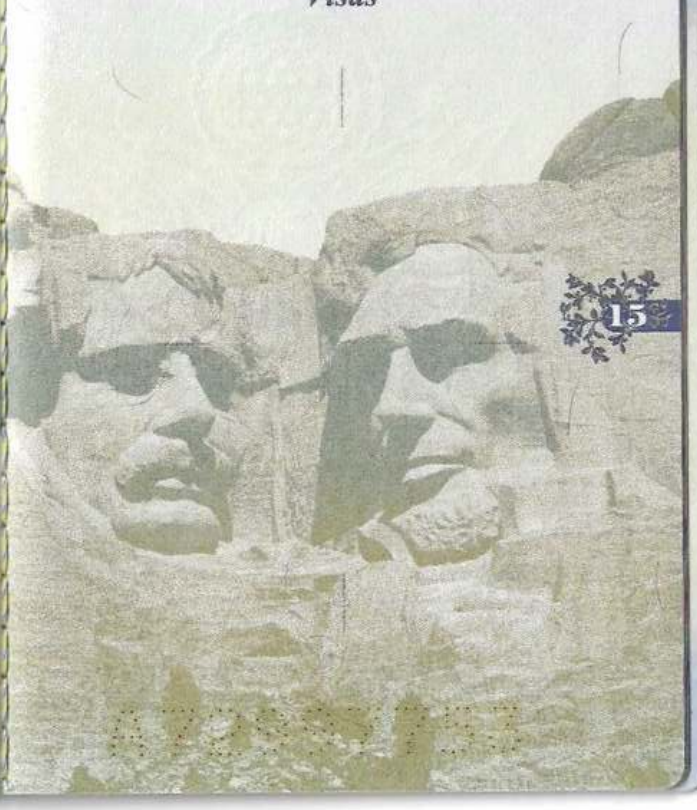
A7299772S3

Let us raise a standard to which the wise and honest can repair...
George Washington

Visas



Visas



16

The principle of free governments
It is bedded in it,

Visas

16

17

adheres to the American soil.
immovable as its mountains.
Daniel Webster

Visas

17

18

Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.
Dwight D. Eisenhower

Visas

19

Visas



20

For this is what America is all about. ridge. It is the star that is not reached and Is our world gone? We say "Farewell." and we will bend

Visas



21

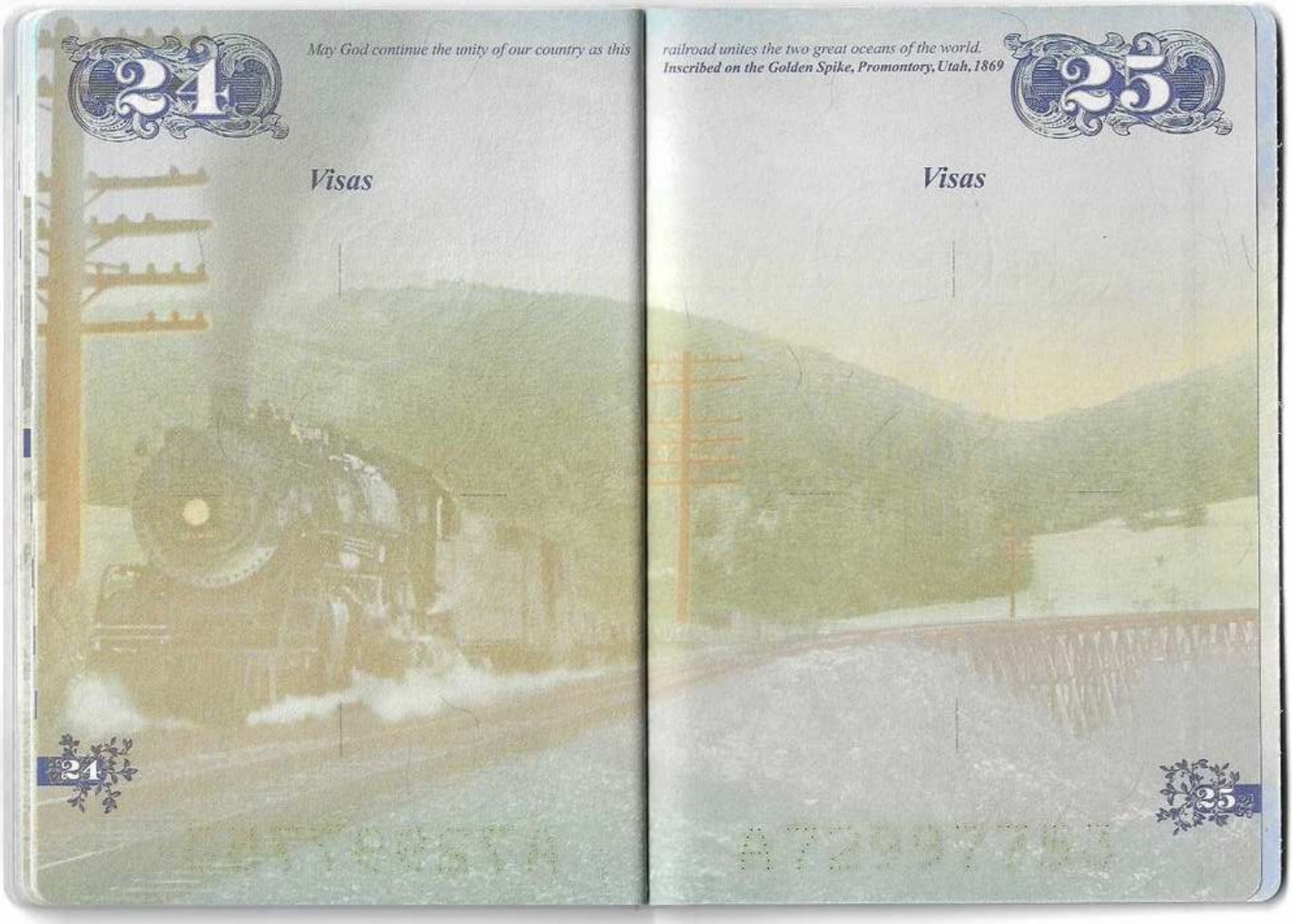
It is the uncrossed desert and the unclimbed the harvest sleeping in the unplowed ground. Is a new world coming? We welcome it— it to the hopes of man.

Lyndon B. Johnson

Visas




22
Every generation has the obligation to look out from a higher
Visas
22
23
to free men's minds for a look at new worlds... plateau than the last generation.
Ellison S. Onizuka
Visas
23


24
May God continue the unity of our country as this
Visas
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
25
Visas
24
25

26

Visas



The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity.

~Anna Julia Cooper

A72997753

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF GOIÁS – JUDICIAL DISTRICT OF GOIÂNIA

FIRST CIVIL REGISTRY

Rua 7, No. 187 – ZIP Code: 74.023-020 – Centro – Phone: (062) 223-2027 – 223-3754 – Goiânia – GO

Bachelor Alano Rodrigues de Oliveira – **REGISTRAR**

BOOK A-167 PAGE 101 ENTRY 170838

BIRTH CERTIFICATE

I hereby CERTIFY that, in the aforementioned book, page, and entry, the birth Registration of.**.*.*.*.*.*.*.*.*

**** ARYEL FERREIRA COSTA ****

was drawn up on 10/15/1998.**.*.*.*.*.*
male, born on 09/14/1998, at 08:45 a.m., at Goiânia Leste Hospital in Goiânia-GO.**.*.*.*
Son of **FERNANDO CALACIO COSTA**.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.
and **GLEICY CORREIA FERREIRA COSTA**.*.*.*.*.*.*.*.*.*
Paternal grandparents are: José Costa.*.*.*.*.*.*.*.*.*.*.*.*.*.

and Maria da Gloria Costa.*.*.*.*.*.*.*.*.*.*.*.*.

and maternal grandparents: Osvaldo Ferreira da Silva.*.*.*.*.*.*

and Suely Correia Ferreira.*.*.*.*.*.*.*.*.*.*.*.*

The declarant was: the father. DN (Live Birth Declaration) No. 27246723. Witnesses waived according to the declaration in the entry.*.

Notes:

FIRST CIVIL REGISTRY
Rua 7, 187
Centro
GOIÂNIA

The foregoing is true and I certify.
Goiânia, October 15, 1998.

Yanez Rodrigues de Oliveira
Deputy Registrar

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



_____ Date: October 15, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE GOIÁS - COMARCA DE GOIÂNIA

PRIMEIRO REGISTRO CIVIL:

R[illegible] 7, nº 187 - CEP: 74.023-020 - Centro - Fone: (062) 223-2027 - 223-3754 - Goiânia - Go

Bel.: Alano Rodrigues de Oliveira - OFICIAL

LIVRO A-167 FOLHA 101 TERMO 170838

CERTIDÃO DE NASCIMENTO

CERTIFICO que, do livro, folha e termo citados foi lavrado, neste cartório, em 15/10/1998, o assento de Nascimento de.*.*.

**** ARYEL FERREIRA COSTA ****

do sexo masculino, nascido 14/09/1998, às 08:45hs, no Hospital Goiânia Leste, em Goiânia-GO.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

Filho de **FERNANDO CALACIO COSTA**.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.

e de **GLEICY CORREIA FERREIRA COSTA**.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

São avós paternos: José Costa.*.

e Maria da Gloria Costa.*.*.*.*.*.*.*.*.*.*.*.*

e avós maternos: Osvaldo Ferreira da Silva.*.*.*.*.*.*.*.*.*.*

e Suely Correia Ferreira.*.*.*.*.*.*.*.*.*.*.*.

Foi declarante: o pai. DN Nº 27246723. Dispensadas testemunhas conforme declaração no termo.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*

Observação:

O referido é verdade e dou fé.

Goiânia, 15 de outubro de 1998.

PRIMEIRO REGISTRO CIVIL
Rua 7, 187
Centro
GOIÂNIA

Yanez Rodrigues de Oliveira
Sub-Oficial


California USA DRIVER LICENSE
DL F7400606
CLASS C
EXP 09/14/2029
END NONE
LN FERREIRA COSTA
FN ARYEL
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066
DOB 09/14/1998
RSTR NONE
09141998
SEX M
HAIR BLK
EYES BLK
HGT 6'-00"
WGT 180 lb
ISS
DD 06/02/2023593RB/CCFD/29
06/20/2024

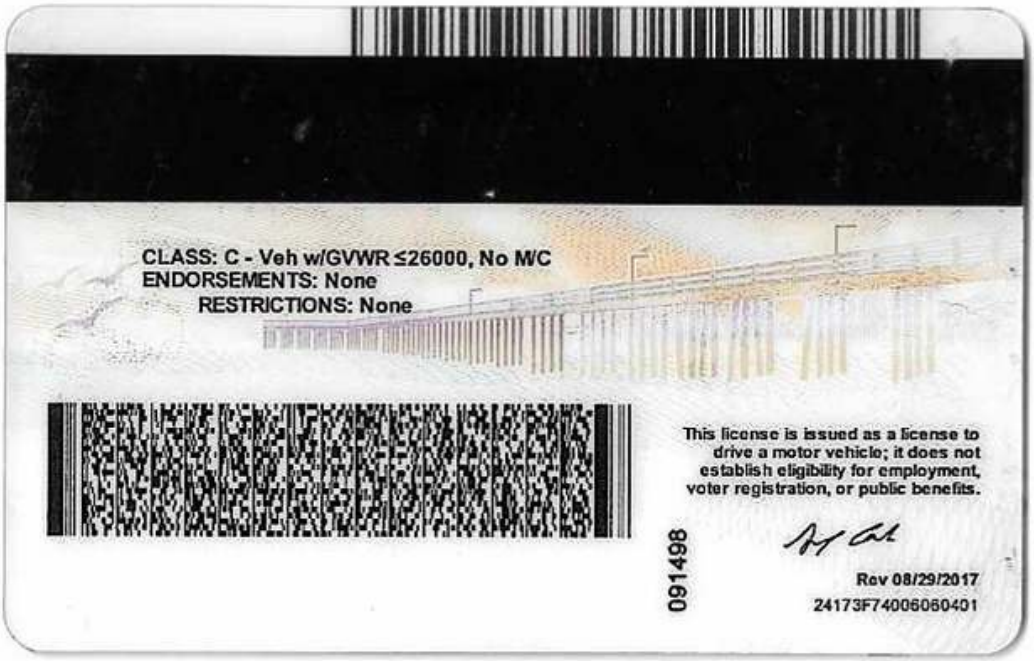

CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.
091498
Rev 08/29/2017
24173F74006060401

Exhibit 2 - Karuline Chayene da Silva Gomes' Identification Documents

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

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

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

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE



Karuline C. Silva Gomes

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

FX431998

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
RAIS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: FX431998

SOBRENOME / SURNAME: DA SILVA GOMES

NOME / GIVEN NAMES: KARULINE CHAYENE

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 07 OUT/OCT 1997

IDENTIDADE Nº / PERSONAL No:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: GOIÂNIA/GO

FILIAÇÃO / FILIATION: MARCELO GOMES DE OLIVEIRA

KATIENE DA SILVA GOMES

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 13 NOV/NOV 2018

AUTORIDADE / AUTHORITY: SR/DPF/GO

VALIDO ATÉ / DATE OF EXPIRY: 12 NOV/NOV 2028

P<BRADA<SILVA<GOMES<<KARULINE<CHAYENE<<<<<<<
FX431998<8BRA9710072F2811121<<<<<<<<<<<<<<06

FM931998

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

FM931998

INFORMAÇÕES PARA O TITULAR

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

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

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

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

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

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

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

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

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


VISTOS 6 VISAS
VISTOS 7 VISAS

VISTOS VISAS

VISTOS VISAS

DEPARTMENT OF HOMELAND SECURITY
U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
HOU
JAN 24 2019
Class B2
2331
JUL 23 2019

VISTOS 10 VISAS

VISTOS 11 VISAS



VISTOS 12 VISAS

VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS

VISTOS 18 VISAS

VISTOS 19 VISAS




VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

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

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

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

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

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

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

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

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

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

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

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

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

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

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

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

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

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

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

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

FJ618263

Karuline chayene da Silva Gomes

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

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

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

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

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

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FJ618263

SOBRENOME / SURNAME: DA SILVA GOMES

NOME / GIVEN NAMES: KARULINE CHAYENE

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH: 07/Oct/1997

IDENTIDADE Nº / PERSONAL No.:

SEXO / SEX: F

NATURALIDADE / PLACE OF BIRTH: GOIÂNIA/GO

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 18/Feb/2014

AUTORIDADE / AUTHORITY: SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY: 17/Feb/2019



BRA

P<BRADA<SILVA<GOMES<<KARULINE<CHAYENE<<<<<<<

FJ618263<2BRA9710072F1902178<<<<<<<<<<<<<<04

Para uso das autoridades brasileiras

Réservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

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

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

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

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

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

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

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

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

POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
ENT 2 7 JUN 15 238
CHILE
AEROPUERTO A. M[illegible]
VISTOS 6 VISAS

POLICIA DE INVESTIGACIONES
CONTROL MIGRATORIO
SAL 0 8 JUL 15 328
CHILE
AEROPUERTO A. MERINO BENITEZ

18.01.16 46
ROISSY-CDG
B 446

10.02.16 49
ROISSY-CDG
B 2[illegible]

VISTOS 1 VISAS


ADMITTED
MIA
JUL 22 2016
Class
Until Jan 21, 2017
VISTOS VISAS
VISA
UNITED STATES OF AMERICA
Issuing Post Name
BRASILIA
Surname
DA SILVA GOMES
Given Name
KARULINE CHAYENE
Passport Number
FJ618263
Sex
F
Birth Date
07OCT1997
Nationality
BRZL
Entries
M
Issue Date
12MAR2014
Expiration Date
10MAR2024
Annotation
Control Number
20140701280003
Visa Type /Class
R B1/B2
0100
J1580336
VNUSADA<SILVA<GOMES<<KARULINE<CHAYENE<<<<<<<
FJ618263<2BRA9710072F2403100B3BRAOELJL773325


VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


DEPARTMENT OF HOMELAND SECURITY-U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
MIA
AUG 18 2014
4476
VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS

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

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

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

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

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

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

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

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

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, puncture or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a las altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME:
KARULINE CHAYENE DA SILVA GOMES

REGISTRATION

024919 01 55 1998 1 01350 063 0280063 54

DATE OF BIRTH (IN FULL)	DAY	MONTH	YEAR
OCTOBER SEVENTH, NINETEEN NINETY-SEVEN	07	10	1997

TIME OF BIRTH
03:15 PM

MUNICIPALITY OF BIRTH / STATE
GOIÂNIA - GO

MUNICIPALITY OF REGISTRATION / STATE
Goiânia / GO

PLACE OF BIRTH
SANTA CASA DE MISERICÓRDIA DE GOIÂNIA

SEX
Female

FILIATION
MARCELO GOMES DE OLIVEIRA
KATIENE DA SILVA GOMES

GRANDPARENTS
PATERNAL Luzia de Fátima de Oliveira.
MATERNAL Antonio José da Silva and Sebastiana Pereira da Silva.

TWIN(S)
NO

NAME AND REGISTRATION OF TWIN(S)

DATE OF BIRTH REGISTRATION (IN FULL)
OCTOBER EIGHTH, NINETEEN NINETY-SEVEN

LIVE BIRTH REGISTRATION NUMBER
27247482

NOTES/ANNOTATIONS
No Record

[SEAL ON REVERSE]

Fees: 22.26
Judicial Fee: 8.90
Total: 31.16

The content of the certificate is true. I certify.
Goiânia / GO October 26, 2011.

A
desde 1877
CARTÓRIO INTELIGENTE

Antônio do Prado
Registry Office

FERNANDA OLUBIA DE CASTRO COSTA
CLERK

ANTÔNIO DO PRADO REGISTRY OFFICE
Janice de Barbosa

2nd Civil Registry and Notary Office
Av. 24 de Outubro, No. 156 – Antônio do Prado Building
Setor Campinas – Goiânia – GO – ZIP Code: 74515-020
Telephone/Fax: 62 - 3233-0055 www.cartorioantoniodoprado.com.br

STATE OF GOIÁS
Judiciary

Authentication Seal
Judicial Administrative Department

CERTIFICATE / CERTIFIED COPY
0303b15813

Registry Stamp

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



_____ Date: October 6, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:
KARULINE CHAYENE DA SILVA GOMES

MATRÍCULA
024919 01 55 1998 1 01350 063 0280063 54

DATA DE NASCIMENTO (POR EXTENSO)	DIA	MÊS	ANO
SETE DE OUTUBRO DE UM MIL E NOVECENTOS E NOVENTA E SETE	07	10	1997

HORA DO NASCIMENTO
15:15

MUNICÍPIO DE NASCIMENTO/ UF
GOIÂNIA - GO

MUNICÍPIO DE REGISTRO /UF
Goiânia / GO

LOCAL DE NASCIMENTO
SANTA CASA DE MISERICÓRDIA DE GOIÂNIA

SEXO
Feminino

FILIAÇÃO
MARCELO GOMES DE OLIVEIRA
KATIENE DA SILVA GOMES

AVÓS
PATERNA: Luzia de Fátima de Oliveira.
MATERNOS: Antonio José da Silva e Sebastiana Pereira da Silva.

GÊMEO(S) **NOME E MATRÍCULA DO(S) GÊMEO(S)**
NÃO

DATA DO REGISTRO DE NASCIMENTO (POR EXTENSO)
QUATRO DE MAIO DE UM MIL E NOVECENTOS E NOVENTA E OITO

Nº da DNV
27247482

OBSERVAÇÕES/AVERBAÇÕES
Nada consta.

SELO NO VERSO

Emolumentos: 22,26
Taxa Judiciária: 8,90
Total: 31,15

O conteúdo da certidão é verdadeiro. Dou Fé.
Goiânia / GO 26 de outubro de 2011

Cartório Antônio do Prado

FERNANDA QUBIA DE CASTRO COSTA
ESCREVENTE

CARTÓRIO ANTÔNIO DO PRADO
Janice de [illegible] e Barbosa

2º Registro Civil e Tabelionato de Notas
Av. 24 de Outubro, nº 156 - Ed. Antônio do Prado
Setor Campinas - Goiânia - GO - CEP: 74515-020
Telefax: 62* 3233-0055 - www.cartorioantoniodoprado.com.br


ESTADO DE GOIÁS
Poder Judiciário
Selo de Autenticidade
Corregedoria Geral da Justiça
CERTIDÃO/TRASLADO
0303B158136
CART. NOTAS
de
928
2025

For: **KARULINE CHAYENE DA SILVA GOMES**

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

Most Recent I-94

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

Admission I-94 Record Number: 69906156056

Arrival/Issued Date: 2019 January 24

Class of Admission: B2

Admit Until Date: 2019 July 23

Details provided on the I-94 Information form:

Last/Surname: DA SILVA GOMES

First (Given) Name: KARULINE CHAYENE

Birth Date: 1997 October 07

Document Number: FX431998

Country of Citizenship: Brazil

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Note to Nonimmigrant travelers: Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application by selecting "Departing Traveler" then "Verify My Exit" to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 10/31/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FX431998**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2019-01-24	Arrival	HOU

OMB No. 1651-0111 Expiration Date: 08/31/2026

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y6842304

CLASS C

EXP 10/07/2028

END NONE

LN GOMES

FN KARULINE CHAYENE DA SILVA

132 SANTA CLARA AVE APT 4

SAN BRUNO, CA 94066

DOB 10/07/1997

RSTR NONE



10071997

SEX F HAIR BLK EYES BRN

HGT 5'-03" WGT 137 lb

DD 09/20/2023593OD/AAFD/28

ISS 10/25/2024

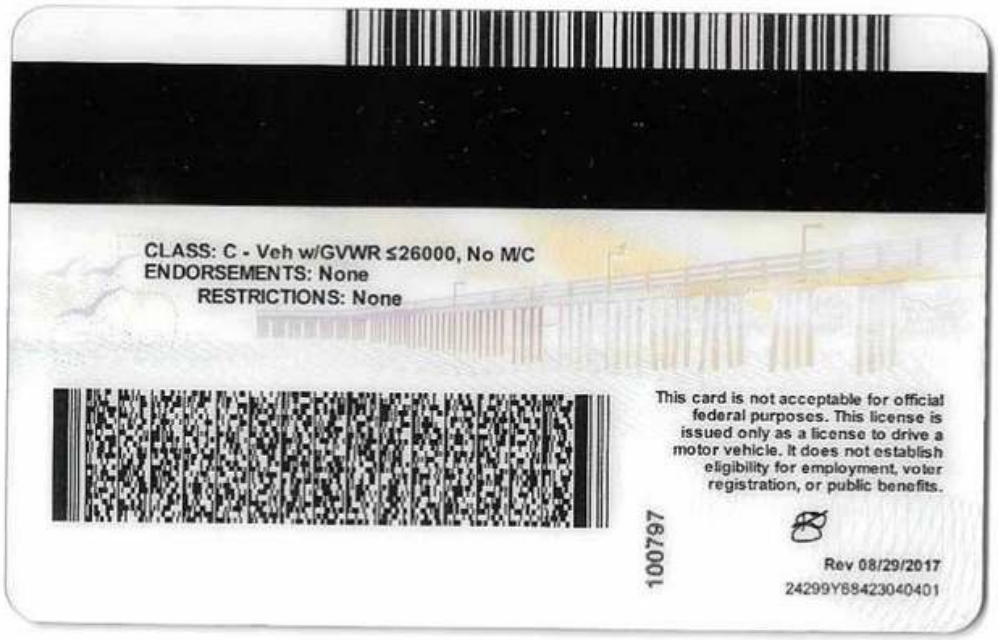

CLASS: C - Veh w/GVWR ≤26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.
100797
Rev 08/29/2017
24299Y89423040401

Exhibit 3 - Aryel Ferreira Costa and Karuline Chayene da Silva Gomes' Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN FRANCISCO
SAN FRANCISCO, CALIFORNIA

CONFIDENTIAL
LICENSE AND CERTIFICATE OF MARRIAGE 5 2022 38000502
MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (☐ Groom ■ Bride)

1A. FIRST NAME	1B. MIDDLE
KARULINE	CHAYENE DA SILVA

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
GOMES	--

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
10/07/1997	BRAZIL	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
132 SANTA CLARA AVE, APT 4	SAN BRUNO	CA	94066

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
MARCELO GOMES DE OLIVEIRA	BRAZIL

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
KATIENE DA SILVA	BRAZIL

SECOND PERSON DATA (■ Groom ☐ Bride)

12A. FIRST NAME	12B. MIDDLE
ARYEL	--

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
FERREIRA COSTA	--

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
09/14/1998	BRAZIL	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	--/--/----

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
132 SANTA CLARA AVE, APT 4	SAN BRUNO	CA	94066

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
FERNANDO CALACIO COSTA	BRAZIL

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
GLEICY CORREA FERREIRA	BRAZIL

AFFIDAVIT

WE, THE UNDERSIGNED, CURRENTLY LIVING TOGETHER AS SPOUSES, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE, NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A CONFIDENTIAL LICENSE AND CERTIFICATE OF MARRIAGE.

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

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME AND PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, OR THAT THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 502. THE PARTIES HAVING FURTHER DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVING PAID THE FEES PRESCRIBED BY LAW, AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA, TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS PURSUANT TO FAMILY CODE SECTION 500. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
05/25/2022	08/23/2022	DIANE REA	BY ▶

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS)
202250181592	SAN FRANCISCO	1 DR. CARLTON B. GOODLETT PLACE, ROOM 168, SAN FRANCISCO, CA 94102

ITEMS 26A-26D COMPLETED ONLY WHEN LICENSE IS ISSUED BY NOTARY PUBLIC

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

26A. STATE OF CALIFORNIA, COUNTY OF:	26B. TYPED NAME OF NOTARY	26D. AFFIX NOTARY SEAL
SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME ON THIS ____DAY OF _____ 20__. BY _____ PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHO APPEARED BEFORE ME.	26C. SIGNATURE OF NOTARY ▶	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

27A. DATE OF MARRIAGE (MM/DD/CCYY)	27B. CITY OF MARRIAGE	27C. COUNTY OF MARRIAGE
05/26/2022	PALO ALTO	SANTA CLARA

28A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	28B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ RA Kaplowitz	CHURCH OF SPIRITUAL HUMANISM

28C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	28D. OFFICIAL TITLE
RICHARD A KAPLOWITZ	ORDAINED CLERGY

28E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 181 EL CARMELO AVE, PALO ALTO CA 94306

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

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

29A. FIRST – MUST BE SAME AS 1A	29B. MIDDLE	29C. LAST
KARULINE	CHAYENE DA SILVA	GOMES COSTA

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

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

COUNTY CLERK

31A. NAME OF COUNTY CLERK	31B. SIGNATURE OF CLERK OR DEPUTY CLERK	31C. DATE ACCEPTED FOR REGISTRATION
DIANE REA	BY ▶	JUN 06 2022

CASANFRA02

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

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SAN FRANCISCO } SS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SAN FRANCISCO COUNTY CLERK.

000493429

ATTEST CHANNEL BEASLEY

DATE ISSUED 03/21/2023

DIANE REA
SAN FRANCISCO COUNTY CLERK

This copy is not valid unless prepared on an engraved border displaying the date and signature of the Deputy County Clerk. 06/18

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Aryel Ferreira Costa and Karuline Chayene da Silva Gomes' Child Identification Document

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

1052025364547 — STATE FILE NUMBER

1202543020459 — LOCAL REGISTRATION NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
ISAAC	-	GOMES COSTA

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
MALE	SINGLE	-	11/25/2025	2339

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
LUCILE PACKARD CHILDREN'S HOSPITAL	725 WELCH ROAD
5C. CITY	**5D. COUNTY**
PALO ALTO	SANTA CLARA

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D.	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
ARYEL	-	FERREIRA COSTA	☐ MOTHER ☒ FATHER ☐ PARENT	BRAZIL	09/14/1998

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D.	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
KARULINE	CHAYENE	DA SILVA GOMES	☒ MOTHER ☐ FATHER ☐ PARENT	BRAZIL	10/07/1997

INFORMANT AND BIRTH CERTIFICATION

	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	KARULINE CHAYENE DA SILVA GOMES	MOTHER	11/27/2025
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE: EDWARD SEGURA, BIRTH REC	13B. LICENSE NUMBER: A126271	13C. DATE SIGNED: 11/27/2025

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
ANDREA RUTH QUINTANA, MD 222 W 39TH AVE, SAN MATEO, CA 94403	EDWARD SEGURA, BIRTH REC

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		SARAH L. RUDMAN, MD, MPH	12/10/2025

R 2 9 5 2 2 8 3

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

DATE ISSUED FEB 13 2026

Louis Chiaramonte
LOUIS CHIARAMONTE
COUNTY CLERK-RECORDER

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

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?



THE UNITED STATES OF AMERICA

...AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.

–ABRAHAM LINCOLN



The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

A92990625

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

USA

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A92990625

Surname/Nom/Apellidos
GOMES COSTA

Given names/Prénoms/Nombres
ISAAC



Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
25 NOV 2025

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición
28 JUL 2026

Date of expiration/Date d'expiration/Fecha de caducidad
27 JUL 2031

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

25 11 25

P<USAGOMES<COSTA<<ISAAC<<<<<<<<<<<<<<<<<<<<<<<<

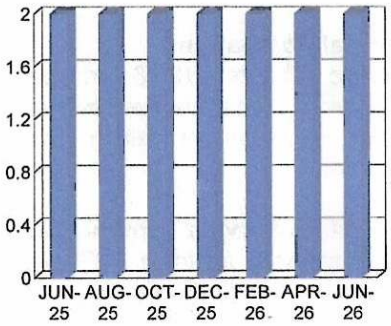
A929906252USA2511258M3107276575768912<375470

Exhibit 5 - Evidence of Current Residence of Petitioner and Beneficiary

[1/1]

CITY OF SAN BRUNO
Utility Billing
570 LINDEN AVE.
SAN BRUNO, CA 94066

www.sanbruno.ca.gov



TOTAL UNIT CONSUMPTION:
2 units

Prior Rd:	4/10/26	224
Curr Rd:	6/10/26	226

The implementation of the new "smart" meters may result in more or less than the normal 60 days between read dates.

ACCOUNT INFORMATION

STATEMENT DATE	6/29/2026
ACCOUNT NUMBER	714684
SERVICE ADDRESS	132 SANTA CLARA AVE APT 4
SERVICE PERIOD	4/27/2026 to 6/26/2026

ACCOUNT ACTIVITY

Prior Balance	84.72	
Payments	84.72 CR	
Adjustments	0.00	
Deposits Applied	0.00	
Balance Forward		0.00

CURRENT CHARGES

Water Service Fee	60.90
Water Consumption Tier 1	23.82
Water Consumption Tier 2	0.00
Water Consumption Tier 3	0.00

ACCOUNT BALANCE $ 84.72

CITY OF SAN BRUNO
Utility Billing
570 LINDEN AVE.
SAN BRUNO, CA 94066

Pay online at: https://www.onlinebiller.com/sanbruno

Payment 2

ARYEL COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO CA 94066-5338

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Customer Name: ARYEL COSTA
Service Address: 132 SANTA CLARA AVE APT 4
Account Number: 714684
Remaining Charges Due: 42.36

DUE DATE: 8/10/2026

AMOUNT ENCLOSED: AUTO PAYMENT ON 7/20/2026

Pay by Due Date to Avoid a Delinquent Charge
ONLINE RECURRING PAYMENT SCHEDULED

CITY OF SAN BRUNO - UTILITY BILLING
PO BOX 848091
LOS ANGELES, CA 90084-8091

CITY OF SAN BRUNO
Utility Billing
570 LINDEN AVE.
SAN BRUNO, CA 94066

Pay online at: https://www.onlinebiller.com/sanbruno

Payment 1

BRU0629A 3140 1 AV 0.593
7000003163 00.0011.0222 3140/1

ARYEL COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO CA 94066-5338

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Customer Name: ARYEL COSTA
Service Address: 132 SANTA CLARA AVE APT 4
Account Number: 714684
Pay in Full Amount: 84.72
or Minimum Due: 42.36

DUE DATE: 7/20/2026

AMOUNT ENCLOSED: AUTO PAYMENT ON 7/20/2026

ONLINE RECURRING PAYMENT SCHEDULED

CITY OF SAN BRUNO - UTILITY BILLING
PO BOX 848091
LOS ANGELES, CA 90084-8091

Card

Goldman Sachs

0037567 01 S 0.78 **SNGLP T8 0 2001 94066-533804 -C03-P37604-I

Karol Gomes
132 Santa Clara Ave
Apt 4
San Bruno, CA 94066-5338

Exhibit 6 - Evidence of Bona Fide Marriage

Aryel Ferreira Costa
132 Santa Clara avenue, apt. 4
San Bruno, California, 94066
(650) 271-5562
aryelcosta@yahoo.com
August 18th, 2026

Personal Statement About My Relationship

To whom it may concern,

I met Karuline in May 2019, through mutual friends, and I had no idea what would happen between us. At that time, we were just friends and began getting to know each other without any expectation that that encounter could turn into a relationship.

On June 28, 2019, we went out with a couple of friends in San Francisco and then went to my house. It was that night that we kissed for the first time.

After that moment, we began to grow closer and closer. We started talking every day and looking for opportunities to be together. On July 28, 2019, I asked Karuline to be my girlfriend. From that day on, we began a new phase in our lives.

One of the things that stood out the most in our relationship from the beginning was how much we enjoyed sharing experiences. Our first trip together was to South Lake Tahoe in September 2019 with some friends. Over time, traveling became one of the things we enjoyed doing together the most.

It was also very important to me to start being part of Karuline's family. In October 2019 I met her parents, and our relationship became increasingly serious.

At the end of 2019 I moved out of my father's house and into the apartment where we live today and at the time Karuline helped me rent it by putting her name on the lease. We already knew that our relationship would go far and that this would help us in the future by having a place to live after we got married.

In 2020, when the pandemic began, our routine changed completely. It was a different and difficult period for everyone, but, for us, it was also a time when our relationship grew stronger. Being together every day made us realize even more that we wanted to build our life side by side.

Over the following years, we built a life that was no longer just about dating. We began to increasingly share responsibilities, decisions, plans and important moments. Our families and our friends also naturally became part of our story.

In March 2021, we took another step in this process when we decided to buy Zeus. To this day, he is part of our memories and our life together.

As our relationship matured, I became increasingly certain that I wanted to spend the rest of my life with Karuline. For that reason, on September 26, 2021 I proposed to Karuline at her house, in the presence of her parents. When she said yes we officially began planning our next step.

On May 25, 2022, we got married at City Hall. For us, that day represented much more than a ceremony. It was the formalization of a decision we had made a long time before: to build our life together.

The following day, we had a celebration with our family members and friends and had dinner to celebrate our marriage. A few days later, we traveled to Hawaii for our honeymoon.

Not every moment was easy. In February 2024, Karuline's maternal grandmother passed away in Brazil. It was a very difficult time for her and for the entire family. I tried to be by her side and offer the support she needed. To me, marriage also means being present when things are not going well, and not only sharing the happy moments.

It was also in 2024 that we began talking about growing our family. We decided that we wanted to have a child and began preparing for this new phase.

When we found out, in February 2025, that Karuline was pregnant, it was one of the greatest joys we had experienced together. Knowing that we would have a child changed our plans and our priorities. From that moment on, we began preparing everything to welcome him.

During the pregnancy, we followed all the preparations together. On November 25, 2025, our son, Isaac, was born.

Isaac's arrival was one of the most important moments of my life. Seeing our family grow and being able to experience this alongside Karuline made me realize even more everything we had built together.

Since then, our routine has changed completely. Today we share not only life as husband and wife, but also all the responsibilities, discoveries and joys of being parents. We have experienced many special moments with Isaac and created new memories as a family.

When I think about our story, I see that our relationship was built little by little. We started as friends, became a couple, then fiancés, husband and wife and, finally, parents. Throughout these years, we have traveled, celebrated, faced difficult moments, supported our families, built our home and made important decisions together.

I declare under penalty of perjury that the statements above are true and correct according to my knowledge and belief.

Sincerely,

Aryel Ferreira Costa

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

_____ Date: October 5, 2026.

Aryel Ferreira Costa
132 Santa Clara avenue, apt. 4
San Bruno, California, 94066
(650) 271-5562
aryelcosta@yahoo.com
August 18th, 2026.

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

Conheci a Karuline em maio de 2019, através de amigos em comum e não imaginava tudo o que viria a acontecer entre nós. Naquela época, éramos apenas amigos e começamos a nos conhecer sem nenhuma expectativa de que aquele encontro pudesse se transformar em um relacionamento.

No dia 28 de junho de 2019, saímos com um casal de amigos em San Francisco e depois fomos para minha casa. Foi naquela noite que nos beijamos pela primeira vez.

Depois daquele momento, começamos a ficar cada vez mais próximos. Passamos a conversar todos os dias e a procurar oportunidades para estarmos juntos. Em 28 de julho de 2019, pedi a Karuline em namoro. A partir daí, começamos uma nova fase da nossa vida.

Uma das coisas que mais marcou nosso relacionamento desde o início foi o quanto gostávamos de compartilhar experiências. Nossa primeira viagem juntos foi para South Lake Tahoe em setembro de 2019 com alguns amigos. Com o tempo, viajar passou a ser uma das coisas que mais gostávamos de fazer juntos.

Também foi muito importante para mim começar a fazer parte da família da Karuline. Em outubro de 2019 conheci os pais dela, e nosso relacionamento foi ficando cada vez mais sério.

No final do ano de 2019 eu me mudei da casa do meu pai para o apartamento onde moramos hoje e a Karuline na época me ajudou a alugar colocando seu nome no contrato de aluguel. Já sabíamos que nosso relacionamento iria longe e isso nos ajudaria no futuro tendo um lugar onde morar após o casamento.

Em 2020, quando começou a pandemia, nossa rotina mudou completamente. Foi um período diferente e difícil para todos, mas, para nós, também foi uma fase

em que nosso relacionamento se fortaleceu. Estar juntos diariamente nos fez perceber ainda mais que queríamos construir nossa vida lado a lado.

Durante os anos seguintes, fomos criando uma vida que não era mais apenas sobre namoro. Começamos a dividir cada vez mais responsabilidades, decisões, planos e momentos importantes. Nossas famílias e nossos amigos também passaram a fazer parte naturalmente da nossa história.

Em março de 2021, demos mais um passo nessa construção quando decidimos comprar o Zeus. Até hoje, ele faz parte das nossas lembranças e da nossa vida juntos.

Conforme nosso relacionamento amadureceu, comecei a ter cada vez mais certeza de que queria passar o resto da minha vida com a Karuline. Por isso, no dia 26 de setembro de 2021 pedi a Karuline em casamento na casa dela, na presença dos seus pais. Quando ela disse sim começamos oficialmente a planejar nosso próximo passo.

No dia 25 de maio de 2022, nos casamos no City Hall. Para nós, aquele dia representou muito mais do que uma cerimônia. Era a oficialização de uma decisão que já havíamos tomado há muito tempo: construir nossa vida juntos.

No dia seguinte, fizemos uma comemoração com nossos familiares e amigos e tivemos um jantar para celebrar nosso casamento. Alguns dias depois, viajamos para o Hawaii para nossa lua de mel.

Nem todos os momentos foram fáceis. Em fevereiro de 2024, a avó materna da Karuline faleceu no Brasil. Foi um momento muito difícil para ela e para toda a família. Procurei estar ao lado dela e oferecer o suporte que precisava. Para mim, casamento significa também estar presente quando as coisas não estão bem, e não apenas dividir os momentos felizes.

Foi também em 2024 que começamos a conversar sobre aumentar nossa família. Decidimos que queríamos ter um filho e começamos a nos preparar para essa nova etapa.

Quando descobrimos, em fevereiro de 2025, que Karuline estava grávida, foi uma das maiores felicidades que já vivemos juntos. Saber que teríamos um filho mudou nossos planos e nossas prioridades. A partir daquele momento, começamos a preparar tudo para recebê-lo.

Durante a gravidez, acompanhamos juntos todos os preparativos. No dia 25 de novembro de 2025, nasceu nosso filho, Isaac.

A chegada do Isaac foi um dos momentos mais importantes da minha vida. Ver nossa família crescer e poder viver essa experiência ao lado da Karuline fez com que eu percebesse ainda mais tudo o que construímos juntos.

Desde então, nossa rotina mudou completamente. Hoje compartilhamos não apenas a vida de marido e mulher, mas também todas as responsabilidades, descobertas e alegrias de sermos pais. Temos vivido muitos momentos especiais com o Isaac e criado novas memórias como família.

Quando penso na nossa história, vejo que nossa relação foi construída aos poucos. Começamos como amigos, nos tornamos namorados, depois noivos, marido e mulher e, finalmente, pais. Ao longo desses anos, viajamos, comemoramos, enfrentamos momentos difíceis, apoiamos nossas famílias, construímos nosso lar e tomamos decisões importantes juntos.

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

Atenciosamente,



Aryel Ferreira Costa

Karuline Chayene da Silva Gomes
132 Santa Clara ave, apt. 4
San Bruno, California, 94066
(650) 295-9591
karolcsgomes@gmail.com
August 18th, 2026.

Personal Statement About My Relationship

To whom it may concern,

My story with Aryel began in 2019 in the month of May more precisely when we met through mutual friends, at a party we attended.

At first we became friends, without any romantic involvement until the following month, June 2019. We began talking as friends and we began to develop a mutual interest in getting to know each other better and perhaps becoming more than friends. Until one day we made plans to go out with a couple of friends on June 28 to a bar in San Francisco.

We went out and afterwards decided to stop by Aryel's house to stay together a little longer. And that same day Aryel and I kissed for the first time.

Since that kiss we have never been apart. From then on we continued talking every day. We went on more dates and on July 28, 2019 Aryel asked me to be his girlfriend.

And so our relationship continued to gain strength, feeling and trust. We took our first trip together in September 2019 with our friends to celebrate Aryel's birthday in South Lake Tahoe. In October he went to meet my parents and to ask me to be his girlfriend officially.

We took our second trip together in November 2019 to Yosemite National Park and after that came many, many trips together, with friends, family, and also by ourselves.

At the end of the year 2019 Aryel decided to move into an apartment and asked me to help by putting my name on the lease to make things easier even in the future, since we already knew that our relationship was serious and would have a good chance of developing.

In 2020 came the pandemic and with the isolation it caused we ended up growing even closer and getting to know each other better.

In November 2020 we traveled to Las Vegas with our families to celebrate Christmas. And in December we went to Miami to celebrate New Year's together with our friends.

In March 2021 we bought our dog together, Zeus. We traveled to San Bernardino to pick him up. We went on our first trip together with him in May 2021 to Santa Barbara and then went to Los Angeles, it was great.

On September 26, 2021 Aryel proposed to me at my house with my parents and I accepted. We went out to celebrate our engagement at a Peruvian restaurant with our family.

In October 2021 we traveled to New York to celebrate my birthday with my family and some friends.

On May 25, 2022 we got married at City Hall. And on the 26th we held the ceremony and had dinner to celebrate our marriage with our family and friends. On May 30, 2022 we traveled to Hawaii for our honeymoon.

We always prioritized our moments together, by ourselves and also accompanied by our family and friends. We traveled and went out quite a lot throughout all this time.

In February 2024 my grandmother passed away in Brazil and my family and I were very sad here. Aryel was extremely important to us during that time with all his emotional support. We then decided that we wanted to have a child and began making plans for it.

In February 2025 I became pregnant with Isaac, our son, and it was the best news of our lives. Our family grew and everyone around us became very happy with the news. We organized everything throughout that year for the arrival of our little one, furniture, clothes, baby shower, our whole life to welcome him.

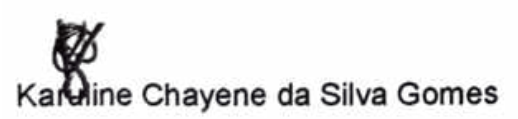
On November 25, 2025 Isaac was born and our family became complete with his arrival. Since then we have experienced many family moments and unforgettable trips with our little one.

I am very proud and happy with the story and the beautiful family I have built alongside Aryel. He is the safe harbor and foundation of our home. We lived through all the stages with great calm and certainty about what we wanted for our life together. He is not only my husband but also my partner and the person with whom I wish to spend the rest of my life.

We hope to grow our family soon, if God allows.

I declare, under penalty of perjury, that the information above is true and correct according to my knowledge and belief.

Sincerely,



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



Date: October 6, 2026.

Karuline Chayene da Silva Gomes
132 Santa Clara ave, apt. 4
San Bruno, California, 94066
(650) 295-9591
karolcsgomess@gmail.com
August 18th, 2026.

Declaração Pessoal sobre Meu Relacionamento

A quem possa interessar,

A minha história com o Aryel começou no ano de 2019 no mês de maio mais precisamente quando nos conhecemos através de amigos em comum, em uma festa que nós fomos.

A primeira vista ficamos amigos, sem nenhum envolvimento amoroso até o próximo mês, junho de 2019. Começamos a conversar como amigos e começou a surgir um interesse em comum de nos conhecermos melhor e sermos mais que amigos talvez. Até que um dia combinamos de sair com um casal de amigos no dia 28 de junho pra um bar em San Francisco.

Saímos e depois de lá resolvemos passar na casa do Aryel ficarmos todos juntos mais um pouco. E nesse mesmo dia eu e o aryel nos beijamos pela primeira vez.

Desde esse beijo nunca mais nos separamos. Continuamos a partir daí conversar todo os dias. Tivemos mais encontros e no dia 28 de julho de 2019 o Aryel me pediu em namoro.

E assim nosso relacionamento foi ganhando força, sentimento e confiança. Fizemos nossa primeira viagem juntos em setembro de 2019 junto com nossos amigos pra comemorar o aniversário do Aryel em South Lake Tahoe. Em outubro ele foi conhecer os meus pais e me pedir em namoro oficialmente.

Fizemos a segunda viagem juntos em novembro de 2019 pro Yosemite national park e depois disso vieram muitas e muitas viagens juntos, com amigos, família, e sozinhos também.

No final do ano de 2019 o Aryel resolveu se mudar para um apartamento e me pediu para ajudar colocando meu nome no contrato para facilitar até mesmo no futuro, já que sabíamos que nosso relacionamento estava sério e teria grandes chances de evoluir.

Em 2020 veio a pandemia e com o isolamento que ela causou acabamos nos aproximando mais ainda e conhecendo um ao outro melhor.

Em novembro de 2020 viajamos pra Las Vegas com as nossas famílias pra comemorar o Natal. E em dezembro fomos pra Miami comemorar o ano novo junto com nossos amigos.

Em março de 2021 nós compramos nosso cachorro juntos, o Zeus. Viajamos até San Bernardino para busca-lo. Fizemos nossa primeira viagem juntos com ele em maio de 2021 para Santa Bárbara e depois fomos para Los Angeles, foi ótimo.

No dia 26 de setembro de 2021 o Aryel me pediu em casamento na minha casa com meus pais e eu aceitei. Saímos para comemorar nosso noivado num restaurante peruano com nossa família.

Em outubro de 2021 viajamos pra Nova York para comemorar meu aniversário com a minha família e algumas amigas.

No dia 25 de maio de 2022 nós nos casamos no city hall. E no dia 26 casamos com o cerimonial e fizemos um jantar para comemorar nosso casamento com nossa família e amigos. No dia 30 de maio de 2022 viajamos pro Hawaii para passar nossa lua de mel.

Sempre priorizamos muito nossos momentos juntos, sozinhos e também acompanhados da nossa família e amigos. Viajamos e saímos bastante durante todo esse tempo.

Em fevereiro de 2024 minha avó faleceu no Brasil e eu e minha família ficamos muito tristes aqui. O Aryel foi extremamente importante nesse momento pra nós com todo seu suporte emocional. Decidimos então que queríamos ter um filho e começamos nos programar pra isso.

Em fevereiro de 2025 eu engravidei do Isaac, nosso filho e foi a melhor notícia das nossas vidas. Nossa família cresceu e todos em nossa volta ficaram muito felizes com a novidade. Organizamos tudo durante todo esse ano para a chegada do nosso pequeno, móveis, roupinhas, baby shower, nossa vida toda para recebê-lo.

No dia 25 de novembro de 2025 o Isaac nasceu e a nossa família ficou completa com a chegada dele. Desde então vivemos muitos momentos de família e viagens inesquecíveis com nosso pequeno.

Sou muito orgulhosa e feliz com a história e a família linda que construí ao lado do Aryel. Ele é o porto seguro e alicerce da nossa casa. Vivemos todas as etapas com muita calma e certeza do que queríamos pra nossa vida juntos. Ele não é só o meu marido mas também o meu companheiro e a pessoa com quem desejo estar para o resto da vida.

Esperamos aumentar a nossa família em breve, se Deus permitir.

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

Atenciosamente

Karoline Chayene da Silva Gomes

#4

CALIFORNIA ASSOCIATION OF REALTORS®

RESIDENTIAL LEASE OR MONTH-TO-MONTH RENTAL AGREEMENT

(C.A.R. Form LR, Revised 11/08)

Date 10/28/19. Jiries & Nabil Hanhan ("Landlord") and Esmeraldo Da Silva / ARYEL FERREIRA COSTA / KARULINE CHAVone ("Tenant") agree as follows:

1. **PROPERTY:**
   A. Landlord rents to Tenant and Tenant rents from Landlord, the real property and improvements described as: 132 Santa Clara Ave DA Silva GOMES #4 San Bruno CA 94066 ("Premises").
   B. The Premises are for the sole use as a personal residence by the following named person(s) **only**: _____.
   C. The following personal property, maintained pursuant to paragraph 11, is included: _____ or ☐ (if checked) the personal property on the attached addendum.
2. **TERM:** The term begins on (date) 11/1/2019 ("Commencement Date"), **(Check A or B):**
   ☐ A. **Month-to-Month:** and continues as a month-to-month tenancy. Tenant may terminate the tenancy by giving written notice at least 30 days prior to the intended termination date. Landlord may terminate the tenancy by giving written notice as provided by law. Such notices may be given on any date.
   ☐ B. **Lease:** and shall terminate on (date) 10/31/2020 at _____ ☐ AM/ ☐ PM. Tenant shall vacate the Premises upon termination of the Agreement, unless: **(i)** Landlord and Tenant have extended this agreement in writing or signed a new agreement; **(ii)** mandated by local rent control law; or **(iii)** Landlord accepts Rent from Tenant (other than past due Rent), in which case a month-to-month tenancy shall be created which either party may terminate as specified in paragraph 2A. Rent shall be at a rate agreed to by Landlord and Tenant, or as allowed by law. All other terms and conditions of this Agreement shall remain in full force and effect.
3. **RENT:** "Rent" shall mean all monetary obligations of Tenant to Landlord under the terms of the Agreement, except security deposit.
   A. Tenant agrees to pay $ 2700.- per month for the term of the Agreement. NOV-DEC 2019 100% discount.
   B. Rent is payable in advance on the **1st** (or ☐ _____) **day** of each calendar month, and is delinquent on the next day.
   C. If Commencement Date falls on any day other than the day Rent is payable under paragraph 3B, and Tenant has paid one full month's Rent in advance of Commencement Date, Rent for the second calendar month shall be prorated based on a 30-day period.
   D. PAYMENT: Rent shall be paid by ☐ personal check, ☐ money order, ☐ cashier's check, or ☐ other _____, to (name) Jiries & Nabil Hanhan (phone) (650) 580-1137 at (address) po Box 5409 South San Francisco Ca 94080 (or at any other location subsequently specified by Landlord in writing to Tenant) (and ☐ if checked, rent may be paid personally between the hours of _____ and _____ on the following days _____). If any payments is returned for non-sufficient funds ("NSF") or because tenant stops payment, then, after that: (i) Landlord may, in writing, require Tenant to pay Rent in cash for three months and (ii) all future Rent shall be paid by ☐ money order, or ☐ cashier's check.
4. **SECURITY DEPOSIT:**
   A. Tenant agrees to pay $ 2600.- as a security deposit. Security deposit will be ☐ transferred to and held by the Owner of the Premises, or ☐ held in Owner's Broker's trust account.
   B. All or any portion of the security deposit may be used, as reasonably necessary, to: **(i)** cure Tenant's default in payment of Rent (which includes Late Charges, NSF fees or other sums due); **(ii)** repair damage, excluding ordinary wear and tear, caused by Tenant or by a guest or licensee of Tenant; **(iii)** clean Premises, if necessary, upon termination of the tenancy; and **(iv)** replace or return personal property or appurtenances. **SECURITY DEPOSIT SHALL NOT BE USED BY TENANT IN LIEU OF PAYMENT OF LAST MONTH'S RENT.** If all or any portion of the security deposit is used during the tenancy, Tenant agrees to reinstate the total security deposit within five days after written notice is delivered to Tenant. Within 21 days after Tenant vacates the Premises, Landlord shall: **(1)** furnish Tenant an itemized statement indicating the amount of any security deposit received and the basis for its disposition and supporting documentation as required by California Civil Code § 1950.5(g); and **(2)** return any remaining portion of the security deposit to Tenant.
   C. **Security deposit will not be returned until all Tenants have vacated the Premises and all keys returned. Any security deposit returned by check shall be made out to all Tenants named on this Agreement, or as subsequently modified.**
   D. No interest will be paid on security deposit unless required by local law.
   E. If the security deposit is held by Owner, Tenant agrees not to hold Broker responsible for its return. If the security deposit is held in Owner's Broker's trust account, **and** Broker's authority is terminated before expiration of this Agreement, **and** security deposit is released to someone other than Tenant, **then** Broker shall notify Tenant, in writing, where and to whom security deposit has been released. Once Tenant has been provided such notice, Tenant agrees not to hold Broker responsible for the security deposit.
5. **MOVE-IN COSTS RECEIVED/DUE:** Move-in funds made payable to _____ shall be paid by ☐ personal check, ☐ money order, or ☐ cashier's check.

Category	Total Due	Payment Received	Balance Due	Date Due
Rent from 11/1/19 to 11/30/19 (date)	2600			
*Security Deposit	2600			
Other _____				
Other _____				
Total	5200	5200.-		

*The maximum amount Landlord may receive as security deposit, however designated, cannot exceed two months' Rent for unfurnished premises, or three months' Rent for furnished premises.

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Tenant's Initials (YC)(_____)
Landlord's Initials (JH)(_____)

Reviewed by 11/01/19 Date 10/28/19

EQUAL HOUSING OPPORTUNITY

Agent: Phone: Fax: Prepared using WINForms® software
Broker:

Premises: 132 SANTA CLARA Ave #4 SAN Bruno CA 94066 Date: 10-28-19

6. **LATE CHARGE; RETURNED CHECKS:**
   A. Tenant acknowledges either late payment of Rent or issuance of a returned check may cause Landlord to incur costs and expenses, the exact amounts of which are extremely difficult and impractical to determine. These costs may include, but are not limited to, processing, enforcement and accounting expenses, and late charges imposed on Landlord. If any installment of Rent due from Tenant is not received by Landlord within **5 (or** ☐ _____ **) calendar days** after the date due, or if a check is returned, Tenant shall pay to Landlord, respectively, an additional sum of $ _____ or _____ % of the Rent due as a Late Charge and $25.00 as a NSF fee for the first returned check and $35.00 as a NSF fee for each additional returned check, either or both of which shall be deemed additional Rent.
   B. Landlord and Tenant agree that these charges represent a fair and reasonable estimate of the costs Landlord may incur by reason of Tenant's late or NSF payment. Any Late Charge or NSF fee due shall be paid with the current installment of Rent. Landlord's acceptance of any Late Charge or NSF fee shall not constitute a waiver as to any default of Tenant. Landlord's right to collect a Late Charge or NSF fee shall not be deemed an extension of the date Rent is due under paragraph 3 or prevent Landlord from exercising any other rights and remedies under this Agreement and as provided by law.

7. **PARKING: (Check A or B)**
   ☐ A. Parking is permitted as follows: carport #4
   The right to parking ☐ is ☐ is not included in the Rent charged pursuant to paragraph 3. If not included in the Rent, the parking rental fee shall be an additional $ _____ per month. Parking space(s) are to be used for parking properly licensed and operable motor vehicles, except for trailers, boats, campers, buses or trucks (other than pick-up trucks). Tenant shall park in assigned space(s) only. Parking space(s) are to be kept clean. Vehicles leaking oil, gas or other motor vehicle fluids shall not be parked on the Premises. Mechanical work or storage of inoperable vehicles is not permitted in parking space(s) or elsewhere on the Premises.
   OR ☐ B. Parking is not permitted on the Premises.

8. **STORAGE: (Check A or B)**
   ☐ A. Storage is permitted as follows: _____
   The right to storage space ☐ is, ☐ is not, included in the Rent charged pursuant to paragraph 3. If not included in the Rent, storage space fee shall be an additional $ _____ per month. Tenant shall store only personal property Tenant owns, and shall not store property claimed by another or in which another has any right, title or interest. Tenant shall not store any improperly packaged food or perishable goods, flammable materials, explosives, hazardous waste or other inherently dangerous material, or illegal substances.
   OR ☐ B. Storage is not permitted on the Premises.

9. **UTILITIES:** Tenant agrees to pay for all utilities and services, and the following charges: _____ except _____, which shall be paid for by Landlord. If any utilities are not separately metered, Tenant shall pay Tenant's proportional share, as reasonably determined and directed by Landlord. If utilities are separately metered, Tenant shall place utilities in Tenant's name as of the Commencement Date. Landlord is only responsible for installing and maintaining one usable telephone jack and one telephone line to the Premises. Tenant shall pay any cost for conversion from existing utilities service provider.

10. **CONDITION OF PREMISES:** Tenant has examined Premises and, if any, all furniture, furnishings, appliances, landscaping and fixtures, including smoke detector(s).
    (Check all that apply:)
    ☐ A. Tenant acknowledges these items are clean and in operable condition, with the following exceptions: _____
    ☐ B. Tenant's acknowledgment of the condition of these items is contained in an attached statement of condition (C.A.R. Form MIMO).
    ☐ C. Tenant will provide Landlord a list of items that are damaged or not in operable condition within **3 (or** ☐ _____ **) days** after Commencement Date, not as a contingency of this Agreement but rather as an acknowledgment of the condition of the Premises.
    ☐ D. Other: _____

11. **MAINTENANCE:**
    A. Tenant shall properly use, operate and safeguard Premises, including if applicable, any landscaping, furniture, furnishings and appliances, and all mechanical, electrical, gas and plumbing fixtures, and keep them and the Premises clean, sanitary and well ventilated. Tenant shall be responsible for checking and maintaining all smoke detectors and any additional phone lines beyond the one line and jack that Landlord shall provide and maintain. Tenant shall immediately notify Landlord, in writing, of any problem, malfunction or damage. Tenant shall be charged for all repairs or replacements caused by Tenant, pets, guests or licensees of Tenant, excluding ordinary wear and tear. Tenant shall be charged for all damage to Premises as a result of failure to report a problem in a timely manner. Tenant shall be charged for repair of drain blockages or stoppages, unless caused by defective plumbing parts or tree roots invading sewer lines.
    B. ☐ Landlord ☐ Tenant shall water the garden, landscaping, trees and shrubs, except: _____
    C. ☐ Landlord ☐ Tenant shall maintain the garden, landscaping, trees and shrubs, except: 1
    D. ☐ Landlord ☐ Tenant shall maintain _____
    E. Tenant's failure to maintain any item for which Tenant is responsible shall give Landlord the right to hire someone to perform such maintenance and charge Tenant to cover the cost of such maintenance.
    F. The following items of personal property are included in the Premises without warranty and Landlord will not maintain, repair or replace them: _____

Tenant's Initials (A.C)(_____)
Landlord's Initials (_____)(10-28-19
Reviewed by _____ Date 10/28/19

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Premises: 132 Santa Clara AVE San Bruno ca 94066 Date: 10-28-19

12. **NEIGHBORHOOD CONDITIONS:** Tenant is advised to satisfy him or herself as to neighborhood or area conditions, including schools, proximity and adequacy of law enforcement, crime statistics, proximity of registered felons or offenders, fire protection, other governmental services, availability, adequacy and cost of any wired, wireless internet connections or other telecommunications or other technology services and installations, proximity to commercial, industrial or agricultural activities, existing and proposed transportation, construction and development that may affect noise, view, or traffic, airport noise, noise or odor from any source, wild and domestic animals, other nuisances, hazards, or circumstances, cemeteries, facilities and condition of common areas, conditions and influences of significance to certain cultures and/or religions, and personal needs, requirements and preferences of Tenant.
13. **PETS:** Unless otherwise provided in California Civil Code § 54.2, no animal or pet shall be kept on or about the Premises without Landlord's prior written consent, except: _____.
14. ☐ (If checked) **NO SMOKING:** No smoking is allowed on the Premises. If smoking does occur on the Premises, **(i)** Tenant is responsible for all damage caused by the smoking including, but not limited to, stains, burns, odors and removal of debris; **(ii)** Tenant is in breach of this Agreement; **(iii)** Tenant, Authorized Guests, and all others may be required to leave the Premises; and **(iv)** Tenant acknowledges that in order to remove odor caused by smoking, Landlord may need to replace carpet and drapes and paint entire Premises regardless of when these items were last cleaned or replaced. Such actions and other necessary steps will impact the return of any security deposit.
15. **RULES/REGULATIONS:**
    A. Tenant agrees to comply with all Landlord rules and regulations that are at any time posted on the Premises or delivered to Tenant. Tenant shall not, and shall ensure that guests and licensees of Tenant shall not, disturb, annoy, endanger or interfere with other tenants of the building or neighbors, or use the Premises for any unlawful purposes, including, but not limited to, using, manufacturing, selling, storing or transporting illicit drugs or other contraband, or violate any law or ordinance, or commit a waste or nuisance on or about the Premises.
    B. **(If applicable, check one)**
    ☐ **1.** Landlord shall provide Tenant with a copy of the rules and regulations within _____ days or _____.
    OR ☐ **2.** Tenant has been provided with, and acknowledges receipt of, a copy of the rules and regulations.
16. ☐ (If checked) **CONDOMINIUM; PLANNED UNIT DEVELOPMENT:**
    A. The Premises is a unit in a condominium, planned unit development, common interest subdivision or other development governed by a homeowners' association ("HOA"). The name of the HOA is _____. Tenant agrees to comply with all HOA covenants, conditions and restrictions, bylaws, rules and regulations and decisions. Landlord shall provide Tenant copies of rules and regulations, if any. Tenant shall reimburse Landlord for any fines or charges imposed by HOA or other authorities, due to any violation by Tenant, or the guests or licensees of Tenant.
    B. **(Check one)**
    ☐ **1.** Landlord shall provide Tenant with a copy of the HOA rules and regulations within _____ days or _____.
    OR ☐ **2.** Tenant has been provided with, and acknowledges receipt of, a copy of the HOA rules and regulations.
17. **ALTERATIONS; REPAIRS:** Unless otherwise specified by law or paragraph 29C, without Landlord's prior written consent, **(i)** Tenant shall not make any repairs, alterations or improvements in or about the Premises including: painting, wallpapering, adding or changing locks, installing antenna or satellite dish(es), placing signs, displays or exhibits, or using screws, fastening devices, large nails or adhesive materials; **(ii)** Landlord shall not be responsible for the costs of alterations or repairs made by Tenant; **(iii)** Tenant shall not deduct from Rent the costs of any repairs, alterations or improvements; and **(iv)** any deduction made by Tenant shall be considered unpaid Rent.
18. **KEYS; LOCKS:**
    A. Tenant acknowledges receipt of (or Tenant will receive ☐ prior to the Commencement Date, or ☐ _____):
    ☐ 1 key(s) to Premises, ☐ _____ remote control device(s) for garage door/gate opener(s),
    ☐ 1 key(s) to mailbox, ☐ _____,
    ☐ _____ key(s) to common area(s), ☐ _____.
    B. Tenant acknowledges that locks to the Premises ☐ have, ☐ have not, been re-keyed.
    C. If Tenant re-keys existing locks or opening devices, Tenant shall immediately deliver copies of all keys to Landlord. Tenant shall pay all costs and charges related to loss of any keys or opening devices. Tenant may not remove locks, even if installed by Tenant.
19. **ENTRY:**
    A. Tenant shall make Premises available to Landlord or Landlord's representative for the purpose of entering to make necessary or agreed repairs, decorations, alterations, or improvements, or to supply necessary or agreed services, or to show Premises to prospective or actual purchasers, tenants, mortgagees, lenders, appraisers, or contractors.
    B. Landlord and Tenant agree that 24-hour written notice shall be reasonable and sufficient notice, except as follows: 48-hour written notice is required to conduct an inspection of the Premises prior to the Tenant moving out, unless the Tenant waives the right to such notice. Notice may be given orally to show the Premises to actual or prospective purchasers provided Tenant has been notified in writing within 120 days preceding the oral notice that the Premises are for sale and that oral notice may be given to show the Premises. No notice is required: **(i)** to enter in case of an emergency; **(ii)** if the Tenant is present and consents at the time of entry or **(iii)** if the Tenant has abandoned or surrendered the Premises. No written notice is required if Landlord and Tenant orally agree to an entry for agreed services or repairs if the date and time of entry are within one week of the oral agreement.
    C. ☐
20. **SIGNS:** Tenant authorizes Landlord to place FOR SALE/LEASE signs on the Premises.
21. **ASSIGNMENT; SUBLETTING:** Tenant shall not sublet all or any part of Premises, or assign or transfer this Agreement or any interest in it, without Landlord's prior written consent. Unless such consent is obtained, any assignment, transfer or subletting of Premises or this Agreement or tenancy, by voluntary act of Tenant, operation of law or otherwise, shall, at the option of Landlord,

Tenant's Initials (A.C)(_____)
Landlord's Initials (_____)(_____)
Reviewed by _____ Date 10-28-19

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terminate this Agreement. Any proposed assignee, transferee or sublessee shall submit to Landlord an application and credit information for Landlord's approval and, if approved, sign a separate written agreement with Landlord and Tenant. Landlord's consent to any one assignment, transfer or sublease, shall not be construed as consent to any subsequent assignment, transfer or sublease and does not release Tenant of Tenant's obligations under this Agreement.

22. **JOINT AND INDIVIDUAL OBLIGATIONS:** If there is more than one Tenant, each one shall be individually and completely responsible for the performance of all obligations of Tenant under this Agreement, jointly with every other Tenant, and individually, whether or not in possession.
23. ☑ **LEAD-BASED PAINT (If checked):** Premises was constructed prior to 1978. In accordance with federal law, Landlord gives and Tenant acknowledges receipt of the disclosures on the attached form (C.A.R. Form FLD) and a federally approved lead pamphlet.
24. ☐ **MILITARY ORDNANCE DISCLOSURE:** (If applicable and known to Landlord) Premises is located within one mile of an area once used for military training, and may contain potentially explosive munitions.
25. ☐ **PERIODIC PEST CONTROL:** Landlord has entered into a contract for periodic pest control treatment of the Premises and shall give Tenant a copy of the notice originally given to Landlord by the pest control company.
26. ☐ **METHAMPHETAMINE CONTAMINATION:** Prior to signing this Agreement, Landlord has given Tenant a notice that a health official has issued an order prohibiting occupancy of the property because of methamphetamine contamination. A copy of the notice and order are attached.
27. **MEGAN'S LAW DATABASE DISCLOSURE:** Notice: Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and ZIP Code in which he or she resides. (Neither Landlord nor Brokers, if any, are required to check this website. If Tenant wants further information, Tenant should obtain information directly from this website.)
28. **POSSESSION:**
    A. Tenant is not in possession of the premises. If Landlord is unable to deliver possession of Premises on Commencement Date, such Date shall be extended to the date on which possession is made available to Tenant. If Landlord is unable to deliver possession within **5 (or** ☐ _____ **) calendar days** after agreed Commencement Date, Tenant may terminate this Agreement by giving written notice to Landlord, and shall be refunded all Rent and security deposit paid. Possession is deemed terminated when Tenant has returned all keys to the Premises to Landlord.
    B. ☐ Tenant is already in possession of the Premises.
29. **TENANT'S OBLIGATIONS UPON VACATING PREMISES:**
    A. Upon termination of this Agreement, Tenant shall: **(i)** give Landlord all copies of all keys or opening devices to Premises, including any common areas; **(ii)** vacate and surrender Premises to Landlord, empty of all persons; **(iii)** vacate any/all parking and/or storage space; **(iv)** clean and deliver Premises, as specified in paragraph C below, to Landlord in the same condition as referenced in paragraph 10; **(v)** remove all debris; **(vi)** give written notice to Landlord of Tenant's forwarding address; and **(vii)** _____.
    B. All alterations/improvements made by or caused to be made by Tenant, with or without Landlord's consent, become the property of Landlord upon termination. Landlord may charge Tenant for restoration of the Premises to the condition it was in prior to any alterations/improvements.
    C. **Right to Pre-Move-Out Inspection and Repairs: (i)** After giving or receiving notice of termination of a tenancy (C.A.R. Form NTT), or before the end of a lease, Tenant has the right to request that an inspection of the Premises take place prior to termination of the lease or rental (C.A.R. Form NRI). If Tenant requests such an inspection, Tenant shall be given an opportunity to remedy identified deficiencies prior to termination, consistent with the terms of this Agreement. **(ii)** Any repairs or alterations made to the Premises as a result of this inspection (collectively, "Repairs") shall be made at Tenant's expense. Repairs may be performed by Tenant or through others, who have adequate insurance and licenses and are approved by Landlord. The work shall comply with applicable law, including governmental permit, inspection and approval requirements. Repairs shall be performed in a good, skillful manner with materials of quality and appearance comparable to existing materials. It is understood that exact restoration of appearance or cosmetic items following all Repairs may not be possible. **(iii)** Tenant shall: **(a)** obtain receipts for Repairs performed by others; **(b)** prepare a written statement indicating the Repairs performed by Tenant and the date of such Repairs; and **(c)** provide copies of receipts and statements to Landlord prior to termination. Paragraph 29C does not apply when the tenancy is terminated pursuant to California Code of Civil Procedure § 1161(2), (3) or (4).
30. **BREACH OF CONTRACT; EARLY TERMINATION:** In addition to any obligations established by paragraph 29, in the event of termination by Tenant prior to completion of the original term of the Agreement, Tenant shall also be responsible for lost Rent, rental commissions, advertising expenses and painting costs necessary to ready Premises for re-rental. Landlord may withhold any such amounts from Tenant's security deposit.
31. **TEMPORARY RELOCATION:** Subject to local law, Tenant agrees, upon demand of Landlord, to temporarily vacate Premises for a reasonable period, to allow for fumigation (or other methods) to control wood destroying pests or organisms, or other repairs to Premises. Tenant agrees to comply with all instructions and requirements necessary to prepare Premises to accommodate pest control, fumigation or other work, including bagging or storage of food and medicine, and removal of perishables and valuables. Tenant shall only be entitled to a credit of Rent equal to the per diem Rent for the period of time Tenant is required to vacate Premises.
32. **DAMAGE TO PREMISES:** If, by no fault of Tenant, Premises are totally or partially damaged or destroyed by fire, earthquake, accident or other casualty that render Premises totally or partially uninhabitable, either Landlord or Tenant may terminate this Agreement by giving the other written notice. Rent shall be abated as of the date Premises become totally or partially uninhabitable. The abated amount shall be the current monthly Rent prorated on a 30-day period. If the Agreement is not terminated, Landlord shall promptly repair the damage, and Rent shall be reduced based on the extent to which the damage interferes with Tenant's reasonable use of Premises. If damage occurs as a result of an act of Tenant or Tenant's guests, only Landlord shall have the right of termination, and no reduction in Rent shall be made.
33. **INSURANCE:** Tenant's or guest's personal property and vehicles are not insured by Landlord, manager or, if applicable, HOA, against loss or damage due to fire, theft, vandalism, rain, water, criminal or negligent acts of others, or any other cause. **Tenant is**

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advised to carry Tenant's own insurance (renter's insurance) to protect Tenant from any such loss or damage. Tenant shall comply with any requirement imposed on Tenant by Landlord's insurer to avoid: (i) an increase in Landlord's insurance premium (or Tenant shall pay for the increase in premium); or (ii) loss of insurance.

34. **WATERBEDS:** Tenant shall not use or have waterbeds on the Premises unless: **(i)** Tenant obtains a valid waterbed insurance policy; **(ii)** Tenant increases the security deposit in an amount equal to one-half of one month's Rent; and **(iii)** the bed conforms to the floor load capacity of Premises.
35. **WAIVER:** The waiver of any breach shall not be construed as a continuing waiver of the same or any subsequent breach.
36. **NOTICE:** Notices may be served at the following address, or at any other location subsequently designated:
Landlord: _____ Tenant: _____
37. **TENANT ESTOPPEL CERTIFICATE:** Tenant shall execute and return a tenant estoppel certificate delivered to Tenant by Landlord or Landlord's agent within 3 days after its receipt. Failure to comply with this requirement shall be deemed Tenant's acknowledgment that the tenant estoppel certificate is true and correct, and may be relied upon by a lender or purchaser.
38. **TENANT REPRESENTATIONS; CREDIT:** Tenant warrants that all statements in Tenant's rental application are accurate. Tenant authorizes Landlord and Broker(s) to obtain Tenant's credit report periodically during the tenancy in connection with the modification or enforcement of this Agreement. Landlord may cancel this Agreement: **(i)** before occupancy begins; **(ii)** upon disapproval of the credit report(s); or **(iii)** at any time, upon discovering that information in Tenant's application is false. A negative credit report reflecting on Tenant's record may be submitted to a credit reporting agency if Tenant fails to fulfill the terms of payment and other obligations under this Agreement.
39. **MEDIATION:**
    A. Consistent with paragraphs B and C below, Landlord and Tenant agree to mediate any dispute or claim arising between them out of this Agreement, or any resulting transaction, before resorting to court action. Mediation fees, if any, shall be divided equally among the parties involved. If, for any dispute or claim to which this paragraph applies, any party commences an action without first attempting to resolve the matter through mediation, or refuses to mediate after a request has been made, then that party shall not be entitled to recover attorney fees, even if they would otherwise be available to that party in any such action.
    B. The following matters are excluded from mediation: **(i)** an unlawful detainer action; **(ii)** the filing or enforcement of a mechanic's lien; and **(iii)** any matter within the jurisdiction of a probate, small claims or bankruptcy court. The filing of a court action to enable the recording of a notice of pending action, for order of attachment, receivership, injunction, or other provisional remedies, shall not constitute a waiver of the mediation provision.
    C. Landlord and Tenant agree to mediate disputes or claims involving Listing Agent, Leasing Agent or property manager ("Broker"), provided Broker shall have agreed to such mediation prior to, or within a reasonable time after, the dispute or claim is presented to such Broker. Any election by Broker to participate in mediation shall not result in Broker being deemed a party to this Agreement.
40. **ATTORNEY FEES:** In any action or proceeding arising out of this Agreement, the prevailing party between Landlord and Tenant shall be entitled to reasonable attorney fees and costs, except as provided in paragraph 39A.
41. **C.A.R. FORM:** C.A.R. Form means the specific form referenced or another comparable form agreed to by the parties.
42. **OTHER TERMS AND CONDITIONS; SUPPLEMENTS:** ☐ Interpreter/Translator Agreement (C.A.R. Form ITA); ☐ Keysafe/Lockbox Addendum (C.A.R.Form KLA); ☐ Lead-Based Paint and Lead-Based Paint Hazards Disclosure (C.A.R. Form FLD)

The following ATTACHED supplements are incorporated in this Agreement: _____

43. **TIME OF ESSENCE; ENTIRE CONTRACT; CHANGES:** Time is of the essence. All understandings between the parties are incorporated in this Agreement. Its terms are intended by the parties as a final, complete and exclusive expression of their Agreement with respect to its subject matter, and may not be contradicted by evidence of any prior agreement or contemporaneous oral agreement. If any provision of this Agreement is held to be ineffective or invalid, the remaining provisions will nevertheless be given full force and effect. Neither this Agreement nor any provision in it may be extended, amended, modified, altered or changed except in writing. This Agreement is subject to California landlord-tenant law and shall incorporate all changes required by amendment or successors to such law. This Agreement and any supplement, addendum or modification, including any copy, may be signed in two or more counterparts, all of which shall constitute one and the same writing.
44. **AGENCY:**
    A. **CONFIRMATION:** The following agency relationship(s) are hereby confirmed for this transaction:
    Listing Agent: (Print firm name) _____
    is the agent of (check one): ☐ the Landlord exclusively; or ☐ both the Landlord and Tenant.
    Leasing Agent: (Print firm name) _____
    (if not same as Listing Agent) is the agent of (check one): ☐ the Tenant exclusively; or ☐ the Landlord exclusively; or ☐ both the Tenant and Landlord.
    B. **DISCLOSURE:** ☐ (If checked): The term of this lease exceeds one year. A disclosure regarding real estate agency relationships (C.A.R. Form AD) has been provided to Landlord and Tenant, who each acknowledge its receipt.
45. ☐ **TENANT COMPENSATION TO BROKER:** Upon execution of this Agreement, Tenant agrees to pay compensation to Broker as specified in a separate written agreement between Tenant and Broker.

Tenant's Initials (A. C) (_____)
Landlord's Initials (_____) (_____)
Reviewed by _____ Date 10-28-19

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Premises: 132 SANTA CLARA AVE #4 San Bruno ca 94066 Date: 10-28-19

46. ☐ **INTERPRETER/TRANSLATOR:** The terms of this Agreement have been interpreted for Tenant into the following language: _____. Landlord and Tenant acknowledge receipt of the attached interpretor/translator agreement (C.A.R. Form ITA).
47. **FOREIGN LANGUAGE NEGOTIATION:** If this Agreement has been negotiated by Landlord and Tenant primarily in Spanish, Chinese, Tagalog, Korean or Vietnamese, pursuant to the California Civil Code Tenant shall be provided a translation of this Agreement in the language used for the negotiation.
48. **OWNER COMPENSATION TO BROKER:** Upon execution of this Agreement, Owner agrees to pay compensation to Broker as specified in a separate written agreement between Owner and Broker (C.A.R. Form LCA).
49. **RECEIPT:** If specified in paragraph 5, Landlord or Broker, acknowledges receipt of move-in funds.

Landlord and Tenant acknowledge and agree Brokers: **(a)** do not guarantee the condition of the Premises; **(b)** cannot verify representations made by others; **(c)** cannot provide legal or tax advice; **(d)** will not provide other advice or information that exceeds the knowledge, education or experience required to obtain a real estate license. Furthermore, if Brokers are not also acting as Landlord in this Agreement, Brokers: **(e)** do not decide what rental rate a Tenant should pay or Landlord should accept; and **(f)** do not decide upon the length or other terms of tenancy. Landlord and Tenant agree that they will seek legal, tax, insurance and other desired assistance from appropriate professionals.

Tenant agrees to rent the Premises on the above terms and conditions.

Tenant Esmeraldo DaSilva & ARYELF COSTA Date 11/1/19
Address 132 SANTA Clara #4 City San Bruno State Ca Zip 94066
Telephone _____ Fax _____ E-mail _____

Tenant KARLIVE CHAYENE DA Silva Gomez Date 11/1/19
Address 132 SANTA Clara #4 City San Bruno ca 94066 State CA Zip 94066
Telephone _____ Fax _____ E-mail Aryel costa@hotmail.com

☐ **GUARANTEE:** In consideration of the execution of this Agreement by and between Landlord and Tenant and for valuable consideration, receipt of which is hereby acknowledged, the undersigned ("Guarantor") does hereby: **(i)** guarantee unconditionally to Landlord and Landlord's agents, successors and assigns, the prompt payment of Rent or other sums that become due pursuant to this Agreement, including any and all court costs and attorney fees included in enforcing the Agreement; **(ii)** consent to any changes, modifications or alterations of any term in this Agreement agreed to by Landlord and Tenant; and **(iii)** waive any right to require Landlord and/or Landlord's agents to proceed against Tenant for any default occurring under this Agreement before seeking to enforce this Guarantee.

Guarantor (Print Name) _____
Guarantor _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

Landlord agrees to rent the Premises on the above terms and conditions.

Landlord Jiries & Nabil Hanhan Landlord _____
Address P O Box 5409 South San Francisco CA 94080
Telephone (650) 580-1137 Fax _____ E-mail _____

REAL ESTATE BROKERS:

A. Real estate brokers who are not also Landlord under this Agreement are not parties to the Agreement between Landlord and Tenant.
B. Agency relationships are confirmed in paragraph 44.
C. **COOPERATING BROKER COMPENSATION:** Listing Broker agrees to pay Cooperating Broker (Leasing Firm) and Cooperating Broker agrees to accept: **(i)** the amount specified in the MLS, provided Cooperating Broker is a Participant of the MLS in which the Property is offered for sale or a reciprocal MLS; or **(ii)** ☐ (if checked) the amount specified in a separate written agreement between Listing Broker and Cooperating Broker.

Real Estate Broker (Listing Firm) _____ DRE Lic. # _____
By (Agent) _____ DRE Lic. # _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

Real Estate Broker (Leasing Firm) _____ DRE Lic. # _____
By (Agent) _____ DRE Lic. # _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

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Published and Distributed by:
REAL ESTATE BUSINESS SERVICES, INC.
a subsidiary of the California Association of REALTORS®
525 South Virgil Avenue, Los Angeles, California 90020

Reviewed by _____ Date 11/1/19

Evidence of Insurance
State of California

Named Insured(s): Karuline Gomes
Aryel Ferreira Costa

Vehicle: 2016 Mitsubishi Outlander 4D 2Wd SE/Sel
VIN: JA4AD3A33GZ000545

Registered Owner(s): Karuline Gomes

This policy complies with Section 16056 of the California Vehicle Code

FARMERS INSURANCE

Policy Number: 520269189
Effective: **8/24/2023**
Expiration: **2/24/2024**

KEEP WITH VEHICLE

NAIC Number: 21652

Your Agent: Dan Lam
4500 Great America Pkwy Ste 100
Santa Clara, CA 95054-1283

Agent Phone: (408) 460-9398

Underwriting Company:
Farmers Insurance Exchange
6301 Owensmouth Ave.
Woodland Hills, CA 91367
Phone: 1-888-327-6335

KEEP THIS CERTIFICATE IN YOUR VEHICLE AT ALL TIMES.

Contact Farmers Claim Department or Roadside Assistance 24 hours a day at (800) 435-7764
Para Español, llame al (877) 732-5266

Report a claim at www.farmers.com, via the Farmers® Mobile App or Contact your Farmers® Agent

At the scene of an accident:

1. Obtain the following:
-– Name, address, and phone number of each driver, passenger, and witness. Obtain a driver's license number for each driver.
-– License plate number, insurance company, and policy number of each involved vehicle.
-– Photos of vehicle damage and accident scene.
2. Report the accident to the proper authorities.
3. **Do not admit fault**. An investigation may later reveal you were not responsible for the accident.

Evidence of Insurance
State of California

Named Insured(s): Karuline Gomes
Aryel Ferreira Costa

Vehicle: 2016 Mitsubishi Outlander 4D 2Wd SE/Sel
VIN: JA4AD3A33GZ000545

Registered Owner(s): Karuline Gomes

This policy complies with Section 16056 of the California Vehicle Code

FARMERS INSURANCE

Policy Number: 520269189
Effective: **8/24/2023**
Expiration: **2/24/2024**

DMV REGISTRATION COPY

NAIC Number: 21652

Your Agent: Dan Lam
4500 Great America Pkwy Ste 100
Santa Clara, CA 95054-1283

Agent Phone: (408) 460-9398

Underwriting Company:
Farmers Insurance Exchange
6301 Owensmouth Ave.
Woodland Hills, CA 91367
Phone: 1-888-327-6335

The California Department of Motor Vehicles (DMV) requires proof of insurance when registering your vehicle.
Please provide this form to the DMV when registering your vehicle.

Consumer Deposit Account

Relationship Change Application

WELLS FARGO

Host Status:
Host Update Successful

Banker Name:		Officer/Portfolio Number:	Date:
DABIT, SALEM FARID		CP706	08/25/2026
Banker Phone:	**Branch Number:**	**Banker AU:**	**Banker MAC:**
650/875-7064	04269	0000445	A0406-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Account Information

Product Name:	Minor:	COID:	Product:	Account Number:
Wells Fargo Way2Save Savings		114	DDA	9368147766

Related Customers

Customer 1 Name:	Customer Number (ECN):	Account Relationship Status:
ARYEL F COSTA	402816870522219	CHANGED
Current Account Relationship:	**NEW Account Relationship:**	
Sole Owner	Primary Joint Owner (or)	
Customer 2 Name:	**Customer Number (ECN):**	**Account Relationship Status:**
KARULINE CHAYENE DA SILVA GOMES	530811970530712	NEW
Current Account Relationship:	**NEW Account Relationship:**	
None	Secondary Joint Owner (or)	

Checking/Savings Statement Mailing Information

Customer(s) Listed on Statement:	Statement Mailing Address:	
ARYEL F COSTA	132 SANTA CLARA AVE APT 4	
KARULINE CHAYENE DA SILVA GOMES	Address Line 2:	
	City: SAN BRUNO	State: CA
	ZIP/Postal Code: 94066-5338	Country: US

Customer Copy

Customer 1 Information

Customer Name: ARYEL F COSTA	Street Address: 132 SANTA CLARA AVE APT 4
Account Relationship: Primary Joint Owner (or)	Address Line 2:
Taxpayer Identification Number (TIN): 287-29-7773 / TIN Type: SSN / Date of Birth: 09/14/1998	Address Line 3:
Primary ID Type: DLIC / Primary ID Description: F7400606	City: SAN BRUNO / State: CA
Primary ID St/Ctry/Prov: CA / Primary ID Issue Date: 06/20/2024 / Primary ID Expiration Date: 09/14/2029	ZIP/Postal Code: 94066-5338 / Country: US
Secondary ID Type: OTHR DC / Secondary ID Description: BANK OF AMERICA	Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID State/Country: / Secondary ID Issue Date: 06/20/2024 / Secondary ID Expiration Date: 09/14/2029	
Check Reporting: NO RESPONSE	Home Phone: / Business Phone:
Country of Citizenship: US / Country of Permanent Residence: US	

Customer 2 Information

Customer Name: KARULINE CHAYENE DA SILVA GOMES	Street Address: 132 SANTA CLARA AVE APT 4
Account Relationship: Secondary Joint Owner (or)	Address Line 2:
Taxpayer Identification Number (TIN): 970-99-4037 / TIN Type: ITIN / Date of Birth: 10/07/1997	Address Line 3:
Primary ID Type: DLIC / Primary ID Description: Y6842304	City: SAN BRUNO / State: CA
Primary ID St/Ctry/Prov: CA / Primary ID Issue Date: 10/25/2024 / Primary ID Expiration Date: 10/07/2028	ZIP/Postal Code: 94066-5338 / Country: US
Secondary ID Type: OTHR CC / Secondary ID Description: BANK OF AMERICA 6654	Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID State/Country: / Secondary ID Issue Date: / Secondary ID Expiration Date: 08/01/2031	
Check Reporting: NO RECORD	Home Phone: / Business Phone:
Country of Citizenship: BR / Permanent U.S. Resident: NO / Country of Permanent Residence: BR	

Customer Copy

...t for Taxpayer Identification Number and Certification

...ute Form W-9)

...er penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED THE BOX BELOW, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (This does not apply to accounts maintained in the United States.)

☐ I am subject to backup withholding because the statement in 2(b) above does not apply.

Tax Responsible Customer Name: ARYEL F COSTA

Taxpayer Identification Number (TIN): 287-29-7773

Customer Number (ECN): 402816870522219

TIN Certification Signature [redacted]

☐ Submit manually
☐ Signature not required

Date: 08/25/2026

Customer Signatures - New/Remaining Account Owner Relationships

Everything I have stated in this application is correct. You are authorized to make any inquires that you consider appropriate to determine if you should open the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and privacy brochure and agree to be bound by them. **I also agree to the terms of the dispute resolution program described in the account agreement Service Agreement and Product Guide. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**

New/Remaining Customer 1 Name: ARYEL F COSTA

Customer Number (ECN): 402816870522219

New/Remaining Customer 1 Signature [redacted]

☐ Submit manually
☐ Signature not required

Date: 08/25/2026

New/Remaining Customer 2 Name: KARULINE CHAYENE DA SILVA GOMES

Customer Number (ECN): 530811970530712

New/Remaining Customer 2 Signature [redacted]

☐ Submit manually
☐ Signature not required

Date: 08/25/2026

Customer Copy

Services

Internet

Home internet

AT&T Internet 500

210 GB ↘ -59% vs. last month

5 connected devices

Wireless



KARULINE

(650) 295-9591

iPhone 17 Pro Max



ARYEL

(650) 452-4978

iPad 9th Generation (2021)



ARYEL

(650) 271-5562

San Francisco, CA ⟶ Fort Lauderdale, FL
Fort Lauderdale, FL ⟶ San Francisco, CA

Wednesday, December 30, 2020 - Sunday, January 3, 2021
2 Ticket(s)

Airline Confirmation Number(s)
JetBlue Airways: RFUEKV
American Airlines: KGOGSD
American Airlines: KGOGSD

This trip is a combination of **2 one-way** tickets per passenger, each is subject to its own rules and regulations. To see more details, **go here**.

Passengers and Tickets:

Karuline chayene da silva Gomes
SFO -> FLL: 2797615406184
FLL -> SFO: 0017615406187

Aryel Ferreira costa
SFO -> FLL: 2797615406185
FLL -> SFO: 0017615406188

Wed Dec 30

San Francisco, CA ⟶

Travel update

COVID-19 restrictions

See details

Traveler details

Aryel Costa (Adult)
Karuline Gomes (Adult)

View all ticketing details

Roundtrip flight

San Francisco (SFO) to New York (JFK)

JetBlue Airways 1516 9:45pm · San Francisco, CA, United States (SFO-San Francisco Intl.) to New York, NY, United States (JFK-John F. Kennedy Intl.)
Terminal 1
Airline confirmation: QKPCYY (JetBlue Airways)
Economy / Coach (L)
Thu, Oct 7, 9:45pm - 6:10am +1
5h 25m flight duration
Overnight arrives on Fri, Oct 8

Newark (EWR) to San Francisco (SFO)

United 1257 8:30pm · Newark, NJ, United States (EWR-Liberty Intl.) to San Francisco, CA, United States (SFO-San Francisco Intl.)
Terminal C
Airline confirmation: I7W1ZS (United)
Economy / Coach (T)
Sun, Oct 10, 8:30pm - 11:50pm
6h 20m flight duration

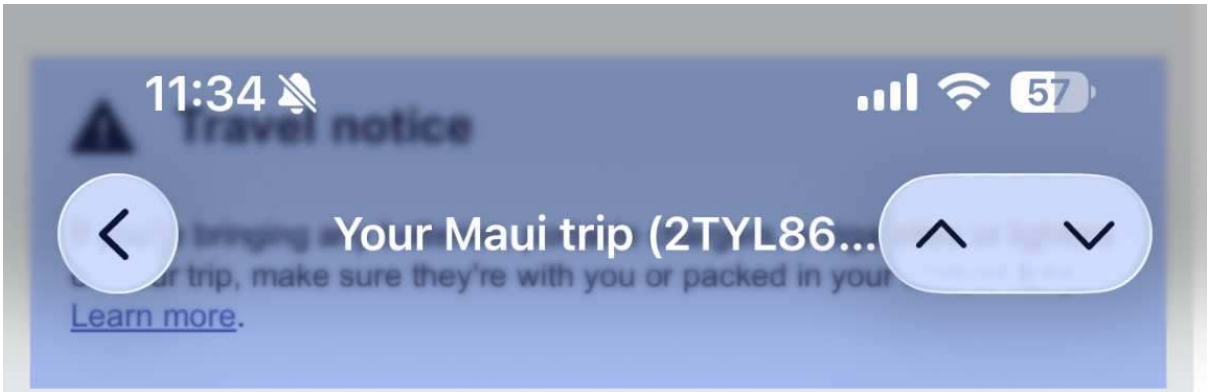
The Manhattan at Times Square Hotel

790 7th Ave, New York, NY, 10019 United States of America
Fri, Oct 8 - Sun, Oct 10
Check-in time starts at 4:00 PM
Check-out time is noon

Free cancellation until October 6 at 3:00 PM (Eastern Standard Time (US & Canada))

View all accommodation booking details

Manage your itinerary



May 30 - June 02

SJC ✈ OGG

San Jose, CA to Maui

Full itinerary

Confirmation # **2TYL86**

PASSENGER

Aryel Costa
Karuline Gomes

Check in

Your complete itinerary

Flight 1: Monday 05/30/2022

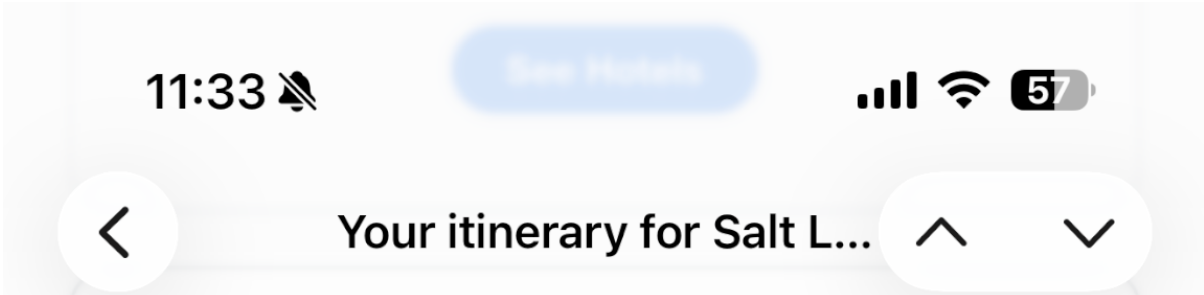
FLIGHT
 # 2313

DEPARTS	ARRIVES
SJC 7:40AM	**OGG** 10:00AM
San Jose, CA	Maui

Flight 2: Thursday 06/02/2022

FLIGHT
 # 1880

DEPARTS	ARRIVES



Flight Information

2 Round Trip Tickets

San Francisco, CA → Salt Lake City, UT
• Sat May 25 1h 53m

SFO → SLC **San Francisco Intl Airport to Salt Lake City Intl Airport**

Confirmation number: **OIWDHK**

01:07 PM - 04:00 PM

Nonstop • 1h 53m • Economy Class

Frontier Airlines Flight 3394 • Airbus A320neo

Salt Lake City, UT → San Francisco, CA
• Tue May 28 2h 6m

SLC → SFO **Salt Lake City Intl Airport to San Francisco Intl Airport**

Confirmation number: **OIWDHK**

11:31 AM - 12:37 PM

Nonstop • 2h 6m • Economy Class

Frontier Airlines Flight 3393 • Airbus A320neo

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

Daniela Nelms
157 Crystal Springs Rd, Unit 1
San Mateo, CA 94492
(650) 706-9138
Hey.daniiela@gmail.com

August 20, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

Karol is my childhood friend. Our parents worked together at the same company in Brazil, and because of their friendship, Karol and I grew up together and became close friends.

We both later happened to move to the Bay Area and have continued our friendship here. I remember when Karol first told me that she was going on a date with Aryel to the movies. I also remember the first time she introduced him to her family and friends at a family barbecue at the condominium where she lived at the time, which was also when I first met Aryel.

I attended Karol and Aryel's wedding, and throughout the years, as close friends, we have continued to be part of each other's lives. They have attended many important events in my life and my family's life, including birthdays, my baby shower, and, so far, every one of my son's birthdays.

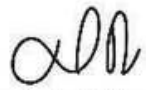
Karol and Aryel have been together for several years, and based on what I have personally witnessed throughout their relationship, I understand them to have a stable and committed marriage. Their family has now grown with the arrival of their baby boy, Isaac, who is also my godson.

Karol and Aryel are like family to us, and I believe Karol obtaining permanent residency is an important and necessary step toward the continued stability of their family.

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

Please feel free to contact me if any additional information is needed.

Sincerely,



Daniela Nelms

CALIFORNIA DRIVER LICENSE

USA



4d DLN Y8522178 4b EXP 09/02/2027

3 DOB 09/02/1997

1 NELMS

2 DANIELA NERIS

8 1301 S DELAWARE ST
SAN MATEO, CA 94402

9 CLASS C

9a END NONE

12 REST CORR LENS

DONOR

4a ISS 12/04/2025

5 DD 10/03/2023593OD/AAFD/27

15 SEX F 18 EYES BRN

16 HGT 5'-03" 19 HAIR BRN

17 WGT 127 lb



Fernando Calacio Costa
516 Richmond dr, apt. 4
Millbrae, California, 94030]
(650) 271-3810
fernandocalacio15@gmail.com
August 20th, 2026.

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Fernando, and I am Aryel's father and Karuline's father-in-law.

I have known Karuline since 2019, when she and my son, Aryel, started their relationship. During these years, I have had the opportunity to see their relationship grow and become stronger. They have always shown love, respect, and care for each other.

In 2022, Karuline and Aryel got married, and I was very happy to see them take this important step together. Since then, they have continued building their life as a family. In 2025, they welcomed their son, Isaac, which made their family even stronger and brought us all a lot of happiness.

From what I have seen throughout the years, their marriage is genuine, and they truly care about each other and their family. I am happy to have Karuline as my daughter-in-law and to see the family they have built together.

I am writing this letter to confirm what I have personally witnessed about their relationship and marriage.

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

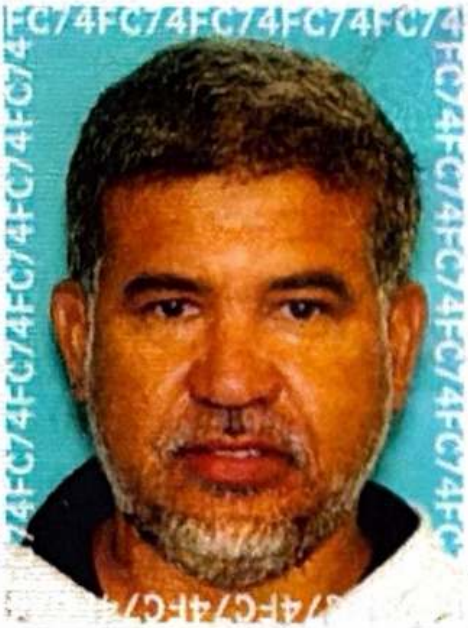
Please feel free to contact me if further information is needed.

Sincerely,

Fernando Calacio Costa

CALIFORNIA DRIVER LICENSE

USA



4d DLN D7355802 4b EXP 11/15/2030

3 DOB 11/15/1974

1 COSTA

2 FERNANDO CALACIO

8 516 RICHMOND DR APT 4
MILLBRAE, CA 94030

9 CLASS C

9a END NONE

12 REST NONE

DONOR

4a ISS 10/07/2025

5 DD 07/21/2021593RB/AAFD/30

15 SEX M 18 EYES BLK

16 HGT 5'-07" 19 HAIR BLK

17 WGT 161 lb



Katiene da Silva Gomes
707 north amphlett blvd, apt. 4
San Mateo, California, 94401
(650) 461-0396
katienegomes@hotmail.com
August 19, 2026.

Declaration of Support for Family-Based Petition

To Whom It May Concern,

I am writing this letter to share a bit about the relationship and marriage of my daughter, Karuline, to Aryel. I have known Aryel since they started their relationship in 2019. Throughout these years, I have watched their relationship grow and have seen the affection, respect, and companionship they have always had for each other.

In 2022, they got married, and I was very happy to see my daughter building her life alongside someone she loves. In 2025, they had Isaac, who brought even more joy and love to our family. From what I have witnessed over all these years, I know that Karuline and Aryel's marriage is genuine and that they built a family together with much love and dedication. I am very happy to see the family they formed and to have Aryel as part of our family.

I write this letter to support what I have personally seen and witnessed regarding their relationship and marriage.

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

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

Sincerely,

Katiene da Silva Gomes

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y6842288

CLASS C

EXP 09/10/2028

END NONE

LN DA SILVA GOMES

FN KATIENE

707 NORTH AMPHLETT BLVD APT 4

SAN MATEO, CA 94401

DOB 09/10/1977

RSTR CORR LENS

09101977



Katiene da Silva Gomes

SEX F

HAIR BRN

EYES BRN

HGT 5'-07"

WGT 115 lb

ISS 08/15/2023

DD 08/15/202359314/DDFD/28

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



_____ Date: October 15, 2026.

Katiene da Silva Gomes
707 north amphlett blvd, apt. 4
San Mateo, California, 94401
(650) 461-0396
katienegomes@hotmail.com
August 19th, 2026.

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Estou escrevendo esta carta para falar sobre o relacionamento e o casamento da minha filha Karuline com o Aryel.

Conheço o Aryel desde que ele e a Karuline começaram o relacionamento, em 2019. Ao longo desses anos, acompanhei o crescimento do relacionamento dos dois e pude ver o carinho, o respeito e o companheirismo que sempre tiveram um pelo outro.

Em 2022, eles se casaram, e fiquei muito feliz em ver minha filha construindo sua vida ao lado de alguém que ama. Em 2025, eles tiveram o Isaac, que trouxe ainda mais alegria e amor para nossa família.

Pelo que acompanhei durante todos esses anos, sei que o casamento da Karuline e do Aryel é verdadeiro e que eles construíram uma família juntos com muito amor e dedicação. Fico muito feliz em ver a família que eles formaram e em ter o Aryel como parte da nossa família.

Escrevo esta carta para confirmar o que tenho acompanhado e presenciado sobre o relacionamento e o casamento dos dois.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Katiene da Silva Gomes

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y6842288

CLASS C

EXP 09/10/2028

END NONE

LN DA SILVA GOMES

FN KATIENE

707 NORTH AMPHLETT BLVD APT 4

SAN MATEO, CA 94401

DOB 09/10/1977

RSTR CORR LENS

09101977



Katiene da Silva Gomes

SEX F

HAIR BRN

EYES BRN

HGT 5'-07"

WGT 115 lb

ISS 08/15/2023

DD 08/15/202359314/DDFD/28

Eduarda Gomes Silva
707 north Amphlett blvd, apt. 4
San Mateo, California, 94401
(650) 476-1739
Gomeseduarda901@gmail.com
August 21, 2026.

Declaration of Support for Family-Based Petition

To Whom It May Concern,

My name is Eduarda, and as Karuline's sister. I've been a close part of her and Aryel's lives since the beginning of their relationship.

Over the years, I had the opportunity to witness many stages of their lives: dating, engagement, marriage and, more recently, the arrival of Isaac, my nephew whom I love so much. They were always present in our family, and I was able to live and share different moments and occasions with both of them.

To me, it is very clear how much of a life Karuline and Aryel built together. They've gone through so many phases and changes over the years, always moving forward together and building their own family. Isaac came to add even more to the story they were already building.

As Karuline's sister, I am very happy to see the family they formed and I can affirm, with complete sincerity, that their relationship is genuine and based on love, companionship, and family.

I write this letter with affection and because of everything I have personally witnessed over all these years

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

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

Sincerely,



Eduarda Gomes Silva

California USA

DRIVER LICENSE



DL W1607258
EXP 11/14/2027
DOB 11/14/2004
AGE 21 IN 2025

CLASS C
END NONE
RSTR NONE

FEDERAL LIMITS APPLY

11142004

Eduarda Gomes Silva

LN GOMES SILVA
FN EDUARDA
707 N AMPHLETT BLVD APT 4
SAN MATEO, CA 94401



SEX F
HAIR AUB EYES BRN
HGT 5'-07" WGT 140 lb

DD 06/01/202359308/31FD/27

ISS 07/20/2023

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



_____ Date: October 15, 2026.

Eduarda Gomes Silva
707 north Amphlett blvd, apt. 4
San Mateo, California, 94401
(650) 476-1739
Gomeseduarda901@gmail.com
August 21th, 2026.

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Meu nome é Eduarda e sou irmã da Karuline. Por ser irmã dela, acompanho de perto a vida dela e do Aryel desde o começo do relacionamento.

Ao longo dos anos, tive a oportunidade de acompanhar muitas fases da vida dos dois: o namoro, o noivado, o casamento e, mais recentemente, a chegada do Isaac, meu sobrinho que tanto amo. Sempre estiveram presentes na nossa família, e pude conviver com os dois em diferentes momentos e ocasiões.

Para mim, é muito claro o quanto a Karuline e o Aryel construíram uma vida juntos. Eles passaram por muitas fases e mudanças ao longo dos anos, sempre seguindo juntos e formando a própria família. O Isaac veio para completar ainda mais essa história que eles já vinham construindo.

Como irmã da Karuline, fico muito feliz em ver a família que eles formaram e posso afirmar, com toda sinceridade, que o relacionamento deles é verdadeiro e baseado em amor, companheirismo e família.

Escrevo esta carta com carinho e por tudo que acompanhei pessoalmente durante todos esses anos.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Eduarda Gomes Silva

Eduarda Gomes Silva

California USA

DRIVER LICENSE



DL W1607258
EXP 11/14/2027
DOB 11/14/2004
AGE 21 IN 2025

CLASS C
END NONE
RSTR NONE

FEDERAL LIMITS APPLY

11142004

Eduarda Gomes Silva

LN GOMES SILVA
FN EDUARDA
707 N AMPHLETT BLVD APT 4
SAN MATEO, CA 94401



SEX F
HAIR AUB EYES BRN
HGT 5'-07" WGT 140 lb

ISS 07/20/2023

DD 06/01/202359308/31FD/27

Letícia Carneiro Rodrigues
221 Richmond Dr
Millbrae, California, 94030
(650) 713-1169
Leticiaacarneiro@gmail.com
August 21, 2026.

Declaration of Support for Family-Based Petition

To Whom It May Concern,

I met Karuline when she was already in the early stages of her relationship with Aryel, so I've been a part of their story practically from the beginning.

Over the years, I've been able to watch their relationship unfold, from dating and engagement to, later on, their marriage. I have always seen the affection, respect, and partnership that exist between them. I also witnessed them building their family and the birth of Isaac, which made this family even more special.

I can honestly say, with complete sincerity, that Karuline and Aryel's relationship is real and that they have built a life together based on love, companionship, and family.

I am very happy to be able to witness their story and hope that they continue building their life together for many years to come.

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

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

Sincerely,

Leticia Carneiro Rodrigues
Letícia Carneiro Rodrigues


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y1942377
CLASS C
EXP 09/01/2030
END NONE
LN CARNEIRO RODRIGUES
FN LETICIA
221 RICHMOND DRAPT B
MILLBRAE, CA 94030
DOB 09/01/1998
RSTR NONE
09011998
DONOR
Leticia
SEX F
HAIR BLN
EYES BRN
HGT 5'-03"
WGT 149 lb
ISS
DD 12/09/2021593RB/DDFD/30
07/11/2025

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



_____ Date: October 15, 2026.

Letícia Carneiro Rodrigues
221 Richmond dr
Millbrae, California, 94030
(650) 713-1169
Leticiaacaarneiro@gmail.com
August 21th, 2026.

Declaração de Apoio para Petição Baseada em Família

A quem possa interessar,

Conheci a Karuline quando ela já estava no início do relacionamento com o Aryel, então acompanho a história dos dois praticamente desde o começo.

Ao longo desses anos, pude acompanhar o relacionamento deles, desde o namoro, o noivado e, depois, o casamento. Sempre vi o carinho, o respeito e a parceria que existem entre os dois. Também acompanhei a construção da família deles e o nascimento do Isaac, que tornou essa família ainda mais especial.

Posso dizer, com toda sinceridade, que o relacionamento da Karuline e do Aryel é verdadeiro e que eles construíram uma vida juntos baseada em amor, companheirismo e família.

Fico muito feliz por poder testemunhar a história dos dois e desejo que continuem construindo muitos anos juntos.

Declaro, sob pena de perjúrio, que o exposto acima é verdadeiro e correto de acordo com o melhor do meu conhecimento e crença.

Por favor, sinta-se à vontade para entrar em contato comigo caso sejam necessárias mais informações.

Atenciosamente,

Leticia Carneiro Rodrigues
Letícia Carneiro Rodrigues


California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y1942377
CLASS C
EXP 09/01/2030
END NONE
LN CARNEIRO RODRIGUES
FN LETICIA
221 RICHMOND DRAPT B
MILLBRAE, CA 94030
DOB 09/01/1998
RSTR NONE
09011998
DONOR
Leticia
SEX F
HAIR BLN
EYES BRN
HGT 5'-03"
WGT 149 lb
ISS
DD 12/09/2021593RB/DDFD/30
07/11/2025

Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship



Aryel and **Karuline** in Twin Peaks, first photo together and the day they started their relationship.
July 28th, 2019.



Aryel and **Karuline** on their first trip together with their friends at South Lake Tahoe, CA. **September 15th, 2019.**



Aryel and **Karuline** on their second trip together, at Yosemite National Park, CA.
November 23rd, 2019.



Aryel and **Karuline** visiting his father house for meet his little sister who had been born. His other sister is also in the photo.
June 22nd, 2020.


WELCOME
TO Fabulous
LAS VEGAS
NEVADA



Aryel and **Karuline** in one more trip. First in Las Vegas, NV for Aryel's birthday with his friends, and then in Los Angeles, CA.
September 12nd to 15th, 2020.



Aryel and **Karuline** celebrating New Year's Eve with their friends in Miami, FL.
December 31st, 2020.



Aryel and **Karuline** with the dog they bought together, Zeus.
March 17th, 2021.



Aryel and **Karuline** celebrating her mother's birthday with her sister and father at Benihana restaurant.
September 10th, 2021.



Karuline and **Aryel** holding hands on the day they got engaged.
September 26, 2021.





Aryel and **Karuline** and her mother and his father on the day they got married at City Hall San Francisco.
May 25th, 2022.


CITY HALL









Aryel and **Karuline** and their family on the day of the wedding ceremony at San Francisco. **May 26th, 2022.**







Aryel and **Karuline** on their honeymoon trip at Maui, Hawaii.
May 31st, 2022.



Aryel and **Karuline** on their friends wedding.
August 2nd, 2022.



Aryel and **Karuline** on another friends wedding.
October 19th, 2023.



Aryel and **Karuline** with his sisters on the pumpkin patch farm at Half Moon Bay, CA. **October 28th, 2023.**

Aryel and **Karuline** at San Francisco, CA.
December 10th, 2023.


Merry Christmas
GUESS


Merry Christmas



Aryel and **Karuline** with their family and friends celebrating Christmas Eve at Oakhurst, CA. **December 24th, 2023.**







Aryel and **Karuline** celebrating their anniversary in a trip for Salt Lake City, Utah.
May 26th, 2024.



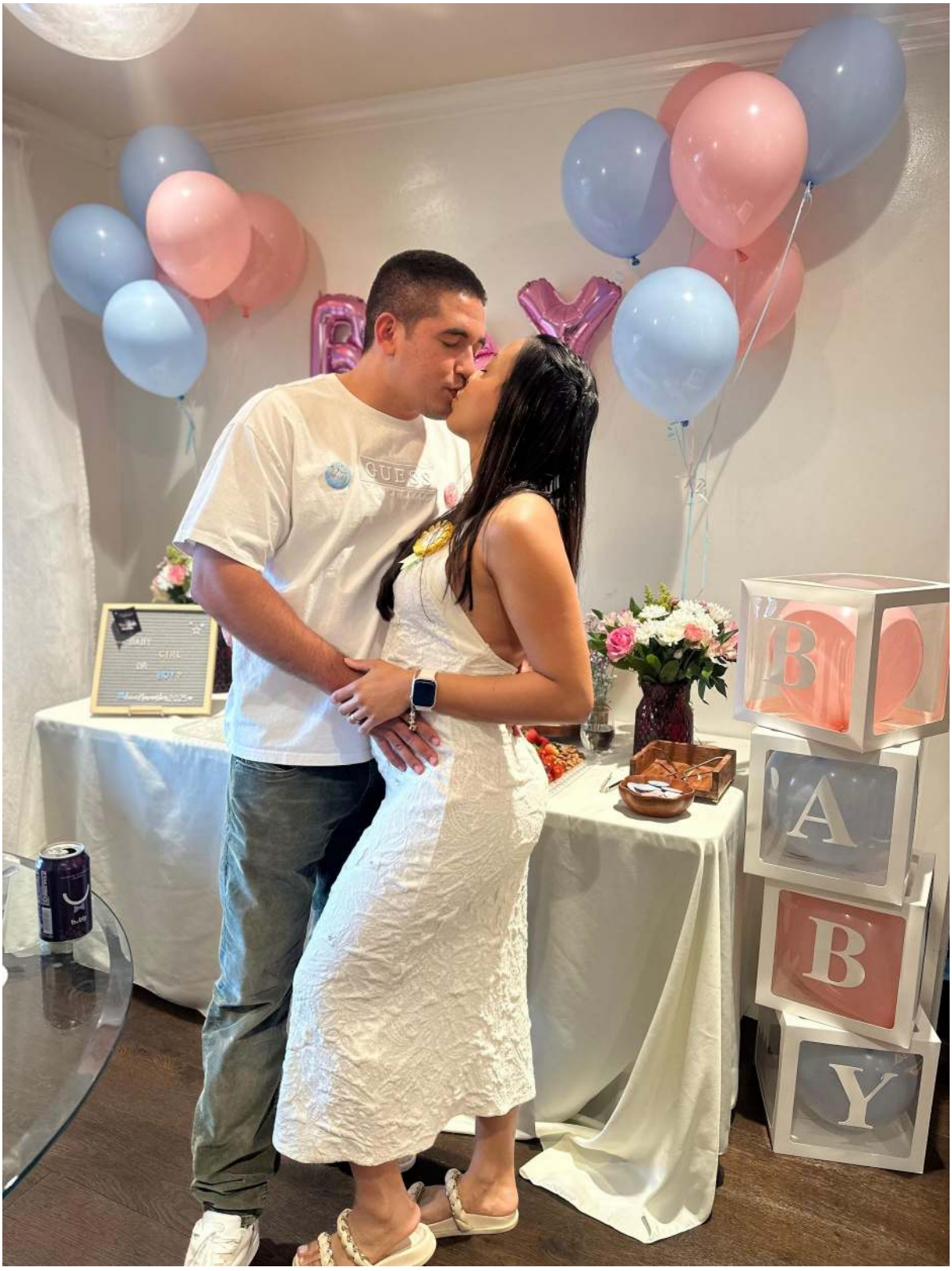
Aryel and **Karuline** celebrating 4th of July with their friends at San Francisco, CA.
July 4th, 2024.





Aryel and **Karuline** with their family celebrating Christmas Eve.
December 24th, 2024.


BABY
IT'S A BOY
GUESS
Girl or Boy?



Aryel and **Karuline** on the gender reveal of their son **Isaac's**.
May 2nd, 2025.





Aryel and **Karuline** announcing the pregnancy.
May 10th, 2025.

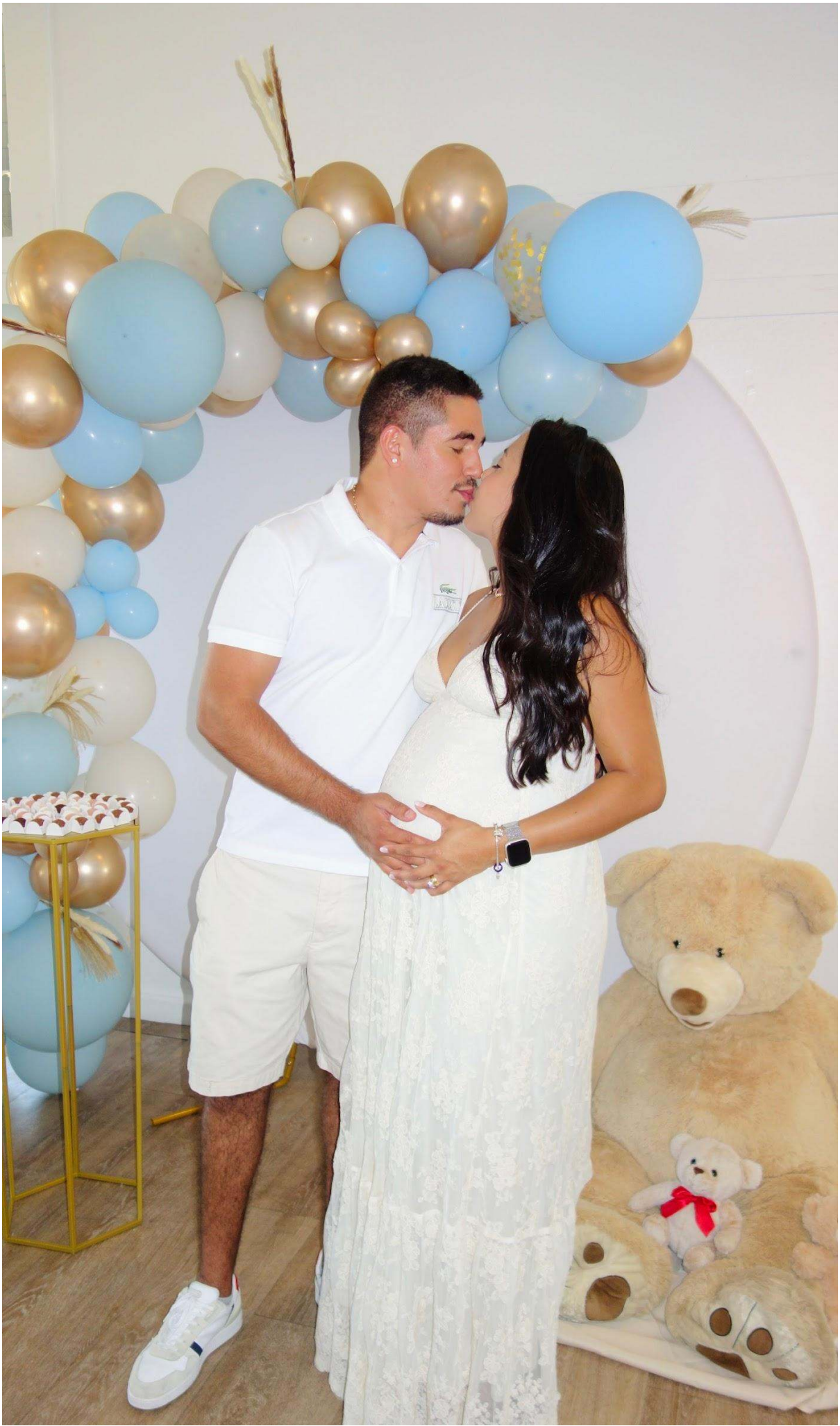








Aryel and **Karuline** on their pregnancy photoshoot.
August 17th, 2025.







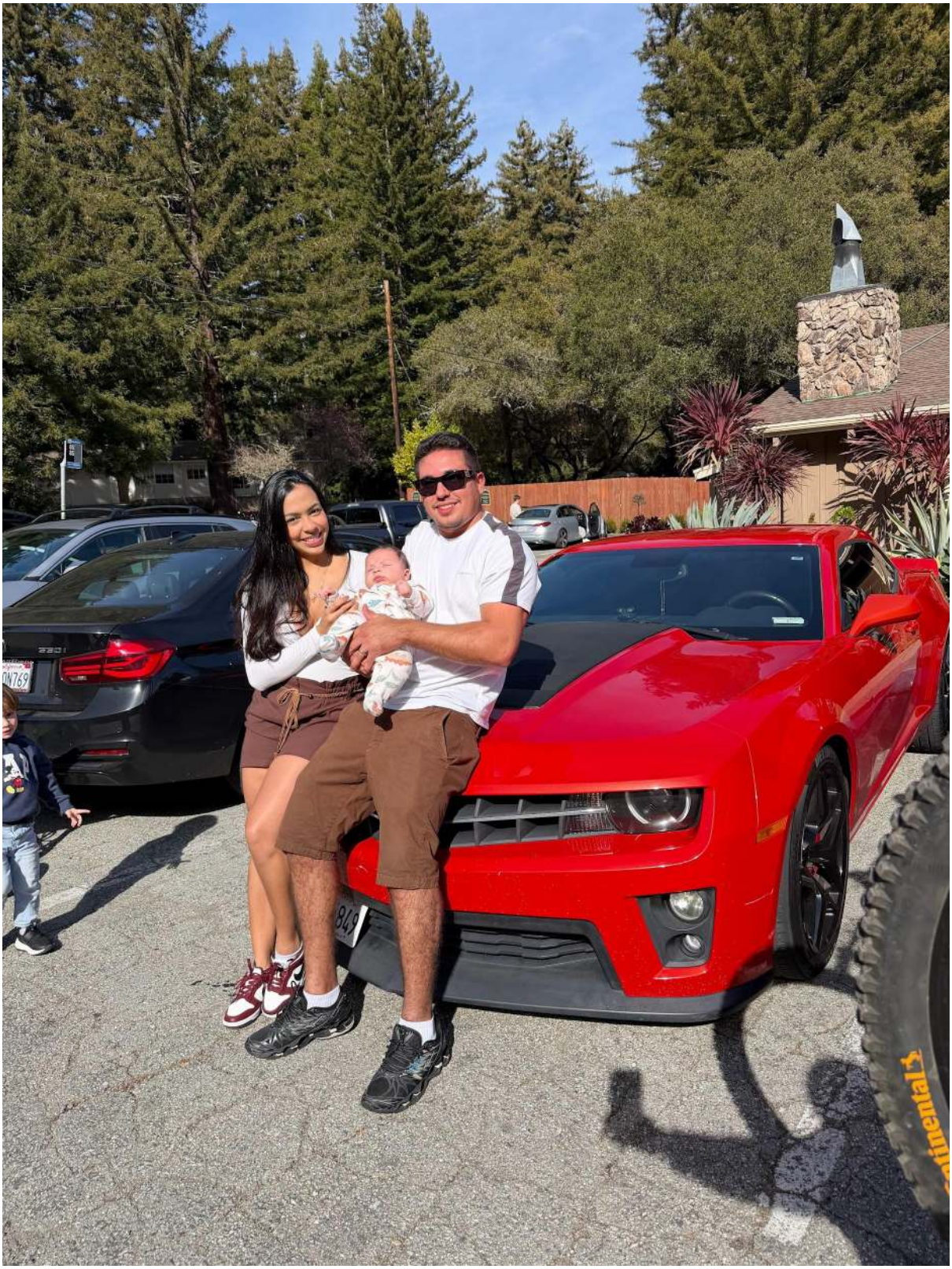
Aryel and **Karuline** on **Isaac's** baby shower with their family and friends.
September 13rd, 2025.



Aryel and **Karuline** on the day Aryel became an US citizen.
October 28th, 2025.



Aryel and **Karol** going to Isaac's first pediatrician appointment.
November 30th, 2025.




LIMON







Aryel and **Karuline** in some family moments until **today**.

Exhibit 9 - Karuline Chayene da Silva Gomes Costa's DUI Charges and Completed Required Program

KARULINE CHAYENE DA SILVA GOMES
C/O: KARULINE CHAYENE DA SILVA GOMES
132 SANTA CLARA AVE
APT 4 SAN BRUNO
SAN BRUNO, CA 94066

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

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

KARULINE CHAYENE DA SILVA GOMES
C/O: KARULINE CHAYENE DA SILVA GOMES
132 SANTA CLARA AVE
APT 4 SAN BRUNO
SAN BRUNO, CA 94066

Date: 10-13-2026

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

Subject Name

KARULINE CHAYENE DA SILVA GOMES

Search Completed Result 10-13-2026 E2026283000000172415

A SEARCH OF THE FINGERPRINTS PROVIDED BY THIS INDIVIDUAL HAS REVEALED PRIOR ARREST DATA AT THE FBI. THIS DOES NOT PRECLUDE FURTHER CRIMINAL HISTORY AT THE STATE OR LOCAL LEVEL.

Date of Birth: 10/17/1997

Social Security number: XXX-XX-XXXX

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

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

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

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

Samuel Eugene Lee, II
Section Chief
Biometric Services Section
Criminal Justice Information
Services Division

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z **NCN E2026283000000172415**

DC000001Z
DO 556-73 REQ
FBI-CJIS-WV
BIOMETRIC TECHNOLOGY CTR
1000 CUSTER HOLLOW RD
CLARKSBURG,WV 26306

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z
TCN WVFBIJM0Z-20261010172133-EDO-0000-22688
AGENCY CASE D53980726275

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH CONTAINED THE FOLLOWING DESCRIPTORS:

NAME DA SILVA GOMES,KARULINE CHAYENE

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	W	1997/10/17	000	UNK	UNK	UNK

STATE ID	BIRTH PLACE
NULL	BRAZIL

CITIZENSHIP
BRAZIL

OTHER BIRTH DATES	SCARS-MARKS-TATTOOS	SOCIAL SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026283000000172415

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.
- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

****NOTICE****
SUBJECT OF RECORD IS WANTED
SEE END OF RECORD FOR MORE INFORMATION

NAME	FBI UCN	DATE REQUESTED
GOMES,KARULINECHAYENE DASILVA	C5WCN6LN4	2026/10/13

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
F	U	1997/10/07	503	134	BRO	BLK

BIRTH PLACE
BRAZIL

PATTERN CLASS
WU WU WU WU RS LS WU WU WU LS

CITIZENSHIP
BRAZIL

1-ARRESTED OR RECEIVED 2022/08/14 SID- CA40645022
AGENCY-SHERIFF'S OFFICE REDWOOD CITY (CA0410000)
AGENCY CASE-822094
EVENT IDENTIFIER-40429488311

FINGERPRINT INFORMATION
BSI/40426772352
PRINT DATE/2022/08/14

CHARGE 1-001 COUNTS OF DUI ALCOHOL
CHARGE 2-001 COUNTS OF DUI ALCOHOL/0.08 PERCENT

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

DC000001Z NCN E2026283000000172415
PART 2
- FBI IDENTIFICATION RECORD - FBI UCN-C5WCN6LN4

```
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
*           WANTED                                                    *
*                                                                     *
*  CONFIRM THAT WARRANT IS STILL OUTSTANDING                          *
*                                                                     *
*  AGENCY-SHERIFF'S OFFICE REDWOOD CITY (CA0410000)                   *
*  WANTED-NCIC #W515180635                                            *
*  GOMES,KARULINECHAYENE DASILVA                                      *
*  TRAFFIC OFFENSE                                                    *
*  CASE #24NF007164A                                                  *
*  DATE OF WARRANT 05/09/2024                                         *
*  NOTIFY CA0410000 SHERIFF'S OFFICE REDWOOD CITY CA                  *
- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -
```

RECORD UPDATED 2026/10/10

ALL ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

OFFICIAL RECEIPT

San Mateo County Superior Court
400 County Center
Redwood City, CA 94063
650-261-5100

Receipt No **2023-042748-HOJ**
Transaction Date 12/19/2023
Payor
Gomes, Karulinechayene Dasilva
906 ST FRANCIS BLVD 1104
DALY CITY, CA 94015

Description	Amount Paid
Gomes, Karulinechayene Dasilva 22-NM-011584-A The People of the State of California vs. Karulinechayene Dasilva Gomes	
**Vehicle Code Traffic V	834.00
SUBTOTAL	**834.00**
Remaining Balance Due:	0.00
PAYMENT TOTAL	**834.00**
CR/DB Card - VF (Ref #1297044365) Tendered	834.00
Total Tendered	**834.00**
Change	0.00

12/19/2023 03:20 PM | Cashier Station A9800631 | Audit 10736998

OFFICIAL RECEIPT

Gomes, Karulinechayelle
22-NM-011584-A
Date: 12/20/2022 1:30 PM
Judge: Bona, Hugo R.
CRC: Paiz, Leslie
Reporter: FTR
DDA: K. Hatbread
Language: Portuguese

E Warrant:
Count 01: VC23152(a)-MISD-Driving Under The Influence Of A
Count 02: VC23152(b)-MISD-Driving While Under The Influenc

DOB: 10/07/1997
Atty: PAKNESHAN, PEZHMAN

Hearing 1: Disposition
Hearing Comment: OK Per DEPT, 31- interpreter only available this date

CCCR: 311

Hearing Result: ☑ Held ☐ ARR ☐ Commenced ☐ 859 Plea ☐ Cont. Party ☐ Cont. Court ☐ ER3 ☐ ER5 ☐ ABAV
☑ **CRCW/CRCWJ** ☑ **JF** ☐ **PTSR** PT Service Report ☐ **RAP** Rap Sheet ☐ **JO** Offer ☐ **SDJ** _____ ☑ **STIPJ**

Defendant: ☑ Present ☐ P I/C	**PRIVATE DEFENDER/COUNSEL**	**TIME WAIVER**
☐ **FTA** FTA ☐ **DNBI** Not brought in	PDP: ☐ **PRI** Appoint **O PDR** Relieve	☐ **TWT** Time waived for trial
☐ **NADP** No appearance by or for	☐ **NEPD** Not eligible	☐ **TWPH** 10 and 60 waived for PH
☐ **977** waived ☐ **977F** waiver filed	☐ **PDEF** PD financial form	☐ **TWS** Time waived for sentence
O SOA substituting in as attorney	☐ **TGSC** Time to secure counsel	☑ **TWF** waived for: RSM
Attorney: →	☐ **DWCO** Right to counsel is waived	☐ **TCW** Continues to be waived
☐ **DAFA** appear for atty of record:	**ARRAIGNMENT**	☐ **TNW** Time not waived
	☐ **AOR** advice of rights	☐ **TNWS** Time not waived for sent
Ø **INTP** Portuguese language	Defendant Arraigned on: ☐ **DAC** Complaint	☐ **TWTW** Time waiver withdrawn
interp present: S. Hecht	☐ **DAOI** Information ☐ **APV** PV	☐ **JTC** Confirmed for Jury Trial
☐ **GCANI** Good cause for noncert	**Waive ARR** on: ☐ **AWC** Complaint	☐ **PHC** Confirmed for Prelim
☐ **GCTNI** Temp use of noncertified	☐ **AWOI** Info ☐ **AWPV** PV ☐ **AW208** 208 VIO	☐ **OROR** Offer recited on record
☐ **NGCNI** No cause for noncertified	☑ **AWAC** Amended Complaint ☐ **AWAI** Info	**EXTRADITE / SUBP RECORDS**
O INLR No longer need interpreter	☐ **PCW** Probable cause waived	☐ **EXW** Extradition waived
Present: ☐ **AP** Also ☐ **PP** Prob.	☐ **PCF** Probable cause found	☐ **SROR** Subp. records ordered
☐ **SORP** Sheriff Rep ☐ **CA** City Att	☐ **DHT** PH transcript provided	released to the :
	Conf: ☐ **CH** Held ☐ **CNH** Not held	☐ **SR** Subp. records received

AMENDMENTS

Oral Amend on: Ø **CAO** Complaint **O IAO** Info / Filed Amendment on: **O ACFC** Complaint **O AIF** Info
Add/Modify Ct #3 Alleg #____ Code VC 23103.5(a) F (M) I Offense Date: same
Add/Modify Ct #____ Alleg #____ Code_____ F M I Offense Date: _____
☐ **IABI** Info/Indict Amended by Interlineation as Follows:

CHANGE OF PLEA		**VIOLATIONS**
☐ **OWR** Oral waiver of rights	☐ **DAP** Period of parole	☐ **WRPV** Waiver of rights on PV
☑ **WORF** Waiver of rights filed	☐ **REGR** Registration required	☐ **PVHW** PV Hearing is waived
☐ **P1** Consequences of plea	☐ **DIVPS** Participating in AB208	☐ **PVA** Admit ☐ **PVAD** Deny **O** Revoked
☐ **P2** Advised/understood/waived	**WAIVERS**	☐ **PVSDW** Withdraw/Strike PV
☐ **P3** Self-incrimination	☑ **ARBWE** Arbuckle waived	☐ **DIVHW** AB208 Hearing waived
☐ **P4** Confront/X-examine witnesses	☐ **ARBWNE** Arbuckle not waived	☐ **DIVA** Admit ☐ **DIVD** Deny
☐ **P5** Intelligently/voluntarily waived	☐ **DEJW** DEJ ☐ **DIVW** AB 208	☐ **DIVR** AB208 Diversion revoked
☐ **P6** Right to JT waived ***(No INF)***	☐ **HW** Harvey Waiver	
☑ **CDCCA** Def counsel concurs	**REPORT REQUESTS**	
☑ **CFFB** Court finds factual basis	☐ **RTPS** Pre-sentence ☑ **RTPR** Restitution ☐ **RTPD** DUI Assessment	
☐ **DADEJ** Participating in DADEJ	☐ **CCTC** Coordinator to req. ASAM ☐ **ASAMR** ASAM report	
	☐ **FAR** P63 Advise ☐ **FARIC** P63 Advise (I/C) ☐ **RTPF** for:	

PLEA AND DISPOSITION

☐ **P859** PC859 Plea ☐ **HTA** Held to Answer ☐ **PHWB** Prelim waived ☐ **CTSC** Transfer to Superior Court

CT#: 3 ALG#: _____ ☐ Guilty ☐ Not Guilty ☑ Nolo ☐ PN859 ☐ HTA ☐ Not HTA ☐ Dismiss Balance
CT#: _____ ALG#: _____ ☐ Guilty ☐ Not Guilty ☐ Nolo ☐ PN859 ☐ HTA ☐ Not HTA ☐ Dismiss Balance
CT#: ALL ALG#: _____ ☐ Guilty ☐ Not Guilty ☐ Nolo ☐ PN859 ☐ HTA ☐ Not HTA ☑ Dismiss Balance NP
CT#: _____ ALG#: _____ ☐ Deny ☐ Admit ☐ Strike ☐ Found True ☐ Found Not True ☐ Strike Balance

Case Name: _____

MOTIONS

Karulinecharynne Dasilva

☐ ☐ GRANT ☐ DENY Motion to continue granted. ☐ MTCD Motion to continue denied.
☐ Peo. ☐ Def. ☐ Joint ☐ Prob. Motion: _____

O MVFRG Vacate forfeiture – Reinstate bail GRANTED ☐ NRB Notice of reassumption of bail liability filed

O PC17G Reduce count____to misdemeanor GRANTED ☐ PC17D DENIED

O 1203G Dismiss count____pursuant to 1203.4/1203.4(A) GRANTED ☐ 1203D DENIED

O MSPG (Romero) Motion to strike priors GRANTED:_____ ☐ MSPD DENIED

MENTAL HEALTH

O MHDD Doubt declared by: ☐ Attorney ☐ Court *(This will create an MH case—use on one case only)*

☐ CPS Criminal proceedings suspended pur to:_____ *(Only for trailing, won't create MH case)*

☐ DRA Dr(s)_____appointed pursuant: _____

☐ SRD May appt. Dr exparte if Drs unavailable ☐ OPRP Order preparation of placement report

☐ DRS Doctors Reports ☐ DROS Doctors report ordered sealed

☐ MRCA Reports in Conflict. Appoint Dr:_____. Pursuant to:_____

☐ STIPMH Both parties stipulate to doctor's finding in report of defendant's mental competency.

O DPC Found Competent O DNPC Found **Not** Competent O CPR Proceedings Reinstated

FUTURE COURT DATES

2-7 @ 830	N / S: PC JT SCR PX TRL PVT Other: ~~ARR~~ for RSM	Mins	☐ Set by Judge
_____ @ _____	N / S: PC JT SCR PX TRL PVT Other:____ for	Mins	☐ Set by Judge
_____ @ _____	N / S: PC JT SCR PX TRL PVT Other:____ for	Mins	☐ Set by Judge

☑ VACATE ☐ PDRS Previous dates remain ☑ DOR Def ordered back ☐ TCN Trailing Case #

☐ WOR Wit(s) ordered back:

Custody – Warrants – Bonds

Defendant Remains on: ☐ DRB Bail ☐ DROR OR

☐ WR **Recall warrant** ☐ **QW Quash warrant**

☐ WRO Warrant remains outstanding

☐ BWUS Bench warrant under submission

O FOR Forfeited O EXO Exonerated

☐ BWO **B/W ordered $_____**

☐ NBBWO **No bail bench warrant ordered**

☐ ORREV OR revoked ☐ SORR SOR revoked

☐ DRS Defendant remanded

☐ J Bail set at: $_____

☐ HWB No bail allowed

☐ BINC Bail (+) $_____

☐ BDEC Bail (-) $_____

☐ AWO Arrest warrant ordered

☐ BSJ Bail to be set by judge

☐ DR **DEFT RELEASED ON THIS CASE ONLY**

Protective Orders

O CPO Protective Order O CPPO *Confidential*

☐ No Harass ☐ No Contact ☐ PO:___ ☐ Exp: _____

O NTPO Termination O CNTPO Confidential Term

OR / AB208 ~ Interim Conditions

☐ ROR *(Bond)* Own Recognizance ☐ RKOR KEMP OR

☐ RSOR Supervised OR: Contact OR at 363-4181

☐ AB208 as to Cnt(s): ____ for ☐18 ☐___Mos **208RE**

☐ Abstain from: ☐ AAB Alcohol ☐ AUPD Drugs

☐ Test for: ☐ SAUT Alcohol ☐ SDT Drugs

☐ AACT Abstain From and Test for Alcohol & Drugs

☐ PRET Complete Education/Treatment and/or Rehab

☐ SS Search & Seizure ☐ OBEY Obey All Laws

☐ CNNO Commit No New Offenses

☐ MAAD Make All Appearances/Appointments

☐ DND Do Not Drive w/o Valid License/Insurance

☐ SORAC *Includes All Above Conditions*

Defendant Understands & Accepts Conditions of:

☐ SORA SOR ☐ DATD Diversion

☐ CFOTH Docs from Someone Other Than DEF ☐ CRD Docs from Defendant

☐ CONF Confidential Doc ☐ SLDD Sealed Doc

Proof Enrollment: ☐ POED DV ☐ PEFOP FOP ☐ PEMOP MOP

Proof Completion: ☐ PCDVP DV ☐ PCFOP FOP ☐ PCMOP MOP

TO THE SHERIFF: The foregoing certified copy of judgment in the above entitled action is your authority for the execution thereof.

DEFENDANT: BEING RELEASED ON DEFENDANT'S OWN RECOGNIZANCE, AGREES THAT: (a) Defendant will appear at all times and places as ordered by the Court or magistrate releasing defendant and as ordered by any Court in which, or any magistrate before whom, the charge is subsequently pending. (b) If defendant fails to so appear and is apprehended outside the State of California, defendant waives extradition. (c) Any Court or magistrate of competent jurisdiction may revoke the order of release and either return defendant to custody or require that defendant give bail or other assurance of defendant's appearance as provided in part 2, title 10, chapter 1, of the Penal Code. (d) **FAILURE TO APPEAR CONSTITUTES A SEPARATE AND NEW FELONY/MISDEMEANOR.**

I understand that IF I RECEIVED SERVICES OF A COURT APPOINTED ATTORNEY I must report to Revenue Services **TODAY** for a determination of my ability to pay the cost of legal assistance provided. I have received a copy, read and **understand the Notice under 987.8 PC**.

Defendant:_____ **Current Address:**_____

Executed on:_____ **Witnessed by:**_____

PROBATION AND COUNTY JAIL SENTENCING ATTACHMENT

22nm011584A

☐	WTPR	Probation Report Filed	
☐	TWS	Waives Time/Referral for Prob. Report	
☑	AFSW	Time Waived for Sentencing	
☑	NLC	Arraignment for Sentencing Waived	
☐	987	No Legal Cause to Not Pronounce Sent	
		Refer to revenue for PD reimbursement	
☑	SENT	Initial sentence imposed.	
☐	WCTS	Waives Credit for Time Served	
☐	OCCJ	Order of Commitment to County Jail	
☐	PD	Probation Denied	
☐	DR	**Def. Released - This Case Only**	
☐	987J	Refer to revenue for PD after jail release	

PROBATION COMPONENT

Count: 2 ☐ Supervised ☑ Court ☐ Supervised followed by Court 1 years; ____ months *followed by* ____ years; ____ months

Count: ____ ☐ Supervised ☐ Court ☐ Supervised followed by Court ____ years; ____ months *followed by* ____ years; ____ months

☐ Convert to COURT probation ☐ Convert to SUPERVISED probation ☐ Imposition of Sentence suspended

Status: ☐ Revoked ☐ Reinstated ☐ Terminated ☐ Modified ☐ Extended until: ____

Comment: ☐ Terminated as unsuccessful ☐ Terminate upon payment of fines.

CONFINEMENT COMPONENT (County Jail)

Count: ____ **Sentence ordered:** ☐ Stayed ☐ Suspended	____ years; ____ months; ____ days	☐ Consecutive: ☐ Concurrent:
Count: ____ **Sentence ordered:** ☐ Stayed ☐ Suspended	____ years; ____ months; ____ days	☐ Consecutive: ☐ Concurrent:
Count: ____ **Sentence ordered:** ☐ Stayed ☐ Suspended	____ years; ____ months; ____ days	☐ Consecutive: ☐ Concurrent:

Surrender Date

Start Date: _____ **@ 10 AM**

Credit for Time Served

Actual:	____ *days*
GT/WT:	____ days
Program:	____ days
Total Credits:	____ days

CONDITIONS – CONFINEMENT RELATED

☐	JSUS	County jail sentence suspended	
☐	ASB	Alt. Sentence Bureau recommended	
☐	EMR	Electronic monitoring recommended	
☐	WFR	Work Furlough Recommended	
☐	MAS	Jail modifiable after ___ days served	
☐	SEJLD	___ days jail concurrent in lieu of fine	
☐	CTBD	SO/PO to determine credits	
☐	4019	PC 4019 Eligible.	
☐	MSTI	May serve in _____ county	
☐	SB	Serve balance of county jail sentence	
☐	CJM	Modifiable to enter/comp res. program	
☐	SEJLE	___ days jail consecutive in lieu of fine	

FEES COMPONENT

PAYABLE THROUGH REVENUE/CLERK'S OFFICE

****Violation Distribution: $** 834

☐ $10 Citation Processing ☐ $25 Admin Screening

☐ $ ____ State Rest +10% admin ☐ $ ____ E.A.T.

☐ $ ____ Court Ops ☐ $ ____ Conviction Assess.

☐ $ ____ H&S Fund Fee ☐ $ ____ DV Fund

CONDITIONS

PAYABLE THROUGH PROBATION

☐ **PPTF** $_____ fine ordered through probation

Monthly Sup fee: ☐ **FSPF** $100 ☐ **MSPF** $75

State restit: ☐ **PPSRF** $330 ☐ **PPSRM** $165

☐ **PPCPF** $10 **Cite processing fee**, through probation

☐ **PPCO** $40 **court operations**, through probation

☐ **PPCA** $30 **conviction assess**, through probation

☐ **PPHS** $50/$150 **H&S fees**, through probation

☐ **PPRRF** $_____ **Rest. report fee**, through probation

CONDITIONS – FEES RELATED

☐	PRFS	Prob. revocation fee of $_____ stayed	
☐	PFB	Pay fine by: _____	
☐	MMP	Payment of _____ per month	
☐	CJAF	Crim Justice admin fee of $___ to ___	
☐	FCP	Fine converted to Public Service Work	
○	CATS	Credit for time served toward fine $____	
☐	MFPO	Payments to begin: _____	
☐	CJAFR	Referred to rev. for CJAF assessment	

Pay fees through: ○ **PFP** Probation ☐ **PFC** Clerks Office — Revenue Serv (EVENT CODE)

VICTIM RESTITUTION CONDITIONS

22-NM011584A

☐ VNVR Victim name and ordered restitution: $ _____ to _____.

☐ RR Court retains jurisdiction on victim rest $ _____ to _____.

Victim Restitution amount to be determined by:

☐ RTBDP Prosecution ☐ RTBP Probation ☐ *See report*

☐ To victim compensation & gov't claims board

Vic rest paid through: ☐ VRR Revenue Services ☐ VRC Clerk's office ☐ VROP Probation

CONDITIONS

☑ OBEY	Obey all laws. Follow all orders	☐ SS	Submit to search and seizure
☑ DND	Not to drive w/o license/insurance	☐ BAR	Book & Release
☑ DNDA	Not to drive w/ measurable alcohol	☐ BRW	Book & release at _____ within _____ days

☐ NEIL	Do not enter any public place where primary item sold or dispensed is alcohol
☑ AAB	Abstain from use/poss. of alcoholic beverages
☐ AUPD	Abstain from use/possession of narcotics/illegal drugs
☐ AACT	Abstain from use/poss. of alcohol/ctrl subs and submit to chem testing
☐ SAUT	Submit to alcohol use testing when directed
☐ SDT	Submit to drug use testing when directed
☐ SCTAC	Submit to chem testing for alcohol/ctrl subs
☑ SCTA	Shall not refuse to submit to chemical test of blood/breath/urine for detection of alcohol
☐ NPI	Not to use/possess any instrument used to administer narcotics or drugs
☐ NOPW	Not to own or have possession, custody, or control of any weapon
☐ NODW	Defendant shall not own/possess dangerous or deadly weapons, firearms, or ammunition
☐ NOFA	Not to own or have possession, custody, or control of any firearm or ammunition
☐ SAA	Stay away from the addresses: _____
☐ NOC	No personal, telephonic, or written contact with: _____ _____
☐ DVBWS	*Pay fine to battered women's shelter in amount:* _____
☐ RTPC	Enter and complete residential treatment program at: _____
☐ FTE	Seek/maintain full time employment and participate in education/vocational program

☐ MFTE	Seek/maintain full time employment	☐ TCT	Seek/maintain trtmt, counseling, therapy
☐ RET	Complete edu/treatment/rehab	☐ WOA	Weapon ordered abated
☐ 296	Genetic marker testing – PC 296	☐ RGM	Register as gang member – PC 186.30
☐ DRP	Same terms and conditions	☐ RNO	Register as narcotics offender – PC11590
☐ TCA	Terms apply to all cnts unless noted	☐ P290	Register as a sex offender – PC 290
☑ DAP	Defendant accepts terms/conditions	☑ RAO	Register as arson offender – PC 457.1(b)

PROGRAM COMPONENT

	Program Type	Enroll by date	Complete by
☑ First Offender	☑ 12 hr (light) ☐ 3 Mos ☐ 6 Mos ☐ 9 Mos	2-21-23	10-20-23
☐ Multiple Offender	☐ 18 Months		
☐ Domestic Violence	☐ 104 hours ☐ _____ hours		
☐ Public Service Work	☐ _____ hours		
☐ Alcoholics Anonymous	_____ hours _____ classes		
☐ Narcotics Anonymous	Per: ☐ day ☐ week ☐ month ☐ year		
☐ Anger Management	☐ 32 hours ☐ _____ hours		

CA DL CONDITIONS COMPONENT

Driving Privileges: ☐ Suspended. ☐ Revoked. ☐ Restricted. ☐ Concurrent with DMV

Ignition Interlock Device required for: _____ Years _____ Months _____ Days ☐ Period of probation

BAC: _____.____ ☐ Defendant designated a habitual traffic offender

PENALTIES AND PRIVILEGES

1. The Court shall have authority at any time during the term of probation to revoke, modify, terminate or change its order of suspension of imposition or execution of sentence (2103.3 Penal Code).
2. At any time during your probationary period, if the Court has reason to believe that you have violated any of the terms of your probation, it may revoke and terminate your probation and pronounce or execute sentence or issue a Bench Warrant (1203.2 Penal Code).
3. At any time during the probationary period of a person released on approbation under the care of a probation officer pursuant to this chapter, any probation or peace officer may, without warrant or other process and at any time until the final disposition of the case, rearrest the person and bring him/her before the Court , or the Court may, in its discretion, issue a warrant for his/her arrest (1203.2 Penal Code).
4. After your probation has terminated, and if you have fulfilled the conditions of your probation and are not serving a sentence, or on probation for any offense, or charged with the commission of any offense, you may have the right (except for some Vehicle Code violation cases) to apply to the Court to withdraw your plea of guilty and enter a plea of not guilty. Or if you have been convicted, and have the verdict set aside and thereupon the Court shall dismiss the accusation or complaint against you and you shall thereafter be released from all penalties and disabilities resulting from the offense of which you have been convicted (1203.4[a] and [b] Penal Code).

PROBATION DEPARTMENT, SAN MATEO COUNTY

Southern Branch:
Hall of Justice & Records
400 County Center, 5th Floor
Redwood City, CA 94063
Phone: 363-4244

Northern Branch:
1024 Mission Road
South San Francisco, CA 94080
Phone 877-5411

REVENUE SERVICES

NOTICE Court appointed Attorney Fee (Penal Code Section 987.8)
YOU ARE ORDERED TO APPEAR TODAY BEFORE THE REVENUE SERVICES MANAGER,
Located at 455 County Center, Redwood City, CA, phone (650) 363-4155. **FOR A DETERMINATION OF YOUR ABILITY TO PAY THE COST OF LEGAL ASSISTANCE PROVIDED.**

For information regarding costs of an appointed attorney, contact Revenue Services.

PROCEDURAL RIGHTS:

1. You have the right to be heard in person.
2. You have the right to present witnesses and other documentary evidence.
3. You have the right to confront and cross examine adverse witnesses.
4. You have the right to have the evidence against you disclosed to you.
5. You have the right to a written statement of the findings of the Court.

WARNING: *Should you fail to appear before the REVENUE SERVICES MANAGER within 20 working days from the date of this order, he/she will report such failure and recommend that the court order payment of the full costs as stated above. Such order shall have the same force and effect as a judgment in a civil action and shall be subject to execution.*

Revenue Services, SOUTHERN BRANCH:
455 County Center, 1st Floor
Redwood City, CA 94063
Phone: 363-4155

Fine

PRIVATE DEFENDER'S OFFICE
333 Bradford Street
Redwood City, CA 94063
Phone: 298-4000

COURT WORK PROGRAM TO PERFORM PUBLIC SERVICE WORK (Not for the Sheriff's Dept.)
Hall of Justice & Records
400 County Center, 5th Floor
Redwood City, CA 94063
Phone: 363-4640

ALTERNATIVE SENTENCE BUREAU- ASB (Formerly SWP) REPORT TO:
1300 Maple Street
Redwood City, CA 94063
Phone: 599-3030

SAN MATEO COUNTY JAIL
Maguire Facility
300 Bradford Street
Redwood City, CA 94063
Phone: 363-4000 (ext. 6070)

WOMEN'S CORRECTIONAL FACILITY:
1300 Maple Street
Redwood City, CA 94063
Phone: 599-3000

JAIL PROPERTY SLIP

NAME	ID #	Booking Number
GOMES, KARULINECHAYENE	1242085	822094
EVENT NAME	CHARGES	
	VC 23152(A) M, VC 23152(B) M	
DATE & TIME	VEHICLE LOCATION	
08/14/2022 07:19	☐ N/A	
AMOUNT TO ACCOUNTING $ 420-00		

ARTICLE	Y	N	TYPE (SELECT ONE)	SIZE	COLOR CONDITION
HAT / CAP	○	●			
COAT / JACKET	●	○	PUFFY JACKET		WHITE
VEST	○	●			
SHIRT / BLOUSE	○	●			
SUIT	○	●	☐ COAT ☐ SLACKS ☐ VEST ☐ SKIRT		
TIE	○	●			
SWEATER	○	●			
BELT	○	●			
TROUSERS / SHORTS	●	○	☐ DRESS ☑ JEANS		BLUE
FOOT WEAR	●	○	☑ SHOES ☐ DRESS ☐ BOOTS ☐ CASUAL		NIKE/WHITE
T-SHIRT	●	○	TANK TOP		WHITE
SHORTS	○	●			
SOCKS	●	○			WHITE
BRA	●	○			WHITE
PANTIES	●	○			BLUE
STOCKINGS / NYLONS	○	●			

					Y	N	
EARRINGS	●	○	4 YELLOW METAL	PURSE	○	●	
CHAINS	●	○	YELLOW METAL	WALLET	●	○	WHITE
PINS	○	●		CHECKS	○	●	
WATCH	●	○	~~SIL~~ APPLE WATCH	RARE / FOREIGN MONEY	○	●	
BRACELET	●	○	~~SIL~~ PANDORA WM	LIGHTER	○	●	
RING	●	○	YELLOW METAL	KEYS	○	●	
CELL PHONE	●	○	NUMBER: 650-295-9591	KNIFE	○	●	
EYE GLASSES	○	●		MEDS	○	●	

MISCELLANEOUS PROPERTY

MISCELLANEOUS CREDIT/DEBIT CARDS,

THE SHERIFF OF SAN MATEO COUNTY IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ANY PERSONAL PROPERTY RETAINED BY INMATE AT HIS OR HER REQUEST.

PROPERTY RETAINED			
IN INMATE Signature1		OUT INMATE Signature2	
TRANSPORTING OFFICER Signature3	DALYCIT	RELEASE DEPUTY Signature4	
INTAKE DEPUTY Signature5	245	OFFICER RECEIVING INMATE	
		AGENCY	

KEEFE COMMISSARY NETWORK, LLC/
ACCESS CORRECTIONS

Date/Time:	8/14/2022 11:48 AM
Receipt Id	86290716
Terminal Id:	28129J004-INT01
Recipient Id:	1236052
Recipient:	ARYEL FERREIRACOSTA
Sender:	ARYEL FERREIRACOSTA
Card Number:	
Card Holder:	
Deposit Type:	Cash
Deposit Status:	Pending

Charge Amount:	$420.00
Handling Charge:	$0.00
Agency Handling Charge	$0.00
Amount to Recipient:	$420.00

Please sign above

DERECHO A REEMBOLSO Usted, el cliente, tiene derecho a la devolución del dinero transferido como consecuencia de este acuerdo cuando Keefe Commissary Network, L.L.C. d/b/a Access Corrections no envíe el dinero recibido en un plazo de 10 días desde la fecha de recepción

San Mateo County Sheriff

8/14/2022 02:01 PM

Resident Transaction Receipt

Transaction: 2761255

Officer: alejandrina.rios

Resident

Name:	GOMES, KARULINECHAYENE DASILVA	**Block:**	MCF
Booking ID:	1242085	**Tier:**	MCF
		Cell:	HO

Transaction

Date/Time:	8/14/2022 2:01:45 PM
Accounting Event:	Withdrawal Debit Card
Description:	AR/PTA CARD 2731
Amount:	$420.00
Balance:	$0.00

Receipt:

Accounts

Account	Current Balance
Trust	0.00

Signatures

Resident _____ Date _____

Authorized Officer _____ Date _____

ALONSO SHAXA2

08/14/2022 13:34

SAN MATEO COUNTY SHERIFF'S OFFICE

NOTICE TO APPEAR

13:34

JAIL NO : 0822094

NAME : GOMES, KARULINECHAYENE DASILVA

RESIDENCE ADDRESS : 132 SANTA CLARA AVE NUM 4
SAN BURNO , CA

BUSINESS ADDRESS :
,

DRIVER LICENSE NO : Y6842304 ST: CA SS:

SEX : FEMALE HAIR: BLACK EYES: BROWN HEIGHT: 5 3 WEIGHT: 134 DOB: 10/07/199

OFFENSE :
(CODE, SECTION, DESCRIPTION) :

VC 23152(a) Driving Under The Influence Of An Alcoholic Beverage, VC 23152(b) Driving While Having A

ARREST LOCATION : 980 ST FRANCIS BLVD, DALY CITY

ARRESTING OFFICER : BARBA BADGE: DALYCITY DEPT:

YOU ARE BEING RELEASED ON YOUR PROMISE TO APPEAR PURSUANT TO PC 853.6.

RELEASING OFFICER (SIGNATURE AND BADGE NO.)

Signature1

REDWOOD CITY, CA

WITHOUT ADMITTING GUILT, I PROMISE TO APPEAR
ON 09/14/2022 8:30 AM

IN SUPERIOR COURT, NORTHERN BRANCH, 1050 MISSION ROAD SOUTH SAN FRANCISCO CA 94080.
CHECK COURT CALENDARS FOR NAME AND COURT ASSIGNMENT.

INMATE SIGNATURE

Signature2

FAILURE TO APPEAR AS PROMISED IS A SEPARATE OFFENSE FOR WHICH YOU MAY RECEIVE 6 MONTHS JAIL AND/OR $500.00 FINE.

STARVISTA
480 Manor Plaza Pacifica, CA 94044
Phone: (650) 355-8787
Fax: (650) 355-8780

STAR VISTA

San Bruno
Pacifica
Half Moon Bay
South San Francisco

PROGRAM STATUS/PROOF OF ENROLLMENT

Client's Name: Karuline Chayene DaSilva Gomes
Address: 906 St. Francis Blvd # 1104
City & Zip: Daly City Ca 94015
Court Case or Docket #: 22 N M 01 15 8 4 A
Driver's License #: Y 6 8 4 2 3 0 4

RECEIVED
SAN MATEO COUNTY
MAR 15 2023
Clerk of the Superior Court

Is Enrolled In		Completed To Date	
☒ WET RECKLESS Program	☒ 12 hr	___ ☐ hours	☐ months
☐ FIRST Offender DUI Program	☐ 3 mo ☐ 6 mo ☐ 9 mo	___ ☐ hours	☐ months
☒ MULTIPLE Offender DUI Program	BSP	___ ☐ hours	☐ months
☐ PROP 36 Program		___ ☐ hours	☐ months
☐ DEFERRED JUDGEMENT Program		___ ☐ hours	☐ months
☐ DRUG COURT Program		___ ☐ hours	☐ months
☐ Other _____		___ ☐ hours	☐ months

02-27-23
Admission Date

02-27-23
Today's Date

Counselor

Client is in good standing with the program as of this date

Client is responsible to bring proof of Enrollment to the Court

Probation/Court: _____
Address: _____
Address: _____
City & Zip: _____

SUPERIOR COURT OF SAN MATEO
400 COUNTY CENTER 4th floor
REDWOOD CITY, CA 94063

RECEIPT

Star Vista
480 Manor Plaza
Pacifica, CA 94044
650.355.8787

02 (month) - 27 (day) - 23 (year) A 45874

☐ Check Ck# _____
☐ Cash ☐ MO
☒ VISA/MSTRCARD

File # FW23008

$, 197.00

KARULINE (*FIRST* name) GOMES (*LAST* name)

Program:
☐ Private Pay
☐ FOP
☐ MOP
☒ Wet&Reckless

Location:
☒ Pacifica
☐ HMB
☐ San Bruno
☐ SSF

Payment from: _____ *(if other than client)*

MAT Staff Initials

Thank You !

RECEIPT

Star Vista
480 Manor Plaza
Pacifica, CA 94044
650.355.8787

04 (month) - 11 (day) - 23 (year) A 46118

☐ Check Ck# _____
☐ Cash ☐ MO
☒ VISA/MSTRCARD

File # FW23008

$, 180.00

KARULINE (*FIRST* name) GOMES (*LAST* name)

Program:
☐ Private Pay
☐ FOP
☐ MOP
☒ Wet&Reckless

Location:
☐ Pacifica
☐ HMB
☐ San Bruno
☐ SSF

Payment from: _____ *(if other than client)*

MAT Staff Initials

Thank You !

STAR VISTA

Client Code of Conduct

- **RESPECT**

Treat everyone you come in contact with at StarVista with respect.

- **CONFIDENTIALITY**

Confidentiality means: Your records and what is said in therapy is protected under federal law unless you consent to release information outside of StarVista. It is also understood that there are legal limitations to confidentiality:

1. When a client is believed to be unable to attend his/her own safety or to be a threat to another's safety.
2. When a client is believed to be involved with the physical, sexual, and/or emotional abuse of children, as well as, incidents of elderly and/or dependent abuse.
3. In the event of non-payment of fees, efforts to collect would entail disclosure of some client information.
4. The court orders release of records.

Every participant is expected to safeguard the confidentiality of others.

1. People come to StarVista for different reasons. All are seeking health, healing, and growth in one way or another. If you see someone you know at StarVista, be mindful of their privacy.
2. In your interactions with fellow participants and staff, do not talk about other participants and what is said in the program, outside of the therapy room.

- **SAFETY**

Your safety and the safety of others is a priority. Please be advised that violence, in any form, is not allowed at StarVista. Please be aware of the following safety and weapons policy:

1. Hostile, threatening, disruptive and or behavior that interferes with the provision of therapy may be cause for immediate termination of services.
2. Individuals are prohibited from possessing guns, knives, tools or other weapons at the program site.
3. Anything that is considered a weapon by a StarVista employee must be immediately turned over or removed from the building.

- **WHAT TO DO IN A CRISIS**

  If you are in a life or death emergency or extreme crisis, call 911 or go to your nearest hospital.
  In an agency crisis, follow all directions given by your StarVista counselor.

A personal crisis is sometimes a part of counseling and recovery process. There are differences between being upset and a crisis. Talk to your counselor about the differences. In a personal crisis, please consider the following:

1. StarVista does not offer 24 hour emergency crisis counseling. StarVista is open Monday through Friday during normal business hours. Counselors check messages twice daily.
2. Remember the name and extension of your counselor. Get their business card.
3. When calling StarVista, if you receive a message during normal business hours or after hours, please follow the instructions on the recording to leave your counselor a message. Messages are day and time stamped.
4. In the event of a crisis or emergency, please call one of the following:

   - **StarVista: 650-355-8787**
   - **Crisis/ Suicide Prevention: 650-579-0350**
   - **Alcoholics Anonymous: 650-577-1310**
   - **Narcotics Anonymous: 650-872-5950**

STAR VISTA

HEALTH INFORMATION PRIVACY POLICIES

Your medical/health information is protected by Federal law.

I.SAFEGUARD YOUR PROTECTED HEALTH INFORMATION

Your medical/health information is personal. StarVista is committed to protecting your information. All StarVista staff referral agencies and affiliates follow strict rules.

II. STARVISTA HAS A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

StarVista is legally required to protect the privacy of your PHI ehich can be used to identify you and has been created or received about your past, present, or future health or conditions, the provision of health care to you, or payment for your health care. StarVista must provide you with this Notice about our privacy practices to explain how, when, and why StarVista will use or disclose your PHI.

StarVista may use your information to share, examine, utilize, apply, or analyze such information within the Agency. PHI is disclosed when it is released, transferred, has been given to, or is otherwise divulged to a third party outside the Agency.

With exceptions stipulated below, StarVista may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclosure is made. StarVista is legally required to follow the privacy practices described in this Notice.

However, StarVista reserves the right to change the terms of this Notice and privacy policies at any time. Any changes will apply to PHI already on file. Before StarVista makes any important changes to these 7 policies, StarVista will promptly change this Notice and post a new copy of it in our offices. You also can request a copy of this Notice from StarVista, or you can view a copy of it in StarVista's offices.

III. HOW STARVISTA MAY USE AND DISCLOSE YOUR PHI.

StarVista may use and disclose your PHI for many different reasons. For some of these uses or disclosures, StarVista will need your prior authorization. For others, however, StarVista does not need prior authorization.

Below are possible uses & disclosures with some examples of each category.

A. Uses And Disclosures Relating To Treatment, Payment, Or Health Care Operations Do Not Require Your Prior Written Consent. Pyramid can use and disclose your PHI without your consent for the following reasons:

1. For Treatment. StarVista can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if you're being treated by a psychiatrist, StarVista can disclose your PHI to your psychiatrist in order to coordinate your care.

2. To Obtain Payment For Treatment. StarVista can use and disclose your PHI to bill and collect payment for the treatment and services provided to you. For example, StarVista might send your PHI to your insurance company or health plan to get paid for the health care services StarVista has provided to you. StarVista may also provide your PHI to a billing company, claims processing companies, and others that process StarVista's health care claims.

3. For Health Care Operations. StarVista can disclose your PHI to operate StarVista's services. For example, StarVista might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided services to you. StarVista may also provide your PHI to our accountants, attorneys, consultants, and others to make sure StarVista is complying with applicable business practices and laws.

4. Other Disclosures. StarVista may also disclose your PHI to others without your consent in certain situations. For examples, your consent isn't required if:

- You need emergency treatment
- StarVista tries to get your consent before treatment is rendered
- We try to get your consent, but you are unable to communicate with us (for example, if you are unconscious or in severe pain)
- StarVista staff thinks that you would consent to such treatment if you were able.

B. Certain Uses & Disclosures Do Not Require Your Consent. StarVista can use and disclose PHI without your consent or authorization for the following reasons:

1. When Disclosure Is Required By Federa, State Or Local Laws; Judicial Or Administrative Proceedings; Or, Law Enforcement. For example, StarVista may a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in judicial or administrative proceeding.

2. For Public Health Activities. For example, StarVista may have to report information about you to medical examiner.

3. For Health Oversight Activities. For example, StarVista may have to provide information to assist the government when it conducts an investigation or inspection of health care provider or organization.

4. For Research Purposes. In certain circumstances, StarVista may provide PHI in order to conduct medical research.

5. To Avoid Harm. To avoid a serious threat to yourself or others, StarVista may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.

6. Specific Government Functions. StarVista may disclose PHI of military personnel and veterans in certain situations. StarVista may disclose PHI for national security purposes, such as protecting the president of the United States or conducting intelligence operations.

7. For Workers' Compensation Purposes. StarVista may provide PHI in order to comply with workers' compensation laws.

8. Appointment Reminders And Health Related Benefits Or Services. StarVista may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits.

C. Certain Uses And Disclosures Require You To Have The Opportunity To Object. Disclosures to family, friends, or others. StarVista may provide your PHI to a family member, friend, or other person that you indicate

Star Vista
480 Manor Plaza Pacifica, CA 94044
Phone: (650) 355-8787 Fax: (650) 355-8780

SUPERIOR COURT OF SAN MATEO COUNTY
Criminal Division
400 County Center, 4th Floor, Redwood City, CA 94063
(650) 261-5200
www.sanmateocourt.org

FIRST OFFENDER DUI

ASSIGNMENT TO SAN MATEO COUNTY DRIVING UNDER THE INFLUENCE PROGRAM

INSTRUCTIONS TO DEFENDANT: *Telephone the treatment program within 2 days of your court date to schedule an appointment.*

All offenders **MUST** enroll in a program within 21 days. Please choose a program listed below or go to https://www.dhcs.ca.gov/individuals/Pages/DUI.aspx for additional programs. Deposit is required for enrollment. Abstain from alcohol and drugs.

Note: It is the sole responsibility of the named defendant in this case to ensure that this Court is provided with proof of enrollment and completion by the specified dates indicated above. Failure to do so may result in a violation of your probation and a warrant for your arrest.

(650) 355-8787 StarVista Pyramid 480 Manor Plaza Pacifica, CA 94044 **Program Offered** 6 wk. WR / 12 hrs. 15 wk. / 32 hrs. 6 mo. / 45 hrs. 9 mo. / 60 hrs. San Bruno, Half Moon Bay Locations and Spanish Available	(650) 589-9305 Sitike Counseling Center 306 Spruce Avenue So. San Francisco, CA 94080 **Program Offered** 12 wk. / 12 hrs. 15 wk. / 32 hrs. 6 mo. / 45 hrs. 9 mo. / 60 hrs. Spanish Available	(650) 462-6999 Free At Last 1796 Bay Road East Palo Alto, CA 94303 **Program Offered** 6 wk. WR / 12 hrs. 15 wk. / 32 hrs. Spanish Available

StarVista
480 Manor Plaza
Pacifica, CA 94044
Phone: (650) 355-8787
Fax: (650) 355-8780

STAR VISTA

San Bruno
Pacifica
Half Moon Bay
South San Francisco

Certificate of Completion

Client's Name: Karuline Gomes
Address: 132 Santa Clara Ave. apt. #4
City & Zip: San Bruno CA, 94066

Court Case or Docket #: 22 NM 01 1 5 8 4 A
Driver's License #: Y 6 8 4 2 3 0 4

HAS SUCCESSFULLY COMPLETED

- [x] **WET RECKLESS** Program — [x] 12 hr
- [ ] **FIRST** Offender DUI Program — [ ] 3 mo [ ] 6 mo [ ] 9 mo
- [ ] **MULTIPLE** Offender DUI Program
- [ ] **DEFERRED JUDGEMENT** Program
- [ ] **DRUG COURT** Program
- [ ] **PROP 36** Program
- [ ] Other _____

02-27-23 — Admission Date

04-25-23 — Completion Date

Counselor

Client is responsible to notify the court, probation and/or DMV of program status and/or completion

Probation/Court:
Address: _____
Address: _____
City & Zip: _____

SUPERIOR COURT OF SAN MATEO
400 COUNTY CENTER-4TH FL
REDWOOD CITY, CA 94063

SUPERIOR COURT OF SAN MATEO COUNTY

400 County Center, Redwood City, CA 94063
1050 Mission Road, South San Francisco, CA 94080
www.sanmateocourt.org

Minute Order

The People of the State of California vs. Karulinechayene Dasilva Gomes 22-NM-011584-A

12/20/2022 1:30 PM
Disposition
Hearing Result: Held

Judicial Officer: Borja, Hugo R.
Location: Courtroom 4A
Courtroom Clerk: Leslie Paiz; Ho (Steve) Sheung; Peter Schofield
Courtroom Reporter: Annette Jaycox
Deputy District Attorney: Kyle Cakebread
Court Interpreter Information (Language - Cert # - Name) : Portuguese - 301100 - Hecht, Stella

Parties Present

Gomes, Karulinechayene Dasilva	Defendant
PAKNESHAN, PEZHMAN	Attorney
The People of the State of California	Plaintiff

Exhibits

Minutes

Journals

Case Events

- Case called/Case recalled; 311
- CRC Worksheet
- Judge Face Sheet
- Arraignment waived on the amended complaint.
- Time waived by defendant/counsel for:; RSM
- Complaint amended orally
- Waiver of Rights/Change of Plea filed.
- Charges and Direct Consequence of Plea; Defendant was advised of and understood Charges and Direct Consequence of Plea
- Defendant advised, understood, and waived:
- Privilege Against Compulsory Self-Incrimination
- Right to Confront And Cross Examine Witnesses
- Court Found Plea Knowledgeable,Intelligently Made,Voluntary
- Right to Trial by Jury Waived
- Defense Counsel Concurred in Defendants Plea or Admission
- The Court finds a factual basis for the plea(s).
- Arbuckle Waiver entered.; Defendant waives sentencing judge before whom plea(s) was/were entered.

- Referred to probation for restitution report.; Defendant referred to probation department for restitution report.
- Defendant ordered to return.
- Time waived for sentencing.
- Arraignment for sentencing waived.
- No legal cause.; Defendant stated there is no legal cause why sentence should not now be pronounced.
- Sentenced. Conviction Certified By Clerk of the Court

Charge Changes

Added
003. VC23103.5(a)-MISD-Reckless Driving Alcohol Related
August 14, 2022 (M) 23103.5(a) (VC23103.5a)

Interim Conditions

Judgment

Others

Pleas

Plea Date: December 20, 2022
003. VC23103.5(a)-MISD-Reckless Driving Alcohol Related
Plea: No Contest / Nolo Contendere

Dispositions

Disposition Date: December 20, 2022
001. VC23152(a)-MISD-Driving Under The Influence Of An Alcoholic Beverage
Disposition: Dismissal: Negotiated Plea
002. VC23152(b)-MISD-Driving While Under The Influence Of Alcohol .08 Percent
Disposition: Dismissal: Negotiated Plea
003. VC23103.5(a)-MISD-Reckless Driving Alcohol Related
Disposition: Pled Nolo Contendere

Sentence

Karulinechayene Dasilva Gomes, October 07, 1997
Probation Sentence
Date: December 20, 2022 Judge: Borja, Hugo R.
22-NM-011584-A

- 003. VC23103.5(a)-MISD-Reckless Driving Alcohol Related

CA Probation Component	Probation Type: Court - Summary Probation Start Date: 12/20/2022 Term: 1 Yr End Date: 12/20/2023 Status: Active Status Date: 12/20/2022 Condition 1. Obey all laws. Follow all orders of the court/probation; officer and report as directed. Notify the court/probation officer immediately of any change of residence address.; (12/20/2022); Active 12/20/2022

2. Do not drive unless properly licensed and insured.; (12/20/2022); Active 12/20/2022
3. Defendant may not drive with any measurable amount of; alcohol in his/her blood during probationary period.; (12/20/2022); Active 12/20/2022
4. Defendant shall not refuse to submit to a chemical test of; his/her blood, breath, or urine, pursuant to VC 13353 for the purpose of determining the alcohol content of his/her blood, if arrested for a violation of VC 23152 or 23153.; (12/20/2022); Active 12/20/2022
5. Defendant accepts probation.; (12/20/2022); Active 12/20/2022

Fees
The following financial obligations were imposed:
Imposed Fine $834.00
**Vehicle Code Traffic Violation Distribution $834.00
Grand Total of All Financial Obligations: $834.00

CA Programs
Programs
First Offender Program (SB-1344)
Party: Gomes, Karulinechayene Dasilva
Ordered
Order Date: 12/20/2022
Enroll by Date: 02/21/2023
Complete By: 10/20/2023
Duration: 12 Hours
Comment: light

Credits:

Total Credits for CA Confinement	; ;
Credit for Time Served	; ;
Treatment Credit	; ;
Additional Credit	; ;
Post Sentence Credit	; ;
Mandatory Supervised Release Credit	

Comments:

Status of Defendant:

Future Hearings and Vacated Hearings

Canceled: January 20, 2023 9:00 AM Trial Readiness Conference
Reason: Canceled as the result of a hearing cancel, Hearing Canceled Reason: Vacated
Northern Trial Readiness, -

February 07, 2023 8:30 AM Restitution Memo
Northern Arraignment, -

Sent from my iPhone

On Feb 6, 2023, at 2:42 PM, Pezhman Pakneshan <baydefense@gmail.com> wrote:

Hi Karol,

The court hearing is tomorrow to see that all financial claims have been paid by the insurance company. Were you able to get a verification letter that the claim for Mengxin Sun was paid? In the last letter you provided, it indicated that the claim was still in process.

The hearing is tomorrow morning at 8:30 am at the courthouse in SSF. You don't need to appear, but I need to provide proof that the payments for all the car owners have been paid.

Please let me know.

Thank you,

Pezhman

...

Okay, thank you

Sent from my iPhone

On Feb 7, 2023, at 12:18 PM, Pezhman Pakneshan <baydefense@gmail.com> wrote:

Hi Karol,

I appeared at your court hearing today. There were no claims for restitution (request for payment from you because of the accidents), so the judge did not make any orders.

These people have up to 12/20/23 to make a request for restitution. That is the end date of your probation. If no claim is made by the date, then a request cannot be made by this Court.

Please feel free to contact me with any questions.

Thank you,

Pezhman

...

Exhibit 10 - Petitioner’s Financial Information

June 5, 2026

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2025 federal income tax return for your records. Your federal return will be electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $3,756. You have completed an installment payment request on Form 9465 and indicated that you cannot make a payment with your return.

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

Sincerely,

Certifica Inc.
72 Scott Street , Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

June 5, 2026

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2025 California income tax return for your records. Your California income tax return will be electronically transmitted to the FTB on ; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is $0. The amount of overpayment applied to your 2026 estimates is $0. The amount to be refunded to you is $0.

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

Sincerely,

Certifica Inc.
72 Scott Street , Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

2025
Income Tax Return

Prepared For:

ARYEL FERREIRA COSTA and KARULINE C DA SILV
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066
(650)271-5562

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

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
ARYEL	FERREIRA COSTA	287-29-7773
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
KARULINE C	DA SILVA GOMES	970-99-4037

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 04

132 SANTA CLARA AVE

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. ☒

City, town, or post office. If you have a foreign address, also complete spaces below. State CA ZIP code 94066

San Bruno

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

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

Filing Status

Check only one box.

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

Digital Assets

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

Dependents

(see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	ISAAC			
(2) Last name	GOMES COSTA			
(3) SSN	862-86-6270			
(4) Relationship	Son			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount:			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a		2 ☐ Line 3b		
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ QCD 3 ☐		
5a	Pensions and annuities	5a	b Taxable amount	5b	
c	Check if (see instructions)	1 ☐ Rollover	2 ☐ PSO 3 ☐		
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	38,344.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	38,344.
10	Adjustments to income from Schedule 1, line 26			10	2,709.
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	35,635.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	35,635.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for- • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	827.
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	32,327.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	3,308.
	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	333.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	333.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	333.
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	333.
	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	5,418.
	24	Add lines 22 and 23. This is your **total tax**	24	5,418.
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	28	1,700.
	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	31	50.
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	1,750.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	1,750.
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	3,719.
	38	Estimated tax penalty (see instructions) — 38	38	51.

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 **SELF-EMPLOYED**	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 **HOUSEWIFE**	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. **(650)271-5562**	Email address **Aryelcosta@hotmail.com**		

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES

Your social security number

287-29-7773

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	38,344.
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid: _____			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	38,344.

Part II Adjustments to Income

11	Educator expenses			11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			12	
13	Health savings account deduction. Attach Form 8889			13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here ☐			14	
15	Deductible part of self-employment tax. Attach Schedule SE			15	2,709.
16	Self-employed SEP, SIMPLE, and qualified plans			16	
17	Self-employed health insurance deduction			17	
18	Penalty on early withdrawal of savings			18	
19a	Alimony paid			19a	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here ☐			20	
21	Student loan interest deduction			21	
22	Reserved for future use			22	
23	Archer MSA deduction			23	
24	Other adjustments:				
a	Jury duty pay (see instructions)	24a			
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b			
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c			
d	Reforestation amortization and expenses	24d			
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e			
f	Contributions to section 501(c)(18)(D) pension plans	24f			
g	Contributions by certain chaplains to section 403(b) plans	24g			
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h			
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i			
j	Housing deduction from Form 2555	24j			
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k			
z	Other adjustments. List type and amount:	24z			
25	Total other adjustments. Add lines 24a through 24z			25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10			26	2,709.

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 ☐ 4361 2 ☐ 4029 3 ☐ _____			**4**	**5,418.**
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	**5**			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	**6**			
7	Total additional social security and Medicare tax. Add lines 5 and 6			**7**	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			**8**	
9	Household employment taxes. Attach Schedule H			**9**	
10	Reserved for future use			**10**	
11	Additional Medicare Tax. Attach Form 8959			**11**	
12	Net investment income tax. Attach Form 8960			**12**	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			**13**	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			**14**	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			**15**	
16	Recapture of low-income housing credit. Attach Form 8611			**16**	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b			**21**	**5,418.**

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

2025

Attachment Sequence No. **03**

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

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	0.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	50.
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	50.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
ARYEL FERREIRA COSTA	287-29-7773

A Principal business or profession, including product or service (see instructions): RIDESHARE 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.): 132 SANTA CLARA AVE APT 04

City, town or post office, state, and ZIP code: SAN BRUNO, CA 94066

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

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

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

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

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	96,885.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	96,885.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	96,885.
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	96,885.

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

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	19,836.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14		a	Travel	24a	
				b	Deductible meals (see instructions)	24b	
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
b	Other	16b					
17	Legal and professional services	17		b	Other expenses (from line 48)	27b	38,705.

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	58,541.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	38,344.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	38,344.
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.	

Name(s) ARYEL FERREIRA COSTA | SSN 287-29-7773

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) 01/01/2023

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 28337 b Commuting (see instructions) 0 c Other 1637

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.

UBER FEES	35,526.
LYFT FEES	2,155.
CELL PHONE FOR BUSINESS	1,024.

48	**Total other expenses.** Enter here and on line 27b	48	38,705.

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)

ARYEL FERREIRA COSTA

Social security number of person with **self-employment** income **287-29-7773**

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	38,344.
3	Combine lines 1a, 1b, and 2		3	38,344.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	35,411.
	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	35,411.
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	35,411.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025		7	176,100
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $176,100 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	176,100.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	4,391.
11	Multiply line 6 by 2.9% (0.029)		11	1,027.
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	5,418.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15**	13	2,709.	

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

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

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

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

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

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

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

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

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

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

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

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

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES

Your social security number

287-29-7773

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR			1	35,635.
2a	Enter income from Puerto Rico that you excluded	2a			
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b			
c	Enter the amount from line 15 of your Form 4563	2c			
d	Add lines 2a through 2c			2d	
3	Add lines 1 and 2d			3	35,635.
4	Number of qualifying children under age 17 with the required social security number	4	1		
5	Multiply line 4 by $2,200			5	2,200.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			7	
8	Add lines 5 and 7			8	2,200.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			9	400,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			10	
11	Multiply line 10 by 5% (0.05)			11	
12	Is the amount on line 8 more than the amount on line 11?			12	2,200.
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			13	333.
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**			14	333.

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

Part II-A Additional Child Tax Credit for All Filers

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

15	Reserved for future use			15	
16a	Subtract line 14 from line 12. If zero, **stop here;** you cannot take the additional child tax credit.			16a	1,867.
b	Number of qualifying children under age 17 with the required social security number: 1 x $1,700. Enter the result. If zero, **stop here;** you cannot claim the additional child tax credit.			16b	1,700.
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			17	1,700.
18a	Earned income (see instructions)	18a	35,635.		
b	Nontaxable combat pay (see instructions) 18b				
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	33,135.		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	4,970.
	Next. On line 16b, is the amount $5,100 or more? ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

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

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

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	1,700.

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return: **ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES**

Your taxpayer identification number: 287-29-7773

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	ARYEL FERREIRA COSTA	287-29-7773	35,635.
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	35,635.		
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	35,635.		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	7,127.
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	7,127.
11	Taxable income before qualified business income deduction (see instructions)	11	4,135.		
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	4,135.		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	827.
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	827.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

Form **8867**

(Rev. November 2024)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

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

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES	287-29-7773
Preparer's name	**Preparer tax identification number**
Emmanuel Guzman	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-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: **1099-NEC, 1099-K**			
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)?	☒	☐	☐

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:

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

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

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

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

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

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

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

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

Installment Agreement Request

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

OMB No. 1545-0074

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

Part I Installment Agreement Request

This request is for Form(s) (for example, Form 1040 or Form 941) FORM 1040

Enter tax year(s) or period(s) involved (for example, 2021 and 2022, or January 1, 2022, to June 30, 2022) 2025

1a Your first name and initial	Last name	Your social security number
ARYEL	FERREIRA COSTA	287-29-7773
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
KARULINE C	DA SILVA GOMES	970-99-4037

Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. | Apt. number

132 SANTA CLARA AVE | 04

City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).

San Bruno, CA 94066

Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here ▶ ☐

2 Name of your business (must no longer be operating) | Employer identification number (EIN)

3 (650)271-5562 (Your home phone number) 01:00 PM (Best time for us to call)

4 (Your work phone number) (Ext.) (Best time for us to call)

5	Enter the total amount you owe as shown on your tax return(s) (or notice(s))	**5**	3,719.
6	If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	**6**	
7	Add lines 5 and 6 and enter the result	**7**	3,719.
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**	3,719.
10	Divide the amount on line 9 by 72.0 and enter the result	**10**	52.
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**	$ 200.
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** 15

13 If you want to make your payments by direct debit from your checking account, see the instructions and fill in lines 13a and 13b. This is the most convenient way to make your payments and it will ensure that they are made on time.

a Routing number 121000358 **b** Account number 32506201427

I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

c **Low-income taxpayers only.** If you're unable to make electronic payments through a debit instrument by providing your your banking information on lines 13a and 13b, check this box and your user fee will be reimbursed upon completion of your installment agreement. See instructions ☐

14 If you want to make payments by payroll deduction, check this box and attach a completed Form 2159 ☐

By signing and submitting this form, I authorize the IRS to contact third parties and to disclose my tax information to third parties in order to process this request and administer the agreement over its duration. I also agree to the terms of this agreement, as provided in the instructions, if it's approved by the IRS.

Your signature	Date	Spouse's signature. If a joint return, **both** must sign.	Date

Part II Additional information

Complete this Part only if all three conditions below apply:

1. You defaulted on an installment agreement in the past 12 months;
2. You owe more than $25,000 but not more than $50,000; and
3. The amount on line 11a (or 11b, if applicable) is less than line 10.

Note: If you owe more than $50,000, also complete and attach Form 433-F.

15 In which county is your primary residence? _____

16a Marital status:

- ☐ Single. Skip question 16b and go to question 17.
- ☐ Married. Go to question 16b.

b Do you share household expenses with your spouse?

- ☐ Yes.
- ☐ No.

17 How many dependents will you be able to claim on this year's tax return? **17** 0

18 How many people in your household are 65 or older? **18** 0

19 How often are you paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

20 What is your net income per pay period (take home pay)? . . . . . **20** $

Note: Complete lines 21 and 22 only if you have a spouse and meet certain conditions (see instructions). If you don't have a spouse, go to line 23.

21 How often is your spouse paid?

- ☐ Once a week.
- ☐ Once every 2 weeks.
- ☐ Once a month.
- ☐ Twice a month.

22 What is your spouse's net income per pay period (take home pay)? . . . . . **22** $

23 How many vehicles do you own? **23** 0

24 How many car payments do you have each month? **24** 0

25a Do you have health insurance?

- ☐ Yes. Go to question 25b.
- ☐ No. Skip question 25b and go to question 26a.

b Are your health insurance premiums deducted from your paycheck?

- ☐ Yes. Skip question 25c and go to question 26a.
- ☐ No. Go to question 25c.

c How much are your monthly health insurance premiums? . . . . . **25c** $

26a Do you make court-ordered payments?

- ☐ Yes. Go to question 26b.
- ☐ No. Go to question 27.

b Are your court-ordered payments deducted from your paycheck?

- ☐ Yes. Go to question 27.
- ☐ No. Go to question 26c.

c How much are your court-ordered payments each month? . . . . . **26c** $

27 Not including any court-ordered payments for child and dependent support, how much do you pay for child or dependent care each month? . . . . . **27** $

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ARYEL FERREIRA COSTA	287-29-7773
Spouse's name	**Spouse's social security number**
KARULINE C DA SILVA GOMES	970-99-4037

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	35,635.
2	Total tax	2	5,418.
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	3,719.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR | FORM

2025 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

287-29-7773 FERR 970-99-4037 25 PBA 485300
ARYEL FERREIRA COSTA
KARULINE C DA SILVA GOMES

132 SANTA CLARA AVE APT 04
SAN BRUNO CA 94066

09-14-1998 10-07-1997

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 X Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $153 = $ 306

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $153= $

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 $153 = $

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	ISAAC		
Last Name	GOMES COSTA		
SSN. See instructions.	862866270		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . • 10 1 X $475 = $ 475

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 781

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	35,635	.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	35,635	.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	35,635	.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 . . $11,41 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. . • 18	11,412	.00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- 19	24,223	.00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 . . . . . • 31 262 .00

32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions 32	781	.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: FERREIRA COSTA Your SSN or ITIN: 287297773

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46	120	.00
47	Add line 40 through line 46. These are your total credits	47	120	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	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	0	.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: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions . . . . . [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93		.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: FERREIRA COSTA Your SSN or ITIN: 287297773

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**		.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: FERREIRA COSTA Your SSN or ITIN: 287297773

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** 0 .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** .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** 0 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

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: FERREIRA COSTA Your SSN or ITIN: 287297773

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature	Date	Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

(•) Your email address. Enter only one email address.
ARYELCOSTA@HOTMAIL.COM

(•) Preferred phone number
650-271-5562

• 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. . . . • [X] Yes [ ] No

Print Third Party Designee's Name
EMMANUEL GUZMAN

Telephone Number
415-571-7970

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
ARYEL FERREIRA COSTA	287-29-7773
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
KARULINE C DA SILVA GOMES	970-99-4037

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 35,635.

2 Amount you owe. See instructions 2

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 9 4 0 6 6

ERO firm name **Do not enter all zeros**

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 CERTIFICA INC. to enter my PIN 9 4 0 6 6

ERO firm name **Do not enter all zeros**

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.

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 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 ▶

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ARYEL F COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066-5338

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your combined statement

for February 28, 2026 to March 31, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$343.02	Page 3
Regular Savings	3250 8169 3771	$28.25	Page 9
Total balance		**$371.27**	

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When you use the QRC feature, certain information is collected from your mobile device for business purposes. You must be enrolled in Online Banking or Mobile Banking to participate in the BankAmeriDeals® program and have either an eligible Bank of America® debit or credit card or Merrill credit card. Earned cash back will be credited into an eligible consumer deposit or credit account within 30 days following redemption. Data connection required. Wireless carrier fees may apply. For SafeBalance Banking® for Family Banking accounts, the parent owner can participate in BankAmeriDeals but their child using the account cannot. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply.

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

BANK OF AMERICA

Account number: 3250 6202 1427

Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on February 28, 2026	$169.96
Deposits and other additions	5,740.08
Withdrawals and other subtractions	-5,555.02
Checks	-0.00
Service fees	-12.00
Ending balance on March 31, 2026	**$343.02**

Deposits and other additions

Date	Description			Amount
03/02/26	Uber	03/01 #000531439 PMNT RCVD Uber	San Francisco CA	227.45
03/02/26	Chime	03/02 #000165346 PMNT RCVD Chime	San Francisco CA	40.00
03/03/26	Lyft, Inc.	03/03 #000631295 PMNT RCVD Lyft, Inc.	San Francisco CA	168.17
03/03/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lzke93wrk			100.00
03/03/26	Zelle payment from KARULINE DA SILVA GOMES Conf# jxcv1sl85			30.00
03/03/26	Online Banking transfer from SAV 3771 Confirmation# 7251502771			20.00
03/03/26	Amazon Logistics DES:PAYMENTS ID:TLR003600074462 INDN:ARYEL FERREIRA COSTA CO ID:9000015589 CCD			2.00
03/04/26	Lyft, Inc.	03/04 #000007429 PMNT RCVD Lyft, Inc.	San Francisco CA	255.39
03/04/26	Uber	03/03 #000693419 PMNT RCVD Uber	San Francisco CA	30.13
03/05/26	Lyft, Inc.	03/05 #000385496 PMNT RCVD Lyft, Inc.	San Francisco CA	265.16

continued on the next page

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When you use the QRC feature, certain information is collected from your mobile device for business purposes. Mobile Banking requires that you download the Mobile Banking app and may not be available for select mobile devices. Message and data rates may apply. To send or receive money with Zelle®, both parties must have a Zelle® eligible U.S. checking or savings account. Zelle and the Zelle marks used herein are trademarks of Early Warning Services, LLC.

* This feature is available after 60 days of Zelle enrollment and in some circumstances, the feature may not be available for certain recipients.

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Deposits and other additions - continued

Date	Description	Amount
03/05/26	Zelle payment from EDUARDA SILVA Conf# T0ZVZVWZ8	68.00
03/05/26	Uber 03/04 #000355297 PMNT RCVD Uber San Francisco CA	48.99
03/06/26	Lyft, Inc. 03/06 #000779186 PMNT RCVD Lyft, Inc. San Francisco CA	180.49
03/06/26	Uber 03/05 #000716501 PMNT RCVD Uber San Francisco CA	89.32
03/09/26	Zelle payment from MARCELO DE OLIVEIRA Conf# T0ZW948Y2	150.00
03/09/26	Uber 03/09 #000687115 PMNT RCVD Uber San Francisco CA	115.84
03/09/26	Lyft, Inc. 03/09 #000995541 PMNT RCVD Lyft, Inc. San Francisco CA	113.54
03/09/26	Lyft, Inc. 03/07 #000166665 PMNT RCVD Lyft, Inc. San Francisco CA	113.03
03/09/26	Uber 03/06 #000765273 PMNT RCVD Uber San Francisco CA	81.77
03/09/26	Zelle payment from KARULINE DA SILVA GOMES Conf# kv1diepbk	25.00
03/09/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lq2kngqkl	20.00
03/09/26	Uber 03/08 #000376453 PMNT RCVD Uber San Francisco CA	7.00
03/10/26	Uber 03/09 #000214380 PMNT RCVD Uber San Francisco CA	29.88
03/10/26	Online Banking transfer from SAV 3771 Confirmation# 7819471218	1.97
03/11/26	Online Banking transfer from SAV 3771 Confirmation# 7526799603	2.00
03/12/26	Uber 03/11 #000133761 PMNT RCVD Uber San Francisco CA	418.86
03/12/26	Uber 03/12 #000572639 PMNT RCVD Uber San Francisco CA	44.01
03/12/26	Zelle payment from KARULINE DA SILVA GOMES Conf# q83ga40mz	20.00
03/13/26	Uber 03/13 #000538737 PMNT RCVD Uber San Francisco CA	166.73
03/16/26	Zelle payment from KARULINE DA SILVA GOMES Conf# njpkfy3g4	102.00
03/16/26	Uber 03/14 #000040749 PMNT RCVD Uber San Francisco CA	46.64
03/16/26	Online Banking transfer from SAV 3771 Confirmation# 7545832279	14.00
03/17/26	Uber 03/17 #000491107 PMNT RCVD Uber San Francisco CA	154.49
03/17/26	DoorDash, Inc. DES:DoorDash, ID:ST-K7R5X2M1N1Y0 INDN:ARYEL FERREIRA COSTA CO ID:4270465600 CCD	9.00
03/19/26	Uber 03/18 #000031234 PMNT RCVD Uber San Francisco CA	94.42
03/20/26	Uber 03/19 #000929369 PMNT RCVD Uber San Francisco CA	325.33
03/20/26	Zelle payment from KARULINE DA SILVA GOMES Conf# pq3p39j6t	300.00
03/23/26	Zelle payment from KARULINE DA SILVA GOMES Conf# kcard3ufx	150.00
03/23/26	Uber 03/21 #000711961 PMNT RCVD Uber San Francisco CA	134.14
03/23/26	Uber 03/21 #000554719 PMNT RCVD Uber San Francisco CA	118.22
03/23/26	Zelle payment from KARULINE DA SILVA GOMES Conf# optjh7n5l	60.00
03/24/26	Uber 03/24 #000437641 PMNT RCVD Uber San Francisco CA	167.05
03/24/26	Uber 03/23 #000338059 PMNT RCVD Uber San Francisco CA	135.09
03/24/26	RAISER 6795 DES:EDI PAYMNT ID:KLAJ0LENMZXUG1W INDN:Aryel F Costa CO ID:3800896455 CCD PMT INFO:REF*TN*KLAJ0LENMZ\	38.83

continued on the next page

Deposits and other additions - continued

Date	Description			Amount
03/26/26	Uber	03/26 #000961279 PMNT RCVD Uber	San Francisco CA	465.60
03/26/26	Uber	03/25 #000483893 PMNT RCVD Uber	San Francisco CA	190.68
03/30/26	Uber	03/29 #000680788 PMNT RCVD Uber	San Francisco CA	156.54
03/30/26	Uber	03/30 #000706117 PMNT RCVD Uber	San Francisco CA	81.40
03/31/26	Uber	03/31 #000083196 PMNT RCVD Uber	San Francisco CA	161.92
Total deposits and other additions				**$5,740.08**

Withdrawals and other subtractions

Date	Description	Amount
03/02/26	BKOFAMERICA ATM 02/28 #000004555 WITHDRWL SAN BRUNO SAN BRUNO CA	-60.00
03/02/26	CHECKCARD 0226 SHELL OIL 57444214605 SAN MATEO CA 24316056058662669366667	-74.10
03/02/26	BKOFAMERICA ATM 03/01 #000005228 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-20.00
03/02/26	CHECKCARD 0301 TOTAL WINE AND MORE DALY CITY CA 24116416061665898117721	-31.62
03/02/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/02/26	-1.28
03/03/26	CHECKCARD 0301 SHELL OIL 57444476600 SAN BRUNO CA 24316056061666027591937	-30.00
03/03/26	PURCHASE 0302 AMAZON PRIME*XK3A07ON3 Amzn.com/billWA	-16.47
03/03/26	BKOFAMERICA ATM 03/02 #000005649 WITHDRWL SAN BRUNO SAN BRUNO CA	-10.00
03/03/26	AUTOZONE 3307 03/03 #000148695 MOBILE PURCHASE AUTOZONE 3307 32 MILLBRAE CA	-45.93
03/03/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/03/26	-0.60
03/04/26	CHECKCARD 0302 STATE OF CALIF DMV INT 800-7770133 CA 24755426062170623731619	-372.00
03/04/26	CHECKCARD 0303 CA DMV FEE 678-7315516 TN 24755426062270628483016	-7.25
03/04/26	BKOFAMERICA ATM 03/03 #000001753 WITHDRWL MILLBRAE MILLBRAE CA	-30.00
03/04/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/04/26	-0.75
03/05/26	CHECKCARD 0303 SHELL OIL 57444212005 DALY CITY CA 24316056063668282223048	-50.10
03/05/26	PURCHASE 0304 JACK IN THE BOX 0545 415-673-0868 CA	-1.09
03/05/26	Daly City Mark 03/04 #000001668 PURCHASE 333 87th St Daly City CA	-89.09
03/05/26	CHECKCARD 0304 TOTAL WINE AND MORE DALY CITY CA 24116416064669296514791	-9.33
03/05/26	BKOFAMERICA ATM 03/04 #000002017 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-30.00
03/05/26	SHELL SERVICE 03/05 #000985783 PURCHASE SHELL SERVICE STA SAN JOSE CA	-25.00
03/05/26	KLARNA DES:D5RPGFV ID:A8E6 Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-36.07
03/05/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/05/26	-3.39
03/06/26	PURCHASE 0305 ZIP* GAMESTOP.COM 183-37823729 NY	-39.95

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
03/06/26	BKOFAMERICA ATM 03/05 #000007002 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
03/06/26	Zelle payment to KARULINE Conf# vvpjicfxf	-600.00
03/06/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000108491024 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
03/06/26	Kemper Auto DES:KemperAuto ID:000000039751254 INDN:Aryel Ferreira Costa CO ID:4750620550 PPD PMT INFO:Aryel Ferreira Costa 10243016901	-182.50
03/06/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/06/26	-0.05
03/09/26	BKOFAMERICA ATM 03/07 #000007830 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
03/09/26	CHECKCARD 0307 TOTAL WINE AND MORE DALY CITY CA 24116416067672801703518	-30.91
03/09/26	MOBILE PURCHASE 0308 CHEVRON 0091909 BURLINGAME CA	-35.00
03/09/26	BKOFAMERICA ATM 03/08 #000008257 WITHDRWL SAN BRUNO SAN BRUNO CA	-10.00
03/09/26	Zelle payment to Pai costa Conf# kj5y4kf4h	-100.00
03/09/26	Online Banking transfer to SAV 3771 Confirmation# 7309230826	-10.00
03/09/26	Zelle payment to larissa Conf# t2j15ecvt	-100.00
03/09/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
03/11/26	MOBILE PURCHASE 0309 SHELL OIL10008267014 SAN FRANCISCOCA	-40.30
03/11/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/11/26	-0.70
03/12/26	BKOFAMERICA ATM 03/11 #000009447 WITHDRWL SAN BRUNO SAN BRUNO CA	-60.00
03/12/26	Zelle payment to KARULINE Conf# sou6mo5vp	-300.00
03/12/26	PGANDE DES:WEB ONLINE ID:65322779022026 INDN:ARYEL F COSTA CO ID:5940742640 WEB	-68.84
03/13/26	CHECKCARD 0311 SHELL OIL 57444476600 SAN BRUNO CA 24316056071677392124038	-37.27
03/13/26	PURCHASE 0312 FIVE GUYS CA 2149 ECOMM SAN FRANCISCOCA	-15.20
03/13/26	ATT DES:RETRY PYMT ID:XXXXXXXXXEPAYZ INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-165.63
03/13/26	KLARNA DES:D5RPGFV ID:34XM Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-104.73
03/13/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/13/26	-1.53
03/16/26	PURCHASE 0313 DOMINO'S 7811 623-205-1270 CA	-12.02
03/16/26	LOWE'S #1019 03/14 #000843193 MOBILE PURCHASE LOWE'S #1019 SAN BRUNO CA	-8.44
03/16/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/16/26	-1.54
03/18/26	BKOFAMERICA ATM 03/17 #000008015 WITHDRWL MILLBRAE MILLBRAE CA	-40.00
03/19/26	CHECKCARD 0319 CASH APP*TOO GOOD TO GO cash.app CA 40593860783113425213428	-6.51
03/19/26	BKOFAMERICA ATM 03/18 #000002906 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
03/19/26	CAPITAL ONE AUTO DES:DIRECTPAY ID:DP0650164A804EC INDN:Aryel Ferreira Costa CO ID:9541719802 WEB	-656.69
03/19/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYI INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
03/19/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/19/26	-0.49
03/20/26	PURCHASE 0319 ZIP* GAMESTOP.COM 183-37823729 NY	-39.95
03/20/26	CITY OF SAN BRUN DES:BILLPAY ID:CITY OF SAN BRU INDN:ARYEL FERREIRA COSTA CO ID:0000000160 WEB	-260.76
03/20/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
03/23/26	MOBILE PURCHASE 0319 SHELL OIL 57444215503 DALY CITY CA	-67.10
03/23/26	CHECKCARD 0321 APPLE COM BILL CUPERTINO CA 00000000000000000065332 RECURRING	-2.99
03/23/26	Online Banking transfer to SAV 3771 Confirmation# 7628009736	-10.00
03/23/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/23/26	-0.91
03/24/26	MOBILE PURCHASE 0323 EL FAROLITO 3 SAN FRANCISCOCA	-13.22
03/24/26	BKOFAMERICA ATM 03/23 #000004919 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
03/24/26	BKOFAMERICA ATM 03/24 #000005140 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
03/24/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/24/26	-0.78
03/25/26	CHECKCARD 0324 FASTRAK CSC 415-486-8655 CA 24431066083400334025246	-38.00
03/25/26	CHECKCARD 0324 BEVERAGES & MORE #77 SAN BRUNO CA 24493986084204179169256	-23.71
03/25/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000109064291 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
03/25/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/25/26	-0.29
03/26/26	MOBILE PURCHASE 0324 SHELL OIL 57444215503 DALY CITY CA	-82.10
03/26/26	BKOFAMERICA ATM 03/25 #000005566 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
03/26/26	BKOFAMERICA ATM 03/26 #000005866 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
03/26/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/26/26	-0.90
03/27/26	CHECKCARD 0326 ESTACION SAN BRUNO SAN BRUNO CA 24765016086694107414227	-8.82
03/27/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/27/26	-0.18
03/30/26	BKOFAMERICA ATM 03/29 #000007039 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
03/30/26	CHECKCARD 0326 SNAP FINANCE 877-5573769 UT 24383446086808240655535	-193.79
03/30/26	CHECKCARD 0326 SHELL OIL 57444212005 DALY CITY CA 24316056086694573268834	-70.19
03/30/26	CHECKCARD 0327 SHELL OIL 57444476600 SAN BRUNO CA 24316056087695786107692	-40.00
03/30/26	CHECKCARD 0327 TOTAL WINE AND MORE DALY CITY CA 24116416087695661416661	-34.27
03/30/26	MOBILE PURCHASE 0327 ANDREAS MARKET MILLBRAE CA	-21.43
03/30/26	CHECKCARD 0328 THE BIKE CONNECTION - P PALO ALTO CA 24269796088500999681128	-145.80
03/30/26	CHECKCARD 0328 THE BIKE CONNECTION - P PALO ALTO CA 24269796088500999681201	-91.25
03/30/26	CHECKCARD 0329 TOTAL WINE AND MORE DALY CITY CA 24116416089697840332346	-33.11

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Withdrawals and other subtractions - continued

Date	Description	Amount
03/30/26	COSTCO WHSE #0 03/30 #000205930 MOBILE PURCHASE COSTCO WHSE #0144 SAN FRANCISCO CA	-49.23
03/30/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/30/26	-4.93
03/31/26	MOBILE PURCHASE 0329 TAQUERIA MI DURANGO SAN BRUNO CA	-13.66
03/31/26	PURCHASE 0330 DOMINO'S 7811 623-205-1270 CA	-12.02
03/31/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 03/31/26	-1.32
Total withdrawals and other subtractions		**-$5,555.02**

Service fees

Date	Transaction description	Amount
03/02/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Your Regular Savings

ARYEL F COSTA

Account summary

Beginning balance on February 28, 2026	$32.90
Deposits and other additions	38.32
Withdrawals and other subtractions	-37.97
Service fees	-5.00
Ending balance on March 31, 2026	**$28.25**

Deposits and other additions

Date	Description	Amount
03/03/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/02	1.28
03/04/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/03	0.60
03/05/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/04	0.75
03/06/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/05	3.39
03/09/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/06	0.05
03/09/26	Online Banking transfer from CHK 1427 Confirmation# 7309230826	10.00
03/12/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/11	0.70
03/16/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/13	1.53
03/17/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/16	1.54
03/20/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/19	0.49
03/23/26	Online Banking transfer from CHK 1427 Confirmation# 7628009736	10.00
03/24/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/23	0.91
03/25/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/24	0.78
03/26/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/25	0.29
03/27/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/26	0.90
03/30/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/27	0.18
03/31/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/30	4.93
Total deposits and other additions		**$38.32**

Withdrawals and other subtractions

Date	Description	Amount
03/03/26	Online Banking transfer to CHK 1427 Confirmation# 7251502771	-20.00
03/10/26	Online Banking transfer to CHK 1427 Confirmation# 7819471218	-1.97
03/11/26	Online Banking transfer to CHK 1427 Confirmation# 7526799603	-2.00
03/16/26	Online Banking transfer to CHK 1427 Confirmation# 7545832279	-14.00
Total withdrawals and other subtractions		**-$37.97**

Service fees

Date	Transaction description	Amount
03/02/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

PLEASE READ THIS DOCUMENT CAREFULLY. WE ARE ADDING AN ARBITRATION PROVISION TO YOUR EXISTING DEPOSIT AGREEMENT AND DISCLOSURES FOR YOUR PERSONAL DEPOSIT ACCOUNT (WHICH MAY BE REFERRED TO AS "CONSUMER DEPOSIT ACCOUNT") — IT CONTAINS AN AGREEMENT TO ARBITRATE AND OTHER IMPORTANT INFORMATION REGARDING YOUR LEGAL RIGHTS, REMEDIES, AND OBLIGATIONS.

THE AGREEMENT TO ARBITRATE REQUIRES (WITH LIMITED EXCEPTION) THAT ALL DISPUTES BETWEEN YOU AND US BE RESOLVED BY BINDING ARBITRATION WHENEVER EITHER PARTY CHOOSES TO SUBMIT A DISPUTE TO ARBITRATION OR EITHER PARTY REFERS A LAWSUIT FILED BY THE OTHER TO ARBITRATION. ADDITIONALLY, (1) YOU WILL ONLY BE PERMITTED TO PURSUE CLAIMS ON AN INDIVIDUAL BASIS, NOT AS A PLAINTIFF OR CLASS MEMBER IN ANY CLASS OR REPRESENTATIVE ACTION OR PROCEEDING, AND (2) YOU MAY NOT BE ABLE TO HAVE ANY CLAIMS YOU HAVE AGAINST US RESOLVED BY A JURY OR IN A COURT OF LAW.

Personal Deposit Accounts
All personal deposit accounts including any personal checking, savings, Certificate of Deposit (CD) or time deposit accounts will be subject to the Arbitration Agreement for Disputes Relating to Personal Accounts. The amendment is included below.

You can opt out of this arbitration provision:
You must contact us within sixty (60) days of the date of this statement. If you are enrolled in Online Banking, you can opt out at bankofamerica.com/arbitration-optout. If you are not enrolled in Online Banking or would prefer to opt out by phone, you must call us at 800.283.8875.

Bank of America – Arbitration Agreement for Disputes Relating to Personal Accounts
[This provision will apply to the Resolving Claims section of the Deposit Agreement and Disclosures ("Agreement")]

Arbitration Agreement for Disputes Relating to Personal Accounts
This arbitration agreement requires that all disputes between you and us be resolved by binding arbitration whenever either party chooses to submit a dispute to arbitration or either party refers a lawsuit filed by the other to arbitration. By means of this arbitration agreement, each party waives the right to have any dispute heard in court whenever either party chooses to submit or refer such dispute to arbitration, subject to the limitations set forth further below in the Scope of Arbitration section. This arbitration agreement is entered into pursuant to the Federal Arbitration Act, 9 U.S.C. §§ 1-16 ("FAA") with respect to both substance and procedure. You and we agree that either of us may elect to proceed by arbitration, that the goal of proceeding in arbitration shall be to achieve effective, efficient, and less costly resolution between you and us, and that this arbitration agreement shall be interpreted and applied to achieve that goal.

YOU HAVE A RIGHT TO OPT OUT OF THIS AGREEMENT TO ARBITRATE. UNLESS YOU OPT OUT OF ARBITRATION IN THE MANNER DESCRIBED BELOW, YOU AND WE ARE WAIVING THE RIGHT TO HAVE OUR DISPUTE HEARD BEFORE A JUDGE OR OTHERWISE TO BE DECIDED BY A COURT. YOU AND WE ARE WAIVING ANY ABILITY TO ASSERT OR PARTICIPATE IN A CLASS, REPRESENTATIVE, OR CONSOLIDATED PROCEEDING, WHETHER IN COURT OR IN ARBITRATION, AND TO HAVE ANY CLAIMS HEARD BY A JURY. ALL DISPUTES, EXCEPT AS STATED BELOW, MUST BE RESOLVED BY BINDING ARBITRATION WHEN EITHER YOU OR WE REQUEST IT.

Scope of Arbitration
Claims or disputed factual or legal issues between you and us that arise out of or relate in any way to this Agreement, the deposit account, or any aspect of the deposit relationship are subject to and must be decided by arbitration, unless arbitration is prohibited by law. Additionally, any claims or disputed factual or legal issue arising from or relating in any way to the advertising of our products relating to or under this Agreement, or the application for, or the denial, approval or establishment of your account are included. Claims or disputed factual or legal issues (whether in contract, tort, statutory or otherwise) that

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fall within the scope of this arbitration provision are subject to arbitration regardless of what legal claim or theory they are based on or whether they seek legal, equitable, or statutory remedies. Arbitration applies to any and all such claims or disputed factual or legal issues, whether they arose in the past, may currently exist, or may arise in the future. All such claims or disputed factual or legal issues are hereinafter referred to in this section as "Claims." To the extent permitted by law, the discovery exchanged between the Bank and you as to any Claim is presumptively limited to the exchange of documents directly relevant to the Claim, absent an order from the arbitrator that good cause exists to require the exchange of additional discovery. The only exception to arbitration of Claims is that both you and we have the right to pursue a Claim in a small claims court instead of arbitration, if the Claim is in that court's jurisdiction and proceeds on an individual basis, whereas Claims in other courts may be compelled into arbitration by either party.

Waiver of Class, Jury and Other Non-Individualized Relief
By accepting this arbitration agreement you GIVE UP YOUR RIGHT TO GO TO COURT except for matters that may be taken to a small claims court or as otherwise provided for in this agreement. Arbitration will proceed on an INDIVIDUAL BASIS, so class actions, consolidated actions, and similar proceedings will NOT be available to you.

Claims in arbitration will proceed only on an individual basis. Additionally, you may not join your Claims with other persons on other accounts in the arbitration; each person must arbitrate his or her own claims separately and individually. UNLESS YOU OPT OUT OF THIS AGREEMENT TO ARBITRATE, YOU AND WE ARE WAIVING THE RIGHT TO ASSERT OR PARTICIPATE IN A CLASS ACTION, OR ANY REPRESENTATIVE OR CONSOLIDATED PROCEEDING IN COURT OR IN ARBITRATION, AND ARE WAIVING THE RIGHT TO HAVE A JURY DECIDE ANY CLAIM, AS PERMITTED BY LAW. The arbitrator shall have no authority to entertain any Claim as a class action or on any other similar representative basis, nor shall the arbitrator have any authority to consolidate Claims brought by separate claimants (except for claimants on the same account). This means that the arbitrator also shall have no authority to make any award for the benefit of, or against, any person other than the individual who is the named party. If these terms prohibiting class, representative, or consolidation procedures are held to be legally unenforceable for any reason with respect to a Claim, then the Claim must be handled through litigation in court instead of by arbitration, subject to the parties' agreement to waive the right to have a jury decide any Claim.

For individual Claims filed as part of a "mass arbitration," as that term is defined herein, the additional requirements set forth in the "Mass Arbitration" section below shall apply.

Opt-out of Arbitration Agreement
You have the right to opt out of this agreement to arbitrate for personal accounts. If you are enrolled in Online Banking, you can opt out at www.bankofamerica.com/arbitration-optout. If you are not enrolled in Online Banking or would prefer to opt out by phone, you must call us at 800.283.8875. You must opt out within sixty (60) days of first delivery of this Arbitration Agreement. Any other method, form, or means of opting out shall be treated as being invalid or ineffective. If you already have pending litigation or arbitration against/with us when you opt out, any request to opt out of this arbitration clause will not apply to that litigation or arbitration. This agreement to arbitrate will apply without limitation, regardless of whether 1) your account is closed, sold, or assigned; 2) you pay us in full any outstanding debt you owe; or 3) you file for bankruptcy. Opting out of this agreement to arbitrate will not affect or opt out of the other provisions of this Agreement. If you validly opt out of this agreement to arbitrate, your decision to opt out will apply only to this arbitration agreement and not any other arbitration agreement or any accounts for which the opt out period has already passed.

Arbitrator
Arbitrations between us shall be administered by the American Arbitration Association ("AAA") (www.adr.org). The AAA shall apply its Consumer Arbitration Rules in effect at the time the arbitration is commenced and the Mass Arbitration Supplementary Rules to mass arbitration matters. A single arbitrator shall conduct proceedings under the Consumer Arbitration Rules, and a Process Arbitrator and single Merits Arbitrator shall conduct each mass arbitration case. If there is a conflict between the applicable AAA rules and procedures and this arbitration agreement, this arbitration agreement will control. In the

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event that AAA is unable to handle the Claim for any reason, then the matter shall be arbitrated instead by a neutral arbitrator selected by agreement of the parties (or, if the parties cannot agree, selected by a court in accordance with the FAA), pursuant to the AAA rules of procedure. The arbitrator will have the power to award to a party any damages or relief as permitted by the law and the agreement between you and us (including the limitations set forth below). All pleadings, information and documents exchanged, and the arbitrator's ruling shall be treated as confidential and have no precedential value. However, if either party seeks to confirm the arbitrator's decision in court, the parties agree that the documents necessary for such confirmation need not be filed under seal.

Authority of Arbitrator
The parties agree that, upon motion by either of us, any arbitrator shall have the power to decide dispositive issues of law prior to a full merits hearing, consistent with Federal Rules of Civil Procedure 12 and 56, and will decide the Claim in accordance with all applicable substantive law and recognized principles of equity. The arbitrator will determine whether the claimant has completed the steps necessary to initiate the suit. The arbitrator will construe the Claim under the applicable statutes of limitations provided for under the governing law. The arbitrator will honor all claims of privilege recognized by law. The arbitrator will have the power to award to a party any damages or relief as permitted by the law and the agreement between you and us (including the limitations set forth above). In addition, the arbitrator has the same power as a federal court to impose sanctions against any represented party or counsel for any violation of the standards of Federal Rule of Civil Procedure 11(b) or 28 U.S.C. § 1927.

Delegation of Authority to Arbitrator
All issues are for the arbitrator to decide, including the scope of his or her own jurisdiction, and the arbitrability of individual Claims, except that questions of whether the parties have entered into an agreement to arbitrate are for a court of competent jurisdiction to decide.

For disputes regarding the existence of this Agreement, or for any Claims that the arbitrator determines are not arbitrable, the parties consent to jurisdiction and venue in an appropriate court in the state where the deposit account is located.

Arbitration Demand Filing Requirements
In addition to the requirements set forth in the AAA rules, you agree that upon commencing a case with the AAA, you will provide your name, full account number, mailing address, telephone number, email address, a factual description of every disputed transaction for which you seek compensation (date, amount, and transaction type) and/or event (date, location, and individuals involved), explanation of the basis of your Claim, an itemized calculation of all alleged damages, and, if represented by counsel, a signed statement authorizing us to share information regarding your account and the Claim with them. You must personally sign the demand for arbitration (and your counsel must also sign the demand, if you are represented by counsel). By submitting an arbitration demand, you (and your counsel, if you are represented) represent that, as in court, you are complying with the requirements of Federal Rule of Civil Procedure 11(b). You agree and understand that failure to provide this information may result in dismissal of your Claim, though you have the right to refile once you provide the information described in this section.

Allocation of Fees
Each party will be responsible for the arbitration fees as allocated by the applicable AAA rules (www.adr.org).

Fee-shifting and Sanctions
The arbitrator is authorized to afford any relief or impose any sanctions available under the substantive standards established by Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law on represented parties and their counsel. If the arbitrator finds that either the substance of your or our claim or the relief sought was frivolous, without sufficient reasonable inquiry and/or a good faith basis, or was brought for an improper purpose (as measured by the standards set forth in Federal Rule of Civil Procedure 11(b), and/or under 28 U.S.C. § 1927), the arbitrator may reallocate compensation, expenses, and administrative fees (which include filing and hearing fees) as justice requires, and as permitted by applicable law.

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Mass Arbitration

You agree that these additional requirements ("Mass Arbitration Procedures") shall apply to your Claim if it is filed as part of a "mass arbitration," which means twenty-five (25) or more arbitration claims involving the same or similar subject matter and/or issues of law or fact, and where representation of all claimants is the same or coordinated across the cases. You understand and agree that these procedures related to mass arbitrations will apply and that they are designed to (a) lead to the streamlined and cost-effective resolution of claims, consistent with the goal of this arbitration agreement; (b) ensure that large volume filings do not impose unnecessary burdens or impediments to the resolution and cost-effective adjudication of your Claim and similar claims; and (c) preserve the integrity of the arbitration process. You agree to these procedures even though they may delay the arbitration of your individual Claim. If at any point you are unsatisfied with the speed by which your matter is proceeding in mass arbitration, you are free to withdraw your arbitration demand and proceed in small claims court if the Claim is in that court's jurisdiction and proceeds on an individual basis.

Process Arbitrator Appointment

You and the Bank agree that before an arbitrator is assigned to determine the merit of your Claim, a "Process Arbitrator" will be appointed. The Process Arbitrator will have the authority to ensure these Mass Arbitration Procedures and the AAA rules are followed. The parties agree that the Process Arbitrator will be selected by the process set forth in AAA Mass Arbitration Supplementary Rules or any equivalent AAA rule then in effect, or consistent with the process set forth herein in the absence of any AAA rule. In short, each party will receive a list of proposed Process Arbitrators provided by the AAA and will meet and confer to identify a mutually-agreeable candidate. If the parties cannot agree, they will submit their preferences to the AAA, and the AAA will select a Process Arbitrator.

Process Arbitrator Authority

In addition to the authority outlined in the AAA Mass Arbitration Supplementary Rules, the parties agree that the Process Arbitrator shall be empowered to resolve any dispute regarding whether your Claim should be dismissed because, for example, you failed to comply with the Mass Arbitration Filing Requirements, any other requirements outlined in this agreement, or as permitted to address dismissal as would be permitted under the Federal Rules of Civil Procedure, including Federal Rule of Civil Procedure 12. You agree that if the Process Arbitrator finds you failed to comply with any requirement, your Claim will be dismissed, without prejudice to refiling once the deficiencies are remedied. The Process Arbitrator will also have the power to decide whether, based on the information submitted in the Mass Arbitration Filing Requirements and/or pursuant to any alternative filing requirements then in effect, there are other threshold eligibility issues for your case to proceed, including but not limited to whether you had an account with the Bank, experienced the transaction, fee, or event at issue, or otherwise cannot pursue the claim due to a clear legal or factual deficiency, and to dismiss your Claim as appropriate. The Process Arbitrator shall have the power to determine whether or not a given dispute regarding these Mass Arbitration Filing Requirements and/or Procedures are within the Process Arbitrator's jurisdiction. The Process Arbitrator shall be authorized to afford any relief or impose any sanctions available under Federal Rule of Civil Procedure 11, 28 U.S.C. § 1927, or any applicable state law.

Mass Arbitration Procedure

Following the resolution of any disputes within the jurisdiction of the Process Arbitrator, if any, counsel for the claimants and counsel for the Bank shall each select fifteen (15) cases (per side) to proceed first in individual arbitration proceedings on the merits of each claim. Unless the parties otherwise agree, in no event shall any individual Merits Arbitrator be assigned more than five (5) cases. The parties agree that each side shall have the right to have fifteen (15) cases of their choosing proceed to final hearing, which shall occur within ninety (90) days of the selection of the cases (unless the parties agree to a different time period), before the process described in this section moves forward. After the first thirty (30) cases are resolved, counsel will meet and confer regarding ways to improve the efficiency of the proceedings, including whether to pursue settlement discussions or mediation or to change the number of cases filed in each stage. If the parties are unable to resolve the remaining cases after the conclusion of the initial thirty (30) proceedings and conferring in good faith, each side shall select another fifteen (15) cases per side to proceed to individual arbitration proceedings, which shall occur within ninety (90) days of the selection of the cases (unless the parties agree to a different time period). Each of

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these thirty (30) cases shall be assigned to a different Merits Arbitrator, though if the parties otherwise agree, a single Merits Arbitrator may be assigned up to five (5) cases. After this second set of thirty (30) cases are resolved, counsel will again meet and confer regarding ways to improve the efficiency of the proceedings, including whether to pursue settlement discussions or mediation or change the number of cases filed in each stage. If the parties do not reach a global resolution after the second set of cases are resolved, on either party's motion, the Process Arbitrator can decide to expedite the proceedings by forgoing more rounds of case selection and instead assigning Merits Arbitrators to all of the remaining cases at once. If no motion is made, this Mass Arbitration Procedure shall continue with thirty (30) cases in each set of proceedings, consistent with the parameters identified above. You and the Bank agree to engage in these Mass Arbitration Procedures in good faith, which includes an agreement to pay the parties' respective case fee if your case is selected. Any dispute regarding any aspect of the specific Mass Arbitration Procedures outlined in this section shall be resolved by the Process Arbitrator.

Mass Arbitration Fees
No AAA per case fee shall be assessed in connection with any case until the case is selected to proceed to individual arbitration proceedings as part of the process identified in this section.

Interpretation and Enforcement of Mass Arbitration Procedure
Any dispute regarding the interpretation or enforcement of these Mass Arbitration Procedures shall be decided by the Process Arbitrator or, in cases that have been released to merits proceedings, the Merits Arbitrator. Their decisions regarding the Mass Arbitration Procedures shall be considered interlocutory in nature and not subject to immediate judicial review. If any terms of these Mass Arbitration Procedures are found to be legally unenforceable for any reason, then the proceedings shall otherwise continue in arbitration in accordance with AAA's Mass Arbitration Supplementary Rules, or any equivalent AAA rule then in effect.

Survival and Severability of Terms
These arbitration provisions shall survive changes in this Agreement and termination of the account or the relationship between you and us, including the bankruptcy of any party and any sale or assignment of your account, or amounts owed on your account, to another person or entity. If any part of this Agreement is deemed invalid or unenforceable, the other terms shall remain in force, except that there can be no arbitration of a class or representative Claim. This arbitration provision may not be amended, severed or waived, except as provided in this Agreement or in a written agreement between you and us.

Effect of Arbitration Award; Appeal
The arbitration ruling will be considered final and binding, and enforceable by any court having jurisdiction. No party may seek an appeal of the arbitration ruling, except as provided under the FAA.

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BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ARYEL F COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066-5338

Your combined statement

for July 1, 2026 to July 31, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$1,041.48	Page 3
Regular Savings	3250 8169 3771	$68.53	Page 11
Total balance		**$1,110.01**	

Better Money Habits®

What are your financial goals?

Better Money Habits® helps you make sense of your money and take charge of your financial life. You have the power to pursue your savings, credit and general money goals with education, tools — and confidence.

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When you use the QRC feature, certain information is collected from your mobile device for business purposes. Bank of America, N.A., Member FDIC. Equal Housing Lender ©2026 Bank of America Corporation. Terms and conditions apply. This is not a commitment to lend. Programs, rates, terms and conditions are subject to change without notice.

SSM-03-26-0342.B | 8814803

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on July 1, 2026	$4.17
Deposits and other additions	9,192.33
Withdrawals and other subtractions	-8,143.02
Checks	-0.00
Service fees	-12.00
Ending balance on July 31, 2026	**$1,041.48**

Deposits and other additions

Date	Description			Amount
07/01/26	Lyft, Inc.	07/01 #000186712 PMNT RCVD Lyft, Inc.	San Francisco CA	224.10
07/02/26	Lyft, Inc.	07/03 #000012647 PMNT RCVD Lyft, Inc.	San Francisco CA	202.58
07/02/26	Uber	07/02 #000012291 PMNT RCVD Uber	San Francisco CA	165.65
07/02/26	Lyft, Inc.	07/02 #000596755 PMNT RCVD Lyft, Inc.	San Francisco CA	146.22
07/02/26	Uber	07/01 #000159135 PMNT RCVD Uber	San Francisco CA	61.35
07/03/26	Lyft, Inc.	07/04 #000453230 PMNT RCVD Lyft, Inc.	San Francisco CA	125.97
07/06/26	Zelle payment from FERNANDO COSTA Conf# ieo9gpjpl			150.00
07/06/26	Lyft, Inc.	07/04 #000777542 PMNT RCVD Lyft, Inc.	San Francisco CA	118.62
07/06/26	Zelle payment from KATIENE SILVA GOMES Conf# T12D65DS2			80.00
07/07/26	Lyft, Inc.	07/08 #000250165 PMNT RCVD Lyft, Inc.	San Francisco CA	234.69

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SSM-12-25-0259.B | 8663743

Deposits and other additions - continued

Date	Description	Amount
07/07/26	Lyft, Inc. 07/07 #000834313 PMNT RCVD Lyft, Inc. San Francisco CA	127.49
07/07/26	Uber 07/07 #000245947 PMNT RCVD Uber San Francisco CA	55.36
07/07/26	Zelle payment from FERNANDO COSTA Conf# eb0qtkhgq	40.00
07/07/26	Uber 07/06 #000230728 PMNT RCVD Uber San Francisco CA	30.35
07/07/26	RAISER 6795 DES:EDI PAYMNT ID:54I2VQC5F650CZC INDN:Aryel F Costa CO ID:3800896455 CCD PMT INFO:REF*TN*54I2VQC5F6\	11.47
07/08/26	CHECKCARD 0707 TOTAL WINE AND MORE DALY CITY CA 7411641618981452854	27.46
07/10/26	Zelle payment from KATIENE SILVA GOMES Conf# T22DM6LZ2	500.00
07/10/26	Zelle payment from MARCELO DE OLIVEIRA Conf# T22DMQP34	500.00
07/10/26	Lyft, Inc. 07/10 #000350725 PMNT RCVD Lyft, Inc. San Francisco CA	316.39
07/10/26	Zelle payment from KATIENE SILVA GOMES Conf# T22DMJ687	200.00
07/10/26	Uber 07/10 #000432982 PMNT RCVD Uber San Francisco CA	168.43
07/13/26	Uber 07/11 #000940586 PMNT RCVD Uber San Francisco CA	116.37
07/13/26	Lyft, Inc. 07/12 #000837904 PMNT RCVD Lyft, Inc. San Francisco CA	114.46
07/13/26	Lyft, Inc. 07/13 #000287615 PMNT RCVD Lyft, Inc. San Francisco CA	66.58
07/14/26	Lyft, Inc. 07/15 #000201959 PMNT RCVD Lyft, Inc. San Francisco CA	214.82
07/14/26	Uber 07/14 #000133845 PMNT RCVD Uber San Francisco CA	189.00
07/15/26	Lyft, Inc. 07/16 #000632009 PMNT RCVD Lyft, Inc. San Francisco CA	287.00
07/15/26	Uber 07/15 #000692812 PMNT RCVD Uber San Francisco CA	134.76
07/15/26	Zelle payment from FERNANDO COSTA Conf# g7qdazqz2	100.00
07/17/26	AUTOZONE 3307 07/17 #000481323 MOBILE REFUND 320 EL CAMINO REA MILLBRAE CA	28.43
07/20/26	DoorDash, Inc. 07/20 #000465773 PMNT RCVD DoorDash, Inc. San Francisco CA	456.39
07/20/26	Zelle payment from GUILHERME DA SILVA Conf# T22FJHWZD	131.20
07/20/26	Lyft, Inc. 07/18 #000469515 PMNT RCVD Lyft, Inc. San Francisco CA	125.24
07/21/26	Uber 07/21 #000870701 PMNT RCVD Uber San Francisco CA	182.18
07/21/26	Lyft, Inc. 07/21 #000941999 PMNT RCVD Lyft, Inc. San Francisco CA	123.78
07/21/26	Lyft, Inc. 07/22 #000200474 PMNT RCVD Lyft, Inc. San Francisco CA	96.69
07/21/26	DoorDash, Inc. DES:DoorDash, ID:ST-X1S2U2V2F7F8 INDN:ARYEL FERREIRA COSTA CO ID:4270465600 CCD	71.86
07/21/26	RAISER 6795 DES:EDI PAYMNT ID:IOX97INZOTKLWWZ INDN:Aryel F Costa CO ID:3800896455 CCD PMT INFO:REF*TN*IOX97INZOT\	2.00
07/23/26	DoorDash, Inc. 07/23 #000645976 PMNT RCVD DoorDash, Inc. San Francisco CA	437.21
07/23/26	Lyft, Inc. 07/23 #000602656 PMNT RCVD Lyft, Inc. San Francisco CA	303.50
07/24/26	Lyft, Inc. 07/24 #000057556 PMNT RCVD Lyft, Inc. San Francisco CA	147.70
07/24/26	Uber 07/24 #000556799 PMNT RCVD Uber San Francisco CA	140.99
07/27/26	Lyft, Inc. 07/25 #000434897 PMNT RCVD Lyft, Inc. San Francisco CA	321.71
07/27/26	Lyft, Inc. 07/26 #000165104 PMNT RCVD Lyft, Inc. San Francisco CA	124.70

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Deposits and other additions - continued

Date	Description	Amount
07/27/26	Uber 07/26 #000631435 PMNT RCVD Uber San Francisco CA	63.91
07/27/26	Uber 07/24 #000459645 PMNT RCVD Uber San Francisco CA	59.23
07/27/26	BKOFAMERICA MOBILE 07/25 3775467094 DEPOSIT *MOBILE CA	34.94
07/28/26	Lyft, Inc. 07/29 #000145017 PMNT RCVD Lyft, Inc. San Francisco CA	477.15
07/28/26	DoorDash, Inc. 07/28 #000027333 PMNT RCVD DoorDash, Inc. San Francisco CA	129.01
07/28/26	DoorDash, Inc. DES:DoorDash, ID:ST-V7G5G7T7Q5C1 INDN:ARYEL FERREIRA COSTA CO ID:1800948598 CCD	124.29
07/28/26	Uber 07/28 #000902259 PMNT RCVD Uber San Francisco CA	40.43
07/29/26	Uber 07/29 #000724783 PMNT RCVD Uber San Francisco CA	183.33
07/29/26	Lyft, Inc. 07/30 #000548101 PMNT RCVD Lyft, Inc. San Francisco CA	132.02
07/29/26	DoorDash, Inc. 07/30 #000488150 PMNT RCVD DoorDash, Inc. San Francisco CA	60.01
07/30/26	Uber 07/30 #000568421 PMNT RCVD Uber San Francisco CA	164.91
07/30/26	Lyft, Inc. 07/31 #000947883 PMNT RCVD Lyft, Inc. San Francisco CA	140.77
07/31/26	Lyft, Inc. 08/01 #000400710 PMNT RCVD Lyft, Inc. San Francisco CA	90.37
07/31/26	DoorDash, Inc. 07/31 #000181277 PMNT RCVD DoorDash, Inc. San Francisco CA	89.26
Total deposits and other additions		**$9,192.33**

Withdrawals and other subtractions

Date	Description	Amount
07/01/26	BKOFAMERICA ATM 06/30 #000002286 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
07/01/26	Zelle payment to KARULINE Conf# uwjdiqlg2	-60.00
07/01/26	Zelle payment to KARULINE Conf# u748ng7om	-50.00
07/02/26	BKOFAMERICA ATM 07/01 #000006728 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
07/02/26	BKOFAMERICA ATM 07/02 #000007154 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
07/03/26	CHECKCARD 0701 SHELL OIL 57444215503 DALY CITY CA 24316056183807706037700	-56.30
07/03/26	CHECKCARD 0701 SHELL OIL 57444476600 SAN BRUNO CA 24316056183807706402748	-20.40
07/03/26	PURCHASE 0702 AMAZON PRIME*0Z5RA23I3 Amzn.com/billWA	-16.47
07/03/26	CHECKCARD 0702 TOTAL WINE AND MORE DALY CITY CA 24116416184808843291587	-33.21
07/03/26	Zelle payment to Pai costa Conf# zo6y1fint	-150.00
07/03/26	BKOFAMERICA ATM 07/03 #000007568 WITHDRWL SAN BRUNO SAN BRUNO CA	-10.00
07/03/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/03/26	-2.62
07/06/26	MOBILE PURCHASE 0703 SHELL OIL 57444215503 DALY CITY CA	-64.00
07/06/26	Zelle payment to KARULINE Conf# zbvw8xbjv	-50.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/06/26	CHECKCARD 0704 BEVERAGES & MORE #77 SAN BRUNO CA 24493986186232572227725	-22.61
07/06/26	COSTCO WHSE #0 07/05 #000093394 PURCHASE COSTCO WHSE #0654 S SAN FRANCIS CA	-172.93
07/06/26	MOBILE PURCHASE 0705 ESTACION SAN BRUNO SAN BRUNO CA	-19.98
07/06/26	CHECKCARD 0705 EXOTIC SAN BRUNO SAN BRUNO CA 24801976187812146076851	-20.42
07/06/26	CHECKCARD 0705 TOTAL WINE AND MORE DALY CITY CA 24116416187812175161381	-57.55
07/06/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/06/26	-1.51
07/07/26	CHECKCARD 0706 WWW COSTCO COM 800-955-2292 WA 24692166187403666550051	-46.79
07/07/26	BKOFAMERICA ATM 07/06 #000008722 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
07/07/26	Zelle payment to KARULINE Conf# tvb7sh7v9	-60.00
07/07/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/07/26	-0.21
07/08/26	BKOFAMERICA ATM 07/07 #000009091 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
07/08/26	CHECKCARD 0707 TOTAL WINE AND MORE DALY CITY CA 24116416189814528545961	-19.32
07/08/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/08/26	-0.68
07/09/26	MOBILE PURCHASE 0707 SHELL OIL 57444212005 DALY CITY CA	-61.24
07/09/26	CHECKCARD 0707 SHELL OIL 57444476600 SAN BRUNO CA 24316056189814638897536	-20.20
07/09/26	Zelle payment to KARULINE Conf# ys9mr7rcn	-30.00
07/09/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/09/26	-1.56
07/10/26	BKOFAMERICA ATM 07/09 #000009955 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
07/10/26	CHECKCARD 0709 BEVERAGES & MORE #77 SAN BRUNO CA 24493986191233975181959	-12.62
07/10/26	Zelle payment to Joel Barber Conf# xwqq2lmgp	-25.00
07/10/26	Zelle payment to Katiene Conf# s7p13twqb	-200.00
07/10/26	BKOFAMERICA ATM 07/10 #000001197 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
07/10/26	Zelle payment to KARULINE Conf# yyn5sjeh2	-500.00
07/10/26	GLOBAL GHLLC.COM DES:AMERICOR ID:0000000112698768 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
07/10/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYR INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-183.80
07/10/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/10/26	-0.38
07/13/26	BKOFAMERICA ATM 07/11 #000004897 WITHDRWL MILLBRAE MILLBRAE CA	-20.00
07/13/26	CHECKCARD 0709 SHELL OIL 57444215503 DALY CITY CA 24316056191817076101796	-40.25
07/13/26	PURCHASE 0710 YOUSA LAW WWW.YOUSALAW.CA	-1,000.00
07/13/26	CHECKCARD 0710 SHELL OIL 57444212005 DALY CITY CA 24316056192818334320664	-38.40
07/13/26	MOBILE PURCHASE 0711 CHIPOTLE 1031 NEWARK CA	-11.79
07/13/26	MOBILE PURCHASE 0711 SAFEWAY #2878 MILLBRAE CA	-18.46
07/13/26	CHECKCARD 0711 TOTAL WINE AND MORE DALY CITY CA 24116416193819347060575	-23.17
07/13/26	MOBILE PURCHASE 0712 PACIFIC SUPERMARKET SOUTH SAN FRACA	-22.82

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/13/26	AUTOZONE 3307 07/12 #000443959 MOBILE PURCHASE AUTOZONE 3307 32 MILLBRAE CA	-28.43
07/13/26	Zelle payment to KARULINE Conf# z8wn4ups7	-45.00
07/13/26	COSTCO GAS #04 07/13 #000024229 MOBILE PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-40.75
07/13/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/13/26	-3.93
07/14/26	MOBILE PURCHASE 0712 IN-N-OUT MILLBRAE MILLBRAE CA	-12.09
07/14/26	PURCHASE 0714 AMAZON MARK* 8217O42C3 AMAZON.COM/MAWA	-28.38
07/14/26	CHECKCARD 0713 ABC*9654-FITNESS 19 888-8279262 CA 24906416194262289713930 RECURRING	-14.99
07/14/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/14/26	-1.54
07/15/26	Online Banking transfer to SAV 3771 Confirmation# 7508442052	-20.00
07/16/26	BKOFAMERICA ATM 07/15 #000003195 WITHDRWL SAN BRUNO SAN BRUNO CA	-100.00
07/16/26	Zelle payment to Pai costa Conf# t74tdjg2f	-100.00
07/16/26	CHECKCARD 0715 TOTAL WINE AND MORE DALY CITY CA 24116416197823991372647	-18.82
07/16/26	Zelle payment to KARULINE Conf# uexk62l2e	-30.00
07/16/26	Zelle payment to Katiene Conf# wz9dxk48j	-110.00
07/16/26	COSTCO GAS #04 07/16 #000890848 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-55.97
07/16/26	COSTCO WHSE #0 07/16 #000671405 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-119.86
07/16/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYX INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30
07/16/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/16/26	-0.35
07/17/26	CHECKCARD 0715 SHELL OIL 57444476600 SAN BRUNO CA 24316056197824125930468	-20.10
07/17/26	PURCHASE 0717 AMAZON MARK* 2G8BC5LC3 AMAZON.COM/MAWA	-21.94
07/17/26	USPS PO 056750 07/17 #000265884 PURCHASE USPS PO 05675002 SAN BRUNO CA	-152.65
07/17/26	Zelle payment to KARULINE Conf# t893qq0bb	-20.00
07/17/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/17/26	-1.31
07/20/26	BKOFAMERICA ATM 07/17 #000003898 WITHDRWL MILLBRAE MILLBRAE CA	-10.00
07/20/26	CHECKCARD 0717 CTLP*MILLBRAE LAUNDROM MILLBRAE CA 24116416200827207285225	-16.00
07/20/26	CHECKCARD 0718 SHELL OIL 57444476600 SAN BRUNO CA 24316056200827749917097	-9.11
07/20/26	CHECKCARD 0718 ESTACION SAN BRUNO SAN BRUNO CA 24765016200827283368996	-47.14
07/20/26	THE HOME DEPOT 07/18 #000551687 MOBILE PURCHASE THE HOME DEPOT #6 LIVERMORE CA	-131.20
07/20/26	CHECKCARD 0718 VSI*WOODWARDRESERVOIR OAKDALE CA 24445006199300797236465	-20.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/20/26	Zelle payment to KARULINE Conf# xw2dnigwj	-180.00
07/20/26	PURCHASE 0719 Store Burlingame CA	-7.64
07/20/26	Zelle payment to LUCIANO MARTINS DA SILVA Conf# y37c7lnzp	-458.38
07/20/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
07/21/26	MOBILE PURCHASE 0720 CTLP*MILLBRAE LAUNDROM MILLBRAE CA	-1.50
07/21/26	RECOLOGY SANBRUN DES:WEB_PAY ID:00101186070326 INDN:ARYEL COSTA CO ID:49429229SB WEB	-101.83
07/21/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/21/26	-0.50
07/22/26	CHECKCARD 0721 APPLE.COM/BILL 866-712-7753 CA 24692166202408360284528 RECURRING	-2.99
07/22/26	BKOFAMERICA ATM 07/21 #000005533 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
07/22/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/22/26	-0.01
07/23/26	CHECKCARD 0721 SHELL OIL 57444212005 DALY CITY CA 24316056203831184796013	-93.14
07/23/26	CHECKCARD 0722 CA DMV FEE 678-7315516 TN 24755426203162039702714	-0.27
07/23/26	CHECKCARD 0721 STATE OF CALIF DMV INT 800-7770133 CA 24755426203172030059238	-14.00
07/23/26	Zelle payment to LUCIANO MARTINS DA SILVA Conf# x438wsfuf	-508.00
07/23/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
07/24/26	PURCHASE 0723 AMAZON MARK* VE6KN5273 AMAZON.COM/MAWA	-29.64
07/24/26	Zelle payment to Joel Barber Conf# zk687rbps	-25.00
07/24/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000113176438 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
07/24/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/24/26	-0.36
07/27/26	BKOFAMERICA ATM 07/24 #000006619 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
07/27/26	MOBILE PURCHASE 0723 SHELL OIL 57444215503 DALY CITY CA	-52.70
07/27/26	CHECKCARD 0724 SHELL OIL 57444476600 SAN BRUNO CA 24316056206834876279030	-33.10
07/27/26	MOBILE PURCHASE 0724 BEVERAGES & MORE #77 SAN BRUNO CA	-24.81
07/27/26	TARGET T-1054 07/24 #000426915 MOBILE PURCHASE TARGET T-1054 San Bruno CA	-23.61
07/27/26	COSTCO WHSE #0 07/25 #000092118 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-114.94
07/27/26	CHECKCARD 0725 ESTACION SAN BRUNO SAN BRUNO CA 24765016207835556518802	-81.85
07/27/26	TRADER JOE S # 07/25 #000759910 MOBILE PURCHASE TRADER JOE S #17 MILLBRAE CA	-41.94
07/27/26	MOBILE PURCHASE 0725 SAFEWAY #2878 MILLBRAE CA	-9.48
07/27/26	MOBILE PURCHASE 0725 ANDREAS MARKET MILLBRAE CA	-6.49
07/27/26	CHECKCARD 0725 TOTAL WINE AND MORE DALY CITY CA 24116416207835916965808	-47.05
07/27/26	Zelle payment to KARULINE Conf# m9t9utjk0	-110.00
07/27/26	MOBILE PURCHASE 0726 SQ *LOTUS FALAFEL Burlingame CA	-37.54
07/27/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/27/26	-4.49
07/28/26	CHECKCARD 0727 TOTAL WINE AND MORE SAN MATEO CA 24116416209838181377269	-39.61

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Withdrawals and other subtractions - continued

Date	Description	Amount
07/28/26	Zelle payment to LUCIANO MARTINS DA SILVA Conf# x5061ksfq	-124.29
07/28/26	Zelle payment to Duda Conf# t8hu6zqyl	-129.01
07/28/26	BKOFAMERICA ATM 07/28 #000008086 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
07/28/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/28/26	-0.39
07/29/26	MOBILE PURCHASE 0727 SHELL OIL 57444212005 DALY CITY CA	-75.20
07/29/26	CHECKCARD 0729 ROVER.COM* PET SVCS. WWW.ROVER.COMWA 24011346210100062622251 RECURRING	-49.00
07/29/26	BKOFAMERICA ATM 07/29 #000008395 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
07/29/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/29/26	-0.80
07/30/26	Zelle payment to Duda Conf# tx0cqrahc	-60.01
07/30/26	COSTCO WHSE #0 07/29 #000245590 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-147.96
07/30/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/30/26	-0.04
07/31/26	CHECKCARD 0729 SHELL OIL 57444215503 DALY CITY CA 24316056211840708876540	-69.05
07/31/26	Zelle payment to KARULINE Conf# x6oz2tphu	-170.00
07/31/26	Zelle payment to Duda Conf# ycudqosmo	-89.26
07/31/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 07/31/26	-0.95
Total withdrawals and other subtractions		**-$8,143.02**

Service fees

Date	Transaction description	Amount
07/01/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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BANK OF AMERICA

Account number: 3250 8169 3771

Your Regular Savings

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Account summary

Beginning balance on July 1, 2026	$31.81
Deposits and other additions	41.72
Withdrawals and other subtractions	-0.00
Service fees	-5.00
Ending balance on July 31, 2026	**$68.53**

Deposits and other additions

Date	Description	Amount
07/01/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/30	1.04
07/06/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/03	2.62
07/07/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/06	1.51
07/08/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/07	0.21
07/09/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/08	0.68
07/10/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/09	1.56
07/13/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/10	0.38
07/14/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/13	3.93
07/15/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/14	1.54
07/15/26	Online Banking transfer from CHK 1427 Confirmation# 7508442052	20.00
07/17/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/16	0.35
07/20/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/17	1.31
07/22/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/21	0.50
07/23/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/22	0.01
07/27/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/24	0.36
07/28/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/27	4.49
07/29/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/28	0.39
07/30/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/29	0.80
07/31/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 07/30	0.04
Total deposits and other additions		**$41.72**

Service fees

Date	Transaction description	Amount
07/01/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ARYEL F COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066-5338

Your combined statement

for May 1, 2026 to May 29, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$154.95	Page 3
Regular Savings	3250 8169 3771	$31.41	Page 9
Total balance		**$186.36**	

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SSM-12-25-0259.B | 8663743

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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BANK OF AMERICA

Account number: 3250 6202 1427

Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on May 1, 2026	$338.45
Deposits and other additions	3,530.32
Withdrawals and other subtractions	-3,701.82
Checks	-0.00
Service fees	-12.00
Ending balance on May 29, 2026	**$154.95**

Deposits and other additions

Date	Description			Amount
05/04/26	Uber	05/03 #000320304 PMNT RCVD Uber	San Francisco CA	169.11
05/04/26	Zelle payment from KARULINE DA SILVA GOMES Conf# pm8tr3enf			150.00
05/05/26	Uber	05/05 #000712829 PMNT RCVD Uber	San Francisco CA	216.13
05/05/26	Zelle payment from EDUARDA SILVA Conf# T124XXLPZ			68.00
05/06/26	Uber	05/06 #000682932 PMNT RCVD Uber	San Francisco CA	78.59
05/08/26	Uber	05/08 #000452561 PMNT RCVD Uber	San Francisco CA	221.21
05/11/26	Uber	05/10 #000556379 PMNT RCVD Uber	San Francisco CA	134.78
05/11/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lxldto3l7			15.00
05/12/26	Uber	05/12 #000958931 PMNT RCVD Uber	San Francisco CA	120.49
05/12/26	Zelle payment from KARULINE DA SILVA GOMES Conf# po6jpmqnp			62.00

continued on the next page

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Message and data rates may apply.
Fees or other costs may apply to wire transfers.

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Deposits and other additions - continued

Date	Description	Amount
05/13/26	Uber 05/13 #000795645 PMNT RCVD Uber San Francisco CA	156.34
05/13/26	Uber 05/12 #000687084 PMNT RCVD Uber San Francisco CA	142.80
05/13/26	Online Banking transfer from SAV 3771 Confirmation# 8564301571	50.00
05/14/26	Uber 05/14 #000940406 PMNT RCVD Uber San Francisco CA	49.12
05/15/26	Uber 05/15 #000302680 PMNT RCVD Uber San Francisco CA	183.80
05/15/26	Uber 05/15 #000285168 PMNT RCVD Uber San Francisco CA	22.23
05/15/26	Online Banking transfer from SAV 3771 Confirmation# 8682007802	10.00
05/18/26	Uber 05/17 #000830846 PMNT RCVD Uber San Francisco CA	165.73
05/18/26	Zelle payment from KARULINE DA SILVA GOMES Conf# q0w4upajn	40.00
05/18/26	Uber 05/18 #000445431 PMNT RCVD Uber San Francisco CA	14.54
05/19/26	RAISER 6795 DES:EDI PAYMNT ID:4AP0ITYT3I0B2W9 INDN:Aryel F Costa CO ID:3800896455 CCD PMT INFO:REF*TN*4AP0ITYT3I\	8.00
05/20/26	Uber 05/19 #000177321 PMNT RCVD Uber San Francisco CA	78.89
05/21/26	Uber 05/21 #000918684 PMNT RCVD Uber San Francisco CA	178.20
05/21/26	Uber 05/20 #000148660 PMNT RCVD Uber San Francisco CA	71.27
05/22/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lfkni6c02	410.00
05/22/26	Uber 05/22 #000650505 PMNT RCVD Uber San Francisco CA	130.80
05/26/26	Rasier, LLC DES:PARTNER ID:JWDPB1MMSPNE5F8 INDN:Aryel F Costa CO ID:2452647441 PPD	30.25
05/27/26	Uber 05/27 #000913014 PMNT RCVD Uber San Francisco CA	213.63
05/27/26	Zelle payment from KARULINE DA SILVA GOMES Conf# klgig2j00	100.00
05/27/26	Uber 05/26 #000872387 PMNT RCVD Uber San Francisco CA	98.72
05/27/26	Online Banking transfer from SAV 3771 Confirmation# 7285928825	9.29
05/29/26	Uber 05/28 #000670903 PMNT RCVD Uber San Francisco CA	131.40
Total deposits and other additions		**$3,530.32**

Withdrawals and other subtractions

Date	Description	Amount
05/01/26	CHECKCARD 0429 SHELL OIL 57444215503 DALY CITY CA 24316056120733635398326	-46.00
05/01/26	Zelle payment to Joel Barber Conf# y5zdicfdw	-25.00
05/01/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000110326227 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
05/04/26	BKOFAMERICA ATM 05/03 #000001605 WITHDRWL MILLBRAE MILLBRAE CA	-60.00
05/04/26	MOBILE PURCHASE 0501 SHELL OIL 57444215503 DALY CITY CA	-56.05
05/04/26	Zelle payment to BILGEHAN YILMAZ Conf# zbf47bit7	-140.00
05/04/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/04/26	-0.95
05/05/26	MOBILE PURCHASE 0503 SAFEWAY #2878 MILLBRAE CA	-20.97

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/05/26	BKOFAMERICA ATM 05/05 #000004302 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-60.00
05/05/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/05/26	-0.03
05/06/26	Kemper Auto DES:KemperAuto ID:000000041905349 INDN:Aryel Ferreira Costa CO ID:4750620550 PPD PMT INFO:Aryel Ferreira Costa 10243016901	-182.49
05/07/26	MOBILE PURCHASE 0505 SHELL OIL 57444215503 DALY CITY CA	-63.20
05/07/26	CHECKCARD 0505 TOTAL WINE AND MORE DALY CITY CA 24116416126740560706565	-41.45
05/07/26	CHECKCARD 0506 FASTRAK CSC 415-486-8655 CA 24431066126425941186882	-35.00
05/07/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/07/26	-1.35
05/08/26	MOBILE PURCHASE 0506 SHELL OIL 57444212005 DALY CITY CA	-61.99
05/08/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/08/26	-0.01
05/11/26	BKOFAMERICA ATM 05/08 #000004590 WITHDRWL SAN BRUNO SAN BRUNO CA	-90.00
05/11/26	MOBILE PURCHASE 0508 SHELL OIL 57444215503 DALY CITY CA	-48.05
05/11/26	CHECKCARD 0508 TOTAL WINE AND MORE DALY CITY CA 24116416129744170628349	-26.56
05/11/26	CHECKCARD 0509 TST*KINGS WEST COAST PI Daly City CA 24692166130404539707512	-28.70
05/11/26	PMNT SENT 0510 Ria Money Transfer 818-6747076 KS	-55.96
05/11/26	Online Banking transfer to SAV 3771 Confirmation# 8244811943	-25.00
05/11/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYI INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-173.78
05/11/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/11/26	-1.73
05/12/26	Online Banking transfer to SAV 3771 Confirmation# 7756921419	-20.00
05/13/26	BKOFAMERICA ATM 05/12 #000006210 WITHDRWL SAN BRUNO SAN BRUNO CA	-80.00
05/13/26	CHECKCARD 0512 BEVERAGES & MORE #77 SAN BRUNO CA 24493986133217874167863	-31.96
05/13/26	BKOFAMERICA ATM 05/13 #000006562 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
05/13/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/13/26	-0.04
05/14/26	CHECKCARD 0512 SHELL OIL 57444212005 DALY CITY CA 24316056133748883969318	-85.04
05/14/26	CHECKCARD 0513 ABC*9654-FITNESS 19 888-8279262 CA 24906416133257582755186 RECURRING	-14.99
05/14/26	COSTCO GAS #04 05/14 #000183246 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-73.10
05/14/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/14/26	-1.87
05/15/26	Zelle payment to KARULINE Conf# tmtgbheoa	-100.00
05/15/26	CHECKCARD 0514 BEVERAGES & MORE #77 SAN BRUNO CA 24493986135218452189012	-45.80
05/15/26	Zelle payment to KARULINE Conf# wtakbdesl	-20.00
05/15/26	Zelle payment to KARULINE Conf# u7ye20atk	-7.00
05/15/26	Liquor Locker 05/15 #000015340 PURCHASE Liquor Locker San Bruno CA	-26.69

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Withdrawals and other subtractions - continued

Date	Description	Amount
05/15/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000110783462 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
05/15/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/15/26	-0.51
05/18/26	BKOFAMERICA ATM 05/17 #000005556 WITHDRWL MILLBRAE MILLBRAE CA	-30.00
05/18/26	MOBILE PURCHASE 0514 SAFEWAY #2878 MILLBRAE CA	-8.99
05/18/26	MOBILE PURCHASE 0516 ANDREAS MARKET MILLBRAE CA	-7.08
05/18/26	COSTCO WHSE #0 05/17 #000160283 PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-5.58
05/18/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYO INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30
05/18/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/18/26	-1.35
05/19/26	PURCHASE 0517 McDonalds 13001 MILLBRAE CA	-6.11
05/19/26	Online Banking transfer to SAV 3771 Confirmation# 4215919951	-5.00
05/19/26	Zelle payment to KARULINE Conf# qo5mqhzvm	-50.00
05/19/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
05/20/26	PURCHASE 0519 AMAZON MARK* 303ZQ12V3 AMAZON.COM/MAWA	-25.87
05/20/26	CITY OF SAN BRUN DES:BILLPAY ID:CITY OF SAN BRU INDN:ARYEL FERREIRA COSTA CO ID:0000000160 WEB	-84.72
05/20/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/20/26	-0.13
05/21/26	Online Banking transfer to SAV 3771 Confirmation# 8233527890	-30.00
05/22/26	CHECKCARD 0521 APPLE.COM/BILL 866-712-7753 CA 24430996141758452504055 RECURRING	-2.99
05/22/26	BKOFAMERICA ATM 05/21 #000009532 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
05/22/26	CHECKCARD 0521 BEVERAGES & MORE #77 SAN BRUNO CA 24493986142220391205538	-39.64
05/22/26	CAPITAL ONE AUTO DES:RETRY PYMT ID:DP0F593DAF440A5 INDN:Aryel Ferreira Costa CO ID:9541719802 WEB	-656.69
05/22/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/22/26	-0.37
05/26/26	PGANDE DES:WEB ONLINE ID:76743216052026 INDN:ARYEL F COSTA CO ID:5940742640 WEB	-241.09
05/28/26	BKOFAMERICA ATM 05/27 #000002099 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
05/28/26	CHECKCARD 0527 BEVERAGES & MORE #77 SAN BRUNO CA 24493986148221994177466	-21.51
05/28/26	COSTCO GAS #04 05/28 #000247459 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-70.05
05/28/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 05/28/26	-1.44
05/29/26	BKOFAMERICA ATM 05/28 #000002450 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
Total withdrawals and other subtractions		**-$3,701.82**

Service fees

Date	Transaction description	Amount
05/01/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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BANK OF AMERICA

Account number: 3250 8169 3771

Your Regular Savings

ARYEL F COSTA

Account summary

Beginning balance on May 1, 2026	$14.35
Deposits and other additions	91.35
Withdrawals and other subtractions	-69.29
Service fees	-5.00
Ending balance on May 29, 2026	**$31.41**

Deposits and other additions

Date	Description	Amount
05/01/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/30	1.57
05/05/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/04	0.95
05/06/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/05	0.03
05/08/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/07	1.35
05/11/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/08	0.01
05/11/26	Online Banking transfer from CHK 1427 Confirmation# 8244811943	25.00
05/12/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/11	1.73
05/12/26	Online Banking transfer from CHK 1427 Confirmation# 7756921419	20.00
05/14/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/13	0.04
05/15/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/14	1.87
05/18/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/15	0.51
05/19/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/18	1.35
05/19/26	Online Banking transfer from CHK 1427 Confirmation# 4215919951	5.00
05/21/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/20	0.13
05/21/26	Online Banking transfer from CHK 1427 Confirmation# 8233527890	30.00
05/26/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/22	0.37
05/29/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 05/28	1.44
Total deposits and other additions		**$91.35**

Withdrawals and other subtractions

Date	Description	Amount
05/13/26	Online Banking transfer to CHK 1427 Confirmation# 8564301571	-50.00
05/15/26	Online Banking transfer to CHK 1427 Confirmation# 8682007802	-10.00
05/27/26	Online Banking transfer to CHK 1427 Confirmation# 7285928825	-9.29
Total withdrawals and other subtractions		**-$69.29**

Service fees

Date	Transaction description	Amount
05/01/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ARYEL F COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066-5338

Your combined statement

for May 30, 2026 to June 30, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$4.17	Page 3
Regular Savings	3250 8169 3771	$31.81	Page 9
Total balance		**$35.98**	

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Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on May 30, 2026	$154.95
Deposits and other additions	6,376.94
Withdrawals and other subtractions	-6,515.72
Checks	-0.00
Service fees	-12.00
Ending balance on June 30, 2026	**$4.17**

Deposits and other additions

Date	Description			Amount
06/01/26	Uber	05/30 #000582661 PMNT RCVD Uber	San Francisco CA	96.75
06/01/26	Zelle payment from KARULINE DA SILVA GOMES Conf# ry4ralfod			60.00
06/01/26	Uber	05/31 #000934965 PMNT RCVD Uber	San Francisco CA	37.98
06/02/26	Uber	06/02 #000026661 PMNT RCVD Uber	San Francisco CA	232.24
06/02/26	Online Banking transfer from SAV 3771 Confirmation# 8241712548			20.00
06/03/26	Uber	06/02 #000389061 PMNT RCVD Uber	San Francisco CA	95.73
06/04/26	Uber	06/03 #000827124 PMNT RCVD Uber	San Francisco CA	176.00
06/04/26	Uber	06/04 #000861377 PMNT RCVD Uber	San Francisco CA	90.47
06/05/26	Zelle payment from KARULINE DA SILVA GOMES Conf# l8higtqau			72.00
06/05/26	Zelle payment from EDUARDA SILVA Conf# T128K2KBX			68.00

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BANK OF AMERICA

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Deposits and other additions - continued

Date	Description				Amount
06/08/26	Uber	06/05 #000109419 PMNT RCVD Uber	San Francisco CA		135.45
06/08/26	Uber	06/07 #000306093 PMNT RCVD Uber	San Francisco CA		103.99
06/08/26	Zelle payment from MARCELO DE OLIVEIRA Conf# T128VHN52				100.00
06/08/26	Online Banking transfer from SAV 3771 Confirmation# 4188219526				40.00
06/09/26	Uber	06/09 #000775734 PMNT RCVD Uber	San Francisco CA		117.89
06/09/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lrfaizu8c				79.00
06/10/26	Uber	06/10 #000470299 PMNT RCVD Uber	San Francisco CA		234.25
06/12/26	Uber	06/11 #000367549 PMNT RCVD Uber	San Francisco CA		384.97
06/15/26	Uber	06/13 #000781274 PMNT RCVD Uber	San Francisco CA		59.42
06/16/26	Zelle payment from KARULINE DA SILVA GOMES Conf# q01f2i8s5				185.00
06/16/26	BKOFAMERICA MOBILE 06/16 3659848569 DEPOSIT		*MOBILE	CA	46.55
06/17/26	Uber	06/17 #000329072 PMNT RCVD Uber	San Francisco CA		624.43
06/17/26	Zelle payment from KARULINE DA SILVA GOMES Conf# pvoozcbk3				70.00
06/17/26	Uber	06/17 #000164236 PMNT RCVD Uber	San Francisco CA		35.09
06/18/26	Lyft, Inc.	06/19 #000006613 PMNT RCVD Lyft, Inc.	San Francisco CA		447.81
06/18/26	Lyft, Inc.	06/18 #000634726 PMNT RCVD Lyft, Inc.	San Francisco CA		164.12
06/18/26	Uber	06/18 #000905599 PMNT RCVD Uber	San Francisco CA		41.25
06/22/26	Lyft, Inc.	06/19 #000309959 PMNT RCVD Lyft, Inc.	San Francisco CA		140.12
06/22/26	Lyft, Inc.	06/21 #000042004 PMNT RCVD Lyft, Inc.	San Francisco CA		107.92
06/22/26	Uber	06/21 #000227645 PMNT RCVD Uber	San Francisco CA		95.42
06/22/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lmlj5lyrn				80.00
06/22/26	Uber	06/19 #000635137 PMNT RCVD Uber	San Francisco CA		73.66
06/22/26	Zelle payment from KARULINE DA SILVA GOMES Conf# pnlg0jd1l				60.00
06/22/26	Zelle payment from KARULINE DA SILVA GOMES Conf# ppmesejx1				40.00
06/22/26	Online Banking transfer from SAV 3771 Confirmation# 7884076319				30.00
06/22/26	Zelle payment from KARULINE DA SILVA GOMES Conf# ngjbkeju9				20.00
06/23/26	RAISER 6795 DES:EDI PAYMNT ID:324Y86Z9SUS1ANX INDN:Aryel F Costa ID:3800896455 CCD PMT INFO:REF*TN*324Y86Z9SU\			CO	7.99
06/24/26	Lyft, Inc.	06/24 #000148994 PMNT RCVD Lyft, Inc.	San Francisco CA		446.43
06/24/26	Uber	06/23 #000790753 PMNT RCVD Uber	San Francisco CA		194.86
06/25/26	Lyft, Inc.	06/25 #000550086 PMNT RCVD Lyft, Inc.	San Francisco CA		141.60
06/25/26	Uber	06/24 #000646061 PMNT RCVD Uber	San Francisco CA		48.85
06/26/26	Lyft, Inc.	06/26 #000983539 PMNT RCVD Lyft, Inc.	San Francisco CA		196.51
06/26/26	Lyft, Inc.	06/26 #000292148 PMNT RCVD Lyft, Inc.	San Francisco CA		134.29
06/26/26	Uber	06/25 #000549623 PMNT RCVD Uber	San Francisco CA		96.91
06/26/26	Uber	06/26 #000352861 PMNT RCVD Uber	San Francisco CA		64.29

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Deposits and other additions - continued

Date	Description	Amount
06/26/26	CHECKCARD 0625 COSTCO WHSE#654 SOUTH SAN FRACA 7494300617745653183	57.34
06/26/26	Lyft, Inc. 06/27 #000367322 PMNT RCVD Lyft, Inc. San Francisco CA	33.88
06/26/26	Online Banking transfer from SAV 3771 Confirmation# 8145380607	33.51
06/26/26	Uber 06/26 #000693895 PMNT RCVD Uber San Francisco CA	18.02
06/29/26	Lyft, Inc. 06/29 #000187040 PMNT RCVD Lyft, Inc. San Francisco CA	146.58
06/29/26	Lyft, Inc. 06/28 #000707940 PMNT RCVD Lyft, Inc. San Francisco CA	112.20
06/29/26	Uber 06/28 #000562045 PMNT RCVD Uber San Francisco CA	20.90
06/29/26	Uber 06/28 #000537085 PMNT RCVD Uber San Francisco CA	17.20
06/30/26	Lyft, Inc. 06/30 #000925237 PMNT RCVD Lyft, Inc. San Francisco CA	140.07
Total deposits and other additions		**$6,376.94**

Withdrawals and other subtractions

Date	Description	Amount
06/01/26	BKOFAMERICA ATM 05/30 #000004752 WITHDRWL SOUTH SAN FRANCISC SOUTH SAN FRA CA	-20.00
06/01/26	CHECKCARD 0530 SHELL OIL 57444476600 SAN BRUNO CA 24316056151769969338613	-25.05
06/01/26	MOBILE PURCHASE 0530 PACIFIC SUPERMARKET SOUTH SAN FRACA	-12.11
06/01/26	BKOFAMERICA ATM 05/31 #000003745 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
06/01/26	CHECKCARD 0531 TOTAL WINE AND MORE DALY CITY CA 24116416152770907228442	-68.02
06/01/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/01/26	-2.82
06/02/26	MOBILE PURCHASE 0601 CHIPOTLE 3293 SANTA CLARA CA	-12.02
06/02/26	COSTCO GAS #04 06/01 #000816697 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-85.05
06/02/26	Zelle payment to G Silva Conf# zcbd2rxn4	-55.00
06/02/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/02/26	-1.93
06/03/26	BKOFAMERICA ATM 06/02 #000001203 WITHDRWL MILLBRAE MILLBRAE CA	-40.00
06/04/26	CHECKCARD 0602 SNAP FINANCE 877-5573769 UT 24383446154808834662944	-275.72
06/04/26	BKOFAMERICA ATM 06/03 #000001504 WITHDRWL MILLBRAE MILLBRAE CA	-40.00
06/04/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000111439482 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
06/04/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/04/26	-0.28
06/05/26	CHECKCARD 0603 SHELL OIL 57444212005 DALY CITY CA 24316056155774619694551	-50.14
06/05/26	MOBILE PURCHASE 0603 SAFEWAY #2878 MILLBRAE CA	-16.48
06/05/26	CHECKCARD 0604 BEVERAGES & MORE #77 SAN BRUNO CA 24493986156224218192872	-22.61
06/05/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/05/26	-1.77

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/08/26	MOBILE PURCHASE 0605 SHELL OIL 57444215503 DALY CITY CA	-61.20
06/08/26	Online Banking transfer to SAV 3771 Confirmation# 7272174757	-30.00
06/08/26	COSTCO WHSE #0 06/07 #000602010 PURCHASE COSTCO WHSE #0654 S SAN FRANCIS CA	-50.20
06/08/26	Online Banking transfer to SAV 3771 Confirmation# 5288241646	-10.00
06/08/26	MOBILE PURCHASE 0607 PACIFIC SUPERMARKET SOUTH SAN FRACA	-15.97
06/08/26	Zelle payment to KARULINE Conf# kvwiycm4v	-300.00
06/08/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
06/09/26	CHECKCARD 0607 SHELL OIL 57444212005 DALY CITY CA 24316056159779307755362	-45.00
06/09/26	Zelle payment to MARCELO Conf# z85hn1nfr	-100.00
06/10/26	COSTCO GAS #04 06/09 #000207953 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-66.15
06/10/26	BKOFAMERICA ATM 06/09 #000007670 WITHDRWL SAN BRUNO SAN BRUNO CA	-60.00
06/10/26	Zelle payment to KARULINE Conf# uiz3ojnvc	-200.00
06/10/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
06/12/26	BKOFAMERICA ATM 06/11 #000008366 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
06/12/26	Zelle payment to Joel Barber Conf# ztmuex2kv	-25.00
06/12/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000111680823 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
06/15/26	MOBILE PURCHASE 0612 ANDREAS MARKET MILLBRAE CA	-27.94
06/15/26	Online Banking transfer to SAV 3771 Confirmation# 7733190870	-35.00
06/15/26	CHECKCARD 0613 ABC*9654-FITNESS 19 888-8279262 CA 24906416164259969802120 RECURRING	-74.98
06/15/26	COSTCO WHSE #0 06/13 #000846152 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-20.01
06/15/26	ATT DES:RETRY PYMT ID:XXXXXXXXXEPAYN INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-183.80
06/15/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/15/26	-1.07
06/16/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYS INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30
06/17/26	MOBILE PURCHASE 0616 PANDA EXPRESS #2367 SANTA CLARA CA	-12.84
06/17/26	COSTCO GAS #04 06/17 #000472250 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-45.24
06/17/26	Zelle payment to KARULINE Conf# v55zys4y1	-600.00
06/17/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/17/26	-0.92
06/18/26	CHECKCARD 0617 BEVERAGES & MORE #77 SAN BRUNO CA 24493986169227819179110	-22.61
06/18/26	DOLLAR TREE 06/17 #000030234 PURCHASE 555 EL CAMINO REA S SAN FRANCIS CA	-4.12
06/18/26	Zelle payment to KARULINE Conf# ti9pcn6fa	-20.00
06/18/26	Zelle payment to KARULINE Conf# vdicw0k4s	-170.00
06/18/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/18/26	-1.27

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/22/26	BKOFAMERICA ATM 06/18 #000001904 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
06/22/26	BKOFAMERICA ATM 06/19 #000001213 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
06/22/26	Zelle payment to G Silva Conf# u34vthaod	-300.00
06/22/26	COSTCO WHSE #0 06/18 #000826229 PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-158.35
06/22/26	COSTCO WHSE #0 06/18 #000486612 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-26.81
06/22/26	Zelle payment to KARULINE Conf# zy0p49nvv	-200.00
06/22/26	COSTCO GAS #04 06/20 #000417144 PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-64.05
06/22/26	CHECKCARD 0620 SHELL OIL 57444476600 SAN BRUNO CA 2431605617279476626 1573	-20.00
06/22/26	MOBILE PURCHASE 0620 TST*KINGS WEST COAST PI Daly City CA	-28.70
06/22/26	CHECKCARD 0620 TOTAL WINE AND MORE DALY CITY CA 24116416172794657290234	-42.49
06/22/26	MARSHALLS #049 06/21 #000661792 MOBILE PURCHASE MARSHALLS #0492 SAN BRUNO CA	-16.47
06/22/26	Online Banking transfer to SAV 3771 Confirmation# 8307340995	-20.00
06/22/26	CHECKCARD 0621 TOTAL WINE AND MORE DALY CITY CA 24116416173795693409216	-64.32
06/22/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
06/23/26	CHECKCARD 0621 TRADER JOE S #170 MILLBRAE CA 24137466173501169895627	-10.07
06/23/26	CHECKCARD 0622 APPLE.COM/BILL 866-712-7753 CA 24692166173402299034919 RECURRING	-2.99
06/23/26	CHECKCARD 0622 FASTRAK CSC 415-486-8655 CA 24431066173454086090628	-35.00
06/23/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/23/26	-0.94
06/24/26	BKOFAMERICA ATM 06/23 #000003795 WITHDRWL SAN BRUNO SAN BRUNO CA	-60.00
06/24/26	COSTCO WHSE #0 06/24 #000891629 PURCHASE COSTCO WHSE #0654 S SAN FRANCIS CA	-57.34
06/24/26	COSTCO WHSE #0 06/24 #000048546 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-37.56
06/24/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/24/26	-1.10
06/25/26	MOBILE PURCHASE 0623 SHELL OIL 57444215503 DALY CITY CA	-57.20
06/25/26	BKOFAMERICA ATM 06/24 #000004108 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
06/25/26	CHECKCARD 0624 BEVERAGES & MORE #77 SAN BRUNO CA 24493986176229790180696	-22.61
06/25/26	CAPITAL ONE AUTO DES:RETRY PYMT ID:DP08AB3399B8C27 INDN:Aryel Ferreira Costa CO ID:9541719802 WEB	-656.69
06/25/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/25/26	-1.19
06/26/26	MOBILE PURCHASE 0625 EL FAROLITO 3 SAN FRANCISCOCA	-11.38
06/26/26	BKOFAMERICA ATM 06/25 #000004473 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
06/26/26	Zelle payment to MARCELO Conf# ykh7cv4dm	-300.00

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Withdrawals and other subtractions - continued

Date	Description	Amount
06/26/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000112173073 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
06/26/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/26/26	-0.62
06/29/26	Zelle payment to KARULINE Conf# xaobbx45g	-45.00
06/29/26	Zelle payment to KARULINE Conf# w1ip9i7bm	-15.00
06/29/26	Online Banking transfer to SAV 3771 Confirmation# 7960926068	-15.00
06/29/26	Zelle payment to Pai costa Conf# y2cle5yww	-30.00
06/29/26	MOBILE PURCHASE 0627 MEXICANA PRODUCE MARKET SAN BRUNO CA	-40.36
06/29/26	MOBILE PURCHASE 0627 BEVERAGES & MORE #77 SAN BRUNO CA	-12.62
06/29/26	O'REILLY 2581 06/27 #000159358 MOBILE PURCHASE O'REILLY 2581 MILLBRAE CA	-44.79
06/29/26	KOHL'S #0981 1 06/28 #000549232 MOBILE PURCHASE KOHL'S #0981 1200 COLMA CA	-4.40
06/29/26	Zelle payment to KARULINE Conf# tjyb3bbgl	-20.00
06/29/26	Zelle payment to Pai costa Conf# yohboslwp	-30.00
06/29/26	Zelle payment to KARULINE Conf# ywu6yueqq	-30.00
06/29/26	COSTCO WHSE #0 06/28 #000822499 MOBILE PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-59.87
06/29/26	PURCHASE 0629 DOMINO'S 7811 MILLBRAE CA	-12.02
06/29/26	DOLLAR TREE 06/29 #000017907 MOBILE PURCHASE 555 EL CAMINO REA S SAN FRANCIS CA	-19.20
06/29/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
06/30/26	CHECKCARD 0628 SHELL OIL 57444476600 SAN BRUNO CA 24316056180804061172407	-20.00
06/30/26	CHECKCARD 0629 BEVERAGES & MORE #77 SAN BRUNO CA 24493986181231175171020	-11.13
06/30/26	Online Banking transfer to SAV 3771 Confirmation# 8684959956	-15.00
06/30/26	CHECKCARD 0630 Freeway Ins Huntington BeCA	-121.83
06/30/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 06/30/26	-1.04
Total withdrawals and other subtractions		**-$6,515.72**

Service fees

Date	Transaction description	Amount
06/01/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

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Your Regular Savings

ARYEL F COSTA

Account summary

Beginning balance on May 30, 2026	$31.41
Deposits and other additions	138.91
Withdrawals and other subtractions	-133.51
Service fees	-5.00
Ending balance on June 30, 2026	**$31.81**

Deposits and other additions

Date	Description	Amount
06/02/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/01	2.82
06/03/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/02	1.93
06/05/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/04	0.28
06/08/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/05	1.77
06/08/26	Online Banking transfer from CHK 1427 Confirmation# 7272174757	30.00
06/08/26	Online Banking transfer from CHK 1427 Confirmation# 5288241646	10.00
06/15/26	Online Banking transfer from CHK 1427 Confirmation# 7733190870	35.00
06/16/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/15	1.07
06/18/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/17	0.92
06/22/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/18	1.27
06/22/26	Online Banking transfer from CHK 1427 Confirmation# 8307340995	20.00
06/24/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/23	0.94
06/25/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/24	1.10
06/26/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/25	1.19
06/29/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 06/26	0.62
06/29/26	Online Banking transfer from CHK 1427 Confirmation# 7960926068	15.00
06/30/26	Online Banking transfer from CHK 1427 Confirmation# 8684959956	15.00
Total deposits and other additions		**$138.91**

Withdrawals and other subtractions

Date	Description	Amount
06/02/26	Online Banking transfer to CHK 1427 Confirmation# 8241712548	-20.00
06/08/26	Online Banking transfer to CHK 1427 Confirmation# 4188219526	-40.00
06/22/26	Online Banking transfer to CHK 1427 Confirmation# 7884076319	-30.00
06/26/26	Online Banking transfer to CHK 1427 Confirmation# 8145380607	-33.51
06/26/26	Zelle payment to KARULINE Conf# uomu44oyh	-10.00
Total withdrawals and other subtractions		**-$133.51**

Service fees

Date	Transaction description	Amount
06/01/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

BofA Rewards(TM)

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- Cash back deals on popular brands (footnote 2)
- Subscription credits on popular streaming and news services (for select tiers) (footnote 3)
- Enhanced fraud and identity monitoring with My Credit (footnote 4)

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See reverse for details about how your tier in BofA Rewards program is determined.

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BofA Rewards(TM) Eligibility. Customers can enroll and maintain their membership in BofA Rewards(TM) if they have an open, qualifying Bank of America® checking account. BofA Rewards tiers are based on each customer's combined average balance in qualifying deposit and investment accounts. The minimum balance for each tier is: Member, no minimum balance; Preferred Plus, $30,000; Preferred Honors, $100,000; and Premier, $1,000,000. When you enroll, you will be placed in the appropriate tier for your combined average balance and then moved to the highest tier you are eligible for based on one of the following:

1. for the 30 calendar days following your first enrollment, the combined end-of-day collected balance of your qualifying accounts ("Daily Balance"), provided that your Daily Balance remains above the required amount for a minimum of three business days; or
2. subsequently, the combined average balance of your qualifying accounts calculated on the third business day of each month.

Eligible customers will be moved to the higher tier within 3 business days. New tier benefits may take up to 30 days to become effective. For full terms, including qualifying accounts and the method of calculation of average balances, refer to your Personal Schedule of Fees, available at bankofamerica.com/fees.

Additional Eligibility. Employees and retirees of Bank of America may be eligible for BofA Rewards membership on customized terms. For details, please call Employee Financial Services or refer to the Bank of America intranet site. Bank of America Private Bank clients qualify to enroll in the Premier tier regardless of balances. Employees of companies participating in the Bank of America Employee Banking and Investing Program may be eligible to participate on customized terms. Refer to go.bofa.com/cebi-faq for details.

1 Credit Card BofA Rewards(TM) Bonus. Certain credit cards are eligible to receive a BofA Rewards(TM) bonus. Enrolled BofA Rewards members with eligible Bank of America® credit cards can receive a BofA Rewards bonus of 10% for the Member tier, 25% for the Preferred Plus tier, 50% for the Preferred Honors tier, or 75% for the Premier tier. If your card receives the 10% customer bonus, the BofA Rewards bonus will replace the 10% customer bonus. The BofA Rewards bonus for eligible cash rewards credit cards will be applied after all base and bonus cash rewards have been calculated on a purchase. For example, a $100 purchase that earns 3% ($3.00) will actually earn $3.30, $3.75, $4.50 or $5.25 based on your tier when the purchase posts to your account. For all other eligible card types, a purchase that earns 100 base points will actually earn 110, 125, 150, or 175 points, based on your tier when the purchase posts to your account. The BofA Rewards bonus also does not apply to the bonus earn for certain programs and is not applied to any account opening bonus or non-standard rewards that are part of a special offer, unless we indicate otherwise. If you enrolled in Preferred Rewards before May 26, 2026 your credit card account may be eligible for an extended card benefit. Sign in to bankofamerica.com/BofARewards for more details. Other terms and conditions apply. Please refer to your card's Program Rules for details about how you can receive the BofA Rewards bonus. Program Rules are mailed upon account opening and are accessible through the rewards redemption site via Online Banking or by calling the number on the back of your card. Refer to bankofamerica.com/BofARewards for a complete list of ineligible cards.

2 BofA Rewards exclusive deals. BofA Rewards(TM) members will be eligible for exclusive deal offers. All such offers are subject to the standard terms and conditions of the deals program. Refer to https://promotions.bankofamerica.com/en/deals for details.

3 BofA Rewards(TM) Subscription Credits. In order to be eligible for the subscription credit benefit, you must: Be enrolled in the BofA Rewards program's Preferred Honors or Premier tiers. Agree to the full terms of the subscription credit benefit from the subscription credit benefit page within BofA Rewards. Make payments directly to eligible merchants using your Bank of America debit card linked to a checking account that you designate via the subscription credit benefit page. Preferred Honors tier members may receive statement credits up to $8 per month, and Premier tier members may receive up to $15 per month. Eligible merchants are subject to change without notice. Currently eligible merchants can be found on the subscription credit benefit page.

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ARYEL F COSTA
132 SANTA CLARA AVE APT 4
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Your combined statement

for April 1, 2026 to April 30, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$338.45	Page 3
Regular Savings	3250 8169 3771	$14.35	Page 9
Total balance		**$352.80**	

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BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

BANK OF AMERICA

Account number: 3250 6202 1427

Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on April 1, 2026	$343.02
Deposits and other additions	6,060.12
Withdrawals and other subtractions	-6,052.69
Checks	-0.00
Service fees	-12.00
Ending balance on April 30, 2026	**$338.45**

Deposits and other additions

Date	Description			Amount
04/01/26	Uber	04/01 #000697235 PMNT RCVD Uber	San Francisco CA	142.21
04/02/26	Uber	04/02 #000486305 PMNT RCVD Uber	San Francisco CA	50.77
04/03/26	Uber	04/03 #000415121 PMNT RCVD Uber	San Francisco CA	121.60
04/06/26	Zelle Transfer Conf# lg1n1vev8; Travelers; CLMPAYM ENT			1,973.23
04/06/26	Uber	04/06 #000510659 PMNT RCVD Uber	San Francisco CA	106.58
04/06/26	Zelle payment from EDUARDA SILVA Conf# T0ZZHQVLQ			68.00
04/06/26	Uber	04/05 #000938494 PMNT RCVD Uber	San Francisco CA	13.75
04/07/26	Uber	04/07 #000765188 PMNT RCVD Uber	San Francisco CA	94.81
04/09/26	Online Banking transfer from SAV 3771 Confirmation# 8578882362			140.00
04/09/26	Uber	04/09 #000150853 PMNT RCVD Uber	San Francisco CA	119.34

continued on the next page

Scam Tips

Pause and verify to help prevent scams.

- Scammers may use stories to make you feel fear, greed or sympathy. Do not react or engage.
- Hang up if you receive a suspicious call from someone saying they are from the bank. If you want to verify the request, call the number on your statement or card.

Learn more about trending scams.
Scan the code or visit bofa.com/HelpProtectYourself.

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

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Deposits and other additions - continued

Date	Description	Amount
04/13/26	Uber 04/12 #000181894 PMNT RCVD Uber San Francisco CA	188.63
04/13/26	Zelle payment from KARULINE DA SILVA GOMES Conf# qt8wvtrri	30.00
04/14/26	Zelle payment from KARULINE DA SILVA GOMES Conf# o4ui4jyxk	1,077.00
04/15/26	Zelle payment from KARULINE DA SILVA GOMES Conf# k5todve69	462.38
04/15/26	Uber 04/15 #000651421 PMNT RCVD Uber San Francisco CA	330.53
04/17/26	Uber 04/16 #000860655 PMNT RCVD Uber San Francisco CA	134.37
04/20/26	Uber 04/19 #000781713 PMNT RCVD Uber San Francisco CA	108.95
04/20/26	Uber 04/17 #000680751 PMNT RCVD Uber San Francisco CA	24.19
04/21/26	Zelle payment from KARULINE DA SILVA GOMES Conf# n2cueskmf	42.00
04/24/26	Uber 04/24 #000402723 PMNT RCVD Uber San Francisco CA	293.99
04/27/26	Uber 04/26 #000870797 PMNT RCVD Uber San Francisco CA	56.62
04/27/26	Zelle payment from MARCELO DE OLIVEIRA Conf# T123XHSMK	25.00
04/28/26	Uber 04/28 #000969973 PMNT RCVD Uber San Francisco CA	307.98
04/30/26	Uber 04/29 #000764433 PMNT RCVD Uber San Francisco CA	148.19
Total deposits and other additions		**$6,060.12**

Withdrawals and other subtractions

Date	Description	Amount
04/01/26	MOBILE PURCHASE 0330 SHELL OIL 57444215503 DALY CITY CA	-63.10
04/01/26	Zelle payment to Joel Barber Conf# s0sx3g58h	-25.00
04/01/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/01/26	-0.90
04/03/26	MOBILE PURCHASE 0401 SHELL OIL 57444215503 DALY CITY CA	-57.00
04/03/26	PMNT SENT 0403 Ria Money Transfer 818-6747076 KS	-53.65
04/03/26	CHECKCARD 0402 TOTAL WINE AND MORE DALY CITY CA 24116416093702538159847	-27.11
04/03/26	BKOFAMERICA ATM 04/02 #000002661 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-40.00
04/03/26	BKOFAMERICA ATM 04/03 #000009236 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
04/03/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000109404802 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
04/03/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/03/26	-1.24
04/06/26	MOBILE PURCHASE 0403 SHELL OIL 57444215503 DALY CITY CA	-60.00
04/06/26	CHECKCARD 0404 TOTAL WINE AND MORE DALY CITY CA 24116416095704900823057	-43.75
04/06/26	PURCHASE 0405 TEMU.COM 130-248-0611 DE	-26.26
04/06/26	PURCHASE 0404 DOMINO'S 7811 623-205-1270 CA	-15.30
04/06/26	Online Banking transfer to SAV 3771 Confirmation# 8241894829	-5.00
04/06/26	BKOFAMERICA ATM 04/06 #000006258 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-900.00
04/06/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/06/26	-1.69

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
04/07/26	CHECKCARD 0407 CASH APP*PLAYSTATION cash.app CA 40593860974229668129672	-29.99
04/07/26	Online Banking transfer to SAV 3771 Confirmation# 8159746938	-110.00
04/07/26	Zelle payment to ESTEFANNY ESPINALES Conf# tej4eksm0	-120.00
04/07/26	Kemper Auto DES:KemperAuto ID:000000040853620 INDN:Aryel Ferreira Costa CO ID:4750620550 PPD PMT INFO:Aryel Ferreira Costa 10243016901	-182.49
04/07/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/07/26	-0.01
04/08/26	BKOFAMERICA ATM 04/07 #000006480 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-150.00
04/08/26	CHECKCARD 0407 TOTAL WINE AND MORE DALY CITY CA 24116416098708127654671	-40.30
04/08/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/08/26	-0.70
04/09/26	BKOFAMERICA ATM 04/09 #000002853 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
04/09/26	Zelle payment to KARULINE Conf# xt91mo10u	-590.00
04/10/26	MOBILE PURCHASE 0408 SHELL OIL10008368010 SOUTH SAN FRACA	-25.10
04/10/26	CHECKCARD 0409 BEVERAGES & MORE #77 SAN BRUNO CA 24493986100208678183015	-22.61
04/10/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
04/13/26	BKOFAMERICA ATM 04/12 #000004023 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
04/13/26	CHECKCARD 0409 SNAP FINANCE 877-5573769 UT 24383446100808369647182	-193.79
04/13/26	MOBILE PURCHASE 0409 SHELL OIL 57444215503 DALY CITY CA	-78.06
04/13/26	CHECKCARD 0409 SHELL OIL 57444476600 SAN BRUNO CA 24316056100710581710286	-25.00
04/13/26	Zelle payment to KARULINE Conf# vlxbhuo61	-175.00
04/13/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/13/26	-1.15
04/14/26	CHECKCARD 0412 SHELL OIL 57444476600 SAN BRUNO CA 24316056103713993814636	-15.00
04/15/26	CHECKCARD 0413 9654 FITNESS 19 SAN BRUNO CA 24910166104026926942317	-63.99
04/15/26	PURCHASE 0415 COSTCO BY INSTACART INSTACART.COMCA	-61.34
04/15/26	PURCHASE 0415 COSTCO BY INSTACART INSTACART.COMCA	-4.48
04/15/26	BKOFAMERICA BC 04/15 #000002530 WITHDRWL	-80.00
04/15/26	BKOFAMERICA BC 04/15 #000002532 WITHDRWL	-20.00
04/15/26	ATT DES:RETRY PYMT ID:XXXXXXXXXEPAYE INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-173.80
04/15/26	KLARNA DES:PURCHASE ID:BWWW Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-104.71
04/15/26	IRS DES:USATAXPYMT ID:222650551513257 INDN:A FERREIRA COSTA & K D CO ID:3387702000 WEB	-50.00
04/15/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/15/26	-1.19
04/16/26	BKOFAMERICA ATM 04/15 #000005291 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
04/16/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYK INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30
04/17/26	MOBILE PURCHASE 0415 SHELL OIL 57444212005 DALY CITY CA	-78.99
04/17/26	MOBILE PURCHASE 0415 SAFEWAY #2878 MILLBRAE CA	-13.48
04/17/26	CHECKCARD 0416 EL FAROLITO 5 S SAN FRAN CA 24717056106271065672020	-11.54
04/17/26	BKOFAMERICA ATM 04/16 #000008839 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-20.00
04/17/26	CHECKCARD 0416 TOTAL WINE AND MORE DALY CITY CA 24116416107718537976548	-31.96
04/17/26	Zelle payment to KARULINE Conf# y1c25ftov	-128.00
04/17/26	Zelle payment to Joel Barber Conf# vltpoc60y	-25.00
04/17/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000109867863 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
04/17/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/17/26	-1.03
04/20/26	BKOFAMERICA ATM 04/18 #000006354 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
04/20/26	MOBILE PURCHASE 0417 SHELL OIL 57444215503 DALY CITY CA	-50.05
04/20/26	PMNT SENT 0418 Ria Money Transfer 818-6747076 KS 24793386108002800673080	-107.03
04/20/26	CHECKCARD 0418 TOTAL WINE AND MORE DALY CITY CA 24116416109720917248165	-11.31
04/20/26	COSTCO WHSE #0 04/19 #000657395 MOBILE PURCHASE COSTCO WHSE #0147 FOSTER CITY CA	-52.24
04/20/26	BKOFAMERICA ATM 04/20 #000007124 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
04/20/26	CAPITAL ONE AUTO DES:DIRECTPAY ID:DP0C563E057BC9B INDN:Aryel Ferreira Costa CO ID:9541719802 WEB	-656.69
04/20/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/20/26	-3.37
04/21/26	RECOLOGY SANBRUN DES:WEB_PAY ID:00092238040226 INDN:ARYEL COSTA CO ID:49429229SB WEB	-97.35
04/24/26	BKOFAMERICA ATM 04/24 #000008072 WITHDRWL SAN BRUNO SAN BRUNO CA	-80.00
04/27/26	CHECKCARD 0425 APPLE.COM/BILL 866-712-7753 CA 24692166115400134182795 RECURRING	-2.99
04/27/26	MOBILE PURCHASE 0425 TST*WATERFRONT PIZZA Foster City CA	-56.30
04/27/26	CHECKCARD 0425 TOTAL WINE AND MORE DALY CITY CA 24116416116728961450836	-17.82
04/27/26	COSTCO WHSE #0 04/26 #000021693 PURCHASE COSTCO WHSE #0654 S SAN FRANCIS CA	-54.24
04/27/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/27/26	-1.65
04/28/26	MOBILE PURCHASE 0426 SHELL OIL 57444212005 DALY CITY CA	-53.05
04/28/26	CHECKCARD 0427 TOTAL WINE AND MORE DALY CITY CA 24116416118731174757995	-7.20
04/28/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/28/26	-1.75
04/29/26	PMNT SENT 0429 Ria Money Transfer 818-6747076 KS	-44.90
04/29/26	BKOFAMERICA ATM 04/28 #000009331 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
04/29/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/29/26	-0.10
04/30/26	SHELL SERVICE 04/29 #000675757 PURCHASE SHELL SERVICE STA SAN BRUNO CA	-37.15

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
04/30/26	CHECKCARD 0429 ANDREAS MARKET MILLBRAE CA 24055226120733337397646	-26.46
04/30/26	BKOFAMERICA ATM 04/29 #000009679 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
04/30/26	DOLLAR TREE 04/29 #000019664 MOBILE PURCHASE 555 EL CAMINO REA S SAN FRANCIS CA	-28.82
04/30/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 04/30/26	-1.57
Total withdrawals and other subtractions		**-$6,052.69**

Service fees

Date	Transaction description	Amount
04/01/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

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Your Regular Savings

ARYEL F COSTA

Account summary

Beginning balance on April 1, 2026	$28.25
Deposits and other additions	131.10
Withdrawals and other subtractions	-140.00
Service fees	-5.00
Ending balance on April 30, 2026	**$14.35**

Deposits and other additions

Date	Description	Amount
04/01/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 03/31	1.32
04/02/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/01	0.90
04/06/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/03	1.24
04/06/26	Online Banking transfer from CHK 1427 Confirmation# 8241894829	5.00
04/07/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/06	1.69
04/07/26	Online Banking transfer from CHK 1427 Confirmation# 8159746938	110.00
04/08/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/07	0.01
04/09/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/08	0.70
04/14/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/13	1.15
04/16/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/15	1.19
04/20/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/17	1.03
04/21/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/20	3.37
04/28/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/27	1.65
04/29/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/28	1.75
04/30/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 04/29	0.10
Total deposits and other additions		**$131.10**

Withdrawals and other subtractions

Date	Description	Amount
04/09/26	Online Banking transfer to CHK 1427 Confirmation# 8578882362	-140.00
Total withdrawals and other subtractions		**-$140.00**

Service fees

Date	Transaction description	Amount
04/01/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

ARYEL F COSTA
132 SANTA CLARA AVE APT 4
SAN BRUNO, CA 94066-5338

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your combined statement

for January 31, 2026 to February 27, 2026

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Plus Banking	3250 6202 1427	$169.96	Page 3
Regular Savings	3250 8169 3771	$32.90	Page 9
Total balance		**$202.86**	

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IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
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- Tell us the dollar amount of the suspected error.

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Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

BANK OF AMERICA

Account number: 3250 6202 1427

Your Adv Plus Banking

ARYEL F COSTA

Account summary

Beginning balance on January 31, 2026	$1,114.84
Deposits and other additions	5,243.07
Withdrawals and other subtractions	-6,175.95
Checks	-0.00
Service fees	-12.00
Ending balance on February 27, 2026	**$169.96**

Deposits and other additions

Date	Description	Amount
02/02/26	Zelle payment from KATIENE SILVA GOMES Conf# T0ZRFYVMV	15.00
02/03/26	Uber 02/03 #000896013 PMNT RCVD Uber San Francisco CA	361.28
02/03/26	Zelle payment from KARULINE DA SILVA GOMES Conf# p9w6sbn7y	284.38
02/03/26	Zelle payment from EDUARDA SILVA Conf# T0ZRRPQ3L	135.00
02/03/26	RAISER 6795 DES:EDI PAYMNT ID:G17YWJEVCQ3UKDF INDN:Aryel F Costa CO ID:3800896455 CCD PMT INFO:REF*TN*G17YWJEVCQ\	123.01
02/05/26	Zelle payment from KARULINE DA SILVA GOMES Conf# lzy3xlott	158.83
02/05/26	Uber 02/04 #000592459 PMNT RCVD Uber San Francisco CA	87.33
02/05/26	PURCHASE REFUND 0204 AMAZON MKTPLACE PMTS Amzn.com/billWA 74692166035101731779551	20.21
02/06/26	Uber 02/05 #000334457 PMNT RCVD Uber San Francisco CA	128.37

continued on the next page

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* This feature is available after 60 days of Zelle enrollment and in some circumstances, the feature may not be available for certain recipients.

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Deposits and other additions - continued

Date	Description	Amount
02/06/26	Zelle payment from KARULINE DA SILVA GOMES Conf# jxcs6se4c	70.00
02/06/26	PURCHASE REFUND 0204 AMAZON RETA* 9M8IV4CT3 SEATTLE WA 24011346036100149192593	24.10
02/06/26	PURCHASE REFUND 0204 AMAZON MARK* UZ8A462X3 SEATTLE WA 24011346036100148552268	15.81
02/09/26	Uber 02/07 #000270025 PMNT RCVD Uber San Francisco CA	304.46
02/09/26	Zelle payment from KARULINE DA SILVA GOMES Conf# pej5fwmdc	194.26
02/09/26	Uber 02/08 #000297167 PMNT RCVD Uber San Francisco CA	152.85
02/09/26	Zelle payment from KARULINE DA SILVA GOMES Conf# jvjh2qp8j	31.62
02/09/26	Online Banking transfer from SAV 3771 Confirmation# 7166473652	25.00
02/10/26	Uber 02/09 #000257393 PMNT RCVD Uber San Francisco CA	298.09
02/10/26	Zelle payment from FERNANDO COSTA Conf# ez03ww9a2	80.00
02/10/26	Online Banking transfer from SAV 3771 Confirmation# 8274355776	25.00
02/11/26	Zelle payment from KARULINE DA SILVA GOMES Conf# r7bmf17ke	296.51
02/11/26	Uber 02/10 #000897461 PMNT RCVD Uber San Francisco CA	158.71
02/11/26	Zelle payment from MARCELO DE OLIVEIRA Conf# T0ZSLTFL3	150.00
02/11/26	Zelle payment from KARULINE DA SILVA GOMES Conf# o0tsamcfm	135.76
02/12/26	Zelle payment from KARULINE DA SILVA GOMES Conf# no29pux0b	95.42
02/13/26	Uber 02/13 #000866263 PMNT RCVD Uber San Francisco CA	420.54
02/13/26	Zelle payment from KARULINE DA SILVA GOMES Conf# rqtcaw6t4	138.54
02/17/26	Zelle payment from KARULINE DA SILVA GOMES Conf# nnp6relkk	55.06
02/17/26	Uber 02/15 #000505911 PMNT RCVD Uber San Francisco CA	48.01
02/18/26	Uber 02/17 #000836077 PMNT RCVD Uber San Francisco CA	420.77
02/18/26	Uber 02/18 #000568837 PMNT RCVD Uber San Francisco CA	204.33
02/18/26	Zelle payment from KARULINE DA SILVA GOMES Conf# qajtebgxr	90.29
02/19/26	Zelle payment from KARULINE DA SILVA GOMES Conf# raueg2fa3	56.10
02/23/26	Uber 02/22 #000014434 PMNT RCVD Uber San Francisco CA	104.74
02/24/26	Uber 02/23 #000598817 PMNT RCVD Uber San Francisco CA	125.69
02/25/26	Uber 02/24 #000078403 PMNT RCVD Uber San Francisco CA	22.08
02/26/26	Uber 02/25 #000553396 PMNT RCVD Uber San Francisco CA	113.01
02/27/26	Uber 02/26 #000234515 PMNT RCVD Uber San Francisco CA	72.91
Total deposits and other additions		**$5,243.07**

Withdrawals and other subtractions

Date	Description	Amount
02/02/26	BKOFAMERICA ATM 02/01 #000003486 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
02/02/26	BKOFAMERICA ATM 01/31 #000003016 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
02/02/26	MOBILE PURCHASE 0129 SAFEWAY #2878 MILLBRAE CA	-17.11
02/02/26	MOBILE PURCHASE 0130 SHELL OIL 57444212005 DALY CITY CA	-60.05
02/02/26	Zelle payment to KARULINE Conf# u64eucidt	-30.00
02/02/26	PURCHASE 0201 AMAZON MARK* UZ8A462X3 AMAZON.COM/MAWA	-19.10
02/02/26	Agent Assisted pymt to BkofAm CRD 2152 Confirmation# 1aq780xdv	-47.00
02/02/26	TRADER JOE S # 01/31 #000557753 MOBILE PURCHASE TRADER JOE S #17 MILLBRAE CA	-57.23
02/02/26	MOBILE PURCHASE 0201 LIQUOR LAND MILLBRAE CA	-15.39
02/02/26	COSTCO WHSE #0 01/31 #000208269 PURCHASE COSTCO WHSE #0654 S SAN FRANCIS CA	-45.17
02/02/26	ESTACION SAN B 01/31 #000407776 PURCHASE ESTACION SAN BRUN SAN BRUNO CA	-22.50
02/02/26	PURCHASE 0201 AMAZON MARK* IL0287IC3 AMAZON.COM/MAWA	-10.98
02/02/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/02/26	-5.47
02/03/26	CHECKCARD 0201 SHELL OIL 57444214605 SAN MATEO CA 24316056033635086060931	-50.05
02/03/26	MOBILE PURCHASE 0202 EL FAROLITO 3 SAN FRANCISCOCA	-10.59
02/03/26	PURCHASE 0202 AMAZON PRIME*1S6AJ56A3 Amzn.com/billWA	-16.47
02/03/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/03/26	-1.89
02/04/26	MOBILE PURCHASE 0203 CHEVRON 0090030 SAN FRANCISCOCA	-36.30
02/04/26	BKOFAMERICA ATM 02/03 #000004379 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
02/04/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/04/26	-0.70
02/05/26	BKOFAMERICA ATM 02/04 #000004222 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
02/05/26	Zelle payment to Joel Barber Conf# z2q0cqgry	-25.00
02/05/26	KLARNA DES:D5RPGFV ID:4QJW Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-36.07
02/06/26	PURCHASE 0205 ZIP* GAMESTOP.COM 183-37823729 NY	-39.95
02/06/26	CHECKCARD 0205 TOTAL WINE AND MORE DALY CITY CA 24116416037639465300060	-18.77
02/06/26	BKOFAMERICA ATM 02/05 #000004448 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
02/06/26	Kemper Auto DES:KemperAuto ID:000000038560595 INDN:Aryel Ferreira Costa CO ID:4750620550 PPD PMT INFO:Aryel Ferreira Costa 10243016901	-198.30
02/06/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/06/26	-0.28
02/09/26	BKOFAMERICA ATM 02/07 #000006495 WITHDRWL A P GIANNINI SAN MATEO CA	-2,000.00
02/09/26	BKOFAMERICA ATM 02/08 #000006239 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
02/09/26	MOBILE PURCHASE 0205 SHELL OIL 57444212005 DALY CITY CA	-72.99

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
02/09/26	Online Banking transfer to SAV 3771 Confirmation# 7450632686	-30.00
02/09/26	CHECKCARD 0208 TOTAL WINE AND MORE DALY CITY CA 24116416040642670982065	-35.41
02/09/26	Liquor Locker 02/08 #000019115 PURCHASE Liquor Locker San Bruno CA	-25.00
02/09/26	COSTCO GAS #04 02/09 #000691985 MOBILE PURCHASE COSTCO GAS #0422 SO SAN FRANC CA	-25.25
02/09/26	COSTCO WHSE #0 02/09 #000711314 PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-32.50
02/09/26	KLARNA DES:D5RPGFV ID:95SP Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-104.73
02/09/26	PGANDE DES:WEB ONLINE ID:61359949011826 INDN:ARYEL F COSTA CO ID:5940742640 WEB	-57.49
02/09/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/09/26	-1.85
02/10/26	BKOFAMERICA ATM 02/09 #000006679 WITHDRWL SAN BRUNO SAN BRUNO CA	-70.00
02/10/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYX INDN:Aryel Ferreira Costa CO ID:9864031004 PPD	-195.84
02/11/26	BKOFAMERICA ATM 02/10 #000007204 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-40.00
02/11/26	CHECKCARD 0210 TOTAL WINE AND MORE DALY CITY CA 24116416042644834012886	-8.89
02/11/26	BKOFAMERICA ATM 02/11 #000004370 WITHDRWL CHINATOWN SAN FRANCISCO CA	-620.00
02/11/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/11/26	-0.11
02/12/26	MOBILE PURCHASE 0210 SHELL OIL 57444214209 MENLO PARK CA	-30.20
02/12/26	MOBILE PURCHASE 0211 AGUNDIS TIRE SHOP SOUTH SAN FRACA	-30.00
02/12/26	CHECKCARD 0212 CHEVRON 0203721 SAN FRANCISCOCA 24692166043105196890881	-40.05
02/12/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
02/13/26	BKOFAMERICA ATM 02/13 #000008134 WITHDRWL SAN BRUNO SAN BRUNO CA	-40.00
02/17/26	BKOFAMERICA ATM 02/14 #000005795 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
02/17/26	BKOFAMERICA ATM 02/15 #000001541 WITHDRWL SERRAMONTE PLAZA DALY CITY CA	-20.00
02/17/26	CHECKCARD 0217 AFFIRM.COM PAYMENTS 185-54233729 CA 24011346048100029952740 RECURRING	-25.50
02/17/26	CHECKCARD 0213 SHELL OIL 57444476600 SAN BRUNO CA 24316056045648508989823	-75.05
02/17/26	Zelle payment to KARULINE Conf# wl4npmluu	-40.00
02/17/26	MOBILE PURCHASE 0215 SAN BRUNO PARKING SAN BRUNO CA	-1.50
02/17/26	COSTCO WHSE #0 02/14 #000351580 PURCHASE COSTCO WHSE #0422 SOUTH SAN FRA CA	-225.26
02/17/26	CHECKCARD 0215 TOTAL WINE AND MORE DALY CITY CA 24116416047650381555578	-47.98
02/17/26	Agent Assisted pymt to BkofAm CRD 2152 Confirmation# 2061939349	-104.00
02/17/26	ATT DES:PAYMENT ID:XXXXXXXXXEPAYD INDN:ARYEL F COSTA CO ID:9864031004 PPD	-55.30
02/17/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/17/26	-2.71
02/18/26	BKOFAMERICA ATM 02/17 #000006184 WITHDRWL SAN BRUNO SAN BRUNO CA	-60.00
02/18/26	CHECKCARD 0217 TOTAL WINE AND MORE DALY CITY CA 24116416049652534001110	-43.16

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
02/18/26	KLARNA DES:D5RPGFV ID:B45G Walmart INDN:Aryel Costa CO ID:7891460966 WEB	-58.14
02/18/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/18/26	-0.84
02/19/26	CHECKCARD 0217 SHELL OIL 57444476600 SAN BRUNO CA 24316056049652636680839	-69.05
02/19/26	PURCHASE 0217 FIVE GUYS CA 1677 ECOMM S SAN FRANCISCA	-15.37
02/19/26	BKOFAMERICA ATM 02/18 #000009851 WITHDRWL SAN BRUNO SAN BRUNO CA	-50.00
02/19/26	SNAPLOAN87755737 DES:WEB PMTS ID:BLTCXR INDN:ARYEL FERREIRA COSTA CO ID:9000586741 WEB	-193.79
02/19/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
02/20/26	PURCHASE 0219 ZIP* GAMESTOP.COM 183-37823729 NY	-39.95
02/20/26	GLOBAL GHLLC.COM DES:AMERICOR ID:000000107975959 INDN:Aryel Costa CO ID:9200781415 PPD	-198.32
02/20/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/20/26	-0.05
02/23/26	MOBILE PURCHASE 0220 SHELL OIL 57444476600 SAN BRUNO CA	-9.11
02/23/26	CHECKCARD 0220 IN-N-OUT PLACERVILLE PLACERVILLE CA 24692166052107574866937	-17.16
02/23/26	CHECKCARD 0221 APPLE.COM/BILL 866-712-7753 CA 24692166052107476244803 RECURRING	-2.99
02/23/26	MOBILE PURCHASE 0221 TAHOE CRESCENT LLC SOUTHLAKETAHOCA	-20.00
02/23/26	MOBILE PURCHASE 0222 CHEVRON 0380130 SOUTH LAKE TACA	-4.99
02/23/26	KEEP THE CHANGE TRANSFER TO ACCT 3771 FOR 02/23/26	-1.75
02/24/26	CHECKCARD 0222 PICANHAS GRILL EXPRESS VACAVILLE CA 24000976054311203974248	-70.00
02/24/26	CHECKCARD 0223 TOTAL WINE AND MORE DALY CITY CA 24116416055659086010846	-45.51
02/24/26	KEEP THE CHANGE TRANSFER CANCELED-LOW ACCT BALANCE	-0.00
02/26/26	BKOFAMERICA ATM 02/25 #000003509 WITHDRWL SAN BRUNO SAN BRUNO CA	-30.00
02/26/26	SNAPLOAN87755737 DES:WEB PMTS ID:92SFYR INDN:ARYEL FERREIRA COSTA CO ID:9000586741 WEB	-193.79
02/27/26	BKOFAMERICA ATM 02/26 #000003897 WITHDRWL SAN BRUNO SAN BRUNO CA	-20.00
Total withdrawals and other subtractions		**-$6,175.95**

Service fees

Date	Transaction description	Amount
02/02/26	Monthly Maintenance Fee	-12.00
Total service fees		**-$12.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Your Regular Savings

ARYEL F COSTA

Account summary

Beginning balance on January 31, 2026	$41.77
Deposits and other additions	46.13
Withdrawals and other subtractions	-50.00
Service fees	-5.00
Ending balance on February 27, 2026	**$32.90**

Deposits and other additions

Date	Description	Amount
02/02/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 01/30	0.48
02/03/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/02	5.47
02/04/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/03	1.89
02/05/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/04	0.70
02/09/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/06	0.28
02/09/26	Online Banking transfer from CHK 1427 Confirmation# 7450632686	30.00
02/10/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/09	1.85
02/12/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/11	0.11
02/18/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/17	2.71
02/19/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/18	0.84
02/23/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/20	0.05
02/24/26	KEEPTHECHANGE CREDIT FROM ACCT1427 EFFECTIVE 02/23	1.75
Total deposits and other additions		**$46.13**

Withdrawals and other subtractions

Date	Description	Amount
02/09/26	Online Banking transfer to CHK 1427 Confirmation# 7166473652	-25.00
02/10/26	Online Banking transfer to CHK 1427 Confirmation# 8274355776	-25.00
Total withdrawals and other subtractions		**-$50.00**

Service fees

Date	Transaction description	Amount
02/02/26	Monthly Maintenance Fee	-5.00
Total service fees		**-$5.00**

Note your Ending Balance already reflects the subtraction of Service Fees.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

We are changing one of the ways to avoid the monthly maintenance fee on our consumer checking and savings accounts. Keep in mind, there are still other ways to avoid the monthly fee that are not changing — some of which you may already be doing.

As you may already know, Bank of America Preferred Rewards® will become BofA Rewards(TM) on or about May 26, 2026. After this happens, being a Preferred Rewards member will no longer be one of the ways to have the monthly fee waived. Instead, an account owner will need to be enrolled in BofA Rewards and qualify for the Preferred Plus, Preferred Honors, or Premier tier — this benefit does not apply to the Member tier.

Do not worry, if you are enrolled in the Preferred Rewards program on or about May 26, 2026, your enrollment will change to the new BofA Rewards program tier:

- Gold and Platinum members change to Preferred Plus
- Platinum Honors members change to Preferred Honors
- Diamond Honors members change to Premier

You will stay enrolled in your BofA Rewards tier for at least a six-month period, even if you do not meet the program requirements. After this time, BofA Rewards' standard rules, balance requirements and benefits apply.

To learn more about BofA Rewards, visit bankofamerica.com/BofARewards. Or visit the Preferred Rewards section of the "Personal Schedule of Fees" at bankofamerica.com/fees for program eligibility details.

To see all of the ways to avoid the monthly fee on your account, including those that have not changed, visit bankofamerica.com/feesataglance.

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June 12, 2025

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2024 federal income tax return for your records. Your federal return will be electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $1,102. Make your check or money order payable to ' United States Treasury '. Write ' 2024 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment to:

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

June 12, 2025

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2024 California income tax return for your records. Your California income tax return will be electronically transmitted to the FTB on ; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is $228. The amount of overpayment applied to your 2025 estimates is $0. The amount to be refunded to you by paper check is $228.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

2024 Form 1040-V

Department of the Treasury
Internal Revenue Service

STOP Before you mail a check, consider your online payment options

IRS Direct Pay	Pay by Card	Electronic Federal Tax Payment System
• Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation	• Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor	• Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees
Go to **directpay.irs.gov**	Go to **irs.gov/Payments**	Go to **EFTPS.gov** to enroll Registerd users call 1800-555-3453

Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Amount to pay includes penalties and interest of $10

Form **1040-V** (2024)

Detach Here and Mail With Your Payment and Return

FORM **1040-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher for Individuals

Do not staple or attach this voucher to your payment or return.
Go to *www.irs.gov/Payments* for payment options and information.

OMB No. 1545-0074
2024

Amount you are paying by check or money order. Make your check or money order payable to **"United States Treasury"**	**1,102.00**

1064

ARYEL FERREIRA COSTA
KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

287297773 LY FERR 30 0 202412 610

For Paperwork Reduction Act Notice, see your tax return instructions.
UYA

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
ARYEL	FERREIRA COSTA	287-29-7773
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
KARULINE C	DA SILVA GOMES	970-99-4037

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
132 SANTA CLARA AVE 04

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Bruno CA 94066

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

Standard Deduction for-
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction,* see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	7,744.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**			9	7,744.
10	Adjustments to income from Schedule 1, line 26			10	547.
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	7,197.
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	
14	Add lines 12 and 13			14	29,200.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	0.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,094.
	24	Add lines 22 and 23. This is your **total tax**	24	1,094.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) NO — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31	50.	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	50.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	50.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXX		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	1,092.
	38	Estimated tax penalty (see instructions) — 38 48.		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name JOSE A RODRIGUES MIRANDA Phone no. 415-571-7970 Personal identification number (PIN) 94066

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SELF-EMPLOYED	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
		HOUSEWIFE	

Joint return? See instructions. Keep a copy for your records.

Phone no. (650)271-5562 Email address Aryelcosta@hotmail.com

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed

Preparer's name JOSE A RODRIGUES MIRANDA Phone no. (415)571-7970

Firm's name Certifica Inc.

Firm's address 72 Scott Street , San Bruno, CA, 94066 Firm's EIN 92-2969531

UYA

Int 0 FTF 0 FTP 10 Total due 1102

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES

Your social security number

287-29-7773

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	7,744.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	7,744.

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	547.
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	547.

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

Part I Tax

1	Additions to tax:				
a	Excess advance premium tax credit repayment. Attach Form 8962	**1a**			
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	**1b**			
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	**1c**			
d	Recapture of net EPE from Form 4255, line 2a, column (l)	**1d**			
e	Excessive payments (EP) from Form 4255. Check applicable box and enter amount. **(i)** ☐ Line 1a, column (n) **(ii)** ☐ Line 1c, column (n) **(iii)** ☐ Line 1d, column (n) **(iv)** ☐ Line 2a, column (n)	**1e**			
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. **(i)** ☐ Line 1a, column (o) **(ii)** ☐ Line 1c, column (o) **(iii)** ☐ Line 1d, column (o) **(iv)** ☐ Line 2a, column (o)	**1f**			
y	Other additions to tax (see instructions): _____	**1y**			
z	Add lines 1a through 1y			**1z**	
2	Alternative minimum tax. Attach Form 6251			**2**	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17			**3**	**0.**

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			**4**	**1,094.**
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	**5**			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	**6**			
7	Total additional social security and Medicare tax. Add lines 5 and 6			**7**	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			**8**	
9	Household employment taxes. Attach Schedule H			**9**	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			**10**	
11	Additional Medicare Tax. Attach Form 8959			**11**	
12	Net investment income tax. Attach Form 8960			**12**	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			**13**	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			**14**	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			**15**	
16	Recapture of low-income housing credit. Attach Form 8611			**16**	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	**1,094.**

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

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	0.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	50.
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	50.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

Go to *www.irs.gov/ScheduleC* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
ARYEL FERREIRA COSTA	287-29-7773

A Principal business or profession, including product or service (see instructions): RIDESHARE 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.): 132 SANTA CLARA AVE APT 04

City, town or post office, state, and ZIP code: SAN BRUNO, CA 94066

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2024, check here . . . . [ ]

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	79,006.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	79,006.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	79,006.
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	79,006.

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	36,755.	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	778.
				22	Supplies (not included in Part III)	22	892.
				23	Taxes and licenses	23	
14	Employee benefit programs (other than on line 19)	14		24	Travel and meals:		
				a	Travel	24a	
				b	Deductible meals (see instructions)	24b	1,782.
15	Insurance (other than health)	15		25	Utilities	25	
16	Interest (see instructions):			26	Wages (less employment credits)	26	
a	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48)	27a	30,605.
b	Other	16b		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
17	Legal and professional services	17	450.				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	71,262.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	7,744.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	7,744.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.

32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2023

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 54858 b Commuting (see instructions) 0 c Other 2584

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.

UBER FEES	26,547.
TOLLS	1,125.
CARWASH & DETAILING	745.
CLOTH & SAFETY SHOES	445.
TELEPHONE	1,085.
SMALL TOOLS	658.

48 **Total other expenses.** Enter here and on line 27a . . . 48 30,605.

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)

ARYEL FERREIRA COSTA

Social security number of person with **self-employment** income **287-29-7773**

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	7,744.
3	Combine lines 1a, 1b, and 2		3	7,744.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	7,152.
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	7,152.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0.
6	Add lines 4c and 5b		6	7,152.
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	887.
11	Multiply line 6 by 2.9% (0.029)		11	207.
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	1,094.
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	547.	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	**14**	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income [4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ARYEL FERREIRA COSTA	287-29-7773
Spouse's name	**Spouse's social security number**
KARULINE C DA SILVA GOMES	970-99-4037

Part I Tax Return Information—Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1	Adjusted gross income	1	7,197.
2	Total tax	2	1,094.
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	1,092.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR [redacted] FORM

2024 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

287-29-7773 FERR 970-99-4037 24 PBA 485300
ARYEL FERREIRA COSTA
KARULINE C DA SILVA GOMES

132 SANTA CLARA AVE APT 04
SAN BRUNO CA 94066

09-14-1998 10-07-1997

Principal Residence

Enter your county at time of filing (see instructions)
SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . .

1 [ ] Single

2 [X] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [ ] Head of household (with qualifying person). See instructions.

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 [ ]

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $149 = $ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $149 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $149 = $

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

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**	7,197 .00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	**14**	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	**15**	7,197 .00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C	**16**	.00
17	California adjusted gross income. Combine line 15 and line 16	**17**	7,197 .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**	11,080 .00
19	Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0-	**19**	0 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule

• [ ] FTB 3800 • [ ] FTB 3803 . . . . . • **31** 0 .00

32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions	**32**	298 .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: FERREIRA COSTA Your SSN or ITIN: 287297773

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	0 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2024 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Reserved for future use	74	.
75	Earned Income Tax Credit (EITC). See instructions	75	228 .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	228 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions • 91 0 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage If you did not check the box, see instructions • [X]

Individual Shared Responsibility (ISR) Penalty. See instructions • 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	228 .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	228 .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	228 .00

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

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**	228 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . **111** 0 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . **115** 228 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

Sign your tax return on Side 6

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

(•) Your email address. Enter only one email address. ARYELCOSTA@HOTMAIL.COM

(•) Preferred phone number 650-271-5562

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) CERTIFICA INC.

• PTIN P03054034

Firm's address 72 SCOTT STREET SAN BRUNO, CA 94066

• Firm's FEIN 922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . • [X] Yes [ ] No

Print Third Party Designee's Name JOSE RODRIGUES MIRANDA

Telephone Number 415-571-7970

TAXABLE YEAR

FORM

2024 California Earned Income Tax Credit 3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

ARYEL FERREIRA COSTA AND KARULINE C DA SILVA GOMES

Your SSN or ITIN

287-29-7773

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . . ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . **2** 7,197 .00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . **3** .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income . . . . . **4** .00

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name			
6 Last name			
7 SSN or ITIN. See instructions.			

8 Date of birth (mm/dd/yyyy). If born after 2005 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.

Child 1	Child 2	Child 3

9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.

Child 1	Child 2	Child 3
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here. The child is not a qualifying child.

Child 1	Child 2	Child 3
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

10 Child's relationship to you. See instructions.

Child 1	Child 2	Child 3

11 Number of days child lived with you in California during 2024. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr.

Child 1	Child 2	Child 3
0	0	0

12 Child's physical address during 2024. See instructions.

Child 1
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 2
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 3
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	**13**	.00
14	IHSS payments. See instructions	**14**	.00
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	**15**	.00
16	Subtract line 14 and line 15 from line 13	**16**	.00
17	Nontaxable combat pay. See instructions	**17**	.00
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	**18**	7,197 .00

a Business name: RIDESHARE DRIVER

b Business address (Street address (number, street, apt. no./ste. no.)): 132 SANTA CLARA AVE APT 04

City: SAN BRUNO State: CA ZIP code: 94066

c Business license number:

d SEIN:

e Business code: 485310

19	**California earned income.** Add line 16, line 17, and line 18	**19**	7,197 .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**	228 .00

Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

21 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . **21** 0.0000

22 Part-year resident EITC. Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 California earned income. Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . **23** .00

a Total wages, salaries, tips, and other employee compensation. See instructions **23a** .00

b If your **total** net loss exceeds $34,602 or your federal AGI exceeds $31,950, check the box. See instructions . . . . . ☐

24 Available Young Child Tax Credit . . . . . **24** 1,154 .00

- If the amount on line 23 is $26,626 or less, skip line 25 through line 27 and enter $1,154 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.

25 Excess earned income over threshold. Subtract $26,626 from line 23 . . . . . **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **26** .00

27 Reduction amount. Multiply line 26 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round **27**

28 Young Child Tax Credit.

- If you did not need to complete line 25 through line 27, your credit is the $1,154 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b . . . . . **28** .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . **29** 0.0000

30 Part-year resident YCTC. Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return . . . . . ☐

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . . ☐

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name		
b Last name		

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

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 $26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35 and line 39.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $26,626, complete line 36 through line 38 and enter on line 35 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,154 on line 35.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,308 on line 35.

  If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract $26,626 from line 34 . . . . . **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round . . . . **37** .00

38 Reduction amount **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.67. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.34. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,154 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,308 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c . . . . . **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . **40** 0.0000

41 Part-year resident FYTC. Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

TAXABLE YEAR

2024

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return: ARYEL FERREIRA COSTA AND KARULINE C DA SILVA GOMES

SSN or ITIN: 287-29-7773

Part I Due Diligence Requirements

1 a Preparer's name . . . . . **1a** JOSE A RODRIGUES MIRANDA

b Preparer's PTIN **1b** P03054034

c Preparer's license, registration, or enrollment type. Check one box

☐ CPA ☐ EA ☐ Attorney ☒ CTEC ☐ Other (specify) _____

If CPA, Attorney, or Other, enter license, registration, or enrollment state . . . . . **1c** CA

d Preparer's license, registration, or enrollment number **1d** A353131

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? . . . . . **2** ☒ Yes ☐ No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? . . . . . **3** ☒ Yes ☐ No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount . . . . . **4** ☒ Yes ☐ No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent?
(If "Yes," answer questions 5a and 5b. If "No," go to question 6.) . . . . . **5** ☐ Yes ☒ No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . **5a** ☐ Yes ☐ No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.). . . . . **5b** ☐ Yes ☐ No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit . . . . . **6** ☒ Yes ☐ No

List those documents provided by the taxpayer, if any, that you relied on.

_____

_____

_____

_____

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? . . . . . **7** ☒ Yes ☐ No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE?. . . . . **8** ☒ Yes ☐ No ☐ N/A

Part II Due Diligence Questions

9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . **9a** [X] Yes [ ] No

b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . . **9b** [ ] Yes [ ] No

c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . **9c** [ ] Yes [ ] No

[X] N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;

B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;

C. Submit form FTB 3596 in the manner required; and

D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1. A copy of form FTB 3596,
2. The EITC worksheet(s) or your own worksheet(s),
3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.

10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . **10** [X] Yes [ ] No

031

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Signature Authorization for Individuals

FORM **8879**

Your name	Your SSN or ITIN
ARYEL FERREIRA COSTA	287-29-7773
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
KARULINE C DA SILVA GOMES	970-99-4037

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions . . . . . 1 7,197.

2 Amount you owe. See instructions 2

3 Refund or no amount due. See instructions . . . . . 3 228.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent** . If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CERTIFICA INC. to enter my PIN 9 4 0 6 6

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's/RDP's PIN: check one box only

☒ I authorize CERTIFICA INC. to enter my PIN 9 4 0 6 6

ERO firm name **Do not enter all zeros**

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9 4 8 3 5 2 9 4 0 6 6

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature ▶ _____ Date ▶ _____

July 23, 2024

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2023 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on ; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is $899. You have selected to pay with your credit card at a later date.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

July 23, 2024

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066

Please find enclosed a copy of your 2023 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on ; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is $227. The amount of overpayment applied to your 2024 estimates is $0. The amount to be refunded to you by paper check is $227.

If you have any questions about your tax return, please contact us. Thank you for letting us be of service to you.

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

2023
Income Tax Return

Prepared For:

ARYEL FERREIRA COSTA and KARULINE C DA SILV
132 SANTA CLARA AVE Apt. 04
San Bruno, CA 94066
(650)271-5562

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

Form **1040** Department of the Treasury-Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only-Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
ARYEL	FERREIRA COSTA	287-29-7773
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
KARULINE C	DA SILVA GOMES	970-99-4037

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
132 SANTA CLARA AVE 04

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
San Bruno CA 94066

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☐ Head of household (HOH)
☒ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here . . ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions): Child tax credit	Credit for other dependents
			☐	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	6,719.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income.**				9	6,719.
10	Adjustments to income from Schedule 1, line 26				10	475.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	6,244.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	27,700.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	27,700.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	0.

Attach Sch. B if required.

Standard Deduction for-
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

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	949.
	24	Add lines 22 and 23. This is your **total tax**	24	949.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26	
	27	Earned income credit (EIC) NO — 27		
	28	Additional child tax credit from Schedule 8812 — 28		
	29	American opportunity credit from Form 8863, line 8 — 29		
	30	Reserved for future use — 30		
	31	Amount from Schedule 3, line 15 — 31	50.	
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	50.
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	50.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	0.
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX c Type: ☐ Checking ☐ Savings		
	d	Account number XXXXXX		
	36	Amount of line 34 you want **applied to your 2024 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	899.
	38	Estimated tax penalty (see instructions) — 38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☒ **Yes.** Complete below. ☐ **No**

Designee's name JOSE A RODRIGUES MIRANDA Phone no. 415-571-7970 Personal identification number (PIN) 94066

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		SELF-EMPLOYED	094066
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.)
		HOUSEWIFE	094066
Phone no. (650)271-5562	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's signature	Date	PTIN	Check if:
		P03054034	☒ Self-employed
Preparer's name JOSE A RODRIGUES MIRANDA	Phone no. (415)571-7970		
Firm's name Certifica Inc.			
Firm's address 72 Scott Street , San Bruno, CA, 94066		Firm's EIN	92-2969531

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form1040* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GOMES

Your social security number

287-29-7773

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	6,719.
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	6,719.

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	475.
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	475.

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

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

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	949.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	**949.**

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

2023

Attachment Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ARYEL FERREIRA COSTA and KARULINE C DA SILVA GO

Your social security number

287-29-7773

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**	**0.**

(continued on page 2)

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	50.
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	Credit for repayment of amounts included in income from earlier years	13b			
c	Elective payment election amount from Form 3800, Part III, line 6, column (i)	13c			
d	Deferred amount of net 965 tax liability (see instructions)	13d			
z	Other payments or refundable credits. List type and amount:	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	50.

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: **ARYEL FERREIRA COSTA**

Social security number (SSN): 287-29-7773

A Principal business or profession, including product or service (see instructions): **RIDESHARE 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.): 132 SANTA CLARA AVE APT 04

City, town or post office, state, and ZIP code: SAN BRUNO, CA 94066

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses . . . . [X] Yes [ ] No

H If you started or acquired this business during 2023, check here . . . . [ ]

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions . . . . [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? . . . . [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	37,142.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	37,142.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	37,142.
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	37,142.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9	20,899.	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	1,145.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	878.
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	1,292.
17	Legal and professional services	17	350.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	5,859.
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	30,423.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	6,719.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	6,719.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.**

• If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.

32a [ ] All investment is at risk.

32b [ ] Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2023

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 31907 b Commuting (see instructions) 1541 c Other 3658

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.

UBER FEES	2,112.
TOLLS	1,224.
CARWASH & DETAILING	875.
CLOTH & SAFETY SHOES	365.
TELEPHONE	958.
SMALL TOOLS	325.

48 **Total other expenses.** Enter here and on line 27a . . . 48 5,859.

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)
ARYEL FERREIRA COSTA

Social security number of person with **self-employment** income **287-29-7773**

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	6,719.
3	Combine lines 1a, 1b, and 2		3	6,719.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	6,205.
	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	6,205.
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	6,205.
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	769.
11	Multiply line 6 by 2.9% (0.029)		11	180.
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	949.
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	475.	

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,840, **or (b)** your net farm profits[2] were less than $7,103.

14	Maximum income for optional methods	**14**	6,560
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,560. Also, include this amount on line 4b above	**15**	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,103 and also less than 72.189% of your gross nonfarm income[4], **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	
17	Enter the **smaller** of: two-thirds (2 /3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34; and Sch. K-1 (Form 1065), box 14, code A-minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C, line 31; and Sch. K-1 (Form 1065), box 14, code A.

[4] From Sch. C, line 7; and Sch. K-1 (Form 1065), box 14, code C.

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**

▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
ARYEL FERREIRA COSTA	287-29-7773
Spouse's name	**Spouse's social security number**
KARULINE C DA SILVA GOMES	970-99-4037

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	6,244.
2	Total tax	2	949.
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	899.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537.** Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

☒ I authorize Certifica Inc. (ERO firm name) to enter or generate my PIN 94066 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 94835294066 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form – See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

TAXABLE YEAR | FORM

2023 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

287-29-7773 FERR 970-99-4037 23 PBA 485300
ARYEL FERREIRA COSTA
KARULINE C DA SILVA GOMES

132 SANTA CLARA AVE APT 04
SAN BRUNO CA 94066

09-14-1998 10-07-1997

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 X Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 ☐ Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr . . . . 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $144 = $ 288

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions . . . . . 9 [ ] X $144 = $

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions . . . . . • **10** [ ] X $446 = $ [ ]

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . **11** $ 288

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . • **12** [ ] .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . **13** 6,244 .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** 6,244 .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** 6,244 .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 . . $10,72

If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. . • **18** 10,726 .00

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- . . . . . **19** 0 .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
• [ ] FTB 3800 • [ ] FTB 3803 . . . . . • **31** 0 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions . . . . . **32** 288 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . **33** 0 .00

34 Tax. See instructions. Check the box if from: • [ ] Schedule G-1 • [ ] FTB 5870A • **34** .00

35 Add line 33 and line 34 . . . . . **35** 0 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. . . . . • **40** .00

43 Enter credit name [ ] code • [ ] and amount . . • **43** .00

44 Enter credit name [ ] code • [ ] and amount . . • **44** .00

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	120 .00
47	Add line 40 through line 46. These are your total credits	47	120 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2023 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC). See instructions	75	227 .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	227 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions . . . . . 91 0 .00

If line 91 is zero, check if: ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions . . . . . [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	227 .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	227 .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	227 .00

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

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**	227	.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: FERREIRA COSTA Your SSN or ITIN: 287297773

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001**
Pay Online - Go to **ftb.ca.gov/pay** for more information. . . . **111** 0 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.
Check the box: ☐ **FTB 5805 attached** ☐ **FTB 5805F attached** . . . . . **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . **115** 227 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **116** Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Routing number | Type: ☐ Checking ☐ Savings | Account number | **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ Yes ☐ No

Sign your tax return on Side 6

Your name: FERREIRA COSTA Your SSN or ITIN: 287297773

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

(•) Your email address. Enter only one email address. ARYELCOSTA@HOTMAIL.COM

(•) Preferred phone number 650-271-5562

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) CERTIFICA INC.

• PTIN P03054034

Firm's address 72 SCOTT STREET SAN BRUNO, CA 94066

• Firm's FEIN 922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . • [X] Yes [ ] No

Print Third Party Designee's Name JOSE RODRIGUES MIRANDA

Telephone Number 415-571-7970

TAXABLE YEAR

FORM

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

ARYEL FERREIRA COSTA AND KARULINE C DA SILVA GOMES

Your SSN or ITIN

287-29-7773

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here . . . . . ☐

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years.
If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.
If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Specific Instructions.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? ☐ Yes ☒ No

b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? . . . . . ☐ Yes ☒ No

2 Federal AGI (federal Form 1040 or 1040-SR, line 11) . . . . . **2** 6,244 .00

3 Federal EIC (federal Form 1040 or 1040-SR, line 27) . . . . . **3** .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income . . . . . **4** .00

Part III Qualifying Child Information (See Step 3 in the instructions.)

You must complete Part I and Part II before filling out Part III. **If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.**

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

	Child 1	Child 2	Child 3
5 First name			
6 Last name			
7 SSN or ITIN. See instructions.			
8 Date of birth (mm/dd/yyyy). If born after 2004 **and** the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10.			
9 a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b Was the child permanently and totally disabled during any part of 2023? If yes, go to line 10. If no, stop here. The child is not a qualifying child.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
10 Child's relationship to you. See instructions.			
11 Number of days child lived with you in California during 2023. Do not enter more than 365 days. See instructions.	0	0	0

12 Child's physical address during 2023. See instructions.

Child 1
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 2
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Child 3
a Street address (number, street, apt. no./ste. no.)
b City **c** State **d** ZIP code

Part IV California Earned Income

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	**13**	.00
14	IHSS payments. See instructions	**14**	.00
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	**15**	.00
16	Subtract line 14 and line 15 from line 13	**16**	.00
17	Nontaxable combat pay. See instructions	**17**	.00
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	**18**	6,244 .00

a Business name: RIDESHARE DRIVER

b Business address (Street address (number, street, apt. no./ste. no.)): 132 SANTA CLARA AVE APT 04

City: SAN BRUNO State: CA ZIP code: 94066

c Business license number:

d SEIN:

e Business code: 485310

19	**California earned income.** Add line 16, line 17, and line 18	**19**	6,244 .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**	227 .00

Part VI Part-Year Resident California Earned Income Tax Credit

21 CA exemption credit percentage from Form 540NR, line 38. See instructions. . . **21** 0.0000

22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 . . . . . **22** .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than $0, do not complete line 23a or line 23b and continue on to line 24 . . . . . **23** .00

a **Total** wages, salaries, tips, and other employee compensation. See instructions **23a** .00

b If your **total** federal net loss exceeds $33,497 or your federal AGI exceeds $30,950, check the box. See instructions . . . . . ☐

24 **Available Young Child Tax Credit** . . . . . **24** 1,117 .00

- If the amount on line 23 is $25,775 or less, skip line 25 through line 27 and enter $1,117 on line 28. If applicable, complete line 29 and line 30.
- If the amount on line 23 is greater than $25,775, complete line 25 through line 28. If applicable, complete lines 29 and line 30.

25 Excess earned income over threshold. Subtract $25,775 from line 23 . . . . . **25** .00

26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **26** .00

27 **Reduction amount.** Multiply line 26 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round **27**

28 **Young Child Tax Credit.**

- If you did not need to complete line 25 through line 27, your credit is the $1,117 from line 24.
- If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b . . . . . **28** .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

29 CA Exemption credit percentage from Form 540NR, line 38. See instructions. . . **29** 0.0000

30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 . . . . . **30** .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.

a Primary Taxpayer: My name is the first name listed on this return . . . . . ☐

b Spouse/RDP: My name is listed as the spouse/RDP on this joint return . . . . . ☐

32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name		
b Last name		

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC . . . . . ☐

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19 . . . . . **34** .00

35 Available Foster Youth Tax Credit . . . . . **35** .00

- If the amount on line 34 is $25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35 and line 39.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35 and line 39.

  If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than $25,775, complete line 36 through line 38 and enter on line 35 the following amount.
  - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter $1,117 on line 35.
  - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter $2,234 on line 35.

  If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract $25,775 from line 34 . . . . . **36** .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round. . . . . **37** .00

38 Reduction amount **38**

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by $21.66. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by $43.32. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the $1,117 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the $2,234 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** $0 and $1, enter $1. If your credit amount is over $1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c . . . . . **39** .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . **40** 0.0000

41 Part-year resident FYTC. Multiply line line 39 by line 40.
This amount should also be entered on Form 540NR, line 87 . . . . . **41** .00

TAXABLE YEAR

2023

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

CALIFORNIA FORM

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return: ARYEL FERREIRA COSTA AND KARULINE C DA SILVA GOMES

SSN or ITIN: 287-29-7773

Part I Due Diligence Requirements

1 a Preparer's name . . . . . **1a** JOSE A RODRIGUES MIRANDA

b Preparer's PTIN **1b** P03054034

c Preparer's license, registration, or enrollment type. Check one box

☐ CPA ☐ EA ☐ Attorney ☒ CTEC ☐ Other (specify) _____

If CPA, Attorney, or Other, enter license, registration, or enrollment state . . . . . **1c** _____

d Preparer's license, registration, or enrollment number **1d** A353131

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? . . . . . **2** ☒ Yes ☐ No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? . . . . . **3** ☒ Yes ☐ No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

- Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)
- Review information to determine that the taxpayer is eligible to claim the credit and for what amount . . . . . **4** ☒ Yes ☐ No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent?
(If "Yes," answer questions 5a and 5b. If "No," go to question 6.) . . . . . **5** ☐ Yes ☒ No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? . . . . . **5a** ☐ Yes ☐ No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.). . . . . **5b** ☐ Yes ☐ No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit . . . . . **6** ☒ Yes ☐ No

List those documents provided by the taxpayer, if any, that you relied on.

_____

_____

_____

_____

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? . . . . . **7** ☒ Yes ☐ No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? . . . . . **8** ☒ Yes ☐ No ☐ N/A

Part II Due Diligence Questions

9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) . . . . . **9a** [X] Yes [ ] No

b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? . . . . . **9b** [ ] Yes [ ] No

c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? . . . . . **9c** [ ] Yes [ ] No

[X] N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;

B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;

C. Submit form FTB 3596 in the manner required; and

D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:

1. A copy of form FTB 3596,
2. The EITC worksheet(s) or your own worksheet(s),
3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a $500 penalty for each failure to comply.

10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? . . . . . **10** [X] Yes [ ] No