



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**.

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Recieri	Middle Name (if any)	Family Name (Last Name) ALBINATI LIMA	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 1,440.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





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I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Recieri	Middle Name (if any)	Family Name (Last Name) ALBINATI LIMA	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 260 .00
Credit Card Expiration Date (mm/yyyy)	CVV Code		





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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Emily	Middle Name (if any)	Family Name (Last Name) JUNQUEIRA ALBINATI LIMA	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 1,440.00
Credit Card Expiration Date CVV Code (mm/yyyy)			





Authorization for Credit Card Transactions

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I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Emilly	Middle Name (if any)	Family Name (Last Name) JUNQUEIRA ALBINATI LIMA	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 260 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



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

RE: Form I-485, Application to Register Permanent Residence or Adjust Status
Applicant: Recieri Albinati Lima (IOE9752443353) and Emilly Junqueira Albinati Lima (IOE9480666227)

Dear Sir or Madam,

Please find enclosed Form I-485, Application to Register Permanent Residence or Adjust Status, along with all required supporting documentation, filed on behalf of Recieri Albinati Lima and Emilly Junqueira Albinati Lima.

This filing is based on their respective Form I-130 petitions, which have already been properly submitted and are currently pending with USCIS. The receipt numbers for the underlying petitions are as follows:

- Form I-130 (Recieri Albinati Lima): IOE9752443353
- Form I-130 (Emilly Junqueira Albinati Lima): IOE9480666227

As of the date of this filing, both applicants are current under the Visa Bulletin according to their priority dates (Recieri: 03/07/2024; Emilly: 11/21/2023). Therefore, they are permitted to apply for adjustment of status.

- Form G-1450, Authorization for Credit Card Transactions

Recieri Albinati Lima's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-485, Application to Register Permanent or Adjust Status;
- Form I-765, Application for Employment Authorization;

Emilly Junqueira Albinati Lima's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-485, Application to Register Permanent or Adjust Status;
- Form I-765, Application for Employment Authorization;

Kennya Junqueira Camargo's Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-864, Affidavit of Support Under Section 213A of the INA.

Renato Alves de Barros' Signed Forms:

- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-864, Affidavit of Support Under Section 213A of the INA

I. Recieri Albinati Lima's Identification Documents:

- Recieri Albinati Lima's Birth Certificate with English Translation;
- Recieri Albinati Lima's Valid Passport;
- Recieri Albinati Lima's I-94.

II. Recieri Albinati Lima's Proof of F1 Status:

- Recieri Albinati Lima's Form I-20;

III. Emilly Junqueira Albinati Lima's Identification Documents:

- Emilly Junqueira Albinati Lima's Birth Certificate with English Translation;
- Emilly Junqueira Albinati Lima's Valid Passport;
- Emilly Junqueira Albinati Lima's I-94.

IV. Receipt Notice of Forms I-130, Petition for Alien Relative – Pending Petitions:

- Recieri Albinati Lima's Receipt Notice of Form I-130;
- Emilly Junqueira Albinati Lima's Receipt Notice of Form I-130;

V. Recieri Albinati Lima's Proof of Marital Status

- Recieri Albinati Lima and Kennya Junqueira Camargo's Marriage Certificate;

VI. Kennya Junqueira Camargo's Dissolution of Prior Marriage:

- Marcelo Barbosa and Kennya Junqueira Camargo's Previous Dissolution of Marriage;

VII. Kennya Junqueira Camargo's Financial Information – Petitioner of Form I-130

- Kennya Junqueira Camargo's Permanent Resident Card;
- Kennya Junqueira Camargo's Valid Passport;
- Kennya Junqueira Camargo's IRS Federal Income Tax Return from 2024;

VIII. Renato Alves de Barros' Financial Information – Joint Sponsor

- Renato Alves de Barros' Permanent Resident Card;
- Renato Alves de Barros' IRS Federal Income Tax Return from 2024;
- Renato Alves de Barros' IRS Federal Income Tax Return from 2023.

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

Sincerely,



03/17/2026

Otavio Haverroth Silva (SBN: 343486)

Attorney at Law - 510-241-9336



+1 510 714 0100



+1 415 425 2508



PO BOX 90487

ZIP CODE 92169

Recieri Albinati Lima'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**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

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

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

HS Law Corp

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

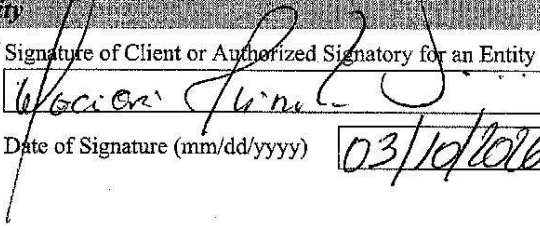
Options Regarding Receipt of USCIS Notices and Documents

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

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


- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ 
- 2.b. Date of Signature (mm/dd/yyyy)

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)
- 2.a. Signature of Law Student or Law Graduate
- 2.b. Date of Signature (mm/dd/yyyy)



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)

1.b Given Name (First Name)

1.c Middle Name

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

2.d

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

3.d

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

4.d

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

5.d

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

6.d





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 10/31/2027

For USCIS Use Only			
Preference Category:	Receipt		Action Block
Country Chargeable:			
Priority Date:			
Date Form I-693 Signed By Civil Surgeon:			
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 249 <input type="checkbox"/> INA 245(a) <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> INA 245(i) <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> INA 245(j) <input type="checkbox"/> Other _____		

To be completed by an Attorney or Accredited Representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">0 0 7 4 9 2 6 2 5 4 3 8</div>

▶ **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)
ALBINATI LIMA	Recieri	N/A
- 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)
N/A	N/A	N/A
- 3. Date of Birth (mm/dd/yyyy)**

04/10/1965

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



A-Number ▶ 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-

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

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

6. Sex Male Female

7. Place of Birth

City or Town of Birth

Country of Birth

8. Country of Citizenship or Nationality

9. USCIS Online Account Number (if any)

▶

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

Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

Country that Issued this Passport or Travel Document

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

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy)

Place and Date of Last Arrival into the United States

City or Town

State

Date of Last Arrival (mm/dd/yyyy)

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):

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:



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) **ALBINATI LIMA** Given Name (First Name) **Recieri**

Form I-94 Arrival/Departure Record Number ▶ **1 4 7 5 6 9 7 7 7 A 3**

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status **06/06/2023**

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)? **F1**

15. Expiration Date of Current Immigration Status (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status **10/05/2029**

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) **Kennya Junqueira**

Street Number and Name **2000 S Delaware St** Apt. Ste. Flr. Number **408**

City or Town **San Mateo** State **CA** ZIP Code **94403**

Date You First Resided at This Address (mm/dd/yyyy) **05/06/2023**

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)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

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 Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Residence

From (mm/dd/yyyy) To (mm/dd/yyyy)

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). ►

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



Part 2. Application Type or Filing Category

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

2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any)
 (mm/dd/yyyy)

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)	Given Name (First Name)	Middle Name (if applicable)
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

Principal Applicant's A-Number (if any) ► A- <input type="text" value="N/A"/>	Principal Applicant's Date of Birth (mm/dd/yyyy) <input type="text" value="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). N/A

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). N/A

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: N/A

- Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- Individual Born in the United States Under Diplomatic Status
- 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
N/A

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	Country
N/A	N/A
- 3. Decision (for example, approved, refused, denied, withdrawn)
- 4. Date of Decision (mm/dd/yyyy)
- 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)	Name of Employer, Company, or School
Horizon Institute	Horizon Institute

Your Occupation (if unemployed or retired, so state)



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

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

Name of Employer, Company, or School Your Occupation (if unemployed or retired, so state)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
 2. Parent 1's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)
 3. Date of Birth (mm/dd/yyyy)



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

Part 6. Information About Your Marital History

- What is your current marital status?
 Single, Never Married Married Divorced Widowed Marriage Annulled Legally Separated
- 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
- How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)?

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)

5. Current Spouse's A-Number (if any) 6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number
 City or Town State ZIP Code
 Province Postal Code Country



Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town State or Province

Country

Date of Marriage to Current Spouse (mm/dd/yyyy)

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) Given Name (First Name) Middle Name (if applicable)

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth 14. Prior Spouse's Country of Citizenship or Nationality

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town State or Province

Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town State or Province

Country

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

18. How Marriage Ended with Prior Spouse (select one):

Annulled Divorced Spouse Deceased Other (Explain):



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.

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)
LIMA DIAS ALBINATI	Raissa	N/A

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

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)
LIMA DIAS ALBINATI	Laiza	N/A

A-Number (if any) ► A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

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 Inches 4. Weight Pounds
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 State or Province

Country
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) To (mm/dd/yyyy)

Organization 2

6. Name of Organization

N/A



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

8. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.

9. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

- 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? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

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. - 66.** 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. - 66.** 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 will complete **Item Numbers 57. - 66.**"

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. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

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 degree or grade of school 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 certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
FBB110-assigned correspondent+LGPD
FBB100-full correspondent+LGPD
FBB120-CDC+LGPD
FBB130-vehicles

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? Yes No

64. Have you ever received long-term institutionalization at government expense? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

- 67. 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 67.** 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.
- 68. 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
- 69. 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
- 70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No
- 71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No
- 72. 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
- 73. 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

- 74. 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
- 75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present Yes No 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.

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one Yes No central reason for your unlawful presence in the United States?

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:

78.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

78.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No

80. 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

81. 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

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

84.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

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No

84.c. Been convicted of desertion from the U.S. armed forces? Yes No

85. 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

86. If you answered "Yes" to **Item Number 85.**, 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)?

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).

- Applicant's Daytime Telephone Number
- Applicant's Mobile Telephone Number (if any)
- Applicant's Email Address (if any)

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.

- Applicant's Signature
- Date of Signature (mm/dd/yyyy)

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
- Interpreter's Business or Organization Name

Interpreter's Contact Information

- Interpreter's Daytime Telephone Number
- Interpreter's Mobile Telephone Number (if any)
- Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , 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.

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



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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this 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)

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)

2. Page Number Part Number Item Number

Other Addresses:
 Rua JI05/JI18 Quadra 42 - Lotes 3/6
 Aparecida de Goiania, Goias
 Postal Code: 74905400 Country: Brazil
 From: 09/07/2007 To: 12/07/2022

3. Page Number Part Number Item Number

I entered the United States on a B-2 visa and filed two extensions. During the entire period from January 13, 2022, to October 30, 2024, I did not work or study and maintained my B-2 status in the United States.

4. Page Number Part Number Item Number

Emilly Junqueira Albinati Lima
 04/10/2008
 Biological Child
 Applying I-485 with me

5. Page Number Part Number Item Number

Giovanni Martini Junqueira Barbosa
 12/10/1999
 USA
 Stepchild



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	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block

	<input type="checkbox"/> Authorization/Extension Valid Through		

Alien Registration Number A- <input type="text"/>			
Remarks			

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="343486"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="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)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

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)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name



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**
[\(USPS ZIP Code Lookup\)](#)
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 **2000 S Deaware St**
- 7.b. Apt. Ste. Flr. **408**
- 7.c. City or Town **San Mateo**
- 7.d. State **CA** 7.e. ZIP Code **94403**

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

Belo Horizonte

15.b. State/Province of Birth

Minas Gerais

15.c. Country of Birth

Brazil

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

04/10/1965

Information About Your Last Arrival in the United States

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

▶ 1 4 7 5 6 9 7 7 7 A 3

18. Passport Number of Your Most Recently Issued Passport

GF190136

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)

09/15/2032

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

12/07/2022

23. Place of Your Last Arrival Into the United States

Orlando

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)

F1

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

▶ N- 0036063454

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 , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 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
- 7.b. Date of Signature (mm/dd/yyyy)

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)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)



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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , 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)

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)

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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)

03/10/2026



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)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.



Emilly Junqueira Albinati Lima'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 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

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



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
- NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
→ EMILLY ALBINATI
- 2.b. Date of Signature (mm/dd/yyyy) 03/10/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative
[Signature]
- 1.b. Date of Signature (mm/dd/yyyy) 03/10/2026
- 2.a. Signature of Law Student or Law Graduate
[Blank]
- 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)

1.b Given Name (First Name)

1.c Middle Name

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 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 10/31/2027

For USCIS Use Only			
Preference Category:	Receipt	Action Block	
Country Chargeable:			
Priority Date:			
Date Form I-693 Signed By Civil Surgeon:			
<input type="checkbox"/> Applicant Interviewed <input type="checkbox"/> Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	Section of Law <input type="checkbox"/> INA 209(a) <input type="checkbox"/> INA 209(b) <input type="checkbox"/> INA 245(a) <input type="checkbox"/> INA 245(i) <input type="checkbox"/> INA 245(j)	<input type="checkbox"/> INA 245(m) <input type="checkbox"/> INA 249 <input type="checkbox"/> Sec. 13, Act of 9/11/57 <input type="checkbox"/> Cuban Adjustment Act <input type="checkbox"/> Other _____	

To be completed by an Attorney or Accredited Representative (if any).			
<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Volag Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">N/A</div>	Attorney State Bar Number (if applicable) <div style="border: 1px solid black; padding: 2px; text-align: center;">343486</div>	Attorney or Accredited Representative USCIS Online Account Number (if any) <div style="border: 1px solid black; padding: 2px; text-align: center;">0 0 7 4 9 2 6 2 5 4 3 8</div>

▶ **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)
JUNQUEIRA ALBINATI LIMA	Emilly	N/A

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)
N/A	N/A	N/A

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

04/10/2008

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



A-Number ▶ 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-

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

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

6. Sex Male Female

7. Place of Birth

City or Town of Birth

Country of Birth

8. Country of Citizenship or Nationality

9. USCIS Online Account Number (if any)

▶

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

Expiration Date of this Passport or Travel Document (mm/dd/yyyy)

Country that Issued this Passport or Travel Document

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

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy)

Place and Date of Last Arrival into the United States

City or Town

State

Date of Last Arrival (mm/dd/yyyy)

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):

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-

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) Given Name (First Name)

Form I-94 Arrival/Departure Record Number ▶

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

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

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)?

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

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)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Date You First Resided at This Address (mm/dd/yyyy)

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)

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code



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)

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

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

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

Dates of Residence

From (mm/dd/yyyy)

To (mm/dd/yyyy)

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). ▶

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



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

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

Principal Applicant's A-Number (if any) ► A- <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>N/A</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	N/A										Principal Applicant's Date of Birth (mm/dd/yyyy) <input type="text" value="N/A"/>
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 in the United States Under Diplomatic Status

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	Country
N/A	N/A

3. Decision (for example, approved, refused, denied, withdrawn)

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

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)	Name of Employer, Company, or School
Hillsdale high school	Hillsdale high school

Your Occupation (if unemployed or retired, so state)



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

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

Name of Employer, Company, or School Your Occupation (if unemployed or retired, so state)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) To (mm/dd/yyyy)

If unemployed or retired, source of financial support:

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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



Part 5. Information About Your Parents (continued)

4. Country of Birth

Information About Your Parent 2

5. Parent 2's Legal Name
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

6. Parent 2's Name at Birth (if different than above)
 Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

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

8. Country of Birth

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)?

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)

5. Current Spouse's A-Number (if any)

6. Current Spouse's Date of Birth (mm/dd/yyyy)

7. Current Spouse's Country of Birth

8. Current Spouse's Current Physical Address
 Street Number and Name Apt. Ste. Flr. Number

City or Town State ZIP Code

Province Postal Code Country



Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town State or Province

Country

Date of Marriage to Current Spouse (mm/dd/yyyy)

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) Given Name (First Name) Middle Name (if applicable)

12. Prior Spouse's Date of Birth (mm/dd/yyyy)

13. Prior Spouse's Country of Birth

14. Prior Spouse's Country of Citizenship or Nationality

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy)

16. Place of Marriage to Prior Spouse

City or Town State or Province

Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town State or Province

Country

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy)

18. How Marriage Ended with Prior Spouse (select one):

Annulled Divorced Spouse Deceased Other (Explain):



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.

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)
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

A-Number (if any) ▶ A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

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)
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="N/A"/>

A-Number (if any) ▶ A- Date of Birth (mm/dd/yyyy)

Country of Birth

What is your child's relationship to you? (for example, biological child, stepchild, legally adopted child)

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 Inches 4. Weight Pounds
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
 -
3. City or Town State or Province
 - Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.
 -
 - Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
 -
5. Dates of Membership or Dates of Involvement
 - From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization
 -



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

N/A	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 Yes No 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?



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? Yes No
 Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion.

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. - 66.** 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. - 66.** 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 will complete **Item Numbers 57. - 66.**"

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. - 66.**

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**" in **Item Number 56.**, complete **Item Numbers 57. - 66.** below. If you selected an exempt category in **Item Number 56.**, go to **Item Number 67.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

57. What is the size of your household?

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 degree or grade of school 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 certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
N/A

63. Have you ever received Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or state, Tribal, territorial, or local cash benefit programs for income maintenance (often called "General Assistance" in the state context, but which also exist under other names)? Yes No
64. Have you ever received long-term institutionalization at government expense? Yes No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

65. If your answer to **Item Number 63.** is "Yes," list the specific benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received, and whether you received the benefits while you were in an immigration category exempt from the public charge ground of inadmissibility.

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

66. If your answer to **Item Number 64.** is "Yes," list the name, city, and state for each institution, the start and end dates of each period of institutionalization, the reason you were institutionalized, and whether you were institutionalized while you were in an immigration category exempt from the public charge ground of inadmissibility.

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
N/A	N/A	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Illegal Entries and Other Immigration Violations

67. 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 67.** 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.

68. 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

69. 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

70. Have you **EVER** falsely claimed to be a U.S. citizen (in writing or any other way)? Yes No

71. Have you **EVER** been a stowaway on a vessel or aircraft arriving in the United States? Yes No

72. 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

73. 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

74. 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

75. Have you **EVER** entered the United States without being inspected and admitted or paroled? Yes No



Part 9. General Eligibility and Inadmissibility Grounds (continued)

76. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present Yes No 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.

NOTE: If you answered "Yes" to **Item Number 76.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information.**

77. If you answered "Yes" to **Item Number 76.**, was a severe form of trafficking in persons at least one Yes No central reason for your unlawful presence in the United States?

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:

78.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

78.b. Having been deported, excluded, or removed from the United States? Yes No

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No

80. 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

81. 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

82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No

83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

84.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

84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No

84.c. Been convicted of desertion from the U.S. armed forces? Yes No

85. 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

86. If you answered "Yes" to **Item Number 85.**, 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)?

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
- 2. Applicant's Mobile Telephone Number (if any)
- 3. Applicant's Email Address (if any)

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 Date of Signature (mm/dd/yyyy)

Part 11. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , 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)

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

Preparer's Contact Information

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

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this 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)

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)

2. Page Number Part Number Item Number

Other addresses:
 Rua JI05/JI18 Quadra 42 - Lotes 3/6
 Aparecida de Goiania, Goiás
 Postal Code: 74905400 Country: Brazil
 From: 04/10/2008 To:12/07/2022

3. Page Number Part Number Item Number

Delta School
 Street: Avenida Sao Bartolomeu C/ Avenida Sao Carlos
 Jardim Planalto. Postal Code:74333-020
 From: 02/2014 to 2022
 Financial Support through parents

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

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	<input type="checkbox"/> Authorization/Extension Valid From	Fee Stamp	Action Block

	<input type="checkbox"/> Authorization/Extension Valid Through		

Alien Registration Number A- <input type="text"/>			
Remarks			

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="343486"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="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.)

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)
- 2.b. Given Name (First Name)
- 2.c. Middle Name
-
- 3.a. Family Name (Last Name)
- 3.b. Given Name (First Name)
- 3.c. Middle Name
-
- 4.a. Family Name (Last Name)
- 4.b. Given Name (First Name)
- 4.c. Middle Name

Part 2. Information About You

Your Full Legal Name

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name



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**
[\(USPS ZIP Code Lookup\)](#)
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 **2000 S Deaware St**
- 7.b. Apt. Ste. Flr. **408**
- 7.c. City or Town **San Mateo**
- 7.d. State **CA** 7.e. ZIP Code **94403**

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

Goiás

15.c. Country of Birth

Brazil

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

04/10/2008

Information About Your Last Arrival in the United States

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

▶ 1 4 7 5 7 1 1 7 0 A 3

18. Passport Number of Your Most Recently Issued Passport

GD141177

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)

10/21/2026

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

12/07/2022

23. Place of Your Last Arrival Into the United States

Orlando

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 Pending - Form I-485

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 , a language in which I am fluent, and I understood everything.
- 2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

- 3. Applicant's Daytime Telephone Number
- 4. Applicant's Mobile Telephone Number (if any)
- 5. Applicant's Email Address (if any)
- 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
- 7.b. Date of Signature (mm/dd/yyyy)

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)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

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

Interpreter's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

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

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , 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)

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)

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

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

Preparer's Mailing Address

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

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

6. Preparer's Email Address (if any)



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)

03/10/2026



Kennya Junqueira Camargo's Signed Forms



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

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



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 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)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

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
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

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

➔ Kennya Junquera Lamargo

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[Signature]

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

2.a. Signature of Law Student or Law Graduate

[Blank]

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)

1.b Given Name (First Name)

1.c Middle Name

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





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
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

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

▶ **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)
JUNQUEIRA CAMARGO	Kenny	N/A



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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

3. Is your current mailing address the same as your physical address?

Yes No

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

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

Street Number and Name

2000 S Delaware St

Apt. Ste. Flr. Number

408

City or Town

San Mateo

State

CA

ZIP Code

94403

Province

N/A

Postal Code

N/A

Country

USA

Other Information

5. Country of Domicile

USA

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

12/05/1979

7. Country of Birth

Brazil

8. U.S. Social Security Number (Required)

▶ 6 1 9 0 6 6 5 9 0

9. Immigration Status

I am a U.S. citizen.

I am a U.S. national.

I am a lawful permanent resident.

10. Sponsor's A-Number (if any)

▶ A-2 3 2 7 3 0 5 4 8

11. USCIS Online Account Number (if any)

▶ N/A

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

12. I am currently on active duty in the United States Armed Forces or U.S. Coast Guard.

Yes No



Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)

ALBINATI LIMA

Given Name (First Name)

Recieri

Middle Name (if applicable)

N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

Other Information

3. Country of Citizenship or Nationality

Brazil

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

04/10/1965

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

▶ A- N/A

6. USCIS Online Account Number (if any)

▶ N/A

7. Daytime Telephone Number

6504305756

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

Family Name (Last Name)

JUNQUEIRA ALBINATI LIMA

Given Name (First Name)

Emilly

Middle Name (if applicable)

N/A

Relationship to Principal Immigrant

Child

Date of Birth (mm/dd/yyyy)

04/10/2008

Alien Registration Number (A-Number, if any)

▶ N/A

USCIS Online Account Number (if any)

▶ N/A



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

5. Family Member 2

Family Name (Last Name) N/A	Given Name (First Name) N/A	Middle Name (if applicable) N/A
Relationship to Principal Immigrant N/A	Date of Birth (mm/dd/yyyy) N/A	Alien Registration Number (A-Number, if any) ▶ N/A
USCIS Online Account Number (if any) ▶ N/A		

6. Family Member 3

Family Name (Last Name) N/A	Given Name (First Name) N/A	Middle Name (if applicable) N/A
Relationship to Principal Immigrant N/A	Date of Birth (mm/dd/yyyy) N/A	Alien Registration Number (A-Number, if any) ▶ N/A
USCIS Online Account Number (if any) ▶ N/A		

7. Family Member 4

Family Name (Last Name) N/A	Given Name (First Name) N/A	Middle Name (if applicable) N/A
Relationship to Principal Immigrant N/A	Date of Birth (mm/dd/yyyy) N/A	Alien Registration Number (A-Number, if any) ▶ N/A
USCIS Online Account Number (if any) ▶ N/A		

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



For USCIS Use Only	
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Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. 1
3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) 0
4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) 0
5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) 0
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) 0
7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) 0
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

Household Size: 3

Part 6. Sponsor's Employment and Income

I am currently:

1. Employed as a/an N/A
2. Name of Employer 1 N/A
3. Name of Employer 2 (if applicable) N/A
4. Self-Employed as a/an (Occupation) Nanny
5. Retired Since (mm/dd/yyyy) N/A
6. Unemployed Since (mm/dd/yyyy) N/A
7. My current individual annual income is: \$ 8,500.00

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



For USCIS Use Only	
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Part 6. Sponsor's Employment and Income (continued)

8. Person 1

Name N/A	Relationship N/A
-------------	---------------------

Current Income \$ N/A

9. Person 2

Name N/A	Relationship N/A
-------------	---------------------

Current Income \$ N/A

10. Person 3

Name N/A	Relationship N/A
-------------	---------------------

Current Income \$ N/A

11. Person 4

Name N/A	Relationship N/A
-------------	---------------------

Current Income \$ N/A

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

Remarks

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

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

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

Federal Tax Return Information

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

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

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



For USCIS Use Only	
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Part 6. Sponsor's Employment and Income (continued)

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

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

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

For USCIS Use Only	Household Size <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Poverty Guideline	Sponsor's Household Income <i>(Page 5, Line 10)</i>	Remarks
		Year: <u>20</u> _____	\$ _____	

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. \$
2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$ \$
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.** \$
4. Add together **Item Numbers 1. - 3.** and enter the number here. \$

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:** \$



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. \$
- 7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$
- 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**. \$
- 9. Add together **Item Numbers 6. - 8.** and enter the number here. \$

Total Value of Assets

- 10. Add together **Item Numbers 4., 5., and 9.** and enter the number here. **TOTAL:** \$

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.



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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

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

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

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



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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter
- A. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.
- B. The interpreter named in **Part 9**, read to me every question and instruction on this affidavit and my answer to every question in **N/A**, a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 10**, **Otavio Haverroth Silva**, prepared this affidavit for me based only upon information I provided or authorized.

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number **650-4305756**
4. Sponsor's Mobile Telephone Number (if any) **650-4305756**
5. Sponsor's Email Address (if any) **kjunqueiracamargo@gmail.com**

Sponsor's Declaration and Certification

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

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

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

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3**, to become a lawful permanent resident of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;
- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and
- F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature **Kemmya Junqueira Camargo** Date of Signature (mm/dd/yyyy) **03/10/2026**

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

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

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

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

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

Preparer's Full Name


- 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

Preparer's Contact Information

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

Preparer's Certification and Signature

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

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



Part 11. Additional Information

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

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

JUNQUEIRA CAMARGO	Kennya	N/A
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2. A-Number (if any) ▶ A-

2	3	2	7	3	0	5	4	8
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3. Page Number Part Number Item Number

N/A	N/A	N/A
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N/A

4. Page Number Part Number Item Number

N/A	N/A	N/A
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N/A

5. Page Number Part Number Item Number

N/A	N/A	N/A
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N/A

6. Page Number Part Number Item Number

N/A	N/A	N/A
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N/A



Renato Alves de Barros' Signed Forms



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

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



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

N/A

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

Applicant Petitioner Requestor

Beneficiary/Derivative Respondent (ICE, CBP)

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

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

6.b. Given Name (First Name) Renato

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

N / A

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

A- 2 1 8 0 7 9 6 0 1

Client's Contact Information

10. Daytime Telephone Number

628-2787457

11. Mobile Telephone Number (if any)

628-2787457

12. Email Address (if any)

renatocalifornia2019@gmail.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 90487

13.b. Apt. Ste. Flr. N/A

13.c. City or Town San Diego

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

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

Options Regarding Receipt of USCIS Notices and Documents

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

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

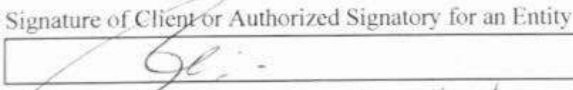
- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

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

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

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

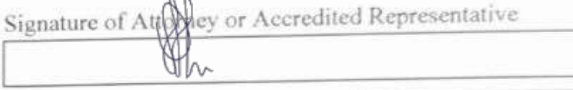
Signature of Client or Authorized Signatory for an Entity

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

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

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)

- 2. a. Signature of Law Student or Law Graduate

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



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)

1.b Given Name (First Name)

1.c Middle Name

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





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
	<input type="checkbox"/> Petitioner <input type="checkbox"/> 1st Joint Sponsor <input type="checkbox"/> 2nd Joint Sponsor <input type="checkbox"/> Substitute Sponsor <input type="checkbox"/> 5% Owner	<input type="checkbox"/> MEETS requirements <input type="checkbox"/> DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Remarks

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 0 7 4 9 2 6 2 5 4 3 8
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▶ **START HERE - Type or print in black ink.**

Part 1. Basis For Filing Affidavit of Support

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

- 1.a. I am the petitioner. I filed or am filing for the immigration of my relative.
- 1.b. I filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
- 1.c. I have an ownership interest of at least 5 percent in which filed an alien worker petition on behalf of the intending immigrant, who is related to me as my
- 1.d. I am the only joint sponsor.
- 1.e. I am the first second of two joint sponsors.
- 1.f. The original petitioner is deceased. I am the substitute sponsor. I am the intending immigrant's

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

Part 2. Information About You (Sponsor)

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

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



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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

3. Is your current mailing address the same as your physical address?

Yes No

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

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

Street Number and Name

467 Burnett Ave

Apt. Ste. Flr. Number

13

City or Town

San Francisco

State

CA

ZIP Code

94131

Province

N/A

Postal Code

N/A

Country

USA

Other Information

5. Country of Domicile

USA

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

06/21/1980

7. Country of Birth

Brazil

8. U.S. Social Security Number (Required)

▶ 7 3 3 3 0 9 5 1 3

9. Immigration Status

I am a U.S. citizen.

I am a U.S. national.

I am a lawful permanent resident.

10. Sponsor's A-Number (if any)

▶ A-2 1 8 0 7 9 6 0 1

11. USCIS Online Account Number (if any)

▶ N/A

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

12. I am currently on active duty in the United States Armed Forces or U.S. Coast Guard.

Yes No



Part 3. Information About the Principal Immigrant

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

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

2. Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name	Apt. Ste. Flr.	Number
PO Box 90487	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality Brazil	4. Date of Birth (mm/dd/yyyy) 04/10/1965
5. Alien Registration Number (A-Number) (if any) ▶ A- N/A	6. USCIS Online Account Number (if any) ▶ N/A
7. Daytime Telephone Number 6504305756	

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. Family Member 1

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

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

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



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

5. Family Member 2

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	N/A
USCIS Online Account Number (if any)		
▶ N/A		

6. Family Member 3

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	N/A
USCIS Online Account Number (if any)		
▶ N/A		

7. Family Member 4

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
N/A	N/A	N/A
Relationship to Principal Immigrant	Date of Birth (mm/dd/yyyy)	Alien Registration Number (A-Number, if any)
N/A	N/A	N/A
USCIS Online Account Number (if any)		
▶ N/A		

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



For USCIS Use Only	
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Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. 1
3. If you are currently married, enter "1" for your spouse. (**NOTE:** Enter "0" if you already counted your spouse in **Item Number 1.**) 1
4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) 0
5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) 0
6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) 0
7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) 0
8. Add together **Part 5., Item Numbers 1. - 7.** and enter the number here.

Household Size: 4

Part 6. Sponsor's Employment and Income

I am currently:

1. Employed as a/an N/A
2. Name of Employer 1 N/A
3. Name of Employer 2 (if applicable) N/A
4. Self-Employed as a/an (Occupation) Driver
5. Retired Since (mm/dd/yyyy) N/A
6. Unemployed Since (mm/dd/yyyy) N/A
7. My current individual annual income is: \$ 47,693.00

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



For
USCIS
Use
Only

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

8. Person 1

Name Relationship

Current Income \$

9. Person 2

Name Relationship

Current Income \$

10. Person 3

Name Relationship

Current Income \$

11. Person 4

Name Relationship

Current Income \$

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.) \$

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.

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.



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

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

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

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

For USCIS Use Only	Household Size	Poverty Guideline	Sponsor's Household Income <i>(Page 5, Line 10)</i>	Remarks
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> Other _____	Year: <u>20</u> ____ Poverty Line: \$ _____	\$ _____ <i>The total value of all assets, line 10, must equal 5 times (3 times for spouses and children of USC's, or 1 time for orphans to be formally adopted in the U.S.) the difference between the poverty guidelines and the sponsor's household income, line 10.</i>	

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. \$
2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$ \$
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.** \$
4. Add together **Item Numbers 1. - 3.** and enter the number here. \$

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:** \$



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. \$
- 7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$
- 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**. \$
- 9. Add together **Item Numbers 6. - 8.** and enter the number here. \$

Total Value of Assets

- 10. Add together **Item Numbers 4., 5., and 9.** and enter the number here. **TOTAL:** \$

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

- A. Provide the intending immigrant any support necessary to maintain him or her at an income that is at least 125 percent of the Federal Poverty Guidelines for his or her household size (100 percent if you are the petitioning sponsor and are on active duty in the U.S. Armed Forces or U.S. Coast Guard, and the person is your husband, wife, or unmarried child under 21 years of age); and
- B. Notify U.S. Citizenship and Immigration Services (USCIS) of any change in your address, within 30 days of the change, by filing Form I-865.



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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

- A. Becomes a U.S. citizen;
- B. Has worked, or can receive credit for, 40 quarters of coverage under the Social Security Act;
- C. No longer has lawful permanent resident status and has departed the United States;
- D. Is subject to removal, but applies for and obtains, in removal proceedings, a new grant of adjustment of status, based on a new affidavit of support, if one is required; or
- E. Dies.

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

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

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



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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this affidavit and my answer to every question.
- B. The interpreter named in **Part 9**, read to me every question and instruction on this affidavit and my answer to every question in , a language in which I am fluent, and I understood everything.

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

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

5. Sponsor's Email Address (if any)

Sponsor's Declaration and Certification

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

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

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

- A. I know the contents of this affidavit of support that I signed;
- B. I have read and I understand each of the obligations described in **Part 8**, and I agree, freely and without any mental reservation or purpose of evasion, to accept each of those obligations in order to make it possible for the immigrant indicated in **Part 3** to become a lawful permanent resident of the United States;
- C. I agree to submit to the personal jurisdiction of any Federal or state court that has subject matter jurisdiction of a lawsuit against me to enforce my obligations under this Form I-864EZ;
- D. Each of the Federal income tax returns submitted in support of this affidavit are true copies, or are unaltered tax transcripts, of the tax returns I filed with the IRS;
- E. I understand that, if I am related to the sponsored immigrant by marriage, the termination of the marriage (by divorce, dissolution, annulment, or other legal process) will not relieve me of my obligations under this Form I-864EZ; and
- F. I authorize the Social Security Administration to release information about me in its records to the USCIS and DOS.

Sponsor's Signature

6. Sponsor's Signature



Date of Signature (mm/dd/yyyy)

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



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

Interpreter's Full Name

- 1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

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

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

Preparer's Full Name


- 1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

Preparer's Contact Information

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

Preparer's Certification and Signature

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

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



Part 11. Additional Information

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

1. Family Name (Last Name) Given Name (First Name) Middle Name (if applicable)

2. A-Number (if any) ▶ A-

2	1	8	0	7	9	6	0	1
---	---	---	---	---	---	---	---	---

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Recieri Albinati Lima's Identification Documents

Recieri Albinati Lima's Birth Certificate with English Translation; 1-3

Recieri Albinati Lima's Valid Passport; 4-20

Recieri Albinati Lima's I-94; 21-22

Exhibit 2 - Recieri Albinati Lima's Proof of F1 Status

Recieri Albinati Lima's Form I-20 23-25

Exhibit 3 - Emilly Junqueira Albinati Lima's Identification Documents

Emilly Junqueira Albinati Lima's Birth Certificate with English Translation; 26-28

Emilly Junqueira Albinati Lima's Valid Passport: 29-45

Emilly Junqueira Albinati Lima's I-94; 46

Exhibit 4 - Receipt Notice of Forms I-130, Petition for Alien Relative - Pending Petitions

Recieri Albinati Lima's Receipt Notice of Form I-130; 47

Emilly Junqueira Albinati Lima's Receipt Notice of Form I-130; 48

Exhibit 5 - Recieri Albinati Lima's Proof of Marital Status

Recieri Albinati Lima and Kennya Junqueira Camargo's Marriage Certificate; 49

Exhibit 6 - Kennya Junqueira Camargo's Dissolution of Prior Marriage

Marcelo Barbosa and Kenya Junqueira Camargo's Previous Dissolution of Marriage; 50-51

Exhibit 7 - Kenya Junqueira Camargo's Financial Information - Petitioner of Form I-130

Kenya Junqueira Camargo's Permanent Resident Card; 52-53

Kenya Junqueira Camargo's Valid Passport; 54-70

Kenya Junqueira Camargo's IRS Federal Income Tax Return from 2024; 71-98

Exhibit 8 - Renato Alves de Barros' Financial Information - Joint Sponsor

Renato Alves de Barros' Permanent Resident Card; 99-100

Renato Alves de Barros' IRS Federal Income Tax Return from 2024; 101-134

Renato Alves de Barros' IRS Federal Income Tax Return from 2023. 135-162

**Exhibit 1 - Recieri
Albinati Lima's
Identification
Documents**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Reciéri Albinati Lima

CPF:

537.249.256-20

Registration: 031849 01 55 1965 1 00193 158 0185621 31

DATE OF BIRTH DAY MONTH YEAR

April tenth, nineteen sixty-five 10 04 1965

TIME OF BIRTH CITY OF BIRTH

2:40 AM Belo Horizonte, Minas Gerais

CITY OF REGISTRATION AND STATE PLACE, CITY OF BIRTH AND STATE SEX

Belo Horizonte, Minas Gerais Odete Valadares Maternity Hospital, Belo Horizonte, MG Male

FILIATION

Tarciso Aloisio Lima, Born in: , Minas Gerais//
Maria Aparecida Albinati Lima, Born in: , Minas Gerais//

GRANDPARENTS

Leontino Leão Lima, Maria Rosa de Lima
Recieiri Albinati, Ana Aguiar Albinati.

TWIN NAME AND REGISTRATION NUMBER OF TWINS

No XXXXXXXXXXXXXXXXXXXXXXXXXX

DATE OF REGISTRATION LIVE BIRTH REGISTRATION NUMBER

April 20, 1965 No record

NOTES/ANNOTATIONS TO BE ADDED

On 04/19/2023, the inclusion of CPF No. 537.249.256-20 was recorded by annotation, pursuant to the documentation submitted and/or consultation conducted on this date with the database of the Federal Revenue Service of Brazil, made available through the National CRC, in accordance with Provision No. 63/2017 of the National Council of Justice. Protocol No. PF185621.

THIRD SUBDISTRICT OF BELO HORIZONTE
Luiz Carlos Pinto Fonseca
Belo Horizonte - Minas Gerais - ZIP Code: 30170-132 Brazil
Rua São Paulo, No. 1620 - Phone: 31 2535-4822
Email: contato@registrocivil3bh.com.br

The content of this certificate is true. I certify.
Belo Horizonte, April 19, 2023

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

Registrar

JUDICIARY - COURT OF JUSTICE OF THE STATE OF MINAS GERAIS - JUDICIAL ADMINISTRATIVE DEPARTMENT
Third Subdistrict of Belo Horizonte - Minas Gerais - Civil Registry of Natural Persons
Electronic Seal for Verification: GQ88210
Security Code: 7385.4925.8501.6976
Performed by: Luiz Carlos - Registrar
Total Acts = 1 Act Code: , 7802-2 Emoluments: 43.59 Recompe: 2.61 TFJ:9.33 ISSQN:2.18
Total: 57.71
The validity of this seal may be verified at: <https://selos.tjmg.jus.br>



CIVIL REGISTRY OFFICE OF THE 3RD SUBDISTRICT
Nilçom de Freitas Abreu
----//Signature//----
SWORN CLERK

GB 0353066 BRP



ANOREG
Association of Notaries
and Registrars of Brazil



ARPENBRASIL
NATIONAL ASSOCIATION OF NATURAL
PERSONS REGISTRARS

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



_____ Date: February 11, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
CERTIDÃO DE NASCIMENTO

Recieri Albinati Lima

CPF
537.249.256-20

Matricula: 031849 01 55 1965 1 00193 158 0185621 31

DATA DE NASCIMENTO
Dez de abril de um mil novecentos e sessenta e cinco

DIA	MES	ANO
10	04	1965

HORA
02:40

NATURALIDADE
Belo Horizonte, MG

MUNICÍPIO DO REGISTRO E U.F.
Belo Horizonte, MG

LOCAL. MUNICÍPIO DE NASCIMENTO
Maternidade Odete Valadares, Belo Horizonte, MG

SEXO
Masculino

FILIAÇÃO
Tarciso Aloisio Lima, Natural de: , MG//
Maria Aparecida Albinati Lima, Natural de: , MG//

AVÓS
Leontino Leão Lima, Maria Rosa de Lima
Recieri Albinati, Ana Aguiar Albinati.

GÊMEOS
Nao

NOME E MATRICULA DOS GÊMEOS
XXXXXXXXXXXXXXXXXXXXXXXX

DATA DO REGISTRO
20 de abril de 1965

Nº DA DECLARAÇÃO DE NASCIDO VIVO
não consta

AVERBAÇÕES/ANOTAÇÕES A ACRESCEER
Em 19/04/2023, averbada a inclusão do CPF 537.249.256-20, conforme documentação apresentada e/ou consulta realizada nesta data junto à base de dados da Receita Federal do Brasil, disponibilizada pela CRC Nacional, de acordo com o Provimento 63/ 2017 do Conselho Nacional de Justiça. Protocolo PF185621.

TERCEIRO SUBDISTRITO DE BELO HORIZONTE
Luiz Carlos Pinto Fonseca
Belo Horizonte MG Cep: 30.170-132 Brasil
Rua São Paulo, 1620 - Telefone: 31-2535.4822
E-mail contato@registrocivil3bh.com.br

O Conteúdo da certidão é verdadeiro. Dou fé.
Belo Horizonte, 19 de abril de 2023

Oficial

PODER JUDICIÁRIO-TJMG-CORREGEDORIA GERAL DE JUSTIÇA
Terceiro Subdistrito de Belo Horizonte MG - Registro Civil de Pessoas Naturais
Selo Eletrônico de consulta: GQQ88210
Código de Segurança: 7385.4925.8501.6976
Praticado por: Luiz Carlos - Oficial
Total de Atos = 1 Código do ato: , 7802-2 Emol.:43,59 Recompe 2,61 Tfj 9,33 ISSQN 2,18..
Total: 57,71.
Consulte a validade deste selo no site <https://selos.tjmg.jus.br>



CARTÓRIO DO REGISTRO CIVIL 3º SUBDISTRITO
Nilçom de Freitas Abreu

Oficial
ESCREVENTE JURAMENTADO

BRP 0353066 GB

ARPENBRASIL
ASSOCIAÇÃO NACIONAL DOS REGISTRADORES DE PESSOAS NATURAIS

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

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 prestien 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 passaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.



BRASIL



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



BRASIL

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 ressaltar 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.pl.gov.br



001001 79

0F 190135

VISTOS  VISAS

VISTOS  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:	_____

39

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

 For: **RECIERI ALBINATI LIMA**



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: 147569777A3

Arrival/Issued Date: 2022 December 07

Class of Admission: B2

Admit Until Date: 2023 June 06

Details provided on the I-94 Information form:

Last/Surname: ALBINATI LIMA

First (Given) Name: RECIERI

Birth Date: 1965 April 10

Document Number: GF190136

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.

OMB No. 1651-0111
Expiration Date: 02/28/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **GF190136**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2022-12-07	Arrival	ORL

OMB No. 1651-0111 Expiration Date: 02/28/2026

Exhibit 2 - Recieri Albinati Lima's Proof of F1 Status

SEVIS ID: N0036063454

SURNAME/PRIMARY NAME Albinati Lima	GIVEN NAME Recieri	Class of Admission <h1 style="font-size: 2em; margin: 0;">F-1</h1> ACADEMIC AND LANGUAGE
PREFERRED NAME Recieri Albinati Lima	PASSPORT NAME Albinati Lima Recieri	
COUNTRY OF BIRTH BRAZIL	COUNTRY OF CITIZENSHIP BRAZIL	
CITY OF BIRTH BELO HORIZONTE, MG	DATE OF BIRTH 10 APRIL 1965	
FORM ISSUE REASON CONTINUED ATTENDANCE	ADMISSION NUMBER	

SCHOOL INFORMATION

SCHOOL NAME Horizon Institute Horizon Institute	SCHOOL ADDRESS 3251 W 6TH ST STE 301, LOS ANGELES, CA 90020
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Gloria Choi Admission Assistant	SCHOOL CODE AND APPROVAL DATE LOS214F01460000 02 MARCH 2010

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Theology/Theological Studies 39.0601	MAJOR 2 None 00.0000
PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient	EARLIEST ADMISSION DATE
START OF CLASSES 06 OCTOBER 2025	PROGRAM START/END DATE 06 OCTOBER 2025 - 05 OCTOBER 2029	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 4,500	Personal Funds	\$ 16,500
Living Expenses	\$ 12,000	Funds From This School	\$
Expenses of Dependents (0)	\$	Funds From Another Source	\$
Other	\$	On-Campus Employment	\$
TOTAL	\$ 16,500	TOTAL	\$ 16,500

REMARKS

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

<input checked="" type="checkbox"/>	DATE ISSUED	PLACE ISSUED
SIGNATURE OF: Gloria Choi, Admission Assistant	23 October 2025	LOS ANGELES, CA

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. **Parent or guardian, and student, must sign if student is under 18.**

<input checked="" type="checkbox"/>	SIGNATURE OF: Recieri Albinati Lima	DATE
	<input checked="" type="checkbox"/>	
NAME OF PARENT OR GUARDIAN	SIGNATURE	ADDRESS (city/state or province/country)
		DATE

SEVIS ID: N0036063454 (F-1)

NAME: Recieri Albinati Lima

EMPLOYMENT AUTHORIZATIONS

--

CHANGE OF STATUS/CAP-GAP EXTENSION

--

AUTHORIZED REDUCED COURSE LOAD

--

CURRENT SESSION DATES

CURRENT SESSION START DATE	CURRENT SESSION END DATE
06 OCTOBER 2025	12 DECEMBER 2025

TRAVEL ENDORSEMENT

This page, when properly endorsed, may be used for re-entry of the student to attend the same school after a temporary absence from the United States. Each endorsement is valid for one year.

Designated School Official	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
		X		
		X		
		X		
		X		

INSTRUCTIONS TO STUDENTS

STUDENT ATTESTATION. You should read everything on this page carefully. Be sure that you understand the terms and conditions concerning your admission and stay in the United States as a nonimmigrant student before signing the student attestation on page 1 of the Form I-20 A-B. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

FORM I-20. The Form I-20 (this form) is the primary document to show that you have been admitted to school in the United States and that you are authorized to apply for admission to the United States in F-1 class of admission. You must have your Form I-20 with you at all times. If you lose your Form I-20, you must request a new one from your designated school official (DSO) at the school named on your Form I-20.

VISA APPLICATION. You must give this Form I-20 to the U.S. consular officer at the time you apply for a visa (unless you are exempt from visa requirements). If you have a Form I-20 from more than one school, be sure to present the Form I-20 for the school you plan to attend. Your visa will include the name of that school, and you must attend that school upon entering the United States. You must also provide evidence of support for tuition and fees and living expenses while you are in the United States.

ADMISSION. When you enter the United States, you must present the following documents to the officer at the port of entry: 1) a Form I-20; 2) a valid F-1 visa (unless you are exempt from visa requirements); 3) a valid passport; and 4) evidence of support for tuition and fees and living expenses while you are in the United States. The agent should return all documents to you before you leave the inspection area.

REPORT TO SCHOOL NAMED ON YOUR FORM I-20 AND VISA. Upon your first entry to the United States, you must report to the DSO at the school named on your Form I-20 and your F-1 visa (unless you are exempt from visa requirements). If you decide to attend another school before you enter the United States, you must present a Form I-20 from the new school to a U.S. consular officer for a new F-1 visa that names the new school. Failure to enroll in the school, by the program start date on your Form I-20 may result in the loss of your student status and subject you to deportation.

EMPLOYMENT. Unlawful employment in the United States is a reason for terminating your F-1 status and deporting you from the United States. You may be employed on campus at your school. You may be employed off-campus in curricular practical training (CPT) if you have written permission from your DSO. You may apply to U.S. Citizenship and Immigration Services (USCIS) for off-campus employment authorization in three circumstances: 1) employment with an international organization; 2) severe and unexpected economic hardship; and 3) optional practical training (OPT) related to your degree. You must have written authorization from USCIS before you begin work. Contact your DSO for details. Your spouse or child (F-2 classification) may not work in the United States.

PERIOD OF STAY. You may remain in the United States while taking a full course of study or during authorized employment after your program. F-1 status ends and you are required to leave the United States on the earliest of the following dates: 1) the program end date on your Form I-20 plus 60 days; 2) the end date of your OPT plus 60 days; or 3) the termination of your program for any other reason. Contact your DSO for details.

EXTENSION OF PROGRAM. If you cannot complete the education program by the program end date on page 1 of your Form I-20, you should contact your DSO at least 15 days before the program end date to request an extension.

SCHOOL TRANSFER. To transfer schools, first notify the DSO at the school you are attending of your plan to transfer, then obtain a Form I-20 from the DSO at the school you plan to attend. Return the Form I-20 for the new school to the DSO at that school within 15 days after beginning attendance at the new school. The DSO will then report the transfer to the Department of Homeland Security (DHS). You must enroll in the new school at the next session start date. The DSO at the new school must update your registration in SEVIS.

NOTICE OF ADDRESS. When you arrive in the United States, you must report your U.S. address to your DSO. If you move, you must notify your DSO of your new address within 10 days of the change of address. The DSO will update SEVIS with your new address.

REENTRY. F-1 students may leave the United States and return within a period of five months. To return, you must have: 1) a valid passport; 2) a valid F-1 student visa (unless you are exempt from visa requirements); and 3) your Form I-20, page 2, properly endorsed for reentry by your DSO. If you have been out of the United States for more than five months, contact your DSO.

AUTHORIZATION TO RELEASE INFORMATION BY SCHOOL. DHS requires your school to provide DHS with your name, country of birth, current address, immigration status, and certain other information on a regular basis or upon request. Your signature on the Form I-20 authorizes the named school to release such information from your records.

PENALTY. To maintain your nonimmigrant student status, you must: 1) remain a full-time student at your authorized school; 2) engage only in authorized employment; and 3) keep your passport valid. Failure to comply with these regulations will result in the loss of your student status and subject you to deportation.

INSTRUCTIONS TO SCHOOLS

Failure to comply with 8 CFR 214.3(k) and 8 CFR 214.4 when issuing Forms I-20 will subject you and your school to criminal prosecution. If you issue this form improperly, provide false information, or fail to submit required reports, DHS may withdraw its certification of your school for attendance by nonimmigrant students.

ISSUANCE OF FORM I-20. DSOs may issue a Form I-20 for any nonimmigrant your school has accepted for a full course of study if that person: 1) plans to apply to enter the United States in F-1 status; 2) is in the United States as an F-1 nonimmigrant and plans to transfer to your school; or 3) is in the United States and will apply to change nonimmigrant status to F-1. DSOs may also issue the Form I-20 to the spouse or child (under the age of 21) of an F-1 student to use to enter or remain in the United States as an F-2 dependent. DSOs must sign where indicated at the bottom of page 1 of the Form I-20 to attest that the form is completed and issued in accordance with regulations.

ENDORSEMENT OF PAGE 2 FOR REENTRY. If there have been no substantive changes in information, DSOs may endorse page 2 of the Form I-20 for the student and/or the F-2 dependents to reenter the United States. If there have been substantive changes, the DSO should issue and sign a new Form I-20 that includes those changes.

RECORDKEEPING. DHS may request information concerning the student's immigration status for various reasons. DSOs should retain all evidence of academic ability and financial resources on which admission was based, until SEVIS shows the student's record completed or terminated.

AUTHORITY FOR COLLECTING INFORMATION. Authority for collecting the information on this and related student forms is contained in 8 U.S.C. 1101 and 1184. The Department of State and DHS use this information to determine eligibility for the benefits requested. The law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.

REPORTING BURDEN. U.S. Immigration and Customs Enforcement collects this information as part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the needed data, and complete and review the collection of information is 30 minutes (.50 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to an information collection unless a form displays a currently valid OMB Control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Office of the Chief Information Officer/Forms Management Branch, U.S. Immigration and Customs Enforcement, 801 I Street NW Stop 5800, Washington, DC 20536-5800. Do not send the form to this address.

**Exhibit 3 - Emilly
Junqueira Albinati
Lima's Identification
Documents**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Book A-215

Page 158

Entry 124820

BIRTH CERTIFICATE

Name: EMILLY JUNQUEIRA ALBINATI LIMA

CPF: 751.798.651-15

Registration: 025023 01 55 2008 1 00215 158 0124820 04

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

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

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

Filiation
RECIERI ALBINATI LIMA and KENNYA JUNQUEIRA CAMARGO

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

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

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

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

Registration notes
No record **

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

The content of this certificate is true. I certify.

Bachelor Francisco José Taveira

Goiânia - Goiás, May 3, 2018

Goiânia - State of Goiás

---//signature/---

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

**Registry
and
Notary Office
Stamp**

Leandro Henrique Tolentino Vieira
Deputy Registrar

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



_____ Date: February 11, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Livro A-215

Folha 158

Termo 124820

CERTIDÃO DE NASCIMENTO

Nome: EMILLY JUNQUEIRA ALBINATI LIMA

CPF 751.798.651-15

Matrícula: 025023 01 55 2008 1 00215 158 0124820 04

Data do nascimento por extenso

Dez de abril de dois mil e oito **

Dia

10

Mês

04

Ano

2008

Hora

20h 47min

Naturalidade

Goiânia-GO **

Município de Registro e UF

Goiânia-GO **

Local, Município de nascimento e UF

Hospital Fêmeina Maternidade, Goiânia-GO

Sexo

F

Pai(a)ção

RECIERI ALBINATI LIMA e KENNYA JUNQUEIRA CAMARGO

Avós

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

Gêmeo

Não

Nome e Matrícula do(s) gêmeo(s)

**

Data do registro por extenso

Dezoito de abril de dois mil e oito **

Numero da D.N.V

43124483 **

Averbações/Anotações a acrescentar

Nada Consta. Selo Digital Nº: 02001703061828128605291 Consulte este selo em <http://extrajudicial.tjgo.jus.br/selo> **

Anotações de cadastro

Nada consta **

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

O conteúdo da certidão é verdadeiro.

Bel. Francisco José Taveira

Goiânia-GO, 03 de maio de 2018,

Goiânia - Estado de Goiás

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

Leandro Henrique Tolentino Vieira
Suboficial



Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Roğa-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.
Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.
Foreign authorities are requested to offer 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 valide 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**





77104100

ED141178

INFORMAÇÕES PARA O TITULAR

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

O titular - pessoa natural ou estrangeira - do passaporte no visto lido deve e deve ser comunicado imediatamente à autoridade policial e à Embaixata ou ao Consulado do Brasil, conforme o caso. Para isso, recomendamos que o titular copie as informações da página 2. Se o titular (por exemplo, para obtenção de visto, renovação de passagem, etc.) e não for restituído, o titular deve considerá-lo como extinto. A concessão de novo passaporte em virtude do extinto depende de investigação.

Apenas o titular do documento poderá usá-lo. A utilização "indulgentes ou a cetero" e/ou pessoa constituída contra esta lei brasileira. Para resgatar sua responsabilidade, o titular deve assinar seu passaporte, no caso previsto na página 2, 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 controlada, matricule-se na Embaixata ou no Consulado do Brasil mais próximo. Impedido de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viajar por áreas controladas deve ter presente que a assistência do Governo Brasileiro possui-se limitada à dependência das autoridades locais. A concessão de regime de viagem poderá ter-se irregularidade ao viajar 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 assente, mesmo que o vencimento, em vista de que muitos países exigem prazo mínimo de validade.

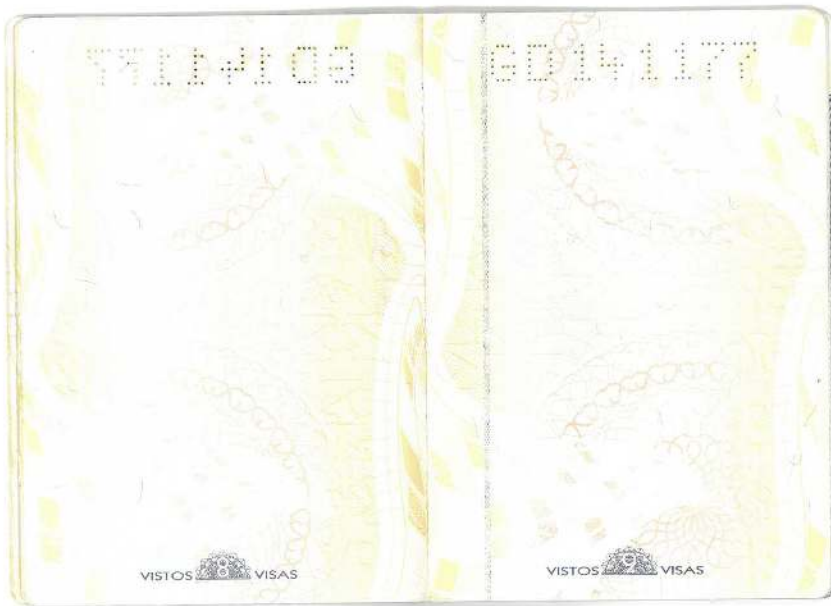
O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais ou responsável legal, só poderá sair do Brasil munido da autorização por escrito prevista em lei.

O cidadão brasileiro que tenha sido considerado "dono" em carta que é emitida pela legislação no país de que tem o direito nacional poderá ser considerado estrangeiro.

Consulte / Consulte / Consultez

www.passaporto.mec.gov.br ou www.ab.gov.br

Para uso das autoridades brasileiras
Reservado aux autoridades brasileiras
For the use of Brazilian authorities
Für den Gebrauch der Behörden
Für den Gebrauch der Behörden



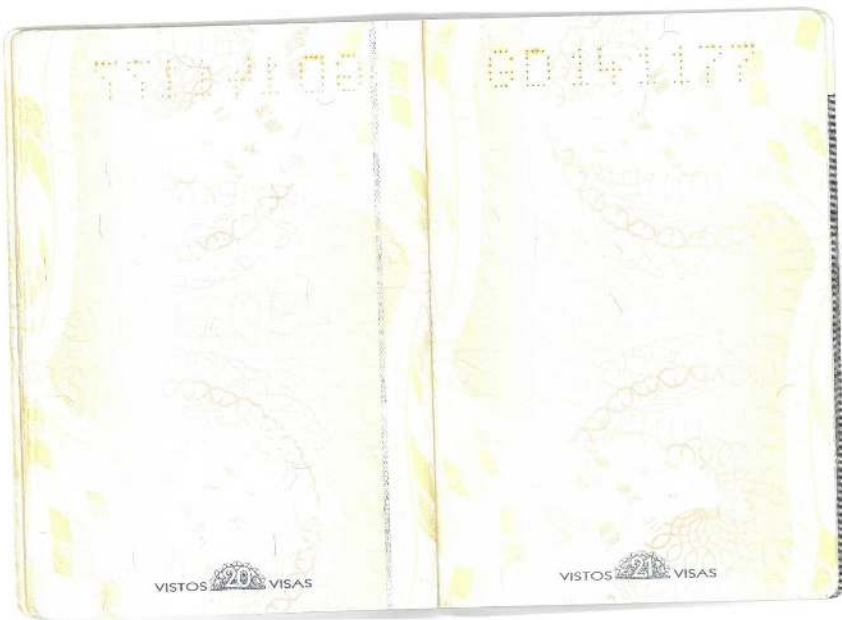
























 For: **EMILLY JUNQUEIRA ALBINATI LIMA**



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: 147571170A3

Arrival/Issued Date: 2022 December 07

Class of Admission: B2

Admit Until Date: 2023 June 06

Details provided on the I-94 Information form:

Last/Surname: JUNQUEIRA ALBINATI LIMA

First (Given) Name: EMILLY

Birth Date: 2008 April 10

Document Number: GD141177

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.

OMB No. 1651-0111
Expiration Date: 03/31/2026

**Exhibit 4 - Receipt
Notice of Forms
I-130, Petition for
Alien Relative -
Pending Petitions**



Receipt Number IOE9752443353		Case Type I130 - PETITION FOR ALIEN RELATIVE
Received Date 03/07/2024	Priority Date 03/07/2024	Petitioner A232 730 548 JUNQUEIRA CAMARGO, KENYA
Notice Date 03/07/2024	Page 1 of 1	Beneficiary ALBINATI LIMA, RECIERI

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

Notice Type: Receipt Notice
Amount received: \$535.00 U.S.
Section: Husband or wife of permanent resident,
203(a)(2)(A) INA

This notice confirms that USCIS received your application or petition ("this case") as shown above.
If any of the information in your notice is incorrect or you have any questions about your case, you can connect with the USCIS Contact Center at www.uscis.gov/contactcenter or ask about your case online at www.uscis.gov/e-request. You will need your Alien Registration Number (A-Number) and/or the receipt number shown above.

You can receive updates on your case by visiting www.uscis.gov/casestatus to get the latest status or you can create an account at my.uscis.gov/account and receive email updates for your case.

This notice does not grant any immigration status or benefit, nor is it evidence that this case is still pending. It only shows that the application or petition was received on the date shown.

Processing time - Processing times vary by form type.

- Visit www.uscis.gov/processingtimes to see the current processing times by form type and field office or service center.
- If you do not receive an initial decision or update within our current processing time, you can try our online tools available at www.uscis.gov/tools or ask about your case online at www.uscis.gov/e-request.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.

If this case is an I-130 Petition - Filing and approval of a Form I-130, Petition for Alien Relative, is only the first step in helping a relative immigrate to the United States. The beneficiaries of a petition must wait until a visa number is available before they can take the next step to apply for an immigrant visa or adjustment of status to lawful permanent residence. To best allocate resources, USCIS may wait to process I-130 forms until closer to the time when a visa number will become available, which may be years after the petition was filed. Nevertheless, USCIS processes I-130 forms in time not to delay relatives' ability to take the next step toward permanent residence once a visa number does become available. If, before final action on the petition, you decide to withdraw your petition, your family relationship with the beneficiary ends, or you become a U.S. citizen, call 800-375-5283.

If your address changes - If you move while your case is pending, please visit www.uscis.gov/addresschange for information on how to update your address. Remember to update your address for all your receipt numbers.

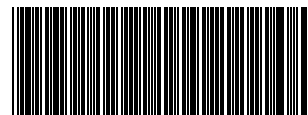
Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

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

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

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

USCIS TSC
U.S. CITIZENSHIP & IMMIGRATION SVC
6046 N Belt Line Rd. STE 114
Irving TX 75038-0015



USCIS Contact Center: www.uscis.gov/contactcenter



Receipt Number IOE9480666227		Case Type I130 - PETITION FOR ALIEN RELATIVE
Received Date 11/21/2023	Priority Date 11/21/2023	Petitioner A232 730 548 JUNQUEIRA CAMARGO, KENNYA
Notice Date 11/21/2023	Page 1 of 1	Beneficiary JUNQUEIRA ALBINATI LIMA, EMILLY

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

Notice Type: Receipt Notice
Amount received: \$535.00 U.S.
Section: Unmarried child under 21 of permanent resident, 203(a)(2)(A) INA

This notice confirms that USCIS received your application or petition ("this case") as shown above.
If any of the information in your notice is incorrect or you have any questions about your case, you can connect with the USCIS Contact Center at www.uscis.gov/contactcenter or ask about your case online at www.uscis.gov/e-request. You will need your Alien Registration Number (A-Number) and/or the receipt number shown above.

You can receive updates on your case by visiting www.uscis.gov/casestatus to get the latest status or you can create an account at my.uscis.gov/account and receive email updates for your case.

This notice does not grant any immigration status or benefit, nor is it evidence that this case is still pending. It only shows that the application or petition was received on the date shown.

Processing time - Processing times vary by form type.

- Visit www.uscis.gov/processingtimes to see the current processing times by form type and field office or service center.
- If you do not receive an initial decision or update within our current processing time, you can try our online tools available at www.uscis.gov/tools or ask about your case online at www.uscis.gov/e-request.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.

If this case is an I-130 Petition - Filing and approval of a Form I-130, Petition for Alien Relative, is only the first step in helping a relative immigrate to the United States. The beneficiaries of a petition must wait until a visa number is available before they can take the next step to apply for an immigrant visa or adjustment of status to lawful permanent residence. To best allocate resources, USCIS may wait to process I-130 forms until closer to the time when a visa number will become available, which may be years after the petition was filed. Nevertheless, USCIS processes I-130 forms in time not to delay relatives' ability to take the next step toward permanent residence once a visa number does become available. If, before final action on the petition, you decide to withdraw your petition, your family relationship with the beneficiary ends, or you become a U.S. citizen, call 800-375-5283.

If your address changes - If you move while your case is pending, please visit www.uscis.gov/addresschange for information on how to update your address. Remember to update your address for all your receipt numbers.

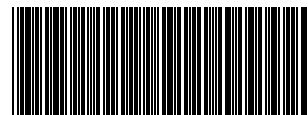
Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

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

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

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

Nebraska Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 82521
Lincoln NE 68501-2521



USCIS Contact Center: www.uscis.gov/contactcenter

Exhibit 5 - Recieri Albinati Lima's Proof of Marital Status

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

CITY and COUNTY of SAN FRANCISCO

420243800581

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE - MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A. FIRST NAME		1B. MIDDLE	
KENNYA			
1C. CURRENT LAST		1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)	
JUNQUEIRA CAMARGO			
2. DATE OF BIRTH (MM/DD/YYYY)		3. STATE/COUNTRY OF BIRTH	4. PREV. MARRIAGE(S) END BY
12/06/1979		BRAZIL	1
5. ADDRESS		7. CITY	8. STATE/COUNTRY
2000 S DELAWARE ST APT 408		SAN MATEO	CA
9. ZIP CODE		10. DATE ENDED (MM/DD/YYYY)	
94403		07/28/2023	
10A. FULL BIRTH NAME OF FATHER/PARENT		10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
CLAUDIO MANOEL CAMARGO		BRAZIL	
11A. FULL BIRTH NAME OF MOTHER/PARENT		11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
ELIANE CRISTINA JUNQUEIRA		BRAZIL	
12A. FIRST NAME		12B. MIDDLE	
RECIERI			
13C. CURRENT LAST		13D. LAST NAME AT BIRTH (IF DIFFERENT THAN 13C)	
ALBINATI LIMA			
13. DATE OF BIRTH (MM/DD/YYYY)		14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGE(S) END BY
04/10/1985		BRAZIL	0
17. ADDRESS		18. CITY	19. STATE/COUNTRY
2000 S DELAWARE ST APT 408		SAN MATEO	CA
20. ZIP CODE		21. DATE ENDED (MM/DD/YYYY)	
94403		--	
21A. FULL BIRTH NAME OF FATHER/PARENT		21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
TARCISO ALOISIO LIMA		BRAZIL	
22A. FULL BIRTH NAME OF MOTHER/PARENT		22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)	
MARIA APARECIDA ALBINATI		BRAZIL	
WE, THE UNDERSIGNED 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 356 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.			
23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D		24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D	
<i>[Signature]</i>		<i>[Signature]</i>	
I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR 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 436. THE PARTIES PROVIDED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEE 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. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.			
25A. ISSUE DATE (MM/DD/YYYY)		25B. EXPIRES AFTER (MM/DD/YYYY)	
12/08/2023		03/07/2024	
26. MARRIAGE LICENSE NUMBER		26F. COUNTY OF ISSUE	
202340009351		SAN FRANCISCO	
27. NAME OF COUNTY CLERK		28. SIGNATURE OF CLERK OR DEPUTY CLERK	
DIANE REA		<i>[Signature]</i>	
29. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):			
1 DR. CARLTON B. GOODLETT PLACE, ROOM 190, SAN FRANCISCO, CA 94102			
29A. SIGNATURE OF WITNESS		29B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)	
<i>[Signature]</i>		Emily Junqueira Albinati Lima	
30. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE			
2000 S Delaware St, San Mateo CA 94403			
31. SIGNATURE OF WITNESS		31B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)	
<i>[Signature]</i>			
32. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE			
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 BY THE STATE OF CALIFORNIA.			
32A. DATE OF MARRIAGE (MM/DD/YYYY)		32B. CITY/TOWN OF MARRIAGE	
01/16/2024		SAN FRANCISCO	
32C. COUNTY OF MARRIAGE		32D. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	
SAN FRANCISCO		LINDA CABRERA	
32E. RELIGIOUS DENOMINATION (IF CLERGY)		32F. OFFICIAL TITLE	
		DEPUTY MARRIAGE COMMISSIONER	
32G. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE			
1 DR. CARLTON B. GOODLETT PLACE, ROOM 168, SAN FRANCISCO, CA 94102			
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)			
33A. FIRST - MUST BE SAME AS 1A		33B. MIDDLE	
33C. LAST		33D. LAST	
NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)			
34A. FIRST - MUST BE SAME AS 12A		34B. MIDDLE	
34C. LAST		34D. LAST	
35A. NAME OF LOCAL REGISTRAR		35B. SIGNATURE OF CLERK OR DEPUTY CLERK	
JOAQUIN TORRES		<i>[Signature]</i>	
35C. DATE ACCEPTED FOR REGISTRATION			
JAN 23 2024			

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS VB-17 (01/01/2010)

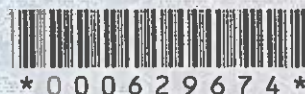
CERTIFIED COPY OF VITAL RECORDS

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 ASSESSOR-RECORDER.

ATTEST: *[Signature]* **Yantong Zhang**
 DATE ISSUED: **02/02/2024**

DATE ISSUED: _____



[Signature]
 JOAQUIN TORRES
 SAN FRANCISCO ASSESSOR-RECORDER

This copy not valid unless prepared on engraved border displaying date, seal and signature of Deputy Assessor-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**Exhibit 6 - Kenna
Junqueira Camargo's
Dissolution of Prior
Marriage**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): MARCELO BARBOSA 2000 S DELAWARE ST., APT. 216 SAN MATEO CA 94403 TELEPHONE NO.: (628) 258-9022 FAX NO. (Optional): E-MAIL ADDRESS (Optional): divorcemarcelo@gmail.com ATTORNEY FOR (Name): MARCELO BARBOSA		FOR COURT USE ONLY Electronically RECEIVED 7/21/2023 9:41 AM Electronically FILED By Superior Court of California, County of San Mateo ON 07/31/2023 By <u>/s/ Rodriguez, Alejandro</u> Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo STREET ADDRESS: 400 County Center MAILING ADDRESS: CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME: Southern Branch: Hall of Justice & Records		
MARRIAGE OR PARTNERSHIP OF PETITIONER: MARCELO BARBOSA RESPONDENT: KENNYA J. CAMARGO		CASE NUMBER: 23-FAM-01055
JUDGMENT <input checked="" type="checkbox"/> DISSOLUTION <input type="checkbox"/> LEGAL SEPARATION <input type="checkbox"/> NULLITY <input type="checkbox"/> Status only <input type="checkbox"/> Reserving jurisdiction over termination of marital or domestic partnership status <input type="checkbox"/> Judgment on reserved issues Date marital or domestic partnership status ends: 12/5/2023		

- This judgment contains personal conduct restraining orders modifies existing restraining orders. The restraining orders are contained on page(s) _____ of the attachment. They expire on (date): _____
- This proceeding was heard as follows: Default or uncontested By declaration under Family Code section 2336
 Contested Agreement in court
 a. Date: 07/28/2023 Dept.: 12 Room: 7D
 b. Judicial officer (name): Elizabeth M. Hill Temporary judge
 c. Petitioner present in court Attorney present in court (name):
 d. Respondent present in court Attorney present in court (name):
 e. Claimant present in court (name): Attorney present in court (name):
 f. Other (specify name):
- The court acquired jurisdiction of the respondent on (date): 6/7/2023
 a. The respondent was served with process.
 b. The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

- a. Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
 (1) on (specify date): 12/5/2023
 (2) on a date to be determined on noticed motion of either party or on stipulation.
 b. Judgment of legal separation is entered.
 c. Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify):

 d. This judgment will be entered nunc pro tunc as of (date):
 e. Judgment on reserved issues.
 f. The petitioner's respondent's former name is restored to (specify):
 g. Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
 h. This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

CASE NAME (Last name, first name of each party): BARBOSA V. CAMARGO	CASE NUMBER: 23-FAM-01055
--	------------------------------

4. i. The children of this marriage or domestic partnership are:
- (1) Name Birthdate
- (2) Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j. Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2) Child Custody and Visitation Order Attachment (form FL-341).
- (3) Stipulation and Order for Custody and/or Visitation of Children (form FL-355).
- (4) Previously established in another case. Case number: Court:
- k. Child support is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2) Child Support Information and Order Attachment (form FL-342).
- (3) Stipulation to Establish or Modify Child Support and Order (form FL-350).
- (4) Previously established in another case. Case number: Court:
- l. Spousal, domestic partner, or family support is ordered:
- (1) Reserved for future determination as relates to petitioner respondent
- (2) Jurisdiction terminated to order spousal or partner support to petitioner respondent
- (3) As set forth in the attached Spousal, Partner, or Family Support Order Attachment (form FL-343).
- (4) As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5) Other (specify):
- m. Property division is ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) Property Order Attachment to Judgment (form FL-345).
- (3) Other (specify): THERE ARE NO SEPARATE OR COMMUNITY ASSETS OR DEBTS TO BE CONFIRMED OR DISPOSED OF BY THE COURT.
- n. Attorney fees and costs are ordered as set forth in the attached
- (1) Settlement agreement, stipulation for judgment, or other written agreement.
- (2) Attorney Fees and Costs Order (form FL-346).
- (3) Other (specify):
- o. Other (specify):

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: 07/28/2023

Electronically
SIGNED

5. Number of pages attached: 0

JUDICIAL OFFICER By /s/ Hill, Elizabeth
 SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

**Exhibit 7 - Kenna
Junqueira Camargo's
Financial Information
- Petitioner of Form
I-130**

**UNITED STATES OF AMERICA
PERMANENT RESIDENT**

JUNQUEIRA CAMARGO KENNYA 05 Dec 1979

Surname
JUNQUEIRA CAMARGO

Given Name
KENNYA

Country of Birth
Brazil

USCIS#
232-730-548

Date of Birth
05 DEC 1979

Card Expires:
10/21/33

Category
IR0
Sex
F

Resident Since:
10/21/23



FORM I-551
Rev (12-2021)

73070622



142

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

C1USA2327305488I0E0921245859<<
7912056F3310218BRA<<<<<<<<<<<<<9
JUNQUEIRA<CAMARGO<<KENNYA<<<<<



Este passaporte contém 32 páginas numeradas.
Ce passeport contient 32 pages numérotées.
This passport contains 32 numbered pages.
Este pasaporte contiene 32 páginas numeradas.

Rosa-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.
Les autorités des États étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance en 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.

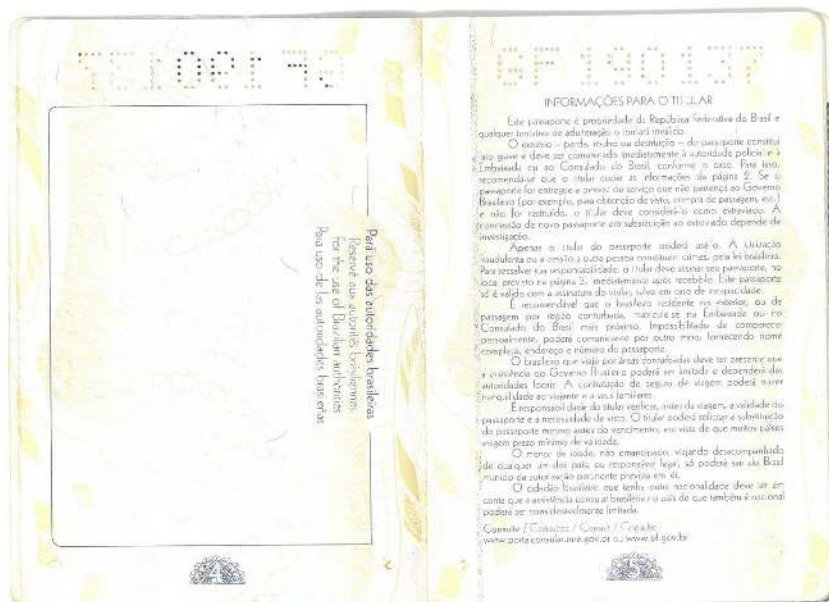


Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE





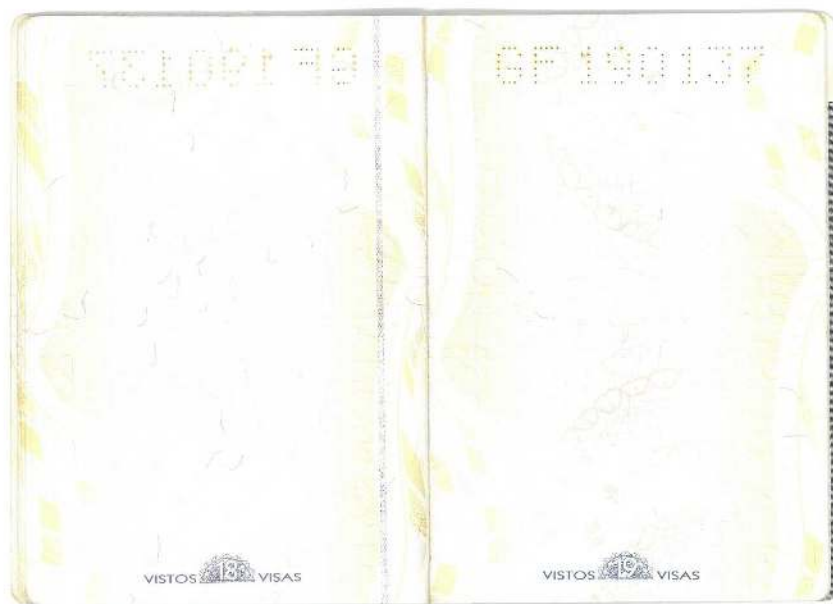






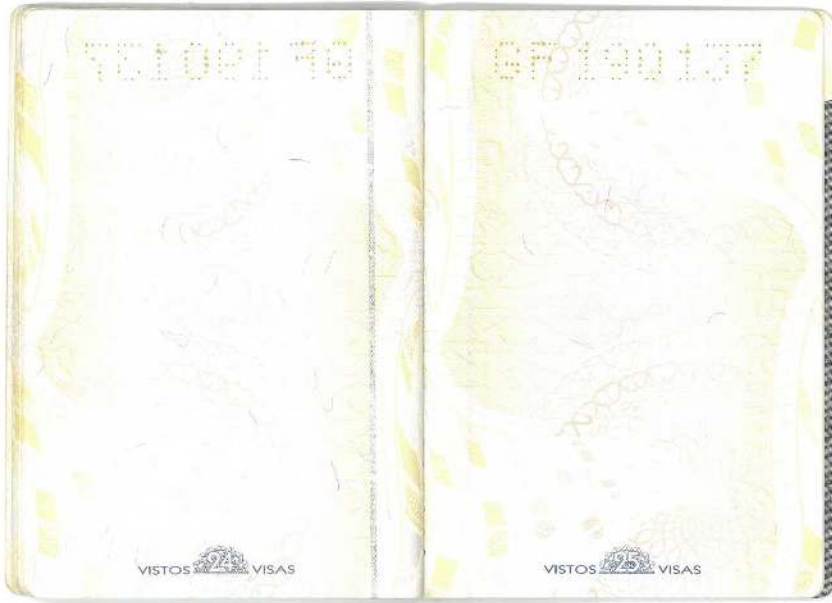








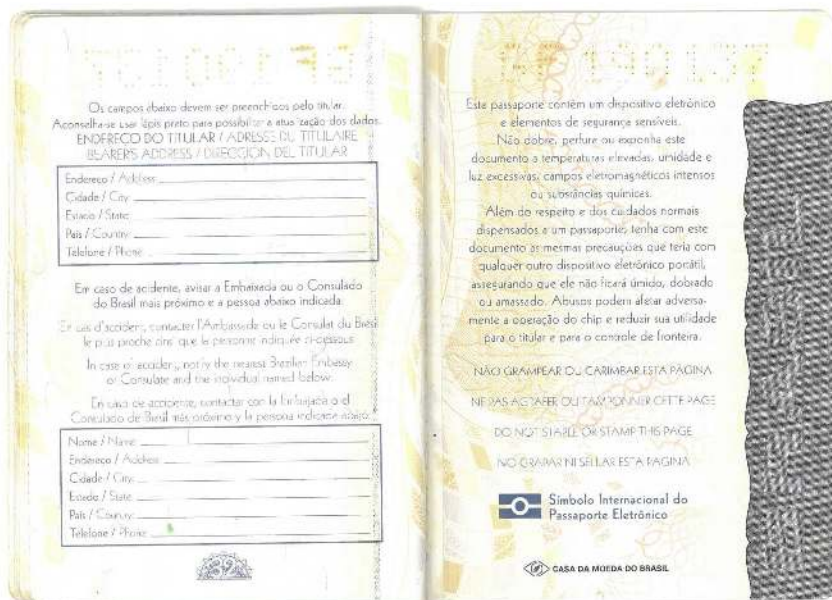












2024 Income Tax Return

Prepared For:

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

Prepared By:

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
Telephone: (415) 571-7970 or (415) 571-7970
FAX: (628) 227-8184
Email: CERTIFICABAYAREA@GMAIL.COM

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

Your first name and middle initial: KENNYA
Last name: JUNQUEIRA CAMARGO
Your social security number: 619-06-6590

If joint return, spouse's first name and middle initial:
Last name:
Spouse's social security number:

Home address (number and street). If you have a P.O. box, see instructions.
2000 S DELAWARE ST
Apt. no. 408
Presidential Election Campaign

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

Foreign country name:
Foreign province/state/county:
Foreign postal code:
You Spouse

Filing Status: [X] Single, [] Married filing jointly, [] Married filing separately, [] Head of household, [] Qualifying surviving spouse.
Check only one box.
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
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)? [] Yes [X] 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

Table with 5 columns: (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 section table with rows 1a through 1z. 1a Total amount from Form(s) W-2, box 1. 1b Household employee wages not reported on Form(s) W-2. 1c Tip income not reported on line 1a. 1d Medicaid waiver payments not reported on Form(s) W-2. 1e Taxable dependent care benefits from Form 2441, line 26. 1f Employer-provided adoption benefits from Form 8839, line 29. 1g Wages from Form 8919, line 6. 1h Other earned income (see instructions). 1i Nontaxable combat pay election (see instructions). 1z Add lines 1a through 1h.

Table with rows 2a through 6b. 2a Tax-exempt interest, 2b Taxable interest, 3a Qualified dividends, 3b Ordinary dividends, 4a IRA distributions, 4b Taxable amount, 5a Pensions and annuities, 5b Taxable amount, 6a Social security benefits, 6b Taxable amount.

Table with rows 7 through 15. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here. 8 Additional income from Schedule 1, line 10. 9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income. 10 Adjustments to income from Schedule 1, line 26. 11 Subtract line 10 from line 9. This is your adjusted gross income. 12 Standard deduction or itemized deductions (from Schedule A). 13 Qualified business income deduction from Form 8995 or Form 8995-A. 14 Add lines 12 and 13. 15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	1,201.
	24	Add lines 22 and 23. This is your total tax	24	1,201.

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC)	27	602.
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	602.
	33	Add lines 25d, 26, and 32. These are your total payments	33	602.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0.
Direct deposit? See instructions.	b	Routing number XXXXXX	c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d	Account number XXXXXX		
	36	Amount of line 34 you want applied to your 2025 estimated tax	36	

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	599.
	38	Estimated tax penalty (see instructions)	38	

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

Designee's name **JOSE A RODRIGUES MIRANDA** Phone no. **415-571-7970** Personal identification number (PIN) **94066**

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

Your signature	Date	Your occupation 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	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (650) 430-4803	Email address		

Paid Preparer Use Only

Preparer's signature _____ Date _____ PTIN **P03054034** Check if: 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)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

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

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

Your social security number

KENNYA JUNQUEIRA CAMARGO

619-06-6590

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss . . .

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C.	3	8,500.
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555.	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends.	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions).	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	8,500.

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

Schedule 1 (Form 1040) 2024

UYA

Part II Adjustments to Income			
11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26
			601.

SCHEDULE 2
(Form 1040)

Additional Taxes

OMB No. 1545-0074

2024

Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **02**

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

Your social security number

KENNYA JUNQUEIRA CAMARGO

619-06-6590

Part I Tax

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

Part II Other Taxes

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

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

UYA

Part II Other Taxes (continued)

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

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

2024

Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

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.

Name of proprietor: KENNYA JUNQUEIRA CAMARGO
Social security number (SSN): 619-06-6590
A Principal business or profession, including product or service (see instructions): BABYSITTER
B Enter code from instructions: 624410
C Business name. If no separate business name, leave blank.
D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.): 2000 S DELAWARE ST APT 408
City, town or post office, state, and ZIP code: SAN MATEO, CA 94403

F Accounting method: (1) X Cash (2) Accrual (3) Other (specify)
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses. X Yes No
H If you started or acquired this business during 2024, check here.
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions. Yes X No
J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income
Table with 7 rows: 1 Gross receipts or sales (8,500), 2 Returns and allowances, 3 Subtract line 2 from line 1 (8,500), 4 Cost of goods sold, 5 Gross profit (8,500), 6 Other income, 7 Gross income (8,500)

Part II Expenses. Enter expenses for business use of your home only on line 30.
Table with 32 rows: 8 Advertising, 9 Car and truck expenses, 10 Commissions and fees, 11 Contract labor, 12 Depletion, 13 Depreciation and section 179 expense deduction, 14 Employee benefit programs, 15 Insurance, 16 Interest, 17 Legal and professional services, 18 Office expense, 19 Pension and profit-sharing plans, 20 Rent or lease, 21 Repairs and maintenance, 22 Supplies, 23 Taxes and licenses, 24 Travel and meals, 25 Utilities, 26 Wages, 27a Other expenses, 27b Energy efficient commercial bldgs deduction, 28 Total expenses before expenses for business use of home (0), 29 Tentative profit or (loss) (8,500), 30 Expenses for business use of your home, 31 Net profit or (loss) (8,500), 32 If you have a loss, check the box that describes your investment in this activity.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

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

Social security number of person

with self-employment income **619-06-6590**

KENNYA JUNQUEIRA CAMARGO

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ.	1b	()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	8,500.
3 Combine lines 1a, 1b, and 2	3	8,500.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,850.

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	7,850.

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

6 Add lines 4c and 5b	6	7,850.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	168,600.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	973.
11 Multiply line 6 by 2.9% (0.029)	11	228.

12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	1,201.
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	601.
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For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule SE (Form 1040) 2024

UYA

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

Farm Optional Method. You may use this method only if (a) your gross farm income ¹ wasn't more than \$10,380, or (b) your net farm profits ² were less than \$7,493.			
14	Maximum income for optional methods	14	6,920
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$6,920. Also, include this amount on line 4b above	15	
Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income, 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.

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

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

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

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.

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

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: SSN , _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	
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)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>	
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>

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).

15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Installment Agreement Request

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

OMB No. 1545-0074

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

Part I Installment Agreement Request

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

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

1a Your first name and initial KENNYA <small>If a joint return, spouse's first name and initial</small>	Last name JUNQUEIRA CAMARGO <small>Last name</small>	Your social security number 619-06-6590 <small>Spouse's social security number</small>
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. 2000 S DELAWARE ST <small>City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions).</small>		Apt. number 408
Foreign country name San Mateo, CA 94403		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)
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3 (650) 430-4803 <small>Your home phone number</small>	02:00 PM <small>Best time for us to call</small>	4 _____ <small>Your work phone number</small>	<small>Ext.</small> _____ <small>Best time for us to call</small>
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5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5 599.
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6
7 Add lines 5 and 6 and enter the result	7 599.
8 Enter the amount of any payment you're making with this request. See instructions	8
9 Amount owed. Subtract line 8 from line 7 and enter the result	9 599.
10 Divide the amount on line 9 by 72.0 and enter the result	10 8.
11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, as these charges will continue to accrue until you pay in full. If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months	11a \$ 150.
b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your <i>revised</i> monthly payment	11b \$
<ul style="list-style-type: none"> • 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. <input type="checkbox"/> • If the amount on line 11a (or 11b, if applicable) is more than or equal to the amount on line 10 and the amount you owe is over \$25,000 but not more than \$50,000, then you don't have to complete Form 433-F. However, if you don't complete Form 433-F, then you must complete either line 13 or 14. • If the amount on line 9 is greater than \$50,000, complete and attach Form 433-F. 	

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

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

a Routing number 121042882	b Account number 8294816239
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I authorize the U.S. Treasury and its designated Financial Agent to initiate a monthly ACH debit (electronic withdrawal) entry to the financial institution account indicated for payments of my federal taxes owed, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke payment, I must contact the U.S. Treasury Financial Agent at **1-800-829-1040** no later than 14 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payments of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payments.

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

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

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

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
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Part II Additional information

Complete this Part only if all three conditions below apply:

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

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

15 In which county is your primary residence? _____

16a Marital status:

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

b Do you share household expenses with your spouse?

- Yes.
- No.

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

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

19 How often are you paid?

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

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

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

21 How often is your spouse paid?

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

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

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

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

25a Do you have health insurance?

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

b Are your health insurance premiums deducted from your paycheck?

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

c How much are your monthly health insurance premiums? **25c** | \$ _____

26a Do you make court-ordered payments?

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

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

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

c How much are your court-ordered payments each month? **26c** | \$ _____

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

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

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

Submission Identification Number (SID) ▶

Taxpayer's name

KENNYA JUNQUEIRA CAMARGO

Spouse's name

Social security number

619-06-6590

Spouse's social security number

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

Enter whole dollars only on lines 1 through 5.

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

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

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

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

Taxpayer's PIN: check one box only

- I authorize Certifica Inc. to enter or generate my PIN **94403** as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize _____ to enter or generate my PIN as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **94835294066**

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

619-06-6590 JUNQ
KENNYA JUNQUEIRA CAMARGO

24 PBA 624410

2000 S DELAWARE ST APT 408
SAN MATEO CA 94403

12-05-1979

Principal Residence section including county (SAN MATEO), address, and filing status checkboxes.

Filing Status section with checkboxes for Single, Head of household, Married/RDP filing jointly, etc.

Dependent checkbox section.

Exemptions section with calculations for Personal, Blind, and Senior exemptions.

Your name:

JUNQUEIRA CAMARG

Your SSN or ITIN:

619066590

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

Exemptions

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

Total dependent exemptions 10 X \$461 = \$

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

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13 7,899 .00

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14 .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15 7,899 .00

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C 16 .00

17 California adjusted gross income. Combine line 15 and line 16 17 7,899 .00

18 Enter the larger of
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
 Your California **standard deduction** shown below for your filing status:
 Single or Married/RDP filing separately \$5,540
 Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP . . \$11,080
 If Married/RDP filing separately or the box on line 6 is checked, **STOP.** See instructions. . . 18 5,540 .00

19 Subtract line 18 from line 17. This is your **taxable income.** If less than zero, enter -0- 19 2,359 .00

Tax

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 FTB 3800 FTB 3803 31 24 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions 32 149 .00

33 Subtract line 32 from line 31. If less than zero, enter -0- 33 0 .00

34 Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A 34 .00

35 Add line 33 and line 34 35 0 .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. 40 .00

43 Enter credit name code and amount 43 .00

44 Enter credit name code and amount 44 .00

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

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

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

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

Use Tax	91	Use Tax. Do not leave blank. See instructions	91	0	.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> 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	92	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	92	0	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	221	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	221	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	97	221	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2025 estimated tax	98	<input type="text"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97	99	<input type="text" value="221"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100	<input type="text"/>	<input type="text" value=".00"/>

		Code	Amount	
Contributions	California Seniors Special Fund. See instructions	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	<input type="text"/>	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund	410	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . .	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	<input type="text"/>	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund	425	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . .	439	<input type="text"/>	<input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	<input type="text"/>	<input type="text" value=".00"/>
	California ALS Research Network Voluntary Tax Contribution Fund	447	<input type="text"/>	<input type="text" value=".00"/>
110 Add amounts in code 400 through code 447. This is your total contribution . . .	110	<input type="text"/>	<input type="text" value=".00"/>	

Your name:

JUNQUEIRA CAMARG

Your SSN or ITIN:

619066590

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash.

Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001

Pay Online - Go to ftb.ca.gov/pay for more information.

111 0 .00

Interest and Penalties

112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax.

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

.00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 .00

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

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

221 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip.

See instructions. Have you verified the routing and account numbers? Use whole dollars only.

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

Refund and Direct Deposit

Routing number
121042882

Type
 Checking
 Savings

Account number
8294816239

116 Direct deposit amount
221 .00

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

Routing number

Type
 Checking
 Savings

Account number

117 Direct deposit amount
.00

Voter Info.

For voter registration information, check the box and go to sos.ca.gov/elections. See instructions . . .

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Sign your tax return on Side 6

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature: [] Date: [] Spouse's/RDP's signature (if a joint tax return, both must sign): []

Your email address. Enter only one email address. Preferred phone number
KJUNQUEIRACAMARGO@GMAIL.COM 650-430-4803

Sign Here

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

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge): []

Firm's name (or yours, if self-employed): CERTIFICA INC. PTIN: P03054034

Firm's address: 72 SCOTT STREET SAN BRUNO, CA 94066 Firm's FEIN: 922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . . Yes No

Print Third Party Designee's Name: JOSE RODRIGUES MIRANDA Telephone Number: 415-571-7970

2024 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

KENNYA JUNQUEIRA CAMARGO

Your SSN or ITIN

619-06-6590

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.

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)?
b Has the Franchise Tax Board (FTB) previously disallowed your California EITC?
2 Federal AGI (federal Form 1040 or 1040-SR, line 11) 7,899 .00
3 Federal EIC (federal Form 1040 or 1040-SR, line 27) 602 .00

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income .00

Part III Qualifying Child Information (See Step 3 in the instructions 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.
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)?
b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here.
10 Child's relationship to you. See instructions.
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.

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	<input type="text"/>	<input type="text"/>
b Last name	<input type="text"/>	<input type="text"/>

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19

35 Available Foster Youth Tax Credit

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

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, do not round

38 Reduction amount

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

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

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

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

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

Name(s) as shown on tax return
KENNYA JUNQUEIRA CAMARGO

SSN or ITIN
619-06-6590

Part I Due Diligence Requirements

1 a Preparer's name **1a** JOSE A RODRIGUES MIRANDA

b Preparer's PTIN **1b** P03054034

c Preparer's license, registration, or enrollment type. Check one box

CPA EA Attorney CTEC Other (specify) _____

If CPA, Attorney, or Other, enter license, registration, or enrollment state **1c** CA

d Preparer's license, registration, or enrollment number **1d** A353131

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? **2** Yes No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? **3** Yes No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following:

Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC)

Review information to determine that the taxpayer is eligible to claim the credit and for what amount **4** Yes No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) **5** Yes No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information?. **5a** Yes No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) **5b** Yes No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit **6** Yes No

List those documents provided by the taxpayer, if any, that you relied on.
SSN,

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? **7** Yes No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE?. **8** Yes No
 N/A

Part II Due Diligence Questions

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

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
- B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C. Submit form FTB 3596 in the manner required; and
- D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 1. A copy of form FTB 3596,
 2. The EITC worksheet(s) or your own worksheet(s),
 3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
 4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? 10 Yes No

TAXABLE YEAR **2024** **California e-file Signature Authorization for Individuals** FORM **8879**

Your name KENNYA JUNQUEIRA CAMARGO	Your SSN or ITIN 619-06-6590
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	7,899.
2 Amount you owe. See instructions	2	
3 Refund or no amount due. See instructions	3	221.

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

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent**. If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize CERTIFICA INC. to enter my PIN

9	4	4	0	3
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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 [REDACTED] Date [REDACTED]

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

- I authorize _____ to enter my PIN

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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 [REDACTED] Date [REDACTED]

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

9	4	8	3	5	2	9	4	0	6	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

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 [REDACTED] Date [REDACTED]

**Exhibit 8 - Renato
Alves de Barros'
Financial Information
- Joint Sponsor**

**UNITED STATES OF AMERICA
PERMANENT RESIDENT**

Surname
ALVES DE BARROS

Given Name
RENATO

Country of Birth
Brazil

USCIS#
218-079-601

Category
CR6

Date of Birth
21 JUN 1980

Sex
M

Card Expires: **08/26/27** Resident Since: **08/26/25**



ALVES DE BARROS RENATO 21 JUN

UNITED STATES OF AMERICA

FORM I-551
Rev (12-2021)

77278827



55C

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

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ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: AMARILDO R MARTINS & RENATO ALVES DE BARROS
Primary SSN: 606-57-6292

Federal Return Submitted: July 08, 2025 10:23 PM PST
Federal Return Acceptance Date: 07/08/2025

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2025. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone, and you electronically file your return at 9 AM on April 15, 2025, your Intuit electronic postmark will indicate April 15, 2025, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2025, and a corrected return is submitted and accepted before April 20, 2025. If your return is submitted after April 20, 2025, a new time stamp is issued to reflect that your return was submitted after the IRS deadline, and consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2025. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2025, and the corrected return is submitted and accepted by October 20, 2025.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

**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 AMARILDO R MARTINS & RENATO ALVES DE BARROS	Your social security number 606-57-6292
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For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income			
1	Taxable refunds, credits, or offsets of state and local income taxes		1
2a	Alimony received		2a
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C		3 47,693.
4	Other gains or (losses). Attach Form 4797		4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5
6	Farm income or (loss). Attach Schedule F		6
7	Unemployment compensation		7
8	Other income:		
a	Net operating loss	8a ()	
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d ()	
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z		9
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10 47,693.

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	3,370.
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	3,370.

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR AMARILDO R MARTINS & RENATO ALVES DE BARROS	Your social security number 606-57-6292
---	---

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

Part II Other Taxes		
4 Self-employment tax. Attach Schedule SE		4 6,739.
5 Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6 Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7 Total additional social security and Medicare tax. Add lines 5 and 6		7
8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>		8
9 Household employment taxes. Attach Schedule H		9
10 Repayment of first-time homebuyer credit. Attach Form 5405 if required		10
11 Additional Medicare Tax. Attach Form 8959		11
12 Net investment income tax. Attach Form 8960		12
13 Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12		13
14 Interest on tax due on installment income from the sale of certain residential lots and timeshares		14
15 Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000		15
16 Recapture of low-income housing credit. Attach Form 8611		16

(continued on page 2)

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount: _____	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z	18	
19	Recapture of net EPE from Form 4255, line 1d, column (l)	19	
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b	21	6,739.

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR AMARILDO R MARTINS & RENATO ALVES DE BARROS	Your social security number 606-57-6292
---	---

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20	8	

Part II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962	9	12.
10	Amount paid with request for extension to file (see instructions)	10	
11	Excess social security and tier 1 RRTA tax withheld	11	
12	Credit for federal tax on fuels. Attach Form 4136	12	
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z	14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31	15	12.

**Underpayment of Estimated Tax by
Individuals, Estates, and Trusts**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

Attachment
Sequence No. **06**

Go to www.irs.gov/Form2210 for instructions and the latest information.

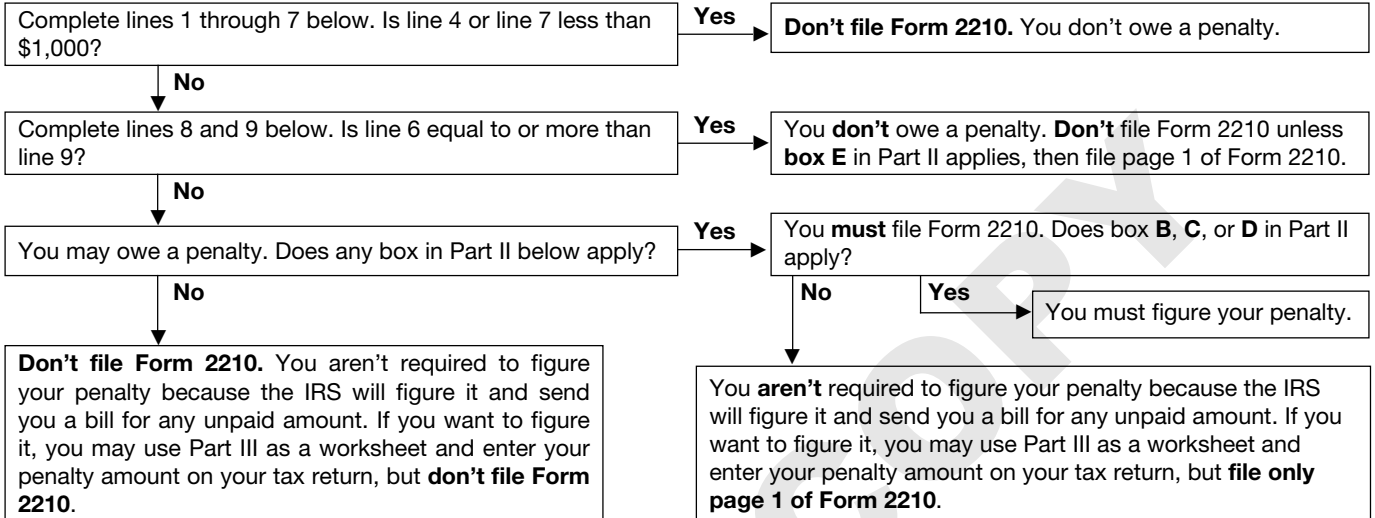
Name(s) shown on tax return

Identifying number

AMARILDO R MARTINS & RENATO ALVES DE BARROS

606-57-6292

Do You Have To File Form 2210?



Part I Required Annual Payment

1	Enter your 2024 tax after credits from Form 1040, 1040-SR, or 1040-NR, line 22. (See the instructions if not filing Form 1040.)	1	1,208.
2	Other taxes, including self-employment tax and, if applicable, Additional Medicare Tax and/or Net Investment Income Tax (see instructions)	2	6,739.
3	Other payments and refundable credits (see instructions)	3	(12.)
4	Current year tax. Combine lines 1, 2, and 3. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	4	7,935.
5	Multiply line 4 by 90% (0.90)	5	7,142.
6	Withholding taxes. Don't include estimated tax payments. See instructions	6	0.
7	Subtract line 6 from line 4. If less than \$1,000, stop ; you don't owe a penalty. Don't file Form 2210	7	7,935.
8	Maximum required annual payment based on prior year's tax (see instructions)	8	5,248.
9	Required annual payment. Enter the smaller of line 5 or line 8	9	5,248.

Next: Is line 9 more than line 6?

- No.** You **don't** owe a penalty. **Don't file Form 2210** unless box E below applies.
- Yes.** You may owe a penalty, but **don't file Form 2210** unless one or more boxes in Part II below applies.
 - If box B, C, or D applies, you must figure your penalty and file Form 2210.
 - If box A or E applies (but not B, C, or D), file only page 1 of Form 2210. You **aren't** required to figure your penalty; the IRS will figure it and send you a bill for any unpaid amount. If you want to figure your penalty, you may use Part III as a worksheet and enter your penalty on your tax return, but **file only page 1 of Form 2210**.

Part II Reasons for Filing. Check applicable boxes. If none apply, **don't file Form 2210**.

- A You request a **waiver** (see instructions) of your entire penalty. You must check this box and file page 1 of Form 2210, but you aren't required to figure your penalty.
- B You request a **waiver** (see instructions) of part of your penalty. You must figure your penalty and waiver amount and file Form 2210.
- C Your income varied during the year and your penalty is reduced or eliminated when figured using the **annualized income installment method**. You must figure the penalty using Schedule AI and file Form 2210.
- D Your penalty is lower when figured by treating the federal income tax withheld from your income as paid on the dates it was actually withheld, instead of in equal amounts on the payment due dates. You must figure your penalty and file Form 2210.
- E You filed or are filing a joint return for either 2023 or 2024, but not for both years, and line 8 above is smaller than line 5 above. You must file page 1 of Form 2210, but you **aren't** required to figure your penalty (unless box B, C, or D applies).

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2024 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

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.

Name of proprietor: AMARILDO R MARTINS; Social security number (SSN): 606-57-6292; Principal business or profession: DRIVER; Business name: blank; Business address: 467 Burnett Ave, Apt. 13, San Francisco, CA 94131; Accounting method: Cash; Did you materially participate: Yes; If you started or acquired this business during 2024: No; Did you make any payments in 2024 that would require you to file Form(s) 1099: No; If "Yes," did you or will you file required Form(s) 1099: No.

Part I Income table with 7 rows. Line 1: 44,540; Line 2: blank; Line 3: 44,540; Line 4: blank; Line 5: 44,540; Line 6: blank; Line 7: 44,540.

Part II Expenses table with 32 rows. Line 8: blank; Line 9: 9,292; Line 10: blank; Line 11: blank; Line 12: blank; Line 13: blank; Line 14: blank; Line 15: blank; Line 16a: blank; Line 16b: blank; Line 17: blank; Line 18: blank; Line 19: blank; Line 20: blank; Line 21: blank; Line 22: 325; Line 23: blank; Line 24a: blank; Line 24b: blank; Line 25: blank; Line 26: blank; Line 27a: 7,845; Line 27b: blank; Line 28: 17,462; Line 29: 27,078; Line 30: blank; Line 31: 27,078; Line 32: blank.

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

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/2014

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

a Business 13,690 **b** Commuting (see instructions) _____ **c** Other 0

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

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

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

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

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

LYFT FEES & EXPENSES	6,523.
CELL PHONE & INTERNET	525.
CAR WASH	545.
FASTRAK	252.
48 Total other expenses. Enter here and on line 27a	48 7,845.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

2024 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

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.

Name of proprietor: RENATO ALVES DE BARROS. Social security number (SSN): 733-30-9513. Business name: LIMOUSINE SERVICES. Business address: 467 Burnett Ave, Apt. 13, San Francisco, CA 94131. Accounting method: Cash. Did you materially participate? Yes. Did you start/acquire during 2024? No. Did you make payments for 1099? No. Did you file 1099? No.

Part I Income

Table with 7 rows for income items: Gross receipts or sales (77,266), Returns and allowances, Subtract line 2 from line 1 (77,266), Cost of goods sold, Gross profit (77,266), Other income, Gross income (77,266).

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

Table with 27 rows for expense items: Advertising (36,604), Car and truck expenses, Commissions and fees, Contract labor, Depreciation and section 179 expense deduction, Employee benefit programs, Insurance (8,288), Interest (16a, 16b), Legal and professional services, Office expense, Pension and profit-sharing plans, Rent or lease (20a, 20b), Repairs and maintenance, Supplies, Taxes and licenses, Travel and meals (24a, 24b), Utilities, Wages (less employment credits), Other expenses (27a, 11,759), Energy efficient commercial bldgs deduction (27b).

Summary rows: Total expenses before expenses for business use of home (56,651), Tentative profit or (loss) (20,615).

Line 30: Expenses for business use of your home. 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.

Line 31: Net profit or (loss). Subtract line 30 from line 29. 20,615.

Line 32: If you have a loss, check the box that describes your investment in this activity. See instructions. 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 <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

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

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01/01/2024</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: a Business <u>53,917</u> b Commuting (see instructions) _____ c Other <u>0</u>
45	Was your vehicle available for personal use during off-duty hours? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

PHONE	1,699.
AIRPORT FEE	3,326.
TOLL & PARKING	4,648.
LAUNDRY & CLOTH	2,086.
48 Total other expenses. Enter here and on line 27a	48 11,759.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) **AMARILDO R MARTINS** Social security number of person with **self-employment** income **606-57-6292**

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	27,078.
3 Combine lines 1a, 1b, and 2	3	27,078.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	25,007.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	25,007.

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

6 Add lines 4c and 5b	6	25,007.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	168,600.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	3,101.
11 Multiply line 6 by 2.9% (0.029)	11	725.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	3,826.

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,913.
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For Paperwork Reduction Act Notice, see your tax return instructions. Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² were less than \$7,493.

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

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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



**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) **RENATO ALVES DE BARROS** Social security number of person with **self-employment** income **733-30-9513**

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	20,615.
3 Combine lines 1a, 1b, and 2	3	20,615.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	19,038.
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	19,038.

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

6 Add lines 4c and 5b	6	19,038.
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7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600
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8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	168,600.
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10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	2,361.
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11 Multiply line 6 by 2.9% (0.029)	11	552.
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12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	2,913.
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,457.
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For Paperwork Reduction Act Notice, see your tax return instructions. Schedule SE (Form 1040) 2024

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income¹ wasn't more than \$10,380, **or (b)** your net farm profits² were less than \$7,493.

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

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits³ were less than \$7,493 and also less than 72.189% of your gross nonfarm income,⁴ **and (b)** you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

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

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

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

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

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



Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

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

Attachment
Sequence No. **55**

Name(s) shown on return

AMARILDO R MARTINS & RENATO ALVES DE BARROS

Your taxpayer identification number

606-57-6292

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

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	AMARILDO R MARTINS	606-57-6292	25,165.
ii	RENATO ALVES DE BARROS	733-30-9513	19,158.
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 44,323.	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 44,323.	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 8,865.
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 8,865.
11	Taxable income before qualified business income deduction (see instructions)	11 15,123.	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0.	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 15,123.	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 3,025.
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 3,025.
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0.)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0.)

Premium Tax Credit (PTC)

Department of the Treasury Internal Revenue Service

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

Name shown on your return: AMARILDO R MARTINS & RENATO ALVES DE BARR. Your social security number: 606-57-6292

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

Part I Annual and Monthly Contribution Amount

Table with 7 main rows and 2 sub-rows (2a, 2b) for Modified AGI. Includes fields for tax family size, modified AGI, household income, federal poverty line, and applicable figure.

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

- 9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

Table for Premium Tax Credit Calculation. Columns include Annual Calculation, Monthly Calculation, and Annual/Monthly enrollment/premium/contribution amounts.

Summary rows for Total PTC (line 24), Advance payment of PTC (line 25), and Net PTC (line 26).

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

Table for Repayment of Excess Advance Payment. Rows 27, 28, and 29.

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

Part IV Allocation of Policy Amounts

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

Allocation 1

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

Allocation 2

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

Allocation 3

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

Allocation 4

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

- 34** Have you completed all policy amount allocations?
- Yes.** Multiply the amounts on Form 1095-A by the allocation percentages entered by policy. Add all allocated policy amounts and non-allocated policy amounts from Forms 1095-A, if any, to compute a combined total for each month. Enter the combined total for each month on lines 12–23, columns (a), (b), and (f). Compute the amounts for lines 12–23, columns (c)–(e), and continue to line 24.
 - No.** See the instructions to report additional policy amount allocations.

Part V Alternative Calculation for Year of Marriage

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

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

2024 California Resident Income Tax Return

540

APE

ATTACH FEDERAL RETURN

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

24 PBA 485300

467 BURNETT AVE APT 13
SAN FRANCISCO CA 94131

03-30-1966 06-21-1980

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 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 X \$149 = \$ 298

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

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

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Your name: Your SSN or ITIN:

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$461 = ● \$

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

12 State wages from your federal Form(s) W-2, box 16 ● 12 <input type="text"/>	<input type="text" value="00"/>	
13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13	<input type="text" value="44323"/>	<input type="text" value="00"/>
14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14	<input type="text"/>	<input type="text" value="00"/>
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15	<input type="text" value="44323"/>	<input type="text" value="00"/>
16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16	<input type="text"/>	<input type="text" value="00"/>
17 California adjusted gross income. Combine line 15 and line 16 ● 17	<input type="text" value="44323"/>	<input type="text" value="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	<input type="text" value="11080"/>	<input type="text" value="00"/>
19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19	<input type="text" value="33243"/>	<input type="text" value="00"/>

31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule		
● <input type="checkbox"/> FTB 3800 ● <input type="checkbox"/> FTB 3803 ● 31	<input type="text" value="449"/>	<input type="text" value="00"/>
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions. ● 32	<input type="text" value="298"/>	<input type="text" value="00"/>
33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33	<input type="text" value="151"/>	<input type="text" value="00"/>
34 Tax. See instructions. Check the box if from: ● <input type="checkbox"/> Schedule G-1 ● <input type="checkbox"/> FTB 5870A. . . ● 34	<input type="text"/>	<input type="text" value="00"/>
35 Add line 33 and line 34. ● 35	<input type="text" value="151"/>	<input type="text" value="00"/>

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40	<input type="text"/>	<input type="text" value="00"/>
43 Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43	<input type="text"/>	<input type="text" value="00"/>
44 Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44	<input type="text"/>	<input type="text" value="00"/>

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Your name: Your SSN or ITIN:

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	<input type="radio"/>	45	<input type="text"/>	<input type="text" value=".00"/>
	46	Nonrefundable Renter's Credit. See instructions	<input type="radio"/>	46	<input type="text" value="120"/>	<input type="text" value=".00"/>
	47	Add line 40 through line 46. These are your total credits	<input checked="" type="radio"/>	47	<input type="text" value="120"/>	<input type="text" value=".00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	<input checked="" type="radio"/>	48	<input type="text" value="31"/>	<input type="text" value=".00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	<input type="radio"/>	61	<input type="text"/>	<input type="text" value=".00"/>
	62	Mental Health Services Tax. See instructions	<input type="radio"/>	62	<input type="text"/>	<input type="text" value=".00"/>
	63	Other taxes and credit recapture. See instructions	<input type="radio"/>	63	<input type="text"/>	<input type="text" value=".00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	<input type="radio"/>	64	<input type="text" value="31"/>	<input type="text" value=".00"/>

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

Use Tax	91	Use Tax. Do not leave blank. See instructions	<input type="radio"/>	91	<input type="text" value="0"/>	<input type="text" value=".00"/>
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> 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.	<input type="radio"/>	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	<input type="radio"/>	92	<input type="text"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	<input checked="" type="radio"/>	93	<input type="text"/>	<input type="text" value=".00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	<input checked="" type="radio"/>	94	<input type="text" value="0"/>	<input type="text" value=".00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	<input checked="" type="radio"/>	95	<input type="text"/>	<input type="text" value=".00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	<input checked="" type="radio"/>	96	<input type="text"/>	<input type="text" value=".00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	<input checked="" type="radio"/>	97	<input type="text"/>	<input type="text" value=".00"/>

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Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2025 estimated tax ● 98	<input type="text"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99	<input type="text"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100	<input type="text" value="31"/>	<input type="text" value=".00"/>

Contributions		Code	Amount	
	California Seniors Special Fund. See instructions ●	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text"/>	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text"/>	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund ●	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text"/>	<input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text"/>	<input type="text" value=".00"/>
	California ALS Research Network Voluntary Tax Contribution Fund ●	447	<input type="text"/>	<input type="text" value=".00"/>
	110 Add amounts in code 400 through code 447. This is your total contribution ● 110		<input type="text"/>	<input type="text" value=".00"/>

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Your name: MARTINS Your SSN or ITIN: 606-57-6292

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 111 31 .00 Pay Online – Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00

113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached 113 .00

114 Total amount due. See instructions. Enclose, but do not staple, any payment 114 31 .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 115 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type Routing number Checking Savings Account number 116 Direct deposit amount .00

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

Type Routing number Checking Savings Account number 117 Direct deposit amount .00

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Your name: MARTINS Your SSN or ITIN: 606-57-6292

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature _____ Date _____ Spouse's/RDP's signature (if a joint tax return, both must sign) _____

Your email address. Enter only one email address.

Preferred phone number

4155057853

Sign Here

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

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Joint tax return? See instructions.

Do you want to allow another person to discuss this tax return with us? See instructions. Yes No

Print Third Party Designee's Name

Telephone Number

REV 03/12/25 TTW

CLIENT COPY

2024 California Adjustments – Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: **A R MARTINS & R ALVES DE BARROS** SSN or ITIN: **606576292**

Part I Income Adjustment Schedule		A Federal Amounts <small>(taxable amounts from your federal tax return)</small>	B Subtractions <small>See instructions</small>	C Additions <small>See instructions</small>
Section A – Income from federal Form 1040 or 1040-SR				
1 a	Total amount from federal Form(s) W-2, box 1. See instructions 1a	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
b	Household employee wages not reported on federal Form(s) W-2 1b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c	Tip income not reported on line 1a 1c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
e	Taxable dependent care benefits from federal Form 2441, line 26 1e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
f	Employer-provided adoption benefits from federal Form 8839, line 29 1f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g	Wages from federal Form 8919, line 6. 1g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h	Other earned income. See instructions 1h	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
i	Nontaxable combat pay election. See instructions. 1i			<input checked="" type="radio"/>
z	Add line 1a through line 1i. 1z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	Taxable interest. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	Ordinary dividends. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
4	IRA distributions. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Pensions and annuities. See instructions. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Social security benefits. a <input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
7	Capital gain or (loss). See instructions 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Section B – Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes 1	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
2 a	Alimony received. See instructions. 2a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
3	Business income or (loss). See instructions. . . . 3	<input checked="" type="radio"/>	47693 <input checked="" type="radio"/>	<input checked="" type="radio"/>
4	Other gains or (losses) 4	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
6	Farm income or (loss) 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7	Unemployment compensation 7	<input checked="" type="radio"/>	<input checked="" type="radio"/>	

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

REV 03/12/25 TTW

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z 9a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b1 Disaster loss deduction from form FTB 3805V 9b1		<input type="radio"/>	
b2 NOL deduction from form FTB 3805V 9b2		<input type="radio"/>	
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3		<input type="radio"/>	
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. 10	<input type="radio"/> 47693	<input type="radio"/>	<input type="radio"/>

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11	<input type="radio"/>	<input type="radio"/>	
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Health savings account deduction 13	<input type="radio"/>	<input type="radio"/>	
14 Moving expenses. Attach form FTB 3913. See instructions 14	<input type="radio"/>		<input type="radio"/>
15 Deductible part of self-employment tax. See instructions. 15	<input type="radio"/> 3370	<input type="radio"/>	
16 Self-employed SEP, SIMPLE, and qualified plans. 16	<input type="radio"/>		
17 Self-employed health insurance deduction. See instructions. 17	<input type="radio"/>	<input type="radio"/>	
18 Penalty on early withdrawal of savings 18	<input type="radio"/>		
19 a Alimony paid. 19a	<input type="radio"/>		<input type="radio"/>
b Recipient's: SSN <input type="radio"/>			
Last Name <input type="radio"/>			
20 IRA deduction 20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 Student loan interest deduction 21	<input type="radio"/>		<input type="radio"/>
22 Reserved for future use 22			
23 Archer MSA deduction. 23	<input type="radio"/>		

REV 03/12/25 TTW

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay 24a	<input checked="" type="radio"/>		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. 24b	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
d Reforestation amortization and expenses. 24d	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	<input checked="" type="radio"/>		
f Contributions to IRC Section 501(c)(18)(D) pension plans 24f	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
g Contributions by certain chaplains to IRC Section 403(b) plans 24g	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
h Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	<input checked="" type="radio"/>		
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	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
j Housing deduction from federal Form 2555 24j	<input checked="" type="radio"/>	<input checked="" type="radio"/>	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). 24k	<input checked="" type="radio"/>		
z Other adjustments. List type and amount. <input checked="" type="radio"/> _____ 24z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
25 Total other adjustments. Add line 24a through line 24z 25	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	3370		
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	44323		

REV 03/12/25 TTW

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses <input checked="" type="radio"/> 0 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. <input checked="" type="radio"/> 44323 2			
3 Multiply line 2 by 7.5% (0.075) <input checked="" type="radio"/> 3324 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	<input checked="" type="radio"/> 0		<input checked="" type="radio"/> 0
Taxes You Paid			
5 a State and local income tax or general sales taxes. 5a	<input checked="" type="radio"/> 72	<input checked="" type="radio"/> 72	
b State and local real estate taxes 5b	<input checked="" type="radio"/>		
c State and local personal property taxes 5c	<input checked="" type="radio"/> 0		
d Add line 5a through line 5c. 5d	<input checked="" type="radio"/> 72		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	<input checked="" type="radio"/> 72	<input checked="" type="radio"/> 72	<input checked="" type="radio"/> 0
6 Other taxes. List type <input checked="" type="radio"/> 6	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
7 Add line 5e and line 6. 7	<input checked="" type="radio"/> 72	<input checked="" type="radio"/> 72	<input checked="" type="radio"/> 0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	<input checked="" type="radio"/>		<input checked="" type="radio"/>
b Home mortgage interest not reported to you on federal Form 1098. 8b	<input checked="" type="radio"/>		<input checked="" type="radio"/>
c Points not reported to you on federal Form 1098. 8c	<input checked="" type="radio"/>		<input checked="" type="radio"/>
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
9 Investment interest. 9	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
10 Add line 8e and line 9. 10	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

REV 03/12/25 TTW

Part II Adjustments to Federal Itemized Deductions Continued	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity			
11 Gifts by cash or check 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Other than by cash or check 12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 Carryover from prior year 13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 Add line 11 through line 13 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . 15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Itemized Deductions			
16 Other—from list in federal instructions 16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C 17	<input type="radio"/>	72	72
18 Total. Combine line 17 column A less column B plus column C 18			0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 44323

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24** 886

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 **25** 0

26 Total Itemized Deductions. Add line 18 and line 25 **26** 0

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27 **28** 0

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

- Single or married/RDP filing separately \$244,857
- Head of household \$367,291
- Married/RDP filing jointly or qualifying surviving spouse/RDP \$489,719

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29 **29** 0

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

- Single or married/RDP filing separately. See instructions \$5,540
- Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . \$11,080

Transfer the amount on line 30 to Form 540, line 18. **30** 11080

Nonrefundable Renter's Credit Qualification Record



e-file and skip this page! The tax software product you use to e-file will help you find out if you qualify for this credit and will figure the correct amount of the credit automatically. Go to ftb.ca.gov to check your e-file options.

If you were a resident of California for at least six months in 2024 and paid rent on property in California, which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify. For purposes of California income tax, references to a spouse, husband, or wife also refer to a California Registered Domestic Partner (RDP), unless otherwise specified. When we use the initials RDP, they refer to both a California registered domestic "partner" and a California registered domestic "partnership," as applicable. For more information on RDPs, get FTB Pub. 737. **Do not mail this record. Keep with your tax records.**

<p>1. Were you a resident of California for at least six full months of the tax year in 2024?</p> <p>Military personnel: If you are not a legal resident of California, you do not qualify for this credit. Your spouse/RDP may claim up to a maximum of \$60 if he or she was a resident during 2024, and is otherwise qualified.</p> <p>YES. Go to question 2. ✕ NO. Stop here. You do not qualify for this credit.</p>	
<p>2. Is your adjusted gross income from all sources on your Form 540NR, line 17:</p> <ul style="list-style-type: none"> • \$52,421 or less if single or married/RDP filing separately; or • \$104,842 or less if married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP? <p>YES. Go to question 3. ✕ NO. Stop here. You do not qualify for this credit.</p>	
<p>3. Did you pay rent, for at least half of 2024, on property (including a mobile home that you owned on rented land) in California, which was your principal residence?</p> <p>YES. Go to question 4. ✕ NO. Stop here. You do not qualify for this credit.</p>	
<p>4. Can you be claimed as a dependent by a parent, foster parent, legal guardian, or any other person in 2024?</p> <p>NO. Go to question 6. ✕ YES. Go to question 5.</p>	
<p>5. For more than half the year in 2024, did you live in the home of the person who can claim you as a dependent?</p> <p>NO. Go to question 6. ✕ YES. Stop here. You do not qualify for this credit.</p>	
<p>6. Was the property you rented exempt from property tax in 2024?</p> <p>You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.</p> <p>NO. Go to question 7. ✕ YES. Stop here. You do not qualify for this credit.</p>	
<p>7. Did you claim the homeowner's property tax exemption anytime during 2024?</p> <p>You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.</p> <p>NO. Go to question 8. ✕ YES. If your filing status is single or married/RDP filing separately, stop here, you do not qualify for this credit. If your filing status is married/RDP filing jointly, go to question 9.</p>	
<p>8. Were you single in 2024?</p> <p>YES. Go to question 11. ✕ NO. Go to question 9.</p>	
<p>9. Did your spouse/RDP claim the homeowner's property tax exemption anytime during 2024?</p> <p>You do not qualify for this credit if you or your spouse/RDP received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse/RDP for the entire year and your spouse/RDP received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.</p> <p>NO. Go to question 11. ✕ YES. If both you and your spouse/RDP claimed the homeowner's property tax exemption, stop here, you do not qualify for this credit. Otherwise, go to question 10.</p>	
<p>10. Did you and your spouse/RDP maintain separate residences for the entire year in 2024?</p> <p>YES. Go to question 11. NO. Stop here. You do not qualify for this credit.</p>	

(continued on next page)

Nonrefundable Renter's Credit Qualification Record – Continued

11. Use the following chart to find the amount of your credit based on the number of full months you were a resident of and rented property in California in 2024.

Enter the amount on the line below. If married/RDP filing jointly where one spouse/RDP claimed the homeowner's property tax exemption and both spouses/RDPs lived apart for the entire year, enter half of the amount listed on the chart for married/RDP filing jointly on the line below. Follow the instructions next to the chart.

Filing status	Number of months						
	6	7	8	9	10	11	12
Single or married/RDP filing separately	\$30	\$35	\$40	\$45	\$50	\$55	\$60
Married/RDP filing jointly, head of household or qualifying surviving spouse/RDP	\$60	\$70	\$80	\$90	\$100	\$110	File Form 540

\$ 1 2 0

If this credit is the only special credit you are claiming, enter the amount on your Form 540NR, line 61.

If you are a Form 540NR filer and are claiming additional special credits in addition to this credit, see the Special Credits and Nonrefundable Credits section in Form 540NR instructions.

Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2024, which qualified you for this credit.

Street Address _____ **City, State, and ZIP Code** _____ **Dates Rented in 2024 (From to)** _____

a _____

b _____

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name _____ **Street Address** _____ **City, State, ZIP Code, and Telephone Number** _____

a _____

b _____

March 29, 2024

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403

Please find enclosed a copy of your 2023 federal income tax return for your records. Your federal return was electronically transmitted to the IRS on March 29, 2024; therefore, do not mail your federal Form 1040 to the IRS.

The amount you owe on your federal return is \$196. Make your check or money order payable to ' United States Treasury '. Write ' 2023 Form 1040 ' and your social security number on your payment.

Mail your Form 1040-V and payment by April 15, 2024 to:

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

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

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

03/29/24 11:51 AM

March 29, 2024

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403

Please find enclosed a copy of your 2023 California income tax return for your records. Your California income tax return was electronically transmitted to the FTB on March 29, 2024; therefore, do not mail your California income tax return to the Franchise Tax Board.

The amount you overpaid on your California income tax return is \$83. The amount of overpayment applied to your 2024 estimates is \$0. The amount to be refunded to you by direct deposit is \$83.

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

Sincerely,

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
(415)571-7970 or (415)571-7970

03/29/24 11:51 AM

2023 Income Tax Return

Prepared For:

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

Prepared By:

Certifica Inc.
72 Scott Street
Apt 01
San Bruno, CA 94066
Telephone: (415) 571-7970 or (415) 571-7970
FAX: (628) 227-8184
Email: CERTIFICABAYAREA@GMAIL.COM

2023 Form 1040-V



Department of the Treasury
Internal Revenue Service



Before you mail a check, consider your online payment options

<p>IRS Direct Pay</p> <ul style="list-style-type: none"> • Pay with Bank account • Schedule up to 30 days in advance • No fees • Immediate Confirmation <p style="text-align: center;">Go to directpay.irs.gov</p>	<p>Pay by Card</p> <ul style="list-style-type: none"> • Credit or Debit Card option • Schedule in advance • Service fees apply and vary by processor <p style="text-align: center;">Go to irs.gov/Payments</p>	<p>Electronic Federal Tax Payment System</p> <ul style="list-style-type: none"> • Registration required • Business and Individuals • Pay with Bank Account by phone or online • No fees <p style="text-align: center;">Go to EFTPS.gov to enroll Registered users call 1800-555-3453</p>
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Online payments save time, reduce paper, and don't require postage.
If you do mail a check, include the portion below with your payment.

Amount to pay includes penalties and interest of \$0

Form 1040-V (2023)

Detach Here and Mail With Your Payment and Return

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

Payment Voucher

OMB No 1545-0074

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

2023

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

196.00

1064

**KENNYA JUNQUEIRA CAMARGO
RECIERI ALBINATI LIMA
2000 S DELAWARE ST Apt. 408
San Mateo, CA 94403**

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

619066590 UZ JUN2 30 0 202312 610

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

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

See separate instructions.

Your first name and middle initial

KENNYA

Last name

JUNQUEIRA CAMARGO

Your social security number

619-06-6590

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

RECIERI

Last name

ALBINATI LIMA

Spouse's social security number

992-91-5518

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

2000 S DELAWARE ST

Apt. no.

408

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.

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

San Mateo

State

CA

ZIP code

94403

Foreign country name

Foreign province/state/county

Foreign postal code

You Spouse

Filing Status

Single

Head of household (HOH)

Check only one box.

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

Table with 5 columns: (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

Main income table with rows 1a through 15. Includes categories like Total amount from Form(s) W-2, Household employee wages, Tip income, etc. Total taxable income is 0.

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

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

Attach Sch B if required.

Standard Deduction for-

- Single or Married filing separately, \$13,850
Married filing jointly or Qualifying surviving spouse, \$27,700
Head of household, \$20,800
If you checked any box under Standard Deduction, see instructions.

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

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	0.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0.
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	196.
24	Add lines 22 and 23. This is your total tax	24	196.	

Payments	25	Federal income tax withheld from:			25d	
	a	Form(s) W-2	25a			
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c	25d			
	26	2023 estimated tax payments and amount applied from 2022 return	26			
	27	Earned income credit (EIC) NO	27			
	28	Additional child tax credit from Schedule 8812	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Reserved for future use	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32		0.	
33	Add lines 25d, 26, and 32. These are your total payments	33		0.		

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	0.	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	0.	
	b	Routing number: XXXXXX	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number: XXXXXX			
36	Amount of line 34 you want applied to your 2024 estimated tax	36			

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	196.
	38	Estimated tax penalty (see instructions)	38	

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

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

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

Your signature	Date	Your occupation 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 HOUSEHUSBAND	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. (650) 430-4803	Email address		

Paid Preparer Use Only

Preparer's signature	Date	PTIN P03054034	Check if: <input checked="" type="checkbox"/> 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			

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

SCHEDULE 1
(Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2023
Attachment
Sequence No **01**

Department of the Treasury
Internal Revenue Service

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

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

Your social security number
619-06-6590

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI LIMA

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes		1	
2a	Alimony received		2a	
b	Date of original divorce or separation agreement (see instructions):			
3	Business income or (loss). Attach Schedule C		3	1,393.
4	Other gains or (losses). Attach Form 4797		4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABLÉ account (see instructions)	8q		
r	Scholarship and fellowship grants not reported on Form W-2	8r		
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t		
u	Wages earned while incarcerated	8u		
z	Other income. List type and amount:	8z		
9	Total other income. Add lines 8a through 8z		9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8		10	1,393.

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

Schedule 1 (Form 1040) 2023

UYA

Part II Adjustments to Income			
11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14
15	Deductible part of self-employment tax. Attach Schedule SE		15
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions)		
20	IRA deduction		20
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8I from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26
			98.

**SCHEDULE 2
(Form 1040)**

Additional Taxes

OMB No 1545-0074

2023

Department of the Treasury
Internal Revenue Service

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

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

Attachment
Sequence No. **02**

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

KENNYA JUNQUEIRA CAMARGO and RECIERI ALBINATI L

Your social security number

619-06-6590

Part I Tax			
1	Alternative minimum tax. Attach Form 6251.	1	
2	Excess advance premium tax credit repayment. Attach Form 8962.	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17.	3	0.
Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE.	4	196.
5	Social security and Medicare tax on unreported tip income. Attach Form 4137.	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919.	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6.	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H.	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required.	10	
11	Additional Medicare Tax. Attach Form 8959.	11	
12	Net investment income tax. Attach Form 8960.	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12.	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares.	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000.	15	
16	Recapture of low-income housing credit. Attach Form 8611.	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

UYA

Part II Other Taxes (continued)

17	Other additional taxes:			
a	Recapture of other credits. List type, form number, and amount:	17a		
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c	Additional tax on HSA distributions. Attach Form 8889	17c		
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f		
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j	Section 72(m)(5) excess benefits tax	17j		
k	Golden parachute payments	17k		
l	Tax on accumulation distribution of trusts	17l		
m	Excise tax on insider stock compensation from an expatriated corporation	17m		
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n		
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q	Any interest from Form 8621, line 24	17q		
z	Any other taxes. List type and amount:	17z		
18	Total additional taxes. Add lines 17a through 17z		18	
19	Reserved for future use		19	
20	Section 965 net tax liability installment from Form 965-A	20		
21	Add lines 4, 7 through 16, and 18. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	196.

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SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1066.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor
KENNYA JUNQUEIRA CAMARGO

Social security number (SSN)
619-06-6590

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

B Enter code from instructions
624410

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

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

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code

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

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

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

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

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	3,600.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	3,600.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	3,600.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	3,600.

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

8	Advertising	8		18	Office expense (see instructions).	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	185.
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	425.
17	Legal and professional services	17	350.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	1,247.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31					1,393.

31 Net profit or (loss). Subtract line 30 from line 29.

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

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

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03/29/2024 11:51:23AM

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

TRANSPORTATION	600.
UNIFORMS	235.
course	412.
48 Total other expenses. Enter here and on line 27a	48 1,247.

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No 1545-0074

2023
Attachment
Sequence No. 17

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

KENNYA JUNQUEIRA CAMARGO

Social security number of person
with self-employment income

619-06-6590

Part I Self-Employment Tax

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

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

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

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31, and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	1,393.
3 Combine lines 1a, 1b, and 2	3	1,393.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	1,286.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income, enter -0- and continue.	4c	1,286.

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

6 Add lines 4c and 5b	6	1,286.
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7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
--	----------	----------------

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

b Unreported tips subject to social security tax from Form 4137, line 10	8b	
---	-----------	--

c Wages subject to social security tax from Form 8919, line 10	8c	
---	-----------	--

d Add lines 8a, 8b, and 8c	8d	
-----------------------------------	-----------	--

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11.	9	160,200.
--	----------	-----------------

10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	159.
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11 Multiply line 6 by 2.9% (0.029)	11	37.
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12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	196.
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13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	
		98.

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

Schedule SE (Form 1040) 2023

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

<p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ wasn't more than \$9,840, or (b) your net farm profits² were less than \$7,103.</p>			
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	
<p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$7,103 and also less than 72.189% of your gross nonfarm income⁴, and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution: You may use this method no more than five times.</p>			
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.

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

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

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

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name KENNYA JUNQUEIRA CAMARGO		Social security number 619-06-6590
Spouse's name RECIERI ALBINATI LIMA		Spouse's social security number 992-91-5518

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

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

1	Adjusted gross income	1	1,295.
2	Total tax	2	196.
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	
5	Amount you owe	5	196.

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

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4637. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize Certifica Inc. to enter or generate my PIN **94403** as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ _____

Spouse's PIN: check one box only

- I authorize Certifica Inc. to enter or generate my PIN **94403** as my signature on the income tax return (original or amended) I am now authorizing. ERO firm name Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only — continue below

Part III Certification and Authentication – Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **94835294066**

Don't enter all zeros

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

ERO's signature ▶ _____ Date ▶ _____

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

2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

619-06-6590 JUNQ 992-91-5518
KENNYA JUNQUEIRA CAMARGO
RECIERI ALBINATI LIMA

23 PBA 624410

2000 S DELAWARE ST APT 408
SAN MATEO CA 94403

12-05-1979 04-10-1965 CAMARGO

Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

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

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

Street address (number and street) (If foreign address, see instructions)

Apt. no./ste. no.

[Empty address field]

City

State

ZIP code

[Empty city, state, and zip code fields]

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

Filing Status

- 1 Single
2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions. [X]
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.

Exemptions

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

Your name: **JUNQUEIRA CAMARG** Your SSN or ITIN: **619066590**

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

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions **10** X \$446 = **11** \$

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

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** .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** .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** .00

18 Enter the larger of:
 Your California **itemized deductions** from Schedule CA (540), Part II, line 30, OR
 Your California **standard deduction** shown below for your filing status:
 • Single or Married/RDP filing separately \$5,363
 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$10,726
 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions, **18** .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- **19** .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 • FTB 3800 • FTB 3803 **31** .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions **32** .00

33 Subtract line 32 from line 31. If less than zero, enter -0- **33** .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** .00

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions, **40** .00

43 Enter credit name code • and amount **43** .00

44 Enter credit name code • and amount **44** .00

Your name: **JUNQUEIRA CAMARG** Your SSN or ITIN: **619066590**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45		.00
	46	Nonrefundable Renter's Credit. See instructions	• 46	120	.00
	47	Add line 40 through line 46. These are your total credits	⊙ 47	120	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	0	.00

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

Payments	71	California income tax withheld. See instructions	• 71		.00
	72	2023 California estimated tax and other payments. See instructions	• 72		.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	• 73		.00
	74	Excess SDI (or VPDI) withheld. See instructions	• 74		.00
	75	Earned Income Tax Credit (EITC). See instructions	• 75	83	.00
	76	Young Child Tax Credit (YCTC). See instructions	• 76		.00
	77	Foster Youth Tax Credit (FYTC). See instructions	• 77		.00
	78	Add line 71 through line 77. These are your total payments. See instructions	⊙ 78	83	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	• 91		.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> 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	•	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	• 92		.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙ 93	83	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊙ 94		.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊙ 95	83	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊙ 96		.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊙ 97	83	.00

Your name: **JUNQUEIRA CAMARG** Your SSN or ITIN: **619066590**

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax ● 98 <input type="text"/> .00
	99 Overpaid tax available this year. Subtract line 98 from line 97 ● 99 <input type="text" value="83"/> .00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ● 100 <input type="text"/> .00

		Code	Amount	
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund ●	422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund ●	439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text"/>	.00
	Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text"/>	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text"/>	.00	
110 Add amounts in code 400 through code 445. This is your total contribution ●	110	<input type="text"/>	.00	

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash. Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 . . . • 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

Refund and Direct Deposit 115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001 . . . • 115 83 .00

Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

Type • Routing number 121042882 • Account number 8294816239 • 116 Direct deposit amount 83 .00 • Checking • Savings

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

Type • Routing number • Account number • 117 Direct deposit amount • Checking • Savings

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions . . .

Health Care Coverage info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Sign your tax return on Side 6

Your name: JUNQUEIRA CAMARG Your SSN or ITIN: 619066590

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

KJUNQUEIRACAMARGO@GMAIL.COM

650-430-4803

Sign Here

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

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

CERTIFICA INC.

PTIN

P03054034

Firm's address

72 SCOTT STREET SAN BRUNO, CA 94066

Firm's FEIN

922969531

Do you want to allow another person to discuss this tax return with us? See instructions. . . .

Yes

No

Print Third Party Designee's Name

Telephone Number

2023 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

KENNYA JUNQUEIRA CAMARGO AND RECIERI ALBINATI LIMA

Your SSN or ITIN

619-06-6590

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Specific Instructions.)

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)?
b Has the Franchise Tax Board (FTB) previously disallowed your California EITC?
2 Federal AGI (federal Form 1040 or 1040-SR, line 11)
3 Federal EIC (federal Form 1040 or 1040-SR, line 27)

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 - Investment Income

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.)

Form with columns for Child 1, Child 2, and Child 3. Fields include: 5 First name, 6 Last name, 7 SSN or ITIN, 8 Date of birth, 9a Was the child under age 24 at the end of 2023, a student, and younger than you, 9b Was the child permanently and totally disabled during any part of 2023?, 10 Child's relationship to you, 11 Number of days child lived with you in California during 2023.

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	<input type="text"/>	.00
14 IHSS payments. See instructions	<input checked="" type="radio"/> 14	<input type="text"/>	.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.	<input checked="" type="radio"/> 15	<input type="text"/>	.00
16 Subtract line 14 and line 15 from line 13	• 16	<input type="text"/>	.00
17 Nontaxable combat pay. See instructions	<input checked="" type="radio"/> 17	<input type="text"/>	.00
18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	<input checked="" type="radio"/> 18	<input type="text" value="1,295"/>	.00

a Business name

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

b Business address

City State ZIP code

c Business license number

d SEIN

e Business code

19 California earned income. Add line 16, line 17, and line 18	• 19	<input type="text" value="1,295"/>	.00
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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	<input type="text" value="83"/>	.00
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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
a Total wages, salaries, tips, and other employee compensation. See instructions 23a
b exceeds \$30,950, check the box. See instructions
24 Available Young Child Tax Credit 24 1,117 .00
25 Excess earned income over threshold. Subtract \$25,775 from line 23 25
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.
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

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

2023

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

3596

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

Name(s) as shown on tax return

KENNYA JUNQUEIRA CAMARGO AND RECIERI ALBINATI LIMA

SSN or ITIN

619-06-6590

Part I Due Diligence Requirements

1 a Preparer's name 1a JOSE A RODRIGUES MIRANDA

b Preparer's PTIN 1b P03054034

c Preparer's license, registration, or enrollment type. Check one box

CPA EA Attorney CTEC [X] Other (specify) TAX PREPARER

If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c

d Preparer's license, registration, or enrollment number 1d

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? 2 [X] Yes [] No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? 3 [X] Yes [] No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC); Review information to determine that the taxpayer is eligible to claim the credit and for what amount 4 [X] Yes [] No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) 5 [X] Yes [] No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a [X] Yes [] No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) 5b [X] Yes [] No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit 6 [X] Yes [] No

List those documents provided by the taxpayer, if any, that you relied on.

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? 7 [X] Yes [] No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? 8 [X] Yes [] No N/A

Part II Due Diligence Questions

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

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
- B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C. Submit form FTB 3596 in the manner required; and
- D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 1. A copy of form FTB 3596,
 2. The EITC worksheet(s) or your own worksheet(s),
 3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
 4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? 10 Yes No

TAXABLE YEAR

FORM

2023

California e-file Signature Authorization for Individuals

8879

Your name KENNYA JUNQUEIRA CAMARGO	Your SSN or ITIN 619-06-6590
Spouse's/RDP's name RECIERI ALBINATI LIMA	Spouse's/RDP's SSN or ITIN 992-91-5518

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	1,295.
2 Amount you owe. See instructions	2	
3 Refund or no amount due. See instructions	3	83.

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

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

Taxpayer's PIN: check one box only

I authorize CERTIFICA INC. to enter my PIN

9	4	4	0	3
---	---	---	---	---

ERO firm name Do not enter all zeros

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

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

Your signature ► _____ Date ► _____

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

I authorize CERTIFICA INC. to enter my PIN

9	4	4	0	3
---	---	---	---	---

ERO firm name Do not enter all zeros

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

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

Spouse's/RDP's signature ► _____ Date ► _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

9	4	8	3	5	2	9	4	0	6	6
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature ► _____ Date ► _____