Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) **Priscila**	Middle Name (if any)	Family Name (Last Name) **CANO**

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code
Credit Card Holder's Signature and Contact Information:		
Credit Card Holder's Signature		
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address	

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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) Miguel	Middle Name (if any)	Family Name (Last Name) ANGEL CANO ARIAS

Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)		
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)

Credit Card Holder's Billing Address:		
Street Number and Name	Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town	State	ZIP Code

Credit Card Holder's Signature and Contact Information:	
Credit Card Holder's Signature	
Credit Card Holder's Daytime Telephone Number	Credit Card Holder's Email Address

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1,440.00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

I-765, Application for Employment Authorization

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

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

SANTANNA LAW·OFFICES

YOUSA LAW FIRM

USCIS

Attn: AOS

P.O. Box 805887

Chicago, IL 60680

RE: Form I-130, Petition for Alien Relative
Petitioner: Priscila Cano
Beneficiary: Miguel Angel Cano Arias (Spouse);

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Miguel Angel Cano Arias**.

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

- **Priscila Cano's Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-130, Petition for Alien Relative
- Form I-130A, Supplemental Information for a Spouse Beneficiary
- Form I-864, Affidavit of Support Under Section 213A of the INA

- **Miguel Angel Cano Arias' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
- Form I-485, Application to Register Permanent Residence or Adjust Status
- Form I-765, Application for Employment Authorization

- **Rodrigo David Gonzalez Navarros' Signed Forms (Joint-Sponsor):**
- 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. Priscila Cano's Identification Documents
- Priscila Cano's Birth Certificate;
- Priscila Cano's Driver License;
- Priscila Cano's Social Security Number.

II. Miguel Angel Cano Arias' Identification Documents
- Miguel Angel Cano Arias' Birth Certificate with English Translation;
- Miguel Angel Cano Arias' Valid Passport;
- Miguel Angel Cano Arias' Visa B1/B2;
- Miguel Angel Cano Arias' Driver License.

III. Miguel Angel Cano Arias and Priscila Cano's Marriage Certificate
- Miguel Angel Cano Arias and Priscila Cano's Marriage Certificate.

IV. Evidence of Bona Fide Marriage

- Priscila Cano's Declaration of Support
- Adalaine's Child - Birth Certificate
- Joint Lease Agreement
- Parents and DayCare Contract
- Photographs with English Captions

V. Letters of Support

- Letter of Support Delivered by Rodrigo David Gonzalez Granados;
- Letter of Support Delivered by Luis Eliseo Medina;
- Letter of Support Delivered by Jose De Jesus Gonzalez.

VI. Petitioner's Financial Information - Priscila Cano

- Priscila Cano's IRS Federal Income Tax Return from 2025;
- Priscila Cano's IRS Federal Income Tax Return from 2024;
- Priscila Cano's IRS Federal Income Tax Return from 2023.

VII. Joint Sponsor's Financial Information - Rodrigo David Gonzalez Granados

- Rodrigo David Gonzalez Granados's Birth Certificate;
- Rodrigo David Gonzalez Granados's Social Security Number;
- Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2025;
- Rodrigo David Gonzalez Granados's - Earnings Statements from the last 6 months;
- Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2024;
- Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2023.

VIII. Miguel Angel Cano Arias' Photo 2x2;

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

Sincerely,

Natalia Vieira Santanna
SBN#337502
P.O. Box 7528
Oakland, CA 94601
(510) 922-0154

08/20/2026

Priscila Cano'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 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): VIEIRA SANTANNA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601 *(USPS ZIP Code Lookup)*

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5109220154

5. Mobile Telephone Number (if any): 5109220154

6. Email Address (if any): natalia@santannalaw.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: CA

1.b. Bar Number (if applicable): 337502

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130, I-864

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

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

N/A

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

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

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): CANO

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

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- N / A

Client's Contact Information

10. Daytime Telephone Number

8312653310

11. Mobile Telephone Number (if any)

8312653310

12. Email Address (if any)

priscilagonzalezjuarez@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 7528

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: Oakland

13.d. State: CA **13.e.** ZIP Code: 94601

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

➡ P. Gonzalez

2.b. Date of Signature (mm/dd/yyyy) 08/03/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 08/03/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name) CANO

1.b. Given Name (First Name) Priscila

1.c. Middle Name N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	337502	0 6 3 4 6 0 3 2 7 9 7 4

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

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

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

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

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

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

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

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

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

Part 2. Information About You (Petitioner)

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

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

3. U.S. Social Security Number (if any)
► 6 2 6 0 4 7 8 9 0

Your Full Name

4.a. Family Name (Last Name): CANO

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

4.c. Middle Name: N/A

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

Other Names Used (if any)

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

5.a. Family Name (Last Name): GONZALEZ JUAREZ

5.b. Given Name (First Name): Priscila

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: Hollister

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 04/05/1998

9. Sex ☐ Male ☒ Female

Mailing Address

(USPS ZIP Code Lookup)

10.a. In Care Of Name: Natalia Vieira Santanna

10.b. Street Number and Name: Po Box 7528

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: Oakland

10.e. State: CA **10.f.** ZIP Code: 94601

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 750N 23rd Street

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 33

12.c. City or Town: San Jose

12.d. State: CA **12.e.** ZIP Code: 95112

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 05/04/2025

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

Physical Address 2

14.a. Street Number and Name: 348 Halsey Ave

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: San Jose

14.d. State: CA **14.e.** ZIP Code: 95128

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 01/01/2021

15.b. Date To (mm/dd/yyyy): 05/03/2025

Your Marital Information

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

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) `04/14/2025`

Place of Your Current Marriage (if married)

19.a. City or Town `San Jose`

19.b. State `CA`

19.c. Province `N/A`

19.d. Country `USA`

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name) `ANGEL CANO ARIAS`

20.b. Given Name (First Name) `Miguel`

20.c. Middle Name `N/A`

21. Date Marriage Ended (mm/dd/yyyy) `Current`

Spouse 2

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

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

22.c. Middle Name `N/A`

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name) `JUAREZ GARCIA`

24.b. Given Name (First Name) `Manuela`

24.c. Middle Name `N/A`

25. Date of Birth (mm/dd/yyyy) `02/13/1973`

26. Sex ☐ Male ☒ Female

27. Country of Birth `Mexico`

28. City/Town/Village of Residence `Oaxaca`

29. Country of Residence `Mexico`

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) `GONZALEZ`

30.b. Given Name (First Name) `Marcelino`

30.c. Middle Name `N/A`

31. Date of Birth (mm/dd/yyyy) `05/05/1970`

32. Sex ☒ Male ☐ Female

33. Country of Birth `Mexico`

34. City/Town/Village of Residence `Oaxaca`

35. Country of Residence `Mexico`

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

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

37. My citizenship was acquired through (Select **only one** box):
☒ Birth in the United States
☐ Naturalization
☐ Parents

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

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

39.a. Certificate Number `N/A`

39.b. Place of Issuance `N/A`

39.c. Date of Issuance (mm/dd/yyyy) `N/A`

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

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

40.a. Class of Admission

N/A

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

Place of Admission

40.c. City or Town

N/A

40.d State N/A

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company

Garlic City Casino and Restaurant

43.a. Street Number and Name San Ysidro Ave

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town Gilroy

43.d. State CA **43.e.** ZIP Code 95020

43.f. Province Santa Clara

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Cashier

45.a. Date From (mm/dd/yyyy) 09/21/2020

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

Employer 2

46. Name of Employer/Company

N/A

47.a. Street Number and Name N/A

47.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

47.c. City or Town N/A

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

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

N/A

48. Your Occupation

N/A

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

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

Part 3. Biographic Information

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

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

☒ Hispanic or Latino
☐ Not Hispanic or Latino

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

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

3. Height Feet 4 Inches 11

4. Weight Pounds 1 6 5

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N/A

2. USCIS Online Account Number (if any)

► N/A

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

► N/A

Beneficiary's Full Name

4.a. Family Name (Last Name): ANGEL CANO ARIAS

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Guadalajara

7. Country of Birth: Mexico

8. Date of Birth (mm/dd/yyyy): 06/08/1996

9. Sex ☒ Male ☐ Female

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

☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: 750N 23rd St

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: 33

11.c. City or Town: San Jose

11.d. State: CA **11.e.** ZIP Code: 95112

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

13.a. Street Number and Name: SAME

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

13.c. City or Town: N/A

13.d. Province: N/A

13.e. Postal Code: N/A

13.f. Country: N/A

14. Daytime Telephone Number (if any): 4087684862

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

4087684862

16. Email Address (if any)

miguelcano07.ac@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

► 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

04/14/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Jose

20.b. State: CA

20.c. Province: Santa Clara

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): CANO

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

21.c. Middle Name: N/A

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

Spouse 2

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

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

23.c. Middle Name: N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): CANO

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

25.c. Middle Name: N/A

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 04/05/1998

28. Country of Birth: USA

Person 2

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

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

29.c. Middle Name: N/A

30. Relationship: N/A

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

32. Country of Birth: N/A

Person 3

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

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

33.c. Middle Name: N/A

34. Relationship: N/A

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

36. Country of Birth: N/A

Part 4. Information About Beneficiary (continued)

Person 4

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

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

37.c. Middle Name: N/A

38. Relationship: N/A

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

40. Country of Birth: N/A

Person 5

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

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

41.c. Middle Name: N/A

42. Relationship: N/A

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

44. Country of Birth: N/A

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?

☒ Yes ☐ No

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

46.a. He or she arrived as a (Class of Admission): B2

46.b. Form I-94 Arrival-Departure Record Number: ▶ 8 9 7 5 7 5 8 9 2 1 1

46.c. Date of Arrival (mm/dd/yyyy): 07/14/2007

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 01/13/2008

47. Passport Number: N16527215

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 01/11/2028

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Roadway steel and fabrication

51.b. Street Number and Name: 1650 Grant St

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: Santa Clara

51.e. State: CA **51.f.** ZIP Code: 95050

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 09/01/2023

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State: N/A

56. Date (mm/dd/yyyy): N/A

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

59.a. Street Number and Name: 750N 23rd St

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 33

59.c. City or Town: San Jose

59.d. State: CA **59.e.** ZIP Code: 95112

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 05/04/2025

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

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

61.a. City or Town: San Jose

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

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

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

2.c. Middle Name: N/A

3.a. City or Town: N/A

3.b. State: N/A

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 8312653310

4. Petitioner's Mobile Telephone Number (if any): 8312653310

5. Petitioner's Email Address (if any): priscilagonzalezjuarez@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

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

6.b. Date of Signature (mm/dd/yyyy): 08/03/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A,

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

Interpreter's Signature

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

N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

VIEIRA SANTANNA

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

Natalia

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

Santanna Law Offices

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5109220154

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

5109220154

6. Preparer's Email Address (if any)

natalia@santannalaw.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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

8.b. Date of Signature (mm/dd/yyyy) 06/01/2026

Part 9. Additional Information

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

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

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		337502	0 6 3 4 6 0 3 2 7 9 7 4

► **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)
CANO	Priscila	

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Natalia Vieira Santanna

Street Number and Name
Po Box 7528

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Oakland

State
CA

ZIP Code
94601

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
750 N 23rd St

Apt. Ste. Flr. Number
☒ ☐ ☐ 33

City or Town
San Jose

State
CA

ZIP Code
95112

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
04/05/1998

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 2 6 0 4 7 8 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- N / A

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

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

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

Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ANGEL CANO ARIAS	Miguel	

2. Current Mailing Address

In Care Of Name (if any)
Natalia Vieira Santanna

Street Number and Name	Apt. Ste. Flr.	Number
Po Box	☐ ☐ ☐	

City or Town	State	ZIP Code
Oakland	CA	94601

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality
Mexico

4. Date of Birth (mm/dd/yyyy)
06/08/1996

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

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

7. Daytime Telephone Number
4087684862

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **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. [x] Employed as a/an **Cashier**

2. Name of Employer 1 **Garlic City Casino and Restaurant**

3. Name of Employer 2 (if applicable)

4. [ ] Self-Employed as a/an (Occupation)

5. [ ] Retired Since (mm/dd/yyyy)

6. [ ] Unemployed Since (mm/dd/yyyy)

7. My current individual annual income is: $ **86679**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name:

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.) $ 86679

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.

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 86679
16.b. 2nd Most Recent	2024	$ 30,929
16.c. 3rd Most Recent	2023	$ 24,295

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: 8312653310

4. Sponsor's Mobile Telephone Number (if any): 8312653310

5. Sponsor's Email Address (if any): priscilagonzalezjuarez@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 ➡ P. Gonzalez | Date of Signature (mm/dd/yyyy): 08/03/2026

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

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

Interpreter's Full Name

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

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

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number
N/A

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

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature

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)
VIEIRA SANTANNA

Preparer's Given Name (First Name)
Natalia

2. Preparer's Business or Organization Name
Santanna Law Offices

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5109220154

4. Preparer's Mobile Telephone Number (if any)
5109220154

5. Preparer's Email Address (if any)
natalia@santannalaw.com

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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): CANO | Given Name (First Name): Priscila | Middle Name (if applicable):

2. A-Number (if any) ► **A-** N/A

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

SANTANNA LAW·OFFICES

YOUSA LAW FIRM

Miguel Angel Cano Arias' 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 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): VIEIRA SANTANNA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601 *(USPS ZIP Code Lookup)*

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5109220154

5. Mobile Telephone Number (if any): 5109220154

6. Email Address (if any): natalia@santannalaw.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: CA

1.b. Bar Number (if applicable): 337502

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130A, I-485, I-765

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

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

N/A

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

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

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): ANGEL CANO ARIAS

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

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- N / A

Client's Contact Information

10. Daytime Telephone Number

4087684862

11. Mobile Telephone Number (if any)

4087684862

12. Email Address (if any)

miguelcano07.ac@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 7528

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: Oakland

13.d. State: CA **13.e.** ZIP Code: 94601

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 08/03/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 08/03/2026

2.a. Signature of Law Student or Law Graduate

N/A

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

Part 6. Additional Information

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

1.a Family Name (Last Name): ANGEL CANO ARIAS

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

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

Supplemental Information for Spouse Beneficiary

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

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	337502	0 6 3 4 6 0 3 2 7 9 7 4

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): ANGEL CANO ARIAS
3.b. Given Name (First Name): Miguel
3.c. Middle Name: N/A

Address History

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

Physical Address 1

4.a. Street Number and Name: 750 N 23rd St
4.b. ☒ Apt. ☐ Ste. ☐ Flr. 33
4.c. City or Town: San Jose
4.d. State: CA **4.e.** ZIP Code: 95112
4.f. Province: N/A
4.g. Postal Code: N/A
4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 05/04/2025
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 348 Halsey Ave
6.b. ☐ Apt. ☐ Ste. ☐ Flr.
6.c. City or Town: San Jose
6.d. State: CA **6.e.** ZIP Code: 95128
6.f. Province: N/A
6.g. Postal Code: N/A
6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 01/01/2021
7.b. Date To (mm/dd/yyyy): 05/03/2025

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Unknown
8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
8.c. City or Town: Unknown
8.d. Province: Unknown
8.e. Postal Code: Unknown
8.f. Country: Mexico

Part 1. Information About You (The Spouse Beneficiary)

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

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

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) CANO CHAVEZ

10.b. Given Name (First Name) Miguel

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 09/13/1964

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth

14. Country of Birth
Mexico

15. City/Town/Village of Residence

16. Country of Residence
Mexico

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) DE LOS ANGELES ARIAS VILLALOBOS

17.b. Given Name (First Name) Maria

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 03/06/1974

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth

21. Country of Birth
Mexico

22. City/Town/Village of Residence

23. Country of Residence
Mexico

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company
Rodway Steel and Fabrication

2.a. Street Number and Name 1650 Grant St

2.b. ☐ Apt. ☐ Ste. ☐ Flr.

2.c. City or Town Santa Clara

2.d. State CA **2.e.** ZIP Code 95050

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
USA

3. Your Occupation
Manager/Fabricator

4.a. Date From (mm/dd/yyyy) 09/01/2023

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

Employer 2

5. Name of Employer/Company
Yes Welding

6.a. Street Number and Name 183 Ryland St

6.b. ☐ Apt. ☐ Ste. ☐ Flr.

6.c. City or Town San Jose

6.d. State CA **6.e.** ZIP Code 95110

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
USA

Part 2. Information About Your Employment (continued)

7. Your Occupation: Manager/Fabricator

8.a. Date From (mm/dd/yyyy): 01/01/2021

8.b. Date To (mm/dd/yyyy): 2023

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company: Unemployed

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

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: N/A

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

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: México

3. Your Occupation: N/A

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

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

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 4087684862

4. Spouse Beneficiary's Mobile Telephone Number (if any): 4087684862

5. Spouse Beneficiary's Email Address (if any): miguelcano07.ac@gmail.com

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)

6.b. Date of Signature (mm/dd/yyyy): 08/03/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

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

Preparer's Full Name

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

VIEIRA SANTANNA

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

Natalia

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

Santanna Law Offices

Preparer's Mailing Address

3.a. Street Number and Name: Po Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5109220154

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

5109220154

6. Preparer's Email Address (if any)

natalia@santannalaw.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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

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

Part 7. Additional Information

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

1.a. Family Name (Last Name): ANGEL CANO ARIAS

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

3.a. Page Number: 1 **3.b.** Part Number: 1 **3.c.** Item Number: 8.a

3.d. The beneficiary does not recall his last address in Mexico. He departed Mexico in 2007, at a very young age and has no memory of the address, nor does he possess any documents reflecting that information.

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

4.d. The beneficiary has never worked outside the United States. As he left his country of origin at a very young age, he had never been employed there.

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.

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:		
☐ Applicant Interviewed ☐ Interview Waived Date of Initial Interview: _____ Lawful Permanent Resident as of: _____	**Section of Law** ☐ INA 209(a) ☐ INA 245(m) ☐ INA 209(b) ☐ INA 249 ☐ INA 245(a) ☐ Sec. 13, Act of 9/11/57 ☐ INA 245(i) ☐ Cuban Adjustment Act ☐ INA 245(j) ☐ Other _____	

To be completed by an Attorney or Accredited Representative (if any).			
☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any) N/A	**Attorney State Bar Number** (if applicable) 337502	**Attorney or Accredited Representative USCIS Online Account Number** (if any) 0 6 3 4 6 0 3 2 7 9 7 4

► **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)
ANGEL CANO ARIAS	Miguel	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
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 06/08/1996

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

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

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-** N / 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: Guadalajara

Country of Birth: Mexico

8. Country of Citizenship or Nationality: Mexico

9. USCIS Online Account Number (if any)

► N / A

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: Unknown

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

Country that Issued this Passport or Travel Document: Mexico

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

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 09/18/1998

Place and Date of Last Arrival into the United States

City or Town: Calexico

State: CA

Date of Last Arrival (mm/dd/yyyy): 07/14/2007

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): Visitor

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

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

☐ Other:

A-Number ► A-

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): CANO ARIAS

Given Name (First Name): Miguel Angel

Form I-94 Arrival/Departure Record Number ► 89757589211

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 01/13/2008

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

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Miguel Angel Cano Arias

Street Number and Name: 750 N 23rd

Apt. ☒ Ste. ☐ Flr. ☐ Number: 33

City or Town: San Jose

State: CA

ZIP Code: 95023

Date You First Resided at This Address (mm/dd/yyyy): 05/04/2025

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): Santanna Law Offices PC

Street Number and Name: PO Box 7528

Apt. ☐ Ste. ☐ Flr. ☐ Number:

City or Town: Oakland

State: CA

ZIP Code: 94601

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)

N/A

Street Number and Name | Apt. Ste. Flr. | Number

348 Halsey Ave | ☐ ☐ ☐ |

City or Town | State | ZIP Code

San Jose | CA | 95128

Province | Postal Code | Country

N/A | N/A | USA

Dates of Residence

From (mm/dd/yyyy) 01/01/2021 To (mm/dd/yyyy) 05/03/2025

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

Unknown | ☐ ☐ ☐ | Unknown

City or Town | State | ZIP Code

Unknown | Unknown | Unknown

Province | Postal Code | Country

Unknown | Unknown | Unknown

Dates of Residence

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

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

A-Number ► A-

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

☐ 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: **N/A**

Country: **N/A**

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent): **Employer**

Name of Employer, Company, or School: **Rodway Steel and Fabrication**

Your Occupation (if unemployed or retired, so state): **Manager/Fabricator**

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 1650 Grant St | Apt. Ste. Flr. ☐ ☐ ☐ | Number:

City or Town: Santa Clara | State: CA | ZIP Code: 95050

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 09/01/2023 | To (mm/dd/yyyy): PRESENT

If unemployed or retired, source of financial support:

N/A

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

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

Address of Employer, Company, or School

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

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

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): N/A | To (mm/dd/yyyy): N/A

If unemployed or retired, source of financial support:

Parents Support

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

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

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

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

3. Date of Birth (mm/dd/yyyy): 09/13/1964

Part 5. Information About Your Parents (continued)

4. Country of Birth

Mexico

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE LOS ANGELES ARIAS VILLALOBOS	Maria	N/A

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

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

7. Date of Birth (mm/dd/yyyy) 03/06/1974

8. Country of Birth

Mexico

Part 6. Information About Your Marital History

1. What is your current marital status?

☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Marriage Annulled ☐ Legally Separated

2. If you are married, is your spouse a current member of the U.S. armed forces or U.S. Coast Guard? ☐ N/A ☐ Yes ☐ No

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 1

Information About Your Current Marriage (including if you are legally separated)

4. Current Spouse's Legal Name

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

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

► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 04/05/1998

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name: 750N 23rd St

Apt. ☒ Ste. ☐ Flr. ☐ Number: 33

City or Town: San Jose

State: CA

ZIP Code: 95112

Province: N/A

Postal Code: N/A

Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: San Jose

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 04/14/2025

10. Is your current spouse applying with you? ☐ Yes ☒ No

Information About Prior Marriages (if any)

11. Prior Spouse's Legal Name (provide family name before marriage)

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

13. Prior Spouse's Country of Birth: N/A

14. Prior Spouse's Country of Citizenship or Nationality: N/A

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

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

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain):

Part 7. Information About Your Children

1. Indicate the total number of ALL living children anywhere in the world (including adult sons and daughters) that you have.

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage.

1

Provide the following information for each of your children. If you have more than two children, use the space provided in **Part 14. Additional Information**.

2. Child 1

Current Legal Name

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

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 09/22/2021

Country of Birth

USA

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

Biological 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)
N/A	N/A	N/A

A-Number (if any) ► A- N / A

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

Country of Birth

N/A

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

N/A

Is this child also applying now on a separate Form I-485? ☐ Yes ☐ No

Part 8. Biographic Information

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

☒ Hispanic or Latino ☐ Not Hispanic or Latino

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

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 5 Inches 6 **4.** Weight Pounds 2 0 5

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds

Choose the answer that you think is correct in **Part 9.** If you answer "Yes" to any questions **(or if you answer "No," but are unsure of your answer)**, provide an explanation of the events and circumstances in the space provided in **Part 14. Additional Information**.

1. Have you **EVER** been a member of, involved in, or in any way associated with any organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other location in the world? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 1.**, complete **Item Numbers 2. - 9.** If you were a member of more than two organizations, use the space provided in **Part 14. Additional Information**.

Organization 1

2. Name of Organization

N/A

3. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

5. Dates of Membership or Dates of Involvement

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

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

10.	Have you **EVER** been denied admission to the United States?	☐ Yes	☒ No
11.	Have you **EVER** been denied a visa to the United States?	☐ Yes	☒ No
12.	Have you **EVER** worked in the United States without authorization?	☒ Yes	☐ No
13.	Have you **EVER** violated the terms or conditions of your nonimmigrant status?	☒ Yes	☐ No
14.	Are you presently or have you **EVER** been in removal, exclusion, rescission, or deportation proceedings, including expedited removal proceedings?	☐ Yes	☒ No
15.	Have you **EVER** been issued a final order of exclusion, deportation, or removal?	☐ Yes	☒ No
16.	Have you **EVER** had a prior final order of exclusion, deportation, or removal reinstated?	☐ Yes	☒ No
17.	Have you **EVER** been granted voluntary departure by an immigration officer or an immigration judge but failed to depart within the allotted time?	☐ Yes	☒ No
18.	Have you **EVER** applied for any kind of relief or protection from removal, exclusion, or deportation?	☐ Yes	☒ No
19.	Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the two-year foreign residence requirement?	☐ Yes	☒ No
20.	If you answered "Yes" to **Item Number 19.**, have you complied with the foreign residence requirement?	☐ Yes	☐ No
21.	If you answered "Yes" to **Item Number 19.** and "No" to **Item Number 20.**, have you been granted a waiver or has Department of State issued a favorable waiver recommendation letter for you?	☐ Yes	☐ No

Criminal Acts and Violations

For **Item Numbers 22. - 41.**, you must answer "Yes" to any question that applies to you, even if your records were sealed or otherwise cleared, or even if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You must also answer "Yes" to the following questions whether the action or offense occurred here in the United States or anywhere else in the world. If you answer "Yes" to **Item Numbers 22. - 41.**, use the space provided in **Part 14. Additional Information** to provide an explanation for each offense, if applicable, that includes a description of the criminal offense; where the criminal offense occurred; when the criminal offense occurred; whether you were arrested, cited, charged, or detained for the criminal offense you committed; and the outcome or disposition of that criminal offense (for example, convicted, placement in a diversion program, no charges filed, charges dismissed, jail, prison, detention, probation, or community service). Your explanation must include the duration of any sentence to confinement (even if suspended).

22.	Have you **EVER** been arrested, cited, charged, or permitted to participate in a diversion program (including pre-trial diversion, deferred prosecution, deferred adjudication, or any withheld adjudication), or detained for any reason by any law enforcement official in any country including but not limited to any U.S. immigration official or any official of the U.S. armed forces or U.S. Coast Guard or by a similar official of a country other than the United States?	☐ Yes	☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? ☐ Yes ☒ No

24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? ☐ Yes ☒ No

NOTE: If you were the beneficiary of a pardon, amnesty, a rehabilitation decree, or other act of clemency, provide documentation of that post-conviction action.

25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? ☐ Yes ☒ No

26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? ☐ Yes ☒ No

27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? ☐ Yes ☒ No

28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? ☐ Yes ☒ No

29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? ☐ Yes ☐ No

30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? ☐ Yes ☒ No

31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? ☐ Yes ☒ No

32. Have you **EVER** received any proceeds or money from prostitution? ☐ Yes ☒ No

33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? ☐ Yes ☒ No

34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? ☐ Yes ☒ No

35.a. Have you **EVER** served as a foreign government official? ☐ Yes ☒ No

35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? ☐ Yes ☐ No

36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? ☐ Yes ☒ No

NOTE: Sex trafficking involves inducing or causing an adult to engage in a commercial sex act (any sex act performed for anything of value) through fraud, force, or coercion, or inducing or causing any person under 18 years of age to engage in a commercial sex act (even without force, fraud, or coercion). Sex trafficking may include recruiting, enticing, harboring, transporting, providing, obtaining, advertising, maintaining, patronizing, or soliciting by any means a person to engage in the commercial sex act knowing (or, in the case of advertising, with reckless disregard of the fact) that the person is under 18 years of age or that force, fraud, or coercion was used to induce or cause the person to engage in the commercial sex act. Sex trafficking may also include knowingly benefiting financially or by receiving anything of value, from participation in a venture involving sex trafficking.

37. Have you **EVER** trafficked a person into involuntary servitude, peonage, debt bondage, or slavery? Trafficking includes recruiting, harboring, transporting, providing, or obtaining a person for labor or services through the use of force, fraud, or coercion. ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? ☐ Yes ☒ No

39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? ☐ Yes ☒ No

40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? ☐ Yes ☐ No

41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? ☐ Yes ☒ No

Security and Related

Do you intend to:

42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? ☐ Yes ☒ No

42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? ☐ Yes ☒ No

42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? ☐ Yes ☒ No

42.d. Engage in any other unlawful activity? ☐ Yes ☒ No

Have you **EVER**:

43.a. Received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No

43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? ☐ Yes ☒ No

43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? ☐ Yes ☒ No

43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? ☐ Yes ☒ No

43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.?** ☐ Yes ☒ No

43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.?** ☐ Yes ☒ No

45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 42.a. - 45.**, explain what you did, including the dates and location of the circumstances, or what you intend to do in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

46. Are you the spouse or child of an individual who **EVER** engaged in any of the activities listed in **Item Numbers 43.b. - 43.i.**? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Number 46.**, explain what your parent or spouse did, including the dates and location of the circumstances in **Part 14. Additional Information**.

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? ☐ Yes ☒ No

48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No

49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? ☐ Yes ☒ No

50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No

51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? ☐ Yes ☒ No

If you answered "Yes" to **Item Number 50.** or **51.**, include the name of the country, the name of the military unit or armed group, your rank or position, and your dates of involvement in your explanation in **Part 14. Additional Information**.

52. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any totalitarian party (in the United States or abroad)? ☐ Yes ☒ No

Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

53.c. Killing, or trying to kill, any person? ☐ Yes ☒ No

53.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No

54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? ☐ Yes ☒ No

55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? ☐ Yes ☒ No

NOTE: If you answered "Yes" to any part of **Item Numbers 47. - 55.**, explain what occurred, including the dates and location of the circumstances, in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 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? 3

58. Indicate your annual household income.

☐ $0-27,000 ☐ $27,001-52,000 ☐ $52,001-85,000 ☒ $85,001-141,000 ☐ Over $141,000

59. Identify the total value of your household assets.

☒ $0-18,400 ☐ $18,401-136,000 ☐ $136,001-321,400 ☐ $321,401-707,100 ☐ Over $707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).

☐ $0 ☒ $1-10,100 ☐ $10,101-57,700 ☐ $57,701-186,800 ☐ Over $186,800

61. What is the highest 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.

N/A

☒ 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	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ 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	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ 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 in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 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 central reason for your unlawful presence in the United States? ☐ Yes ☒ No

NOTE: Severe trafficking in persons involves sex trafficking (the recruitment, harboring, transportation, provision, or obtaining of a person to commit a commercial sex act) induced by force, fraud, coercion, or in which the person is induced to perform such act has not reached 18 years of age, or the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Since April 1, 1997, have you **EVER** reentered or attempted to reenter the United States without being inspected and admitted or paroled after:

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)?

A-Number ▶ 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: 4087684862

2. Applicant's Mobile Telephone Number (if any): 4087684862

3. Applicant's Email Address (if any): miguelcano07.ac@gmail.com

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 11.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature: Miguel Angel Cano

Date of Signature (mm/dd/yyyy): 08/03/2026

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

Interpreter's Full Name

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

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

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

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number: N/A

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

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and N/A, 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: N/A

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

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)
VIEIRA SANTANNA

Preparer's Given Name (First Name)
Natalia

2. Preparer's Business or Organization Name
Santanna Law Offices

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5109220154

4. Preparer's Mobile Telephone Number (if any)
5109220154

5. Preparer's Email Address (if any)
natalia@santannalaw.com

Preparer's Certification and Signature

I certify, under penalty of perjury, that I prepared this application for the applicant at his or her request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that he or she understands the responses and information in or submitted with the application.

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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): ANGEL CANO ARIAS | Given Name (First Name): Miguel | Middle Name (if applicable):

2. Page Number: 4 | Part Number: 1 | Item Number: 18

I do not recall my last address in Mexico. I departed Mexico in 2007 at a very young age and have no memory of the address, nor do I possess any documents reflecting that information.

3. Page Number: 9 | Part Number: 4 | Item Number: 7

YesWelding
183 Ryland St, San Jose, CA 95110
Position: Manager/Fabricator
05/01/2021 – 09/01/2023

4. Page Number: 14 | Part Number: 9 | Item Number: 12

I worked in the United States without authorization to support myself and, later, my family.

5. Page Number: 14 | Part Number: 9 | Item Number: 13

I entered the United States with B-2 Visa on July 14, 2007. I remained beyond the authorized period of stay and worked without authorization in order to support myself and later my family.

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): ANGEL CANO ARIAS | Given Name (First Name): Miguel | Middle Name (if applicable):

2. Page Number: 21 | Part Number: 9 | Item Number: 76

I entered the United States with a B-2 visa on July 14,2007. After the expiration of my authorized period of stay,I remained in the United States and have accrued unlawful presence.

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

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

To be completed by an Attorney or Accredited Representative (if any).	☒ **Select this box if Form G-28 is attached.**	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		337502	0 6 3 4 6 0 3 2 7 9 7 4

► **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): ANGEL CANO ARIAS

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

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): N/A

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Santanna Law Offices PC

5.b. Street Number and Name: PO Box 7528

5.c. ☐ Apt. ☐ Ste. ☐ Flr.

5.d. City or Town: Oakland

5.e. State: CA **5.f.** ZIP Code: 94601

(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: 750N 23rd Street

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 33

7.c. City or Town: San Jose

7.d. State: CA **7.e.** ZIP Code: 95112

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
Mexico

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

Guadalajara

15.b. State/Province of Birth

Jalisco

15.c. Country of Birth

Mexico

16. Date of Birth (mm/dd/yyyy) 06/08/1996

Information About Your Last Arrival in the United States

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

► N / A

18. Passport Number of Your Most Recently Issued Passport

N16527215

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Mexico

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 01/11/2025

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/11/2028

23. Place of Your Last Arrival Into the United States

Calexico

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

B2 - Visitos Visa

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

No Legal Status (B2 Visa Overstay)

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.,** Natalia Vieira Santanna, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4087684862

4. Applicant's Mobile Telephone Number (if any)
4087684862

5. Applicant's Email Address (if any)
miguelcano07.ac@gmail.com

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

Applicant's Certification

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

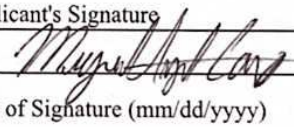
I furthermore authorize release of information contained in this application, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

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

1) I reviewed and provided or authorized all of the information in my application; and
2) I understood all of the information contained in, and submitted with, my application; and
3) All of this information was complete, true, and correct at the time of filing.

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

Applicant's Signature

7.a. Applicant's Signature ➡ 

7.b. Date of Signature (mm/dd/yyyy) 08/03/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

1.b. Interpreter's Given Name (First Name)
N/A

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: N/A

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A, which is the same language 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): VIEIRA SANTANNA

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

2. Preparer's Business or Organization Name (if any): Santanna Law Offices

Preparer's Mailing Address

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code: 94601

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 510922

5. Preparer's Mobile Telephone Number (if any): 510922

6. Preparer's Email Address (if any): natalia@santannalaw.com

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

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

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): ANGEL CANO ARIAS

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

3.d. N/

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Rodrigo David Gonzalez Navarros' 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 6 3 4 6 0 3 2 7 9 7 4

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name): VIEIRA SANTANNA

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

3.a. Street Number and Name: PO Box 7528

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: Oakland

3.d. State: CA **3.e.** ZIP Code (*USPS ZIP Code Lookup*): 94601

3.f. Province:

3.g. Postal Code:

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5109220154

5. Mobile Telephone Number (if any): 5109220154

6. Email Address (if any): natalia@santannalaw.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: CA

1.b. Bar Number (if applicable): 337502

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

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

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.

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)

► 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) GONZALEZ NAVARROS

6.b. Given Name (First Name) Rodrigo

6.c. Middle Name David

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N / A

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

► A- N / A

Client's Contact Information

10. Daytime Telephone Number

8313137762

11. Mobile Telephone Number (if any)

8313137762

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 PO Box 7528

13.b. ☐ Apt. ☐ Ste. ☐ Flr.

13.c. City or Town Oakland

13.d. State CA **13.e.** ZIP Code 94601

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 08/03/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 08/03/2026

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): RODRIGUEZ NAVARROS

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

1.c. Middle Name: David

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
	☐ Petitioner ☐ 1st Joint Sponsor ☐ 2nd Joint Sponsor ☐ Substitute Sponsor ☐ 5% Owner	☐ MEETS requirements ☐ DOES NOT MEET requirements Reviewed By: _____ Office: _____ Date (mm/dd/yyyy): _____	☐ 1 ☐ 2 **Remarks**

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		337502	0 6 3 4 6 0 3 2 7 9 7 4

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☒ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GONZALEZ GRANADOS	Rodrigo	David

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Natali Vieira Santanna

Street Number and Name
PO Box 7528

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Oakland

State
CA

ZIP Code
94601

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
600 Pismo Way

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Los Banos

State
CA

ZIP Code
93635

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
09/17/1995

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 1 0 8 6 7 4 6 6

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

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

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

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

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

Part 3. Information About the Principal Immigrant

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ANGEL CANO ARIAS	Miguel	

2. Current Mailing Address

In Care Of Name (if any)
Natalia Vieira Santanna

Street Number and Name	Apt. Ste. Flr.	Number
Po Box	☐ ☐ ☐	

City or Town	State	ZIP Code
Oakland	CA	94601

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality
Mexico

4. Date of Birth (mm/dd/yyyy)
06/08/1996

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

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

7. Daytime Telephone Number
4087684862

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

4. If you have dependent children, enter the number here. (**NOTE:** Enter "0" if you already counted your dependent children in **Item Number 1.**) **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: **2**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an

2. Name of Employer 1: **The Ford Store Morgan Hill Inc**

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

4. ☐ Self-Employed as a/an (Occupation): **N/A**

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

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

7. My current individual annual income is: $ **73,186**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name:

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.) $ 73,186

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.

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 73,186
16.b. 2nd Most Recent	2024	$ 64,928
16.c. 3rd Most Recent	2023	$ 61,776

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: 8313137762

4. Sponsor's Mobile Telephone Number (if any): 8313137762

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 ➡ [signature]

Date of Signature (mm/dd/yyyy): 08/03/2026

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

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature

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)

VIEIRA SANTANNA

Preparer's Given Name (First Name)

Natalia

2. Preparer's Business or Organization Name

Santanna Law Offices

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5109220154

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

5109220154

5. Preparer's Email Address (if any)

natalia@santannalaw.com

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)

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): **GONZALES GRANADOS** | Given Name (First Name): **Rodrigo** | Middle Name (if applicable): **David**

2. A-Number (if any) ► **A-**

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 - Priscila Cano’s Identification Documents	
Priscila Cano’s Birth Certificate;	1
Priscila Cano’s Driver License;	2
Priscila Cano’s Social Security Number.	3
Exhibit 2 - Miguel Angel Cano Arias' Identification Documents	
Miguel Angel Cano Arias' Birth Certificate with English Translation;	4-6
Miguel Angel Cano Arias' Valid Passport;	7-25
Miguel Angel Cano Arias' Visa B1/B2;	26
Miguel Angel Cano Arias' Driver License.	27
Exhibit 3 - Miguel Angel Cano Arias and Priscila Cano's Marriage Certificate	
Miguel Angel Cano Arias and Priscila Cano's Marriage Certificate	28
Exhibit 4 - Evidence of Bona Fide Marriage	
Priscila Cano's Declaration of Support	29
Adalaine's Child - Birth Certificate	30
Joint Lease Agreement	31-107
Parents and DayCare Contract	108
Photographs with English Captions	109-156
Exhibit 5 - Letters of Support	
Letter of Support Delivered by Rodrigo David Gonzalez Granados	157-158

Letter of Support Delivered by Luis Eliseo Medina 159-160

Letter of Support Delivered by Jose De Jesus Gonzalez 161-162

Exhibit 6 - Petitioner’s Financial Information - Priscila Cano

Priscila Cano's IRS Federal Income Tax Return from 2025 163-173

Priscila Cano's IRS Federal Income Tax Return from 2024 174-182

Priscila Cano's IRS Federal Income Tax Return from 2023 183-189

Exhibit 7 - Joint Sponsor’s Financial Information - Rodrigo David Gonzalez Granados

Rodrigo David Gonzalez Granados's Birth Certificate 190-191

Rodrigo David Gonzalez Granados's Social Security Number 192-193

Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2025 194-212

Rodrigo David Gonzalez Granados's - Earnings Statements from the last 6 months 213-274

Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2024 275-290

Rodrigo David Gonzalez Granados's IRS Federal Income Tax Return from 2023 291-306

Exhibit 1 – Priscila Cano’s Identification Documents

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY of SAN BENITO

HOLLISTER, CALIFORNIA

VOL 051 PAGE 211

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 1199835000124 (LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER)

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN): PRISCILA	1B. MIDDLE: -	1C. LAST (FAMILY): GONZALEZ JUAREZ			
	2. SEX: FEMALE	3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH — MM/DD/CCYY: 04/05/1998	4B. HOUR — (24 HOUR CLOCK TIME): 1015	
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: HAZEL HAWKINS MEMORIAL HOSP.		5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 911 SUNSET DR.			
	5C. CITY: HOLLISTER		5D. COUNTY: SAN BENITO	5E. PLANNED PLACE OF BIRTH: HOSPITAL		
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN): MARCELINO	6B. MIDDLE: -	6C. LAST (FAMILY): GONZALEZ	7. STATE OF BIRTH: MEXICO	8. DATE OF BIRTH: 05/05/1970	
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN): MANUELA	9B. MIDDLE: -	9C. LAST (MAIDEN): JUAREZ	10. STATE OF BIRTH: MEXICO	11. DATE OF BIRTH: 02/13/1973	
INFORMANT CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT — SIGNATURE: Marcelino Gonzalez H.		12B. RELATIONSHIP TO CHILD: FATHER	12C. DATE SIGNED: 04/06/1998	
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE: Parviz Tabibian		13B. LICENSE NUMBER: A031037	13C. DATE SIGNED: 04/08/1998	
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: PARVIZ TABIBIAN, MD, 901 SUNSET DR, HOLLISTER			14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE: E. Falade, MD E. Quezada		17. DATE ACCEPTED FOR REGISTRATION: 04/10/1998	

000031007

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA, COUNTY OF SAN BENITO

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Benito County Clerk-Recorder.

DATE ISSUED JUL 03 2003 BY _____, Deputy

JOHN R. HODGES
SAN BENITO COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border, displaying date, and the signature of the Deputy County Clerk-Recorder.

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y4904515 CLASS C

EXP 04/05/2030 END NONE

LN GONZALEZ JUAREZ

FN PRISCILA

348 HALSEY AVE

SAN JOSE, CA 95128

DOB 04/05/1998

RSTR NONE



04051998

SEX F HAIR BLK EYES BLK

HGT 4'-11" WGT 120 lb

DD 10/08/2020546RB/CCFD/30

ISS 03/29/2025

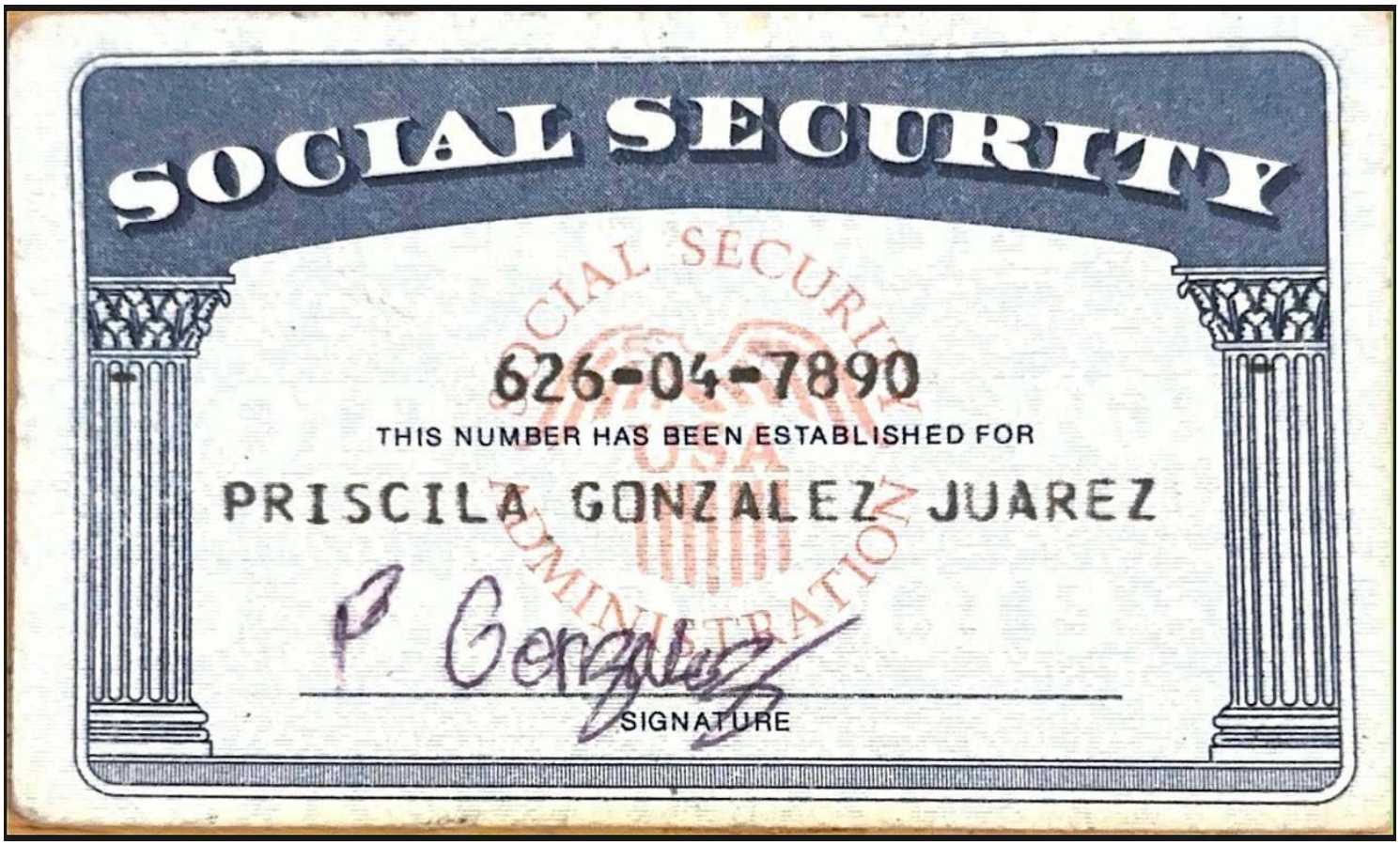

SOCIAL SECURITY
626-04-7890
THIS NUMBER HAS BEEN ESTABLISHED FOR
PRISCILA GONZALEZ JUAREZ
P Gonzalez
SIGNATURE

Exhibit 2 - Miguel Angel Cano Arias' Identification Documents

..../Seal of the United Mexican States/....

Electronic identifier
14120001620250000000

Unique Population Registry Code
CAAM960608HJCNRG06

United Mexican States

Birth Certificate Number

Registering Entity
JALISCO

Birth Certificate

Registering Municipality
ZOPOPAN

Registry Office	Registration Date	Book	Certificate number
0016	06/12/1996	4	704

Registered Person's Information

MIGUEL ANGEL	CANO	ARIAS
Name(s):	First Surname:	Second Surname:
		GUADALAJARA
MALE	06/08/1996	JALISCO
Sex:	Date of Birth:	Birthplace:

Registered Person's Filiation Information

MIGUEL	CANO	CHAVEZ	MEXICAN	---
Name(s):	First Surname	Second Surname	Nationality:	CURP:
MARIA DE LOS ANGELES	ARIAS	VILLALOBOS	MEXICAN	---
Name(s):	First Surname	Second Surname	Nationality:	CURP:

Marginal Annotations	**Certification**
No marginal annotations.	This certified copy is issued according to articles 2, 6, 7, 120, and 121, sections I, II, III, IV, VI, VII, paragraph a) of the Jalisco Civil Registry Act, 4, section II, and 6 of its State of Jalisco Regulation; and 9 of the Advanced Electronic Signature Act for the State of Jalisco and its Municipalities. The Electronic Signature herein is valid af of date of issuance, has legal and evidentiary validity according to the applicable legal provisions.
	ON JANUARY 11, 2025. I CERTIFY.

Electronic Signature:

Q0 FB TT k2 MD Yw OE hK Q0 5S Rz A2 fE 1J R1 VF TC BB Tk dF TH xD QU 5P fE FS SU FT fD Ex ND Ey MD Aw MT Yx OT k2 MD A3 MD Qw fE 18 MD gv MD Yv MT k5 Nn xK QU xJ U0 NP fE 1J R1 VF TC BD QU 5P IE NI QV

I'm Mexico

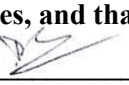
QR Code

GENERAL DIRECTOR OF THE CIVIL REGISTRY
LUIS FERNANDO MORALES VILLARREAL

Verification Code
11412000161996007040

This certified copy of the certificate is a summary of the certificate archived at the corresponding Civil Registry, which has been issued according to the applicable legal provisions, whose information can be verified at the URL https://cevar.registrocivil.gob.mx/eVAR/Consultafolio.jsp using the Electronic Identifier found on the top right corner of the certificate. For query in mobile devices, download an application to read QR codes.

I, Teodoro Daniel Larsen, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish 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: December 1, 2025.

Estados Unidos Mexicanos

Acta de Nacimiento

Identificador Electrónico
14120001620250001075

Clave Única de Registro de Población
CAAM960608HJCNRG06

Número de Certificado de Nacimiento

Entidad de Registro
JALISCO

Municipio de Registro
ZAPOPAN

Oficialía	Fecha de Registro	Libro	Número de Acta
0016	12/06/1996	4	704

Datos de la Persona Registrada

Nombre(s):	Primer Apellido:	Segundo Apellido:
MIGUEL ANGEL	CANO	ARIAS

Sexo:	Fecha de Nacimiento:	Lugar de Nacimiento:
HOMBRE	08/06/1996	GUADALAJARA JALISCO

Datos de Filiación de la Persona Registrada

Nombre(s):	Primer Apellido:	Segundo Apellido:	Nacionalidad:	CURP:
MIGUEL	CANO	CHAVEZ	MEXICANA	---

Nombre(s):	Primer Apellido:	Segundo Apellido:	Nacionalidad:	CURP:
MARIA DE LOS ANGELES	ARIAS	VILLALOBOS	MEXICANA	---

Anotaciones Marginales:

Sin anotaciones marginales.

Certificación:

Se extiende la presente copia certificada, con fundamento en los artículos 2, 6, 7, 120 y 121 fracciones I, II, III, IV, VI, VII, inciso a) de la Ley del Registro Civil de Jalisco, 4, fracción II y 6 de su Reglamento del Estado de Jalisco; y 9 de la Ley de Firma Electrónica Avanzada para el Estado de Jalisco y sus Municipios. La Firma Electrónica con la que cuenta es vigente a la fecha de expedición; tiene validez jurídica y probatoria de acuerdo a las disposiciones legales en la materia.

A LOS 11 DÍAS DEL MES DE ENERO DE 2025 . DOY FE.

Firma Electrónica:

Q0 FB TT k2 MD Yw OE hK Q0 5S Rz A2 fE 1J R1 VF TC BB Tk dF TH xD QU 5P fE FS SU FT fD Ex ND Ey MD Aw MT Yx OT k2 MD A3 MD Qw fE 18 MD gv MD Yv MT k5 Nn xK QU xJ U0 NP fE 1J R1 VF TC BD QU 5P IE NI QV

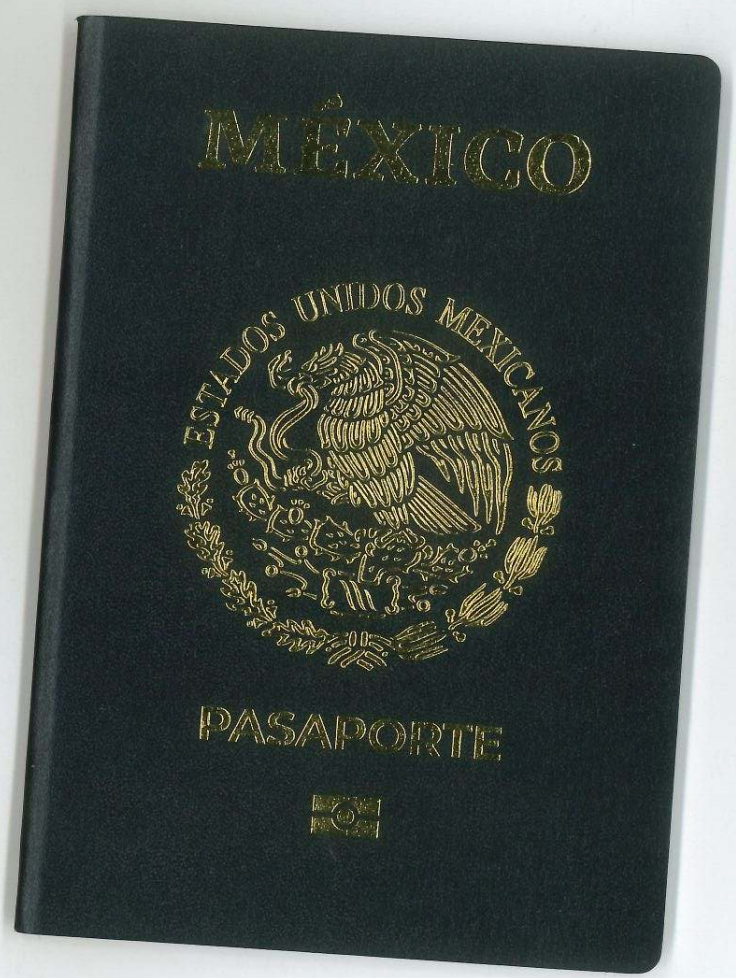
Código QR

Código de Verificación
11412000161996007040

DIRECTOR GENERAL DEL REGISTRO CIVIL
LIC. LUIS FERNANDO MORALES VILLARREAL

La presente copia certificada del acta es un extracto del acta que se encuentra en los archivos del Registro Civil correspondiente, la cual se ha expedido con base en las disposiciones jurídicas aplicables, cuyos datos pueden ser verificados en la página https://cevar.registrocivil.gob.mx/eVAR/ConsultaFolio.jsp ,capturando el Identificador Electrónico que se encuentra en la parte superior derecha del acta, para su consulta en dispositivos móviles, descarga una aplicación para lectura del código QR.

Soy México


MÉXICO
ESTADOS UNIDOS MEXICANOS
PASAPORTE

Para uso exclusivo de la Secretaría de Relaciones Exteriores para la expedición de pasaportes a personas menores de edad o personas con discapacidad que no estén en posibilidad de manifestar su voluntad.

For the exclusive use of the Ministry of Foreign Affairs for the issuance of passports to minors or people with disabilities who are unable to express their will.

PASAPORTE
PASSPORT

ESTADOS UNIDOS MEXICANOS

Tipo/ Type: P

Clave del país de expedición/ Issuing state code: MEX

Pasaporte No./ Passport No.: N16527215

Apellidos/ Surname: CANO ARIAS

Nombres/ Given names: MIGUEL ANGEL

Nacionalidad/ Nationality: MEXICANA

Fecha de nacimiento/ Date of birth: 08 06 1996

CURP/ Personal No.: CAAM960608HJCNRG06

Sexo/ Sex: M

Lugar de nacimiento/ Place of birth: GUADALAJARA, JAL., MEX

Fecha de expedición/ Date of issue: 11 01 2025

Fecha de caducidad/ Expiry date: 11 01 2028

Autoridad/ Authority: MARBELLA MICHEL ARIAS

Observaciones/ Remarks: LOS ANGELES SOBRE RUEDAS

Firma del Titular/ Holder's Signature

714146

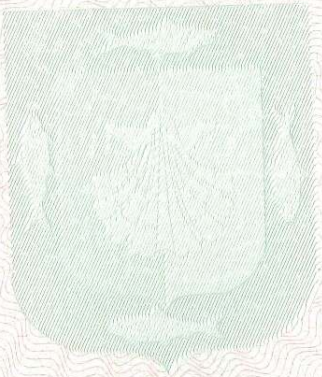
P<MEXCANO<ARIAS<<MIGUEL<ANGEL<<<<<<<<<<<<<<<

N165272150MEX9606081M2801119<<<<<<<<<<<<<<08


Aguascalientes
2
VISAS
Baja California
3
VISAS

N16527215

Baja California Sur



4

VISAS

N16527215

Campeche



5

VISAS

N16527215

Ciudad de México

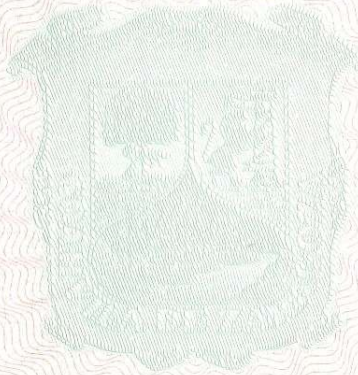


6

VISAS

N16527215

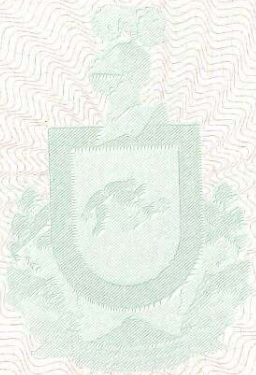
Coahuila



7

VISAS

Colima



8

VISAS

Chiapas



9

VISAS


Chihuahua
10
VISAS
Durango
11
VISAS


Guanajuato
12
VISAS
Guerrero
13
VISAS

Hidalgo



14

VISAS

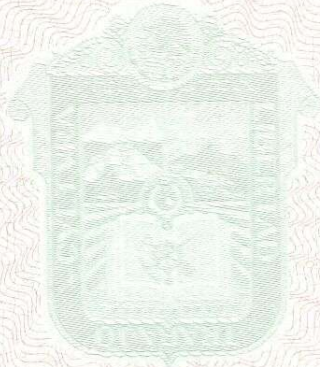
Jalisco



15

VISAS

Estado de México



16

VISAS

Michoacán



17

VISAS

Morelos



Nayarit



Nuevo León



20

VISAS

Oaxaca



21

VISAS

Puebla

22

VISAS

Querétaro

23

VISAS

Quintana Roo



San Luis Potosí



Sinaloa



Sonora



Tabasco

28

VISAS

Tamaulipas

29

VISAS

Tlaxcala

30

VISAS

Veracruz

31

VISAS

N16527215

Yucatán



32

VISAS

N16527215

Zacatecas

Este pasaporte será válido por la temporalidad que se indica en la página de datos. Al término de su validez o de que se hayan usado la totalidad de sus páginas, éste podrá ser canjeado por uno nuevo presentando el anterior y cumpliendo con los requisitos establecidos en el reglamento para la expedición de pasaporte.

En caso de pérdida, destrucción ó mutilación del pasaporte su titular deberá comunicar el hecho inmediatamente a las autoridades locales de policía y las circunstancias en que hubiese ocurrido.

Es nulo si tiene raspaduras, enmendaduras, entrerrenglonaduras ó cualquier otra alteración.

Contiene 32 páginas y no podrán agregársele hojas. En caso de accidente ó muerte, favor de notificar a la embajada ó consulado de México más cercano.

This Passport is void if there are any erasures, corrections, interlinings or any other alterations. It contains 32 pages and no extra pages may be added. In the event of accident or death, please notify the nearest Mexican Embassy or Consulate.

N16527215

TIEV - MÉXICO


N16527215

USA B1/B2 VISA/BCC

NAME CANO ARIAS, MIGUEL ANGEL



Birthdate 06/08/96

Sex M

Nationality MEX

VISA/BCC EXPIRES 09/17/08

VISA/BCC ISSUED 09/18/98

U.S. Employment NOT Authorized

fingerprint not available

VBUSA3920004<<2<TJN000018373<<
9606081M0809177MEXTJN1998261<2
CANO<ARIAS<<MIGUEL<ANGEL<<<<<<

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL Y3049828

CLASS C

EXP 06/08/2030

END NONE

LN CANOARIAS

FN MIGUEL ANGEL

750 N 23RD ST APT 33
SAN JOSE, CA 95112

DOB 06/08/1996

RSTR NONE

06081996

SEX M HAIR BRN EYES HZL

HGT 5'-06" WGT 200 lb

ISS 07/03/2025

DD 07/03/2025516C0/DDFD/30

Exhibit 3 - Miguel Angel Cano Arias and Priscila Cano's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

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

STATE FILE NUMBER

4202543002455
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☐ Groom ☒ Bride

1A. FIRST NAME: PRISCILA			1B. MIDDLE: --		
1C. CURRENT LAST: GONZALEZ JUAREZ			1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): --		
2. DATE OF BIRTH (MM/DD/CCYY): 04/05/1998	3. STATE/COUNTRY OF BIRTH: CA	4. #PREV. MARRIAGES/SRDP: 0	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	5B. DATE ENDED (MM/DD/CCYY): -	
6. ADDRESS: 348 HALSEY AVE		7. CITY: SAN JOSE	8. STATE/COUNTRY: CA	9. ZIP CODE: 95128	
10A. FULL BIRTH NAME OF FATHER/PARENT: MARCELINO GONZALEZ			10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO		
11A. FULL BIRTH NAME OF MOTHER/PARENT: MANUELA JUAREZ GARCIA			11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO		

SECOND PERSON DATA ☒ Groom ☐ Bride

12A. FIRST NAME: MIGUEL ANGEL			12B. MIDDLE: --		
12C. CURRENT LAST: CANO ARIAS			12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C): --		
13. DATE OF BIRTH (MM/DD/CCYY): 06/08/1996	14. STATE/COUNTRY OF BIRTH: MEXICO	15. # PREV. MARRIAGES/SRDP: 0	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	16B. DATE ENDED (MM/DD/CCYY): -	
17. ADDRESS: 348 HALSEY AVE		18. CITY: SAN JOSE	19. STATE/COUNTRY: CA	20. ZIP CODE: 95128	
21A. FULL BIRTH NAME OF FATHER/PARENT: MIGUEL CANO CHAVEZ			21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO		
22A. FULL BIRTH NAME OF MOTHER/PARENT: MARIA DE LOS ANGELES ARIAS VILLALOBOS			22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MEXICO		

AFFIDAVIT

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 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D ▶ [signature]

24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D ▶ [signature]

LICENSE TO MARRY

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 426. THE PARTIES PROVED 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 FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY): 04/14/2025	25B. EXPIRES AFTER (MM/DD/CCYY): 07/12/2025	25C. NAME OF COUNTY CLERK: REGINA ALCOMENDRAS	25D. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶ [signature]
25E. MARRIAGE LICENSE NUMBER: ML430316	25F. COUNTY OF ISSUE: SANTA CLARA	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS): 110 WEST TASMAN DRIVE, SAN JOSE, CA 95134	

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS [signature]	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): SUSANNA GARZA
26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 110 W TASMAN DR, SAN JOSE, CA 95134	
27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE	

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY): 04/14/2025	28B. CITY/TOWN OF MARRIAGE: SAN JOSE	28C. COUNTY OF MARRIAGE: SANTA CLARA
29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE ▶ [signature]	29B. RELIGIOUS DENOMINATION (IF CLERGY): --	
29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY): CHRISTINA YUNG	29D. OFFICIAL TITLE: DEPUTY COMMISSIONER	
29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE: 110 W TASMAN DR, SAN JOSE, CA 95134		

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A: PRISCILA	30B. MIDDLE: --	30C. LAST: CANO

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A: --	31B. MIDDLE: --	31C. LAST: --

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR: REGINA ALCOMENDRAS	32B. SIGNATURE OF CLERK OR DEPUTY CLERK: BY ▶ [signature]	32C. DATE ACCEPTED FOR REGISTRATION: 04/15/2025

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

R 2 8 4 6 8 9 1

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA

This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

DATE ISSUED MAY 12 2025

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage

Declaration of Priscila Gonzalez Juarez

My name is Priscila Gonzalez Juarez I was born on April 5th 1998 in Hollister California I met Angel on the summer break of my eight grade year I was 15 years old. I went to school with his younger brother my best friend was friends with him. We all lived in the same neighborhood so we would see each other everyday walking from the bus stop. On some days we would spend time together and go swimming in the community pool there me and him started talking. He would come around a lot eventually we exchanged phone numbers we made plans to go running everyday. We became closer on those runs talked almost everyday and then I moved away to Indiana we stayed in contact we talked everyday he became my best friend talked about our life's he was there for me when I needed him even thou we were so far apart in those conversations we started catching feelings for each other.After almost two years in Indiana I came back to california for spring break we made plans to hang out while I was there and on may 5th of 2015 he asked me to be his girlfriend and I said yes he talked to my mom about us and so when it was time to go back to Indiana I told my mom that I didn't want to go I stayed in Hollister for a while until I had to go back to school I had t go live with my dad in Soledad california me and Angel stayed together he would go visit me every weekend when he could. When I turned 18 I moved out of my dad's house to go live with Angel and his mother. We have been together ever since. For a time we went thru hard times we moved to LA with his aunt for a while then we came back to Hollister and we broke up so I moved back to Indiana to live with my sister but we stayed in contact and talked everyday he eventually asked me out again and I said yes I moved back to california in 2020 and we started living together again and then I got pregnant I had our baby Adaline on September 22 2021. He then proposed to me on January 5, 2025 he planned an entire day he made it so special involving our daughter we got married on April 14, 2025. Our everyday life is him waking up at 6am to go to work and I wake up at 9am with our daughter I feed her and get her ready for daycare and get myself ready for work I then drop her off she stays there from 11am to 5pm. Angel picks her up while I'm at work I get off at 8 pm and when I get home we watch anime together and play with Adaline and eat together some days. He sometimes goes to the gym and I get both me and Adaline ready for bed. On the weekends we go out together as a family to beaches, parks, museums we try to give our daughter good experiences. We also try many new restaurants together some weekends we just stay home and relax and cook meals together he is a better cook then me so I just help a little bit. Some days he does the dishes and cleans we take turns on house chores. Every day we go to sleep together and spend every day as a family he has been in my life for almost 13 years and for all those days he has shown me love.

P. Gonzalez

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of SANTA CLARA
SAN JOSE, CALIFORNIA

1202143016412

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
ADALINE	-	CANO

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
FEMALE	SINGLE	-	09/22/2021	2308

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
KAISER FOUNDATION HOSPITAL-SAN JOSE	250 HOSPITAL PKWY
5C. CITY	**5D. COUNTY**
SAN JOSE	SANTA CLARA

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. ☐ MOTHER ☒ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
MIGUEL	ANGEL	CANO ARIAS		GTO, MX	06/08/1996

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
PRISCILA	-	GONZALEZ JUAREZ		CA	04/05/1998

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	MIGUEL ANGEL CANO PRISCILA GONZALEZ	FATHER MOTHER	09/23/2021 09/23/2021
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	MICHELLE SYSUYEV, HIM SPEC.	CNM235890	09/23/2021

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LINDSAY ERIN SCHAEFER, CNM 250 HOSPITAL PARKWAY, SAN JOSE, CA 95119	MICHELLE SYSUYEV, HIM SPEC.

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		SARA H. CODY, MD	10/05/2021

R 2 8 6 0 9 6 9

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF SANTA CLARA
This is a true and exact reproduction of the document officially registered and placed on file in the Office of the Santa Clara County Clerk-Recorder.

Regina Alcomendras
REGINA ALCOMENDRAS,
COUNTY CLERK-RECORDER

DATE ISSUED JUN 11 2025

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Clerk.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

PALM COURT APARTMENTS APARTMENTS
RESIDENTIAL LEASE AGREEMENT

THIS AGREEMENT is made and entered into between **750 - 760 N 23rd Street LLC**, "Owner" and **Miguel A Cano, Miguel A Cano and Priscila Gonzalez Juarez** "Resident" is effective when fully executed by all parties. The Owner's obligation to deliver possession to Resident is conditioned on Resident making all payments due at or prior to move-in under this Agreement.

THE PARTIES AGREE AS FOLLOWS:

1. **PREMISES:** Subject to the terms and conditions of this Agreement, Owner hereby leases to Resident and Resident leases from Owner, for residential use only, the "Premises" or "Unit" located at the "Apartment Community":
750 N 23rd Street Apt 33,San Jose,CA,95112-1634

2. **LEASE TERM:** The term of this Lease begins on **04/05/2025** and ends on **07/31/2026**. Unless Owner and Resident execute a lease with a term commencing after the termination of this Lease, this Lease term will convert to a month-to-month tenancy commencing on the date following the Lease End Date. Resident must submit a written 30-day notice to vacate at least 30 days prior to the last day of the lease. Except as prohibited by law, tenancy may be terminated by the Owner by service upon the Resident of a written 60-day notice of termination of tenancy. However Civil Code Section 1946.1 provides that "If any Resident has resided in the dwelling for less than one year," the Owner may terminate the tenancy by service upon the Resident of a written 30-day Notice of Intent to Vacate. The Rental Rate may be subject to change if occupancy of the Premises is continued by Resident past the Lease End Date.

   a) **For units subject to AB 1482 just cause**, Civil Code 1946.2(a) provides that "after a Resident has continuously and lawfully occupied a residential real property for 12 months, the owner of the residential real property shall not terminate the tenancy without just cause, which shall be state in the written notice to terminate tenancy. If any additional adult Residents are added to the lease before an existing Resident has continuously and lawfully occupied the residential real property for 24 months, then this subdivision shall only apply if either of the following are satisfied: (1) all of the Residents have continuously and lawfully occupied the residential real property for 12 months or more; or (2) one or more Residents have continuously and lawfully occupied the residential real property for 24 months or more."
   b) **For units subject to just cause under state law,** "just cause" to terminate the tenancy includes termination "if the owner, or their spouse, domestic partner, children, grandchildren, parents, or grandparents, unilaterally decides to occupy the residential real property."

3. **RENT:** ***Full rent payment is due in advance on or before the first day of each and every month***, at **$3,299** per month, beginning **04/05/2025**, payable to **Palm Court Apartments**, located at **750 N 23rd St C/O Office San Jose** , **CA 95112**. **No partial payments will be accepted.** Any rent not paid by the 1st of the month will be considered delinquent.

   Acceptable methods of payment:
   - EFT/Credit through **Resident Portal** (preferred payment method) and
   - Personal Check, Cashier's Check or Money Orders
     - Mailed to Leasing Office through U.S. Postal Service**.** Payments must be sent via U.S. Postal Service to the leasing office at **750 N 23rd St C/O Office San Jose** , **CA 95112** to arrive no later than the due date or
     - Dropped off in the Leasing Center drop box, if available.

   No cash or blank money orders will be accepted. In the event Resident is asked to make payments in cash or blank money orders, Owner must be notified immediately by calling 858.244.0900.

   a) **Payment:** In the event of roommates, or another form of multiple occupancy, or any other reason, Resident understands and agrees that rent shall be paid with a single payment and that it is the Resident's responsibility to collect individual checks or other payments to submit a single rent payment. If payment by mail is permitted, Resident bears the risk of loss or delay of any payment made by mail and Owner must receive mailed rent payments on or before the due date, except as otherwise provided by law. In the absence of a signed acknowledgement that complies with Civil Code 1947.3, Owner will accept rent payments only from the Resident. Owner may require a separate signed acknowledgement for each rent payment made by a third party. Rent tendered by a Non-Resident shall be deemed rent tendered on behalf of Resident only and not on behalf of the Non-Resident. Should the Owner elect to accept a payment that does not comply with this paragraph, this shall not be construed as a waiver of this provision. If Resident pays online or by direct deposit, such payment shall be deemed to come from Resident regardless of the source of the payment. Payment online or by direct deposit may be rejected or returned by Owner during the pendency of any legal action, or in anticipation of legal action. Failure or refusal by Resident to cash Owner's rent refund check shall not defeat Owner's rejection of the rent being refunded.

   b**)** **Change to Payment Method:** The Owner may refuse certain payment methods listed in subparagraph (a) above, as the form of payment to cure a Notice to Pay Rent or Quit, Notice to Perform Conditions and/or Covenants or Quit, a check passed on insufficient funds or dishonored for any other reason, or a stopped payment and may refuse certain methods for future rent payments thereafter. Notwithstanding the provisions above, the Owner may demand or require a cashier's check as the exclusive form of payment of rent or security deposit if the Resident has previously attempted to pay the Owner with a check

drawn on insufficient funds or the Resident has stopped payment on a check, draft, or money order. If the Owner chooses to demand or require payment by cashier's check, the Owner shall give the Resident a written notice stating that the payment instrument was dishonored and informing the Resident that the Resident shall pay by cashier's check for a period determined by Owner, not to exceed three months, and attach a copy of the dishonored instrument to the notice.

4. LATE FEES AND INSUFFICIENT FUNDS: If rent is paid after the **3rd** of the month, there will be a late charge of **$100.00** assessed. The timing of the late charge does not create a grace period. If rent is not paid by the 1st, the Resident is in default of this lease agreement even if a late charge is not assessed. All rent received after the 8th of the month must be paid by certified funds. Pursuant to California law, if Resident's rent check is dishonored for any reason, Resident is liable to Owner for the total amount due plus a service charge of **$25.00**. Resident shall replace the dishonored payment with a money order or cashier's check. Owner reserves the right to require Resident to pay future rent with money order or cashier's check.

a) Any attempt by Resident to allocate a payment in any other way shall be null and void. Obligations to Owner include, but are not limited to, any and all outstanding balances for unpaid rent, late fees, returned check charges, utility fees, and resident damages.

5. SECURITY DEPOSIT: As security for the performance of this Lease, Resident shall pay a total security deposit in the amount of **$3,299 at the time this lease is signed by the Resident**. If all or any portion of the Security Deposit is used during the term of the lease, Resident agrees to reinstate the total Security Deposit within five (5) days after written notice is delivered to Resident. Resident shall not use the security deposit in lieu of payment of last month's rent. Owner may withhold from the security deposit only such amounts as are reasonably necessary to remedy Resident defaults including, but not limited to, the following:

a) Payment of rent, including late charges, or other sums due,
b) Repair damages to the premises or any part of the community caused by Resident, members of the Resident's household, guest, or other person under the resident's control, and/or
c) Clean and paint such premises, if necessary, upon termination of the tenancy in order to return the Premises to the same level of cleanliness it was at the commencement of tenancy.

Within 21 days after Resident vacates the Premises, Owner shall: (1) furnish Resident an itemized statement, to be sent electronically to the email address on record, indicating the amount of any Security Deposit received and the basis for its disposition and supporting documentation as required by California Civil Code section 1950.5(g); and (2) return any remaining portion of the Security Deposit to Resident. Security Deposit will not be returned until all Residents have vacated the Premises and all keys returned. Any Security Deposit returned by check shall be made out to all Residents named on this Agreement, or as subsequently modified. No interest will be paid on Security Deposit unless required by local law.

6. UTILITIES: Resident shall pay for all utilities, services, and related charges as follows:

a) Resident shall pay for **Gas and Electricity** directly to the billing utility provider based on the individual Leased Space metered usage.
b) Resident agrees to be billed back for **Water[1], Sewer[2], and Trash[3]** based on the following formula:
    1. A deduction of 10% for estimated common area charges is made before calculating Resident's portion.
    2. The first 50% of the allocation will be based on **square footage[4]**.
    3. The second 50% of the allocation will be based on **authorized occupants[5]**.

(ii) [1]Water charges: To calculate Resident's share of water, all water related charges assessed to Owner may be used to calculate the amount charged to Resident. These may include (but are not limited to) water related charges contained on tax bills, charges from other entities, and charges contained on the local water provider's bills to Owner.

(iii) [2]Sewer Charges: To calculate Resident's share of sewer, all sewer related charges assessed to Owner may be used to calculate the amount charged to Resident. These may include (but are not limited to) sewer related charges contained on tax bills and charges contained on the local sewer provider's bill to Owner.

(iv) [3]Trash/Recycling Charges: To calculate Resident's share for trash/recycling charges, all trash and recycling related charges assessed to Owner may be used to calculate the amount charged to each Resident. These may include (but are not limited to) trash/recycling related charges contained on tax bills, and charges contained on bills received from the local trash/recycling providers. Trash/recycling charges may also include the cost to clean trash and recycling areas, bins, , and containers, collect trash/recycling bins from enclosures, compact and sort the trash and recycling, and return the bins to the trash/recycling enclosures.

(v) [4]Square Footage: The approximate square footage of Resident's unit divided by the total square footage of all occupied units within the Community.

(vi) [5]Authorized Occupants Method: The number of authorized occupants residing in Resident's Leased Space divided by all authorized occupants in all units in the Community on the first day of each month. Resident represents that all occupants who will reside in Resident's unit are identified in this Agreement or any amendment to this agreement. Resident agrees to immediately notify Owner of any change in the number of occupants in the Leased Space.

b) Owner is not liable for any losses or damages Resident incurs as the result of outages, interruptions, or fluctuations in utilities provided to the Leased Space unless such loss or damage was the direct result of negligence of Owner. Resident releases Owner from any and all such claims and waives any claims for offset or reduction of rent or diminished rental value of the Apartment due to such outages, interruptions, or fluctuations.

c) Resident understands and agrees that continued occupancy of the Leased Space when electricity, natural gas, water, or sewer services have been discontinued is hazardous. Resident agrees not to terminate, cut off, interrupt, interfere with, or discontinue supplying electricity, natural gas, water, or sewer services to the Leased Space. Resident shall not tamper with, adjust, or disconnect any utility sub metering system or device. Violation of this provision is material breach or default of this Lease Agreement and shall entitle Owner to exercise all remedies available under the Lease.
d) Disconnection of utilities due to non-payment is a material violation of this Agreement.
c) Resident shall not use common area utilities (such as water or electricity) for the Resident's personal use, without prior written permission from the Owner.

7. OCCUPANTS: Premises shall be occupied only by the following named person(s):

Name	Birth Date:
Miguel Cano	**06/08/1996**
Priscila Gonzalez Juarez	**04/05/1998**
Miguel Cano	**08/28/1999**
Adaline Cano	**09/23/2021**

Any individual who is not named on this Agreement and is 18 years of age or older or is an emancipated minor is a guest. Guests who stay in the Premises longer than six (6) consecutive days or thirty (30) days in a calendar year must be reported to Owner. Any guest staying in the Premises longer than six (6) consecutive days or thirty (30) days in a calendar year is required to submit to the application process and meet the minimum occupancy and screening criteria to be approved as an occupant. Resident is responsible for any violation of this Agreement by Resident's Guests.

8. GUARANTEE: Resident may be required to have a Guarantor based on the Rental and Occupancy Criteria Guidelines. The Guarantor shall be liable for the rent and any damages, financial or physical, caused by the Resident, including any and all legal fees incurred by the Owner in enforcing this Agreement. If a Guarantor is required, this Agreement will not take effect unless a fully executed guarantor agreement is attached.

9. SUBLETTING AND ASSIGNMENT: No portion of the premises shall be sublet, nor this Agreement assigned. Any attempted subletting or assignment by Resident shall, at the election of Owner, be an irremediable breach of this Agreement and cause for immediate termination as provided herein and by law. Resident is prohibited from offering all or part of the premises for short-term rental, such as through AirBNB, VRBO or other such sites. Any person who is not named as an Occupant in this Agreement or Resident who signed this Agreement, who occupies any portion of the dwelling unit, for any period of time whatsoever, for any compensation or consideration whatsoever (including, without limitation, the payment of money and/or trade and/or barter of other goods, services, or property occupancy rights) is not a Guest. This constitutes attempted subletting or assignment under this Agreement, and is, at the election of Owner, irremediable breach of this Agreement and cause for immediate termination.

10. CONDITION OF UNIT: A Move-In inspection must be performed by Resident at the time the Resident moves into the Premises using the Resident Portal, at which time the detailed condition of the unit shall be noted. Resident acknowledges that the Premises may not be a new unit and has been made ready for Resident's use and occupancy and that the size, layout, condition, or location of the Premises will not be in the same condition of any model that may have been presented either in person or in any marketing materials. Resident acknowledges that unless Resident notifies Owner within 24 hours after Resident commences occupancy of the Premises of any problems with the Premises, the Premises will be considered in good and acceptable condition. Unless otherwise prohibited by law, all maintenance requests must be in writing. TO THE FULLEST EXTENT ALLOWED BY APPLICABLE LAW, OWNER EXPRESSLY DISCLAIMS ANY AND ALL WARRANTIES, WHETHER EXPRESS OR IMPLIED RELATING TO THE UNIT OR THE PREMISES, THE PREMISES, THE COMMON AREA OR ANY FURNITURE, FURNISHINGS, EQUIPMENT OR APPLIANCES, IF ANY, LOCATED THEREIN, INCLUDING, BUT NOT LIMITED TO, WARRANTIES OF FITNESS FOR A PARTICULAR PURPOSE, MERCHANTABILITY, HABITABILITY OR SUITABILITY.

A Move-Out Itemized Statement must be completed by each Resident and Owner at time of move-out. Please see the "Move Out Charges Addendum" for a detailed moveout checklist.

11. PROHIBITIONS: Without prior written permission, no pets, pianos, aquariums, liquid-filled furniture, large appliances including washing machines, outdoor gas heaters, charcoal, or wood burners, firepits, fireworks, or other open-flame cooking devices may be kept or allowed in or about said premises.

Smoke-Free Premises: Resident agrees and acknowledges that the premises to be occupied by Resident and members of Resident's household have been designated as a smoke-free living environment. "Smoking" means inhaling, exhaling, burning, vaping, or carrying any lighted cigar, cigarette, pipe, or any other device containing any tobacco product, or any other leaf, weed, plant or other products. Resident and members of Resident's household shall not smoke anywhere in the Premises rented by Resident, or the building where the Resident's dwelling is located or in any of the common areas or adjoining grounds of such building or other parts of the rental community, nor shall Resident permit any guests or visitors under the control of Resident to do so.

Resident shall not engage in any of the actions or conduct related to marijuana, which are otherwise permitted under Health and Safety Code 11362.1, on the premises. This includes growing and the use of marijuana in any form.

12. AMENITIES AND RECREATIONAL FACILITIES: From time to time, Owner may, in its reasonable discretion, update (e.g.,

amend, increase, decrease, delay, or pause) the services and amenities that it provides to address evolving needs, events beyond the reasonable control of Owner, requirements and/or recommendations. By signing this Lease, Resident acknowledges that Resident has been advised of these potential changes in service and amenities and agrees to such changes.

a) Resident acknowledges that Owner may provide, for the enjoyment and personal improvement of Resident, certain amenities and recreational facilities that pertain to the non-core functions of the Property, which may include an on-site health club, walking paths, trails, pools, exercise facilities, open outside areas, sports courts and fields and any other non-core amenity or recreational facility provided by Owner including any equipment, property conditions, or movable personal property stored or located therein ("the Facilities"). Resident expressly agrees on behalf of Resident, and Resident's occupants, authorized and unauthorized, Resident's guests, Resident's heirs, executors, administrators, successors and assigns (collectively, "the Non-Resident Users or User"), that the Owner and its insurers, owners, managers, agents, employees, officers, directors, and associates, shall not be liable for any damages of any kind arising from any personal injuries (including death) sustained by any User in, on, or about the Facilities, or as a result of Resident's or Non-Resident User's use of such Facilities, regardless of whether such injuries result, in whole or in part, from the negligence of the Owner. Resident understands that the Owner does not provide supervision, instruction, or assistance for the use of the Facilities.

b) By executing this Lease, Resident accepts and assumes full responsibility for any and all injuries, damages (both economic and non-economic), and losses of any type, which may occur to Resident or to any Non-Resident User for use of the Facilities, and Resident hereby fully and forever releases and discharges the Owner and its insurers, owners, managers, agents, employees, officers, directors, and associates, from any and all claims, demands, damages, rights of action, or causes of action, present or future, whether the same be known or unknown, anticipated, or unanticipated, resulting from or arising out of or related to their use of the Facilities.

c) Resident expressly agrees to expressly defend, indemnify and hold the Owner harmless, including the obligation to pay reasonable attorney's fees, expert fees, and associated costs, against any and all claims, demands, damages, rights of action, or causes of action, of any person or entity, that may arise from injuries or damages sustained by any Non-Resident User with respect to their use of or sustaining any injuries, physical or emotional, in connection with the Facilities. Resident agrees to comply with all rules imposed by the Owner regarding the use of the Facilities. Resident agrees to act in a controlled and reasonable manner at all times, and to refrain from using any Facility in a manner inconsistent with its intended design and purpose. Resident understands and acknowledges that the use of the Facility may involve risk of serious injury, including permanent disability and death.

This provision is not intended to modify and/or impair the effect of Civ.C. §1953, which concerns Owner's maintenance obligations relative to the "core" functions of the Property and remain in effect.

13. UNLAWFUL ACTIVITY: Resident, members of the Resident's household, guest or other person under the resident's control shall not engage in criminal activity, including drug-related criminal activity, on or near property/premises. "Drug-related criminal activity" means the illegal manufacture, sale, distribution, use, or possession with intent to manufacture, sell, distribute, or use of a controlled substance (as defined in section 102 of the Controlled Substance Act (21 U.S.C. 802)).

a) Resident, members of the Resident's household and any guest or other person under the Resident's control shall not engage in any act intended to facilitate criminal activity, including drug-related criminal activity, on or near property premises.
b) Resident and members of the household will not permit the dwelling apartment to be used for, or to facilitate, criminal activity including drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest.
c) Resident or members of the Resident's household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near property/premises or otherwise.
d) Resident and members of the Resident's household, or a guest or other person under the Resident's control shall not engage in acts of violence or threats of violence, including, but not limited to the unlawful discharge of firearms on or near property/premises.
e) Resident or members of the Resident's household shall not engage in any criminal activity or criminal threat (as defined in subdivision (a) of Section 422 of the California Penal Code), on or off the Premises that is directed at Owner, Owner's agents, employees, or representatives.

VIOLATION OF ANY OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AGREEMENT AND CAUSE FOR TERMINATION OF TENANCY AND THIS LEASE AGREEMENT. A single violation of any of the provisions of this agreement shall be deemed a serious and material violation and breach of the Lease Agreement.

14. RULES AND REGULATIONS: Resident shall comply with all community guidelines and Rules and Regulations as follows:

a) **USE OF THE PREMISES:** The Premises shall be used as a dwelling for residential purposes only and for no other reason. No retail, commercial or professional use of the Premises shall be made, unless such use conforms to applicable zoning laws and the prior written consent of the Owner is obtained in advance for such use. As a condition for granting such permission, Owner may require that Resident obtain liability insurance for the benefit of the Owner.
b) **ACTION OF FAMILY MEMBERS AND GUESTS:** Residents are responsible for their own actions and the actions of their family members, guests or other person under the resident's control and agree to reimburse Owner for any vandalism or damages caused by these parties. Running or playing in public halls, stairways, elevators, sidewalks, garages, laundry rooms,

or parking areas is prohibited.

c) **WHEELED VEHICLES:** All wheeled vehicles including, but not limited to, bicycles, skateboards, tricycles, and motorcycles shall not be ridden across or parked on sidewalks, grass, landscaping pool or common areas. Wheeled Vehicles shall not be parked or stored in halls, walkways, stairways, laundry rooms, elevators, porches, patios, or other public areas, except as specified by management.

d) **CLOTHES/RUGS:** No clothes, rugs, or any other material shall be draped on the roof, deck, patio, balcony, or other part of the building or shaken from said areas.

e) **GARBAGE:** All garbage, papers, boxes, or refuse are to be deposited in garbage containers that are provided by the Owner or government agency. All wet garbage must be sealed in a container or plastic bag. Trash container lids must be replaced, and doors closed when the garbage has been placed in the container. Cardboard containers must be broken down before disposing of them. No furniture is to be left in, or around, the dumpsters. Resident shall be responsible, at Resident's expense, for disposing of items too large to fit in the trash containers. Resident shall not dispose of any flammable liquids, rags or other items soaked with flammable liquids or any other hazardous material in trash containers or bins.

f) **PLUMBING:** Water shall not be left running in the kitchen, bathroom, laundry room or elsewhere. All plumbing defects must be reported to the Owner immediately. Garbage disposals must be run with water. Bones, corn, grease, rice, fruit skins, eggshells or pits are prohibited from insertion in disposal. Do not put foreign objects in the toilet. Cost to repair or clearance of stoppages in waste pipes or drains, water pipes or plumbing fixtures caused by Resident's negligence or improper usage are the responsibility of the Resident. Resident shall reimburse Owner for these costs.

g) **LANDSCAPING AREAS:** The Residents, family members or guests shall not alter, disturb, or interfere in any way with the treatment of the grounds without the consent of Owner. Resident is responsible for the upkeep of the landscaping in their enclosed yard or patio.

h) **LAUNDRY ROOMS:** Laundry Rooms are provided for the Residents' convenience and are open from 8:00 am to 10:00 pm Monday through Saturday and 9:00 am to 10:00 pm on Sunday. All equipment is used by the Residents with the understanding that the management does not assume responsibility for failure of this equipment to perform properly or for damage to clothes as a result of its use. Owner is not responsible for any injury to a Resident, their guests, or visitors by reason of use of the laundry equipment. Cooperation with other Residents is requested in use of Laundry Rooms. Owner is not responsible for any clothing or articles stolen, damaged or left in the room.

i) **LOITERING:** Loitering, alcohol consumption, gambling, etc., outside of your apartment/Premises is not permitted.

j) **NEGLIGENCE:** Repairs needed due to Resident negligence will be billed back to Resident for the cost to perform those repairs, including the cost of parts or materials used and the cost of the labor required to perform the repairs at a rate of $60.00 per hour.

k) **MAINTENANCE REQUESTS:** All request for maintenance and repairs shall be made online through the Resident Portal, or by contacting the Leasing Center during business hours. After hours maintenance emergencies are to be reported to the answering service or on call voicemail. Lockouts are not considered maintenance emergencies. All residents are requested to report any instance where an employee is discourteous or neglects their duties toward the resident at any time immediately to the Owner.

l) **PARKING, PARKING SPACE, GARAGE:** Residents are allowed to park in the parking lots after agreeing to pay the appropriate monthly fee for either an uncovered or covered parking permit. The use of our parking lots requires understanding and adherence to the following:

   i. Owner is not responsible for any theft or damage to Resident vehicles. Resident assumes all risks associated with the loss, damage, or destruction of all vehicles and other personal property or items kept in the parking Space/Garage, regardless of the value of the lost or destroyed property. Resident agrees to hold Owner harmless for any loss, damage, or destruction to Resident's personal property in the Parking Space/Garage. Resident is advised to carry insurance to cover Resident's vehicle(s) and other personal property. Owner's insurance does not insure Resident's vehicle(s) or other personal property. Resident understands that vehicles and other items left in the Parking Space may be stolen or damaged. Resident should not store valuable items in the vehicle or Parking Space. No bailment relationship is created by Resident's use of the Parking Space.

   ii. **Future Resident/ Office Parking:** No parking in future resident parking or office parking 6am to 6pm daily. Cars parked in future resident parking or office parking during business hours must be in the office conducting business. Any cars in violation of this will be towed immediately.

   iii. **Vehicles Obstructing Access:** All vehicles parked blocking driveways, handicap spaces and other parking areas will be towed immediately without warning.

   iv. **Handicapped parking:** Vehicles parked in designated handicapped spaces without display of handicap placard or plates will be towed immediately without warning.

   v. **Fire Lanes/Hydrants:** Vehicles parked within 15 feet of a fire hydrant or in a fire lane will be towed immediately without warning.

   vi. **All vehicles must be in operable condition:** All vehicles must be in currently registered, licensed, and operable condition. Any vehicle in violation of this provision will be towed at the owner's expense within the compliance with the vehicle code of the state. Repair work, oil changes, and similar work are not permitted in the parking lots. Such work must be done off property. Extra vehicles cannot be stored on property. Vehicles found not to be used on a weekly basis will be tagged for towing if not moved.

   vii. **Recreational Vehicles:** Recreational Vehicles such as trailers, motorhomes and boats are not allowed to be parked on the premises.

   viii. **Motorcycles:** Motorcycles are subject to the same rules as automobiles. They must be operated in a safe manner at all times. Motorcycles must be parked in a designated parking space.

   ix. **Car Washing:** No washing of vehicles is allowed on this property.

   x. **Car alarms:** Any vehicles parked within the community which create a nuisance through the activation of a car alarm shall

be removed from the property at the owner's expense.

xi. **Safety Hazard:** Vehicles found up on jacks are considered a safety hazard and will be towed immediately without warning.

xii. **Guest Parking:** There is no designated guest parking on property. All guests will be required to park on street.

xiii. **Vehicle Change:** Any change in vehicle will require the resident to come into the office and fill out a new parking form reflecting the change in vehicle. The same perking permit may be used for the new vehicle under the condition that the new vehicle information is reported to the office.

xiv. **Lost or Stolen Permits:** Cost to replace a lost/ stolen permit will be **$75**, which is required to be paid **before** receipt of new permit.

xv. **Missing Permit:** All vehicles without a valid property parking permit will be towed from the property ***immediately***. Parking permits will only be given to Residents whose names are on a current lease.

xvi. **Speed:** The maximum speed within the community will be ten (10) mph unless otherwise posted.

m) **POOL/SPA RULES:** No lifeguard will be on duty. Persons using pool facilities do so at their own risk. Owner is not responsible for accidents or injury. Owner is not responsible for articles lost, damaged, or stolen. Pool hours are from 8:00 A.M. to 10:00 P.M. unless otherwise posted. The pool is reserved exclusively for use of Residents and their guests. Residents are limited to two (2) guests, regardless of age, per apartment. Guests must be accompanied by a Resident. Residents are responsible for the conduct of their guests. All persons under the age of 14 must be accompanied by an adult per California Law. No food may be served or eaten in the pool area. No glass containers are allowed in or around the pool area. No alcoholic beverages shall be served or consumed in or around the pool area at any time. Smoking or the use of smoking devices is prohibited in the pool area. No person under the influence of alcoholic beverages is permitted in or around the pool area. Running, jumping, fighting, "horseplay," boisterous conduct, and/or any noisy behavior disturbing to the other residents are not allowed in the pool area. Residents and guests must be properly attired in bathing suits in the pool or spa. No cutoffs, jeans, shorts, or cotton shirts will be allowed. Showering is required. Pool rafts and floats and other water toys are allowed only when not disturbing other occupants of the pool.

n) **QUIET ENJOYMENT:** Residents, family members and guests shall respect the peace and comfort of neighbors. Noise which can be heard outside the premises, loud conversations, music, etc. that could be disturbing to other people is not permitted. All residents, family members and guests must refrain from using foul or abusive language around anyone while on the premises. The hours of 10:00 p.m. to 8:00 a.m. are considered quiet time and moving in or out of premises is prohibited during this time. Resident shall not violate any criminal or civil law, ordinance or statute in the use and occupancy of premises or the common areas, commit waste or nuisance, annoy, molest, or interfere with any other Resident, guest of Resident, neighbor, or employee. Any such action may result in the immediate termination of this Lease as provided herein and by law.

o) **RECREATION AREA:** Residents are responsible for the conduct of their family members and guests. Adult supervision (a person 18 years or older) is required for all minors under the age of 14 in all playgrounds or recreation rooms that are available at this community. Residents may accompany a maximum of two (2) guests per household at any given time at recreation areas offered by this community. Access to Recreation Areas is limited to between 8:00 am and 10:00 pm daily. All guests must be accompanied by a Resident. All recreational facilities (playgrounds, exercise rooms, etc.) that are available at this Community are available to the Residents and these facilities have inherent dangers to both adults and minors. All Residents and all Residents on behalf of their minor family members and guests using these recreational facilities and playground equipment agree to assume all liability that is inherent with these recreational facilities and equipment and assume all responsibility for any damages incurred or any injuries incurred while using these facilities and equipment and agree to hold Owner harmless for any injuries that may be suffered.

p) **ROOF ACCESS:** Residents are not permitted access to the roof except in case of emergency.

q) **STORAGE:** Storage or use of personal belongings or furnishings, including barbecue grills and fire pits are not permitted on decks, patios, porches, garages, or public areas. Patios will be maintained in a neat and clean manner by Resident. Resident shall be charged a cleaning fee if Owner or Owner's representative is compelled, in Owner's sole discretion, to clean Resident's patio. No excessive storage of objects in premises which may create a health or fire hazard is permitted. No paints, oils, gasoline, or any flammable material is permitted in the premises or storage areas. No washers, dryers, freezers, dishwashers, air-conditioners, or any other personal appliances of any kind are to be installed in the premises without prior written approval by management.

r) **PATIO AND PORCH CARE:** Resident shall be responsible for the maintenance and upkeep of patio and porch areas. Resident agrees to keep areas within patio and/or porch free of weeds and debris at all times. No excessive storage of objects in yard which may create a health or fire hazard is permitted. No paints, oils, gasoline, or any flammable/toxic material is permitted on the premises at any time. All pet waste must be disposed of within 24 hours. No trash is to be left outside the Leased Premises including the storage of recyclables. No items are allowed to be draped over the fence, roof, walls, or any other areas. Owner reserves the right to determine the acceptability of furniture for the patio and/or porch. Canopies and umbrellas are not allowed unless written consent is provided from the Owner. Resident shall be charged a cleaning fee if Owner or Owner's representative is compelled, in Owner's sole discretion, to clean Resident's patio. No washers, dryers, freezers, dishwashers, air-conditioners, or any other personal appliances of any kind are to be installed in the premises without prior written approval by management.

15. NO SMOKING: Smoking is prohibited inside the apartment, common areas, outdoor areas, and parking lots. "Smoking" means inhaling, exhaling, or burning any tobacco, nicotine, or marijuana, or plant product, whether natural or synthetic, intended for inhalation, or using an "electronic smoking device."

16. CARE, CLEANING AND MAINTENANCE:
Resident shall keep the premises including furniture, furnishings, appliances, and fixtures, including carpets and flooring which are rented for Resident's exclusive use in good order and condition. Resident also agrees:

a) To keep their dwellings clean and sanitary, including prevention of insects or rodent infestation. Carpet is to be vacuumed on a regular basis. Ground in dirt shall be considered beyond ordinary wear and tear and Resident will be responsible for damage which may include replacement.
b) To properly use and operate all electrical/gas appliances and to keep them clean and sanitary.
c) Not to willfully or wantonly destroy, deface, damage, impair or remove any part of the structure, dwelling unit, including the structures and content of the common areas, nor should they permit any person on the premises to do so.
d) To occupy the premises as a residence, utilizing portions thereof for living, sleeping, cooking, or dining purposes only which were respectively designed or intended to be used for such purposes.
e) To leave the premises in the same condition as it was received, subject to normal wear and tear.
f) To return the premises to the same level of cleanliness it was at the inception of the tenancy.
g) To pay Owner for costs to repair, replace or rebuild any portion of the premises damaged by the Resident, Resident's guests, or invitees.
h) To promptly advise Owner of any items requiring repair, such as locks or light switches. Resident shall notify Owner of any leaks, drips, water fixtures that do not shut off properly, including, but not limited to, a toilet, or other problems with the water system, included, but not limited to, water-saving devices. Resident shall make repair requests as soon after the defect is noted as is practical.
i) To keep doors and windows and access to them unobstructed and to keep them clear from personal items or otherwise, and to maintain clear pathways into and through each room on the premises. Resident must not otherwise maintain the unit in a manner that prevents necessary access through each room and to all doors and windows, inhibits necessary airflow, acts as a potential haven for pests and mold growth, creates a fire hazard, or prevents rooms from being used for their intended purposes.

17. PESTICIDES: California law requires that an Owner of a residential dwelling apartment provide each new Resident a copy of the notice provided by a registered pest control company if a contract for periodic pest control service has been executed. The premises you are renting, or the common areas of the building are covered by such a contract for regular pest control service, therefore you are being notified pursuant to the law. The notice provided by the pest control company is attached to this Lease Agreement.

18. BED BUG INFORMATION, REPORTING, PREVENTION AND RESIDENT COOPERATION: The Owner has inspected the unit prior to lease and knows of no bedbug infestation. Resident agrees not to bring onto the property personal furnishings or belongings that the Resident knows or should reasonably know are infested with bed bugs, including the personal property of the Resident's guests. Residents have an important role in preventing and controlling bed bugs. While the presence of bed bugs is not always related to personal cleanliness or housekeeping, good housekeeping can assist with early detection and make bed bug control easier if it is necessary. Please review the short interactive video at www.stopbedbugs.org and the information below.

Previous Infestations: A Resident shall not bring onto a property personal furnishings or belongings that the Resident knows or should reasonably know are infested with bed bugs, including the personal property of the Resident's guests.

Prompt Reporting: If you find or suspect a bed bug infestation, please immediately notify Owner, and describe any signs of infestation so that the problem can be addressed promptly. Please do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from unit to unit.

a) **Information about Bed Bugs:**
- **Bed bug appearance:** Bed bugs have six legs. Adult bed bugs have flat bodies about 1/4 of an inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.
- **Life cycle and reproduction:** An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days.
- Bed bugs can survive for months without feeding.
- **Bed bug bites:** Since bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.
- **Common signs and symptoms** of a possible bed bug infestation:
- Small red to reddish brown fecal spots on mattresses, box springs, bed frames, linens, upholstery, or walls.
- Molted bed bug skins, white, sticky eggs, or empty eggshells.
- Very heavily infested areas may have a characteristically sweet odor.
- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them.
- For more information, see the Internet Websites of the United States Environmental Protection Agency and the National Pest Management Association.
- http://www2.epa.gov/bedbugs
- http://www.pestworld.org/all-things-bed-bugs/

b) **Suspected Bed Bug Infestations As Soon as Possible**
- **Prompt reporting: If you find or suspect a bed bug infestation, please notify Agent and/or property manager as soon as possible**, and describe any signs of infestation, so that the problem can be addressed promptly. Please do not wait. Even a few bugs can rapidly multiply to create a major infestation that can spread from unit to unit.
- **Report any maintenance needs immediately.** Bed bugs like cracks, crevices, holes, and other openings. Request that all openings be sealed to prevent the movement of bed bugs from room to room.
- If you suspect a bed bug infestation, or have other maintenance needs, please provide your notice to the property office.

c) **Cooperation with Pest Control**
- Residents shall cooperate with the inspection including allowing entry to inspect any unit selected by the pest control operator until bed bugs have been eliminated and providing to the pest control operator information that is necessary to facilitate the detection and treatment of bed bugs.
- Prior to treatment, affected Residents will receive a written notice including the date(s) and time(s) of treatment, whether and when the Resident is required to be absent from the unit, the deadline for any Resident preparation of the unit and a pretreatment checklist with information provided by the pest control operator.
- The Resident shall fulfill his or her responsibilities for unit preparation before the scheduled treatment, as described in the pest control operator's pretreatment checklist.
- Residents shall be responsible for the management of their belongings, including, but not limited to, clothing and personal furnishings.
- If the pest control operator determines that it is necessary for an Owner or Resident to dispose of items infested with bed bugs, the items shall be securely sealed in a bag that are of a size as to readily contain the disposed material. Bags shall be furnished and charged to Resident by the property owner or pest control operator. All bags shall be clearly labeled as being infested with bed bugs prior to disposal.
- Residents who are not able to fulfill their unit preparation responsibilities shall notify the Owner at least one business day prior to the scheduled pest control operator visit for inspection or treatment.
- A Resident must vacate his or her unit if required by the pest control operator for treatment purposes and shall not reenter the unit until directed by the pest control operator to do so.

d) **Prevention Recommendations**
- Resident should check for hitch-hiking bed bugs. If you stay in a hotel or another home, inspect your clothing, luggage, shoes, and belongings for signs of bed bugs *before* you enter your apartment. Check backpacks, shoes, and clothing after visits to friends or family, theaters, or after using public transportation.
- Thoroughly clean after guests have departed. Immediately after your guests leave, seal bed linens in plastic bags, until they can be washed and dried on high heat. After your guests have departed, inspect bedding, mattresses, and box springs, behind headboards, carpet edges and the undersides of sofa cushions for signs of bed bugs.
- Resident should avoid using appliances, electronics and furnishings that have not been thoroughly inspected for the presence of bed bugs. Make sure that the electronics, appliance, or furniture company has established procedures for the inspection and identification of bed bugs or other pests. This process should include inspection of trucks used to transport appliances, electronics, or furniture. Never accept an item that shows signs of bed bugs. Check secondhand furniture, beds, and couches for any signs of bed bug infestation before bringing them home. Never take discarded items from the curbside.
- Use a protective cover that encases mattresses and box springs and eliminates many hiding spots. The light color of the encasement makes bed bugs easier to see. Be sure to purchase a high-quality bed bug encasement that will resist tearing and check the encasements regularly for holes.
- Reduce clutter in your home to reduce hiding places for bed bugs and vacuum frequently to remove successful hitchhikers.
- Be vigilant when using shared laundry facilities. Transport items to be washed in plastic bags (if you have an active infestation, use a new bag for the journey home). Remove from dryer directly into bag and fold at home. (A dryer on high heat can kill bed bugs.)

19. REPAIRS AND ALTERATIONS: Except as provided by law, no repairs, painting, wallpapering, decorating, alterations including entry door locks, windows, doors, frames, and window coverings shall be done by Resident without prior written consent of the Owner. Windowsills or ledges must be kept clean and shall not be used for storage or display of bottles, food, signs, or objects of any kind. Resident shall hold Owner harmless and indemnify Owner from any mechanics lien recordation or proceeding caused by Resident. Approval must be obtained prior to hanging any heavy object on the walls or ceiling. Only picture hooks may be used to hang pictures, mirrors, and decorative items on the walls. Resident may not make any alterations to cable or telephone inside wiring (such as may occur when changing telecommunications providers or adding phone lines). Resident agrees to pay all costs resulting from the alteration and agrees to pay to the Owner any costs associated with restoring the inside wiring to the condition at the time of move-in, except for reasonable wear and tear.

20. LARGE FURNITURE OR APPLIANCES: Resident shall not move or remove any large furniture or appliances provided by Owner without prior written consent of the Owner. Resident shall not install or operate any additional refrigerators, freezers, washing machines, clothes dryers, portable dishwashers, air conditioners, generators or other large appliances not provided by the Owner, without prior written consent of the Owner. Resident may operate a generator in emergency situations, provided that (1) all manufacturers safety procedures are followed, including operating the generator in an outside space and (2) the generator does not create a nuisance (noise or other) for other residents.

21. SATELLITE DISHES: Under the rules of the Federal Communications Commission (FCC), Resident has a right to install a satellite

dish and/or receiving antenna within the leased premises. Owner may impose reasonable restrictions relating to the installation and maintenance of the satellite dish and receiving antenna. Resident is required to comply with these restrictions as a condition of installing such equipment. Resident agrees as follows:

a) **Size:** A satellite dish may not exceed 39 inches (1 meter) in diameter. An antenna or dish may receive but not transmit signals.
b) **Location:** A satellite dish or antenna may only be located (1) inside Resident's dwelling, or (2) in an area outside Resident's dwelling such as Resident's balcony, patio, yard, etc. of which Resident has exclusive use under lease. Installation is not permitted on any parking area, roof, exterior wall, window, fence, or common area, or in an area that other residents are permitted to use. A satellite dish or antenna may not protrude beyond the vertical and horizontal space that is leased to Resident for Resident's exclusive use. Allowable locations may not provide optimum signal. Owner is not required to provide alternative locations if allowable location is not suitable.
c) **Safety and non-interference.** Resident's installation: (1) must comply with reasonable safety standards; (2) may not interfere with Owner's cable, telephone, or electrical systems or those of neighboring properties; (3) may not be connected to Owner's telecommunication systems; and (4) may not be connected to Owner's electrical system except by plugging into a 110-volt duplex receptacle. If the satellite dish or antenna is placed in a permitted outside area, it must be safely secured by one of three methods: (1) securely attaching to a portable, heavy object; (2) clamping it to a part of the building's exterior that lies within Resident's leased premises (such as a balcony or patio railing) or (3) any other method approved by Owner. No other methods are allowed. Owner may require that Resident block the satellite dish or antenna with plants, etc., so long as it does not impair Resident's reception.
d) **Signal transmission from exterior dish or antenna to interior of dwelling:** Resident may not damage or alter the leased premises and may not drill holes through outside walls, door jams, windowsills, etc. If Resident's satellite dish or antenna is installed outside Resident's living area (on a balcony, patio, or yard of which Resident has exclusive use under lease), signals received by Resident's satellite dish or antenna may be transmitted to the interior of Resident's dwelling only by: (1) running a "flat" cable under a door jam or window sill in a manner that does not physically alter the premises and does not interfere with proper operation of the door or window; (2) running a traditional or flat cable through a pre-existing hole in the wall (that will not need to be enlarged to accommodate the cable); or (3) any other method approved by Owner.
e) **Workmanship:** For safety purposes, Resident must obtain Owner's approval of (1) the strength and type of materials to be used for installation and (2) the person or company who will perform the installation. Installation must be done by a qualified person, or a company that has workers' compensation insurance and adequate public liability insurance. Owner's approval will not be unreasonably withheld. Resident must obtain any permits required by local ordinances for the installation and comply with any applicable local ordinances and state laws.
f) **Maintenance:** Resident will have the sole responsibility for maintaining Resident's satellite dish or antenna and all related equipment. Owner may temporarily remove the satellite dish or antenna if necessary to make repairs to the building.
g) **Removal and damages:** Resident must remove the satellite dish or antenna and all related equipment when Resident moves out of the dwelling. Resident must pay for any damages and for the cost of repairs or repainting which may be reasonably necessary to restore the leased premises to its condition prior to the installation of Resident's satellite dish or antenna and related equipment.
h) **Liability insurance and indemnity:** Resident is fully responsible for the satellite dish or antenna and related equipment. Prior to installation, Resident must provide Owner with evidence of **LIABILITY INSURANCE** to protect Owner against claims of personal injury to others and property damage related to Resident's satellite dish, antenna, or related equipment. The insurance coverage must be no less than $100,000 (which is an amount reasonably determined by Owner to accomplish that purpose) and must remain in force while the satellite dish or antenna remains installed. Resident agrees to defend, indemnify, and hold Owner harmless from the above claims by others.
i) **Deposit increase:** A security deposit increase (in connection with having a satellite dish or antenna) may be required by Owner. Resident's security deposit is increased by an additional sum of $50 to help protect Owner against possible repair costs, damages, or any failure to remove the satellite dish or antenna and related equipment at the time of move-out. A security deposit increase does not imply a right to drill into or alter the Leased Premises. In no case will the total amount of all security deposits Resident pays to Owner be more than that which is allowed by law.
j) **Installation commencement:** Resident may start installation of satellite dish or antenna only after Resident has: (1) provided Owner with written evidence of the liability insurance referred to in paragraph viii; (2) paid Owner the additional security deposit, if applicable, referred to in paragraph ix; and (3) received Owner's written approval of the installation materials and the person or company who will perform the installation.

22. MOLD NOTIFICATION: It is our goal to maintain the highest quality living environment for our residents. Therefore, know that the Owner has inspected the apartment prior to lease and knows of no damp or wet building materials and knows of no mold or mildew contamination. Resident is hereby notified that mold, however, can grow if the premises are not properly maintained or ventilated. If moisture is allowed to accumulate in the apartment, it can cause mildew and mold to grow. It is important that Residents regularly allow air to circulate in the apartment. It is also important that Residents keep the interior of the apartment clean and that they promptly notify the Owner of any leaks, moisture problems, and/or mold growth.
Resident agrees to maintain the premises in a manner that prevents the occurrence of an infestation of mold or mildew in the premises. Resident agrees to uphold this responsibility in part by complying with the following list of responsibilities:

a) Resident agrees to keep the apartment free of dirt and debris that can harbor mold.
b) Resident agrees to immediately report to Owner any water intrusion, such as plumbing leaks, drips, or "sweating" pipes.
c) Resident agrees to notify owner of the overflows from the bathroom, kitchen, or apartment laundry facilities, especially in cases where the overflow may have permeated walls or cabinets.
d) Resident agrees to report to Owner any significant mold growth on surfaces inside the premises.

e) Resident agrees to allow the Owner to enter the apartment to inspect and make necessary repairs.
f) Resident agrees to use bathroom fans while showering or bathing and to report to the Owner any non-working fan.
g) Resident agrees to use exhaust fans whenever cooking, dishwashing, or cleaning.
h) Resident agrees to use all reasonable care to close all windows and other openings in the premises to prevent outdoor water from penetrating into the interior of the Premises.
i) Resident agrees to clean and dry any visible moisture on windows, walls and other surfaces, including personal property, as soon as reasonably possible. (Note: Mold can grow on damp surfaces within 24 to 48 hours.)
j) Resident agrees to notify the Owner of any problems with the air conditioning or heating systems that are discovered by the resident.
k) Resident agrees to indemnify and hold harmless the Owner from any actions, claims, losses, damages, and expenses, including, but not limited to, attorney's fees that they Owner may sustain or incur as a result of the negligence of the Resident or any guest or other person living in, occupying, or using the premises.

23. LIABILITY FOR PACKAGES: Owner is not responsible for the delivery, acceptance, or receipt of, damage to or loss of messages, packages, mail, or other material left at entrances to the premises or elsewhere on the premises.

24. PETS: No animals will be permitted in or about said premises without Owner's prior written consent, and with an executed Pet Addendum outlining applicable charges. Assistance Animals are allowed only after receipt of completed Verification of Disability and execution of Assistance Animal Addendum. Residents are prohibited from feeding stray or wild animals. If resident or any guest violates this Section, Resident will be subject to charges, damages, eviction and other remedies provided in this lease. If Resident violated this Section or any other animal rules, Resident shall pay an initial charge of $500 per animal and a daily charge of $10 per animal from the date the animal was brought into the premises until it is finally removed. Initial and daily animal violation charges are liquidated damages for Owner's time, inconvenience and overhead in enforcing animal restrictions and rules.

Owner will agree to waive any prohibition pertaining to Pets for Assistance Animals after receipt of a completed Verification of Disability by a certified Health Care Provider providing the Resident agrees to comply with the following provisions:

a) Resident agrees to provide Owner/Agent with evidence of liability insurance **with Animal Liability Supplement** to protect Owner/Agent against claims of personal injury to others and property damage related to Resident's Assistance Animal(s).
b) Resident agrees to comply with:
   i) Health and Safety Code, including vaccination requirements, and
   ii) All other applicable governmental laws and regulations, including current license(s) and tag(s).
c) Resident represents the Assistance Animal(s) are quiet, "housebroken" and will not cause any damage or annoy other Residents.
d) Restrictions by Type of Assistance Animal:
   i) Dogs: Animal must be interviewed by Management prior to occupancy in order to be approved. Resident(s) understand(s) that the following known violent breeds are not permitted at this community and by signing this Agreement declare(s) that their dog described is not of such breed, whether purebred or mix: **Akita, Alaskan Malamute, American Staffordshire Terrier, Bullmastiff, Chow Chow, Doberman Pinscher, Great Dane, Pitbull, Presa Canario, Rottweiler, Siberian Husky, Stafforshire Bull Terrier, Dogo Argentino, Fila Brasilero, Shar Peis, Tosa Inu, any Wolf Hybrid or any mix of these breeds;**
   ii) Cats: Resident understands that **Resident must provide and maintain an appropriate litter box inside the apartment**.
e) Resident agrees that Assistance Animal will not be permitted outside the apartment, unless restrained by a leash. Use of the grounds or premises of Owner for sanitary purposes is prohibited. **Resident must a) take Assistance Animal to a designated area, if any and b) clean up immediately any soil or mess created by Assistance Animal. A $50.00 labor charge will be billed back to Resident for each instance Management has to clean up after Assistance Animal**.
f) Resident agrees Assistance Animal shall not be fed on unprotected carpeting within the apartment. All Assistance Animal food shall be kept inside. Resident shall prevent any fleas or other infestation of the apartment or other property of owner. Upon move-out the apartment will be treated for any possible infestation and sanitized if not done by Resident and charged back to Resident in Final Account Statement.
g) Resident shall not permit Assistance Animal to cause any damage, discomfort, annoyance, nuisance or in any way inconvenience, or cause complaints, from any other Resident, guest, or the public.
h) Resident agrees to hold Owner harmless for any and all damages or costs in connection with said Assistance Animal and to pay for any and all injuries, losses, damages and/or expenses incurred by or in connection with said Assistance Animal. Furthermore, Resident agrees that at no time shall the Resident apply any part of the additional deposit towards such amounts due, but rather, Resident shall make restitution immediately and separately from such deposit.
i) In the event that Owner/Agent, contractor, or maintenance personnel need access to the leased apartment, the Assistance Animal will be confined in the following manner: put in a kennel/crate; removed from premises or as previously specified.
j) In the event of default by Resident of any of the above terms, Resident agrees, within three days after receiving notice of default from Owner, to cure the default or vacate the premises. Resident agrees Owner may revoke permission to keep said Assistance Animal on the premises by giving Resident written thirty (30) day notice. If the Assistance Animal displays any violent behavior toward anyone, including chasing, biting, growling, or barking at person or person's Pet, Owner/Agent may require the animal to be removed immediately.
k) Permission to keep Assistance Animal on premises may be revoked at any time by Management if Resident fails to comply with any of these Rules and Regulations. If this privilege is revoked, Resident agrees to remove Assistance Animal within seventy-two (72) hours of receipt of written notice to do so from **Palm Court Apartments** Apartments.

25. OWNER'S INSURANCE: Resident's property is not insured by Owner. Resident is not co-insured and is expressly excluded from any insurance policy held by Owner, which is now in effect or becomes effective during the term of this Agreement. Owner is not responsible for fire, theft or damage to personal effects, etc. in the premises, laundry, storage lockers, garage, or any portion of the building. For your own protection, always keep all apartment doors locked.

26. RENTER'S INSURANCE: Resident agrees Resident must maintain, at Renter's own expense, during the Lease term and any subsequent renewal and/or hold-over periods, a renter's, or liability insurance policy, which provides limits of liability to third parties in an amount not less than One Hundred Thousand Dollars ($100,000) per occurrence. Resident shall name Owner as additional insured under the policy. Resident shall provide evidence of this insurance prior to move-in and annual updates by uploading the proof of coverage to the Resident portal.

a) Resident understands that Owner's property and liability insurance does not protect Resident, Resident's guests or any occupants against loss or damage to personal property or belongings or cover Resident's liability for loss or damage caused by Resident's actions or those of any occupant of the Premises or guests. Liability insurance does not protect Resident against loss or damage to personal property of belongings, only a renter's insurance policy (sometimes referred to as a HO4 policy) does. It also does not protect Resident from losses caused by flooding. Flood insurance is different from renter's insurance. For more information regarding renter's insurance or flood insurance, Resident should contact the State Department of Insurance.

b) Resident further understands that by not maintaining a renter's or liability insurance policy, Resident will be considered in material default of the Lease and Resident may be further liable to Owner and others for loss or damage caused by Renter's actions or those of any occupancy of guest of the Leased Premises. RESIDENT, BY EXECUTING THIS LEASE, AGREES TO INDEMNIFY, DEFEND AND HOLD OWNER HARMLESS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES OR LOSSES SUFFERED AS A RESULT OF (I) RESIDENT'S FAILURE TO OBTAIN INSURANCE AS REQUIRED BY THIS PARAGRAPH, WHETHER SUCH CLAIMS, DAMAGES OR LOSSES RESULT FROM OR ARE CAUSED BY RESIDENT OR RESIDENT'S INVITEES, (II) ANY AND ALL MATTERS THAT ARISE IN THE PREMISES AND (III) THE NEGLIGENCE OR WILFUL MISCONDUCT OF RESIDENT AND RESIDENT'S INVITEES.

c) If Resident does not provide evidence of Renter's insurance upon move-in, Resident will be required to participate in the Community's Property Damage Liability Waiver Program (the "*Waiver Program*") at Resident's expense. Participation in the Waiver Program: (i) waives a resident's obligation under the Lease to purchase and maintain liability insurance in the minimum amount of $100,000; and (ii) waives a resident's obligation to indemnify the Owner for damages arising from fire, smoke, explosion, water discharge or sewer backup caused by the resident's negligent acts or omissions in an amount up to $100,000.00.

d) The Waiver Program does not protect Resident, Resident's guests or any occupants against loss or damage to personal property or belongings. The Waiver Program only waives a resident's liability to the Owner and does not waive liability to any third parties. The Waiver Program applies to accidental damage caused by a participating Resident's negligent acts or omissions. The maximum amount of liability to Owner covered by the Waiver Program for a claim or series of claims arising out of the same originating cause is $100,000.00. In no event will the Waiver Program cover liability or loss to Owner in excess of $100,000 that arises out of the same cause; any amount of loss or liability in excess of $100,000.00 remains subject to the terms of the Lease.

27. ACCEPTANCE OF PREMISES: Resident has inspected the premises, furnishings, and equipment, and has found them to be satisfactory. All plumbing, heating and electrical systems are operative and deemed satisfactory.

28. KEYS: Resident agrees to pay $15.00 for each key, $75.00 for each electronic key fob and $75.00 for each electronic gate opener lost during residency or not returned at time of vacating. Resident is responsible to ensure access to the premises with key given at time of move-in. Installation of additional door locks is not permitted. Resident should take care not to lock themselves out of the Premises as this is not considered an emergency, and after-hours maintenance personnel will not respond to lock outs. Owner reserves the right to assess a $75.00 charge for replacement of locks due to resident negligence, or to correct any work performed by a locksmith that is not consistent with Owner's repair and product standards. Due to Federal laws prohibiting us from having access to mailboxes, we do not keep copies of mailbox keys.

29. CARBON MONOXIDE/SMOKE DETECTION DEVICE: The premises are equipped with a functioning combination carbon monoxide/smoke detection device(s), fire suppression devices and if applicable, additional safety devices. Resident shall be responsible for testing the carbon monoxide/smoke detection device weekly and immediately report any problems, maintenance or need for repairs to Owner. Resident may not disable, disconnect, or remove any safety device. Resident will be charged $75.00 for any damaged or missing safety devices. Owner and their Employees shall have the right to enter the premises to check and maintain the carbon monoxide/smoke detection devices as provided by law.

30. DESTRUCTION OF OR DAMAGE TO THE PREMISES: In the event the premises are totally damaged or destroyed by fire, earthquake or other casualty, this Agreement will terminate, as of the date on which the damage occurs. However, if the damage or destruction is the result of the negligence of the Resident, or his or her invitees, then the Agreement will not terminate, unless notice is given by the Owner, specifying the termination date.

31. DELAY IN POSSESSION: If possession of the Premises is not delivered to you at the beginning of the Lease term for any reason, Owner will not be liable for the delay, nor will this affect this Agreement's validity, or extend the term of the Agreement. However, you will not be obligated to pay Rent or perform any other obligation under this Agreement until we tender possession of the Premises to you. If possession of the Residence has not been tendered to you within seven days from the beginning of the Lease

term, you may cancel this Agreement any time before we tender possession of the Residence to you. In the event the Premises is not available on the move-in date due to a prior Resident holding over, or any other cause, Resident's damages will be limited to a return of the security deposit, any holding deposits, and any advance payment of rent.

32. **WAIVER, MODIFICATION, NON-ENFORCEMENT:** The waiver by Owner of any breach by Resident shall not be construed to be a continuing waiver of any subsequent breach. The receipt by Owner of the rent with the knowledge of any violation of a covenant or condition hereto shall not be deemed a waiver of such breach. No waiver of the provisions herein by Owner shall be deemed to have been made unless expressed in writing and signed by all parties to this Lease Agreement. Acceptance by Owner of any rental payment after Resident's breach of any provision of this Contract shall not be deemed a waiver of such provision or any prior or subsequent breach of any provision, other than Resident's failure to make timely payment of the rental installment so accepted, whether or not Owner knew of the prior breach at the time such rent was accepted.

33. **BREACH OF LEASE:** If Resident breaches this Lease Agreement for any reason, Owner shall recover a Lease Termination Fee in the amount of **one full month's rent** per remedies provided by California Civil Code Section 1951.2 and 1951.4. A material breach of this Lease Agreement is considered "good cause" with respect to any governmental regulations or agreements.

34. **FINES AND PENALTIES:** Resident is responsible for any fines or other costs occasioned by violations of the law by Resident or Resident's guests on the premises or property while Resident is in possession. If any such fines or costs are levied against Owner, Resident agrees to pay such fines or costs attributed to Resident's tenancy or the conduct of Resident, Resident's guests, or others at the premises, upon receipt of an invoice from Owner. The obligation to pay fines and costs assessed against Owner may be in addition to any assessed directly against Resident. In the event that Owner has already paid fines or costs levied against Owner as of the date Resident is notified of the levy against Owner, Resident shall, within five (5) days of Owner's written demand, therefore, reimburse Owner for the entire sum paid. The obligation to pay fines and costs assessed against Owner may be in addition to any assessed directly against Resident.

35. **JOINT AND SEVERAL LIABILITY:** The undersigned Resident(s), whether in actual possession of the premises, are jointly and severally liable for all obligations under this Lease Agreement and shall indemnify Owner for liability arising prior to the termination of the Lease Agreement for personal Injuries or property damage caused or permitted by Resident(s), their guests, and invitees. This does not waive "Owner's duty of care" to prevent personal injury or property damage where that duty is imposed by law.

36. **WATER CONSERVATION**: The State Water Resources Control Board prohibits all Californians from: washing down driveways and sidewalks, watering of outdoor landscapes that cause excess runoff; using a hose to wash a motor vehicle and using potable water in a fountain or decorative water feature, unless the water is recirculated. Many local water boards also have additional restrictions. Local information is available at: https://www.acwa.com/drought-response/. Owner may provide resident's name and address to the local water agency for the purpose of notifications and enforcement of water use restrictions. Nothing herein is deemed to be authorization of or consent by Owner to water usage not otherwise authorized by this Agreement. Resident shall ensure that he/she is aware of and complies with local and state water use restrictions and promptly pay any fines or other costs occasioned by water usage violations attributed to Resident's tenancy or the conduct of Resident, Resident's guests, or others at the Premises, including any fines or costs levied against the Owner.

37. **ENTRY AND COOPERATION:** California law allows Owner and/or their Agents and Employee(s) to enter the premises for certain purposes during normal business hours. The Owner will provide written notice to the Resident prior to the entry of the dwelling apartment whenever required by state law. (Civil Code Section 1954) Resident's non-compliance with Owner's lawful request for entry is a material breach of this Agreement and cause for immediate termination as provided herein and by law. Owner and/or their Employees, agents or contractors may enter the premises without notice in case of emergency when a) a Resident has abandoned or surrendered the premises, or b) to make necessary or agreed repairs or services, decorations, alterations or improvements, or c) to exhibit the dwelling, provided Resident is given reasonable notice of their intent to enter, with entrance during normal business hours (8:00a.m. to 6:00p.m., Monday through Saturday, except holidays). Notice of twenty-four (24) hours shall be presumed to be reasonable notice, in absence of evidence to the contrary. Resident may be present; however, entry is not conditioned upon such presence and Resident agrees to hold Owner harmless for such entry. If access to the Premises or the Building is required by any government agency, lender, or insurer, to undergo repairs or alterations, or in case of other necessary or agreed repairs, Resident agrees to cooperate fully with Owner so that all such repairs or alterations are made in as expeditious and efficient a manner as possible.

38. **SALE OF PROPERTY:** In the event of the sale or refinance of the property: if Owner presents to Resident a 'Resident's Certification of Terms - Estoppels Certification,' or other similar Estoppels Certification form, Resident agrees to execute and deliver the certificate acknowledging that this Lease Agreement is unmodified and in full force and effect, or in full force and effect as modified with the consent of Owner, and stating the modifications, within ten (10) days of written notice. Failure to comply shall be deemed Resident's acknowledgement that the certificate as submitted by Owner is true and correct and may be relied upon by any lender or purchaser.

39. **NOTICE:** Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov . Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of resides or the community of residence and ZIP Code in which he or she resides. (Owner is not required to check this website. If Resident wants further information, Resident should obtain information directly from this website.)

40. **HAZARD NOTICE:** Resident may obtain information about hazards, including flood hazards, which may affect the property from the Internet Web site of the Office of Emergency Services at http://myhazards.caloes.ca.gov. Owner's insurance does not cover the loss of the Resident's personal possessions and it recommends that the Resident consider purchasing renter's insurance and flood insurance to insure his or her possessions from loss due to fire, flood, or other risk of loss. The Owner is not required to provide additional information concerning the flood hazards to the property and the information provided pursuant to this section is deemed adequate to inform the Resident.

41. **HAZARDOUS CHEMICAL WARNING (PROPOSITION 65):**
Asbestos - **WARNING:** Asbestos-containing materials, including some ceiling coatings on this property can, if damaged or disturbed, expose you to asbestos, which is known to the State of California to cause cancer. Talk to your Owner or the building manager about how and when you could be exposed to this chemical in your building. For additional information go to www.P65Warnings.ca.gov/smoking-areas.
Lead - **WARNING:** Use of lead-containing plumbing materials on this property can expose you to lead, which is known to the State of California to cause cancer and birth defects or other reproductive harm. Talk to your Owner or the building manager about how and when you could be exposed to this chemical in your building. For additional information go to www.P65Warnings.ca.gov.
Rental Unit - **WARNING:** Building materials contain Formaldehyde, which is known to the state of California to cause cancer. Brass keys, electrical outlets, carpet and carpet padding, wood surfaces, tile, vinyl flooring, mini blinds, and paint may contain a number of chemicals including formaldehyde and lead known to cause cancer or birth defects, or other reproductive harm. For additional information go to www.P65Warnings.ca.gov.
Fireplace or Unvented Gas Space Heater - **WARNING:** Fireplaces or unvented gas space heaters on this property can expose you to carbon monoxide, which is known to the State of California to cause birth defects or other reproductive harm. Talk to your Owner or the building manager about how and when you could be exposed to this chemical in your building. For additional information go to www.P65Warnings.ca.gov.
Imported Vinyl Miniblinds Manufactured prior to 1997 - **WARNING:** Imported vinyl miniblinds manufactured prior to 1997 on this property can expose you to lead, which is known to the State of California to cause cancer and birth defects or other reproductive harm. Talk to your Owner or the building manager about how and when you could be exposed to this chemical in your building. For additional information go to www.P65Warnings.ca.gov.
Building Materials Containing Urea-Formaldehyde Resins - **WARNING:** Building materials containing urea-formaldehyde resins, such as insulation, pressed wood materials, finishes, or adhesives, on this property can expose you to formaldehyde, which is known to the State of California to cause cancer. Talk to your Owner or the building manager about how and when you could be exposed to this chemical in your building. For additional information go to www.P65Warnings.ca.gov.
Clubroom - **WARNING:** These product can expose you to chemicals including Flame retardants such as chlorinated tris (also known as TDCPP or TDCIPP), tris(2- chloroethyl) phosphate (TCEP), tetrabromobisphenol A (TBBA) are added to foam or textiles, which is [are] known to the State of California to cause cancer or birth defects, or other reproductive harm. For more information go to www.P65Warnings.ca.gov/furniture.
Laundry Room - **WARNING:** The equipment in this area such as dryers in this room can expose you to chemicals including carbon monoxide, which is known to the State of California to cause cancer and birth defects, or other reproductive harm. For additional information go to www.P65Warnings.ca.gov.
Swimming Pool & Hot Tubs - **WARNING:** The pool or hot tub in this establishment can expose you to chemicals including chlorine which is [are] known to the State of California to cause cancer and bromine which is [are] known to the State of California to cause birth defects, or other reproductive harm. For additional information go to www.P65Warnings.ca.gov/hotels.
Landscaping & Pest Control **WARNING:** Fertilizers, weed and insect control products used in landscaping such as Triforine, and arsenic trioxide are known to the State of California to cause cancer and birth defects, and other reproductive harm. For additional information go to www.P65Warnings.ca.gov.
Beverages - **WARNING:** Drinking distilled spirits, beer, coolers, wine, and other alcoholic beverages may increase cancer risk, and, during pregnancy, can cause birth defects. For more information go to www.P65Warnings.ca.gov/alcohol.

42. **AB 1482 DISCLOSURES**:
Subject to AB 1482 rent cap and just cause as provided in Civil Code Section 1946.2 and 1947.12. The following disclosure is required by law:

California law limits the amount your rent can be increased. See Section 1947.12 of the Civil Code for more information. California law also provides that after all the tenants have continuously and lawfully occupied the property for 12 months or more or at least one of the tenants has continuously and lawfully occupied the property for 24 months or more, a landlord must provide a statement of cause in any notice to terminate a tenancy. See Section 1946.2 of the Civil Code for more information.

43. **ACTS OF GOD:** Owner shall not be required to perform any covenant or obligation in this Lease, or be liable for damages to Resident, so long as the performance or non-performance of the covenant or obligation is delayed, caused by or prevented by an act of God including, but not limited to earthquakes, fires, floods, storms, wind, hail, wars, civil disturbances, sabotage, epidemics, riots, interruptions, loss or malfunctions of utilities, computer (hardware or software) or communication service, accidents, labor disputes, or governmental actions or force majeure.

44. **CERTIFICATION**: Resident certifies that the statements made on the application completed and submitted by Resident in

connection with this Lease Agreement are true and correct. Falsification of any such statement will render this Lease Agreement null and void. Resident has read and understands the terms and conditions of this Lease Agreement.

45. SEVERABILITY: If any provision of this Lease Agreement is legally invalid or unenforceable, then the remaining provisions of this Lease Agreement, to the fullest extent allowed by law, shall be valid and enforceable.

46. HOLD HARMLESS NOTICE AND ACKNOWLEDGMENT: RESIDENT AGREES TO INDEMNIFY, DEFEND AND HOLD HARMLESS OWNER AND AGENT, AND THEIR RESPECTIVE OFFICERS, DIRECTORS, SHAREHOLDERS, MEMBERS, MANAGERS, AGENTS, EMPLOYEES, HEIRS, BENEFICIARIES, LEGAL REPRESENTATIVES, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL LIABILITIES, CLAIMS, SUITS, DEMANDS, LOSSES, DAMAGES, FINES, PENALTIES, FEES, COSTS OR EXPENSES (INCLUDING, BUT NOT LIMITED TO, REASONABLE ATTORNEYS' FEES, COSTS AND EXPENSES) ASSERTED BY ANY PERSON (INCLUDING WITHOUT LIMITATION RESIDENT OR RESIDENT'S GUESTS AND INVITEES) ARISING, DIRECTLY OR INDIRECTLY, OUT OF (I) ANY ACCIDENT, INJURY OR DAMAGE OCCURRING IN THE APARTMENT COMMUNITY, RESULTING FROM ANY ACTS OR OMISSIONS OF RESIDENT OR RESIDENT'S GUESTS OR INVITEES IN AND AROUND THE APARTMENT COMMUNITY; OR (III) RESIDENT'S FAILURE TO PERFORM ANY COVENANT THAT RESIDENT IS REQUIRED TO PERFORM UNDER THIS LEASE, INCLUDING, WITHOUT LIMITATION, FAILURE TO MAINTAIN THE REQUIRED RENTER'S INSURANCE. THE INDEMNIFICATION OBLIGATIONS OF RESIDENT TO OWNER UNDER THIS SECTION SHALL NOT DEPEND UPON THE EXISTENCE OF FAULT OR NEGLIGENCE BUT SHALL APPLY WHETHER OR NOT RESIDENT, RESIDENT'S GUESTS OR INVITEES, OR ANY OTHER PERSON IS AT FAULT AND SHALL INCLUDE ALL LEGAL LIABILITIES ARISING WITHOUT FAULT.

Resident acknowledges the following:

a) **Resident Assumes All Risk of Injury to Property -** Resident agrees to assume all risks of loss, injury, or damage of any kind or nature whatsoever to any property belonging to said Resident, including the contents of any leased premises, or to any goods, merchandise, chattels, or any other property now or that may hereafter be upon said leased premises, whether belonging to the Resident or others, and whether such loss, injury, or damage resulting from, including but not limited to, fire, smoke, rain, flood, water damage, storm, hail, ice, snow, lighting, wind, epidemics, explosion, power surges or interruptions, and whether the same be caused by the negligence of the Owner, or any of its employees or agents, or otherwise, and to save and keep harmless the Owner from all claims and suits growing out of any such loss, injury, or damage.

b) **Condition of Premises -** Owner shall not be liable for any damage occasioned by failure to keep said premises in repair nor for any damage done or occasioned by or from plumbing, gas, water, sprinkler, steam, or other pipes or sewerage or the bursting, leaking, or running of any pipes, tank, or plumbing fixtures, in, above, upon, or about said building or premises; nor for any damage occasioned by water, snow, or ice being upon or coming through the roof, skylights, trap door, or otherwise; nor for any damages arising from acts; or neglect of co-residents, guests, or other occupants of the same building, or of any owners, or occupants, of adjacent or contiguous property.

c) **Security Measures -** Resident may not rely upon any security measures Owner may take, including video cameras, controlled access gates, courtesy patrol services, or electronic intrusion safety devices, to secure the buildings for Resident's personal safety based on any and all security measures taken at the Apartment Community. Resident acknowledges that neither Owner nor any of its agents, employees or representatives has made any representations or warranties, either written or oral, concerning the effectiveness or operability of any security devices or security measures in the Apartment Community or any apartment. Therefore, Resident should act in a reasonable manner to ensure Resident's own safety and that of Resident's guests and the other residents of the Community. Resident agrees to lock Resident's Apartment door when Resident is not there, not to prop open exterior doors, not let unauthorized persons enter controlled entrances, and to notify Owner immediately if Resident sees suspicious activity or anything that causes alarm.

d) **Resident's Property in Apartment Community -** The Owners shall not be liable in any way, or to any extent, or at all, for or on account of any injury to any property at any time in the Apartment Community, or for or on account of the destruction of any property at any time in the Apartment Community. Resident acknowledges that neither Owner nor any of its agents, employees or representatives has made any representations or warranties, either written or oral, concerning the safety of the Property in the Apartment Community or any apartment. Neither Owner or Manager shall be liable to Resident or Resident's guests for any damage or injury to Resident, Resident's guests, Resident's personal property or to any person entering the Apartment Community, for injury to persons or property, including effects from epidemics or airborne pathogens and damage to vehicles, arising from theft, vandalism, acts of God, acts of terror or casualty occurring in the Apartment Community.

Resident acknowledges that Resident has read, understood and agreed with the above notice.

47. PHOTOGRAPHS AND VIDEOS: Resident consents to Owner's use of photographs and/or video images of the Resident and the Premises, including those taken at functions or events sponsored by the Apartment Community, for the purpose of advertising the Apartment Community or other similar communities owned or operated by Owner. Owner may use these images in advertising, websites, and social networking sites such as Facebook for marketing and promotional purposes. Resident consents to the publication of these images and waives any claims against Owner for use of such images.

48. **MEGAN'S LAW NOTICE**: Disclosure Pursuant to Civil Code 12079.10a. Registered Sex Offenders Notice: Pursuant to Section 290.46 of the Penal Code, information about specified registered sex offenders is made available to the public via an Internet Web site maintained by the Department of Justice at www.meganslaw.ca.gov. Depending on an offender's criminal history, this information will include either the address at which the offender resides or the community of residence and zip code in which he or she resides.

49. **TRANSFERS:** Transfers are only allowed if Resident is in good standing. If Resident requests to transfer to another Premises during the term of this Lease Agreement, Resident shall incur a one-time, non-refundable Transfer Fee payable to Owner in the amount of **$150.00**. Only one transfer is allowed per lease agreement term. A separate deposit must be paid for the apartment being transferred into. Deposit disposition for the apartment that is being vacated will be done as required by law and any refund will be transferred to the new apartment's deposit ledger. The deposit may be used to pay Owner for any and all costs to restore the vacated unit to the same condition it was in at the commencement of the Lease Term. These costs include, but are not limited to, painting, cleaning, carpet cleaning, and damage repairs. Failure to pay these costs will result in the transfer request being denied.

50. **LEASE MODIFICATIONS:** Modifications are only allowed if Resident is in good standing. If Resident requests a modification of their lease during the term of the lease agreement, Resident shall incur a one-time, non-refundable administrative fee payable to the Owner in the amount of **$100.00** in addition to any applicable application fees. Modifications of the lease include and are not limited to:

    a) Adding an applicant to your lease.
    b) Removing an applicant from your lease.

    Modifications should be made known to the Owner at least two weeks prior to the requested move in/out date of any new applicants. Modifications are not permitted within 60 days of your lease end date. All parties must sign a change of occupancy form and applicants who wish to be added to the lease must meet the Rental and Occupancy Criteria Guidelines requirements.

51. **MISSTATEMENTS, OMISSIONS OR FALSE INFORMATION:** Resident is responsible for providing accurate, complete, and fully verifiable information on all documents provided to the Owner including, but not limited to the rental application and this Lease Agreement. Misstatements, omissions, or false information are material breaches of this Lease Agreement.

52. **CREDIT REPORTS:** As required by law, Resident is hereby notified that a negative credit report reflecting on Resident's credit history will be submitted to a credit reporting agency if Resident fails to fulfill the terms of Resident's lease agreement and credit obligations. Resident expressly authorizes Owner (including a collection agency) to obtain Resident's consumer credit report, which Owner may use if attempting to collect past due rent payments, late fees, or other charges from Resident, both during the term of the Agreement and thereafter.

53. **ENTIRE AGREEMENT:** This Agreement, which includes all attachments, constitutes the entire Agreement between the parties and cannot be modified except in writing. Owner nor Agent or Employee of Agent has made any representations or promises other than those set forth herein.

54. **ATTORNEYS' FEES:** If either party brings any legal action or proceeding to enforce any part of this Agreement, the prevailing party shall recover, in addition to all other relief, attorneys' fees not to exceed $2,500.00, plus court costs.

55. **DISCLOSURE OF ENTITY AUTHORIZED TO MANAGE THE PREMISES AND INFORMATION FOR SERVICE OF NOTICES AND PROCESS:** The following information is provided as required by California Civil Code Section 1962

    a) The Owner's agent for service of any notices and for service of process is: Chief Financial Officer at 1200 Prospect Street, Suite 320, La Jolla, CA 92037

    b) Arcadian Property Group. 1200 Prospect Street, Suite 320, La Jolla, CA 92037, or any successor management company appointed by Owner is authorized to manage the Premises.

    Unless otherwise specified in this agreement, for any obligations Resident has to Owner, Resident shall tender their performance to the agent identified in this paragraph as the entity authorized to manage the Premises. For example, if Resident is required to seek Owner's written permission before engaging in certain conduct, Resident shall seek such permission from the agent identified in this paragraph as the entity authorized to manage the Premises. The agent identified in this paragraph as the entity authorized to manage the Premises is authorized to act on behalf of Owner with respect to all of Owner's obligations under this Agreement.

56. **ADDENDA:** Resident(s) acknowledges receipt of applicable addenda, which are attached hereto, and are incorporated as part of this Agreement.

The undersigned Resident(s) acknowledge(s) having read and understood the foregoing, and receipt of a duplicate original.

Date	Resident Signature
Date	Resident Signature
Date	Resident Signature
Date	Resident Signature
Date	Resident Signature
Date	Arcadian Property Group, Agent for Owner Audriana Carrera

THESE POLICIES MAY BE AMENDED OR ADDED TO AT ANY TIME, UPON WRITTEN THIRTY (30) DAY NOTICE BEFORE THE PROPOSED EFFECTIVE DATE OF THE CHANGE. ANY INFRACTION OR VIOLATION OF THESE POLICIES CAN LEAD TO AN IMMEDIATE NOTICE TO COMPLY, OR MAY CONSTITUTE GROUNDS FOR TERMINATION OF YOUR TENANCY.

YOUR COOPERATION IS APPRECIATED.

2024 Conventional Lease

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
2	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
3	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
4	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
5	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
6	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
7	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
8	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
9	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
10	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
11	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
12	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
13	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
14	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
15	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
16	**Miguel A Cano** Co-Applicant (15924158)	172.59.131.27	04/03/2025 05:50:57 PM
17	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
18	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
19	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM

20	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
21	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
22	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
23	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
24	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
25	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
26	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
27	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
28	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
29	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
30	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
31	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM
32	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:22:17 PM

LEASE ADDENDUM FOR RENT CONCESSION OR OTHER RENT DISCOUNT

1. **DWELLING UNIT DESCRIPTION.** Unit No 533._ (street address) in San Jose (city), California, 95112 (zip code).
2. **LEASE CONTRACT DESCRIPTION.** Lease Contract Date: 04/05/2025 Owner's name Palm Court ApartmentsResidents (list all residents): Miguel A Cano, Miguel A Cano and Priscila Gonzalez Juarez This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is herby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.
3. **CONCESSION/DISCOUNT AGREEMENT.**
   As consideration for your agreement to remain in throughout the full term of your Lease, you will receive the following rent. Concession and or Discount. (Check all that apply)
   X One-Time Concession. You will receive a One Time Concession off the rent indicated in the Rent and Charges paragraph of the Lease Contract in the total amount of $3009.13. The Concession will be credited to your rent due for the month(s) of: paragraph of the Lease Contract is the amount due before the application of the rent concession.
   X Monthly Discount/Concession. The rent indicated in the Rent and Charges paragraph of the Lease Contract does does not include a Monthly discount of $_____ per month off of the suggested rental rate for your Charges paragraph of the Lease Contract: You will receive the following non-monetary concession during the term of the Lease.
   The concession and discounts indicated above are conditioned upon your full and timely compliance with the Lease Contract.
   If your lease is terminated early due to your default (for example, if you abandon the premises without paying rent or are evicted), this Concession/Discount Agreement will be immediately terminated, without further notice from us, and you will not be entitled to receive any further concessions or discount.
4. **MARKET RENT.** If the discount or concession is not included in the rent, then the market rent for this dwelling is the rent stated in the Lease Contract. You acknowledge that the market rent is a fair actually rent for at the time the Lease Contract was for a similar dwelling at comparable properties.
5. **LOWEST GROSS RENTAL AMOUNT.** For those properties subject to The Tenant Protection Act of 2019 (AB 1482) ("theAct"). In determining the lowes gross rental amount pursuant to California law, any rent discount, incentives, concessions, or credits offered by us for the dwelling and accepted by you shall be excluded. You and we agree the rent stated in the NAA Lease Contract in the Rents and Charges paragraph is the lowest gross rental amount. Purusant to the Act, "the gross per-month rental rate and any owner offered discounts, incentives, concessions, or credits shall be separately listed and identified in the lease or rental agreement or any amendments to an existing lease or rental agreement."
6. **SPECIAL PROVISIONS.** The following special provisions control over any conflicting provisions _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Resident or Residents

1 MAC

(All residents must sign here)

_____
_____
_____
_____
_____

Owner or Owner's Representative
(as agent for and on behalf of Owner)

_____

Date of Lease Contract

_____
of this printed Addendum form of the Lease Contract.

Lease Concession

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:23:17 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:23:17 PM

UTILITY AND SERVICES ADDENDUM

This Utility Addendum is incorporated into the Lease Contract (referred to in this addendum as "Lease Contract" or "Lease") dated: 04/05/2025 between Palm Court Apartments

("We" and/or "we" and/or "us") and

("You and/or "you") of Unit No. 533 located at 750 N 23rd Street Apt 33

(street address)

and in addition to all terms and condition in the lease. This Addendum constitutes an Addendum to the above-described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.

1. Responsibility for payment of utilities, and the method of metering or otherwise measuring the cost of the utility, will be as indicated below.
   - Water service to your dwelling will be paid by you either:
     - Directly to the utility service provider; or
     - Water bills will be billed bu he service provider to us and then allocated to you based on the following formula: **9**
     - If flat rate is selected, the current flat rate is $____ per month.
     - 3rd party billing company if applicable _____

***Submetered Water does not apply under this Addendum. Please refer to the Water Submeter Lease Addendum and Water Service Law Additional Information For submetered water. The Water Submeter Lease Addendum applies: (1) if your dwelling has a water submeter installed on or after January 1, 2018, and was required to be installed pursuant to a building standard adopted in accordance with Health Code Section 17922.14, and not exempted per Civil Code 1954.216, or (2) to all dwelling units where submeters are used to charge a tenant separately for water service.

- Serwer service to your dwelling will be paid by you either:
- Directly to the utility service provider; or
- Sewer bills will be billed by the service provider to us and then allocated to you based on the following formula: **9**
- If flat rate is selected, the current flat rate is $_____ per month.
- 3rd party billing company if applicable _____

c) Gas service to your dwelling will be paid by you either:

- Directly to the utility service provider; or
- Water bills will be billed by the service provider to us and then allocated to you based on the following formula: **9**

- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

d) Trash service to your dwelling will be paid by you either:

- Directly to the utility service provider; or
- Water bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

d) Electric service to your dwelling will be paid by you either:

- directly to the utility service provider; or
- electric bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

f) Stormwater service to your dwelling will be paid by you either:

- directly to the utility service provider; or
- stormwater bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

g) Cable TV service to your dwelling will be paid by you either:

- directly to the utility service provider; or
- cable TV bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

h) Master Antenna service to your dwelling will be paid by you either:

- Directly to the utility service provider; or
- Water bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

i) Internet service to your dwelling will be paid by you either:

- Directly to the utility service provider; or
- Water bills will be billed by the service provider to us and then allocated to you based on the following formula: **9_____**
- If flat rate is selected, the current flat rate is $____ per month.
- 3rd party billing company if applicable _____

j) (Other)____ service to your dwelling will be paid by you either:

- directly to the utility service provider; or
- bills will be billed by the service provider to us and then allocated to you based on the following formula: _____
- If flat rate is selected, the current flat rate is $_____ per month.
- 3rd party billing company if applicable _____

METERING/ALLOCATION METHOD KEY

"1"- Sub-metering if all of your water/gas/electric use

"2"- Calculation of your total water use based on sub-metering of hot water

"3"- Calculation of your total water use based on sub-metering of cold water

"4" – Flat rate per month

"5" -Allocation based on he number of persons residing in your dwelling

"6"- Allocation based on the number of persons residing in your dwelling unit using a ratio occupancy formula

"7" -Allocation based on square footage of your dwelling unit

"8" -Allocation based on a combination of square footage of your dwelling unit and the number of persons residing in your dwelling

"9" -allocation based on the number of bedrooms in your dwelling unit

"10" -Allocation based on a lawful formula not listed here
(Note: if method is "10" is selected, a separate sheet will be attached describing the formula used)

2. Allocation formulas are used when the dwelling unit has no sub-meter. The formula may be based on factors such as, the interior square footage of the dwelling unit, number of bedrooms, number of occupants, number an estimate of usage by the resident. If an allocation method is used, we or our billing company will calculate your allocated share of the utilities and services provided and all costs in accordance with state and local statutes. Under any allocation method, Resident may be paying for part of the utility usage in common areas or in other residential units as well as administrative fees. Both Resident and Owner agree that using a calculation or allocation formula as a basis for estimating total utility consumption is fair and reasonable, for Resident. Where lawful, we may change the above methods of determining your allocated share of utilities and services and all other billing methods, in our sole discretion, and after providing written notice to you. More detailed descriptions of billing methods, calculations and allocation formulas will be provided upon request. and reasonable amount for the service(s) provided and that the amount billed is not based on a monthly per unit cost.

3. When billed by us directly or through our billing company, you must pay utility bills within ___ days of the date when the utility bill is issued at the place indicated on your bill, or the payment will be late. If a payment is late, you will be responsible for a late fee as indicated below. The late payment of a bill or failure to pay any utility bill is a material and substantial breach of the Lease and we will exercise all remedies available under the Lease, up to and including eviction for nonpayment. To the extent there are any new

   _____)

4. You will be charged for the full period of time that you were living in, occupying, or responsible for payment of rent or utility charges on the dwelling. If you breach the Lease, you will be responsible for utility charges for the time period you were obliged to pay the charges under the Lease, subject to our mitigation of damages. In the event you fail to timely establish utility services, we may charge you for any utility service billed to us for your dwelling and may charge a reasonable administration fee for billing for the utility service in the
5. This bill must be paid at the time you move out or it will be deducted from the security deposit.
6. utility services provided to the dwelling unless such loss or damage was the direct result of negligence by us or our employees. You release us from any and all such claims and waive any claims for offset or reduction

7. You agree not to tamper with, adjust, or disconnect any utility sub-metering system or device. Violation of this provision is a material breach of your Lease and may subject you to eviction or other remedies available to us under your Lease, this Utility Addendum and at law.
8. Where lawful, all utilities, charges and fees of any kind under this lease shall be considered additional rent, rent last.
9. agree to promptly notify Owner of any change in such number of occupants.
10. You agree that you may, upon thirty (30) days prior written notice from Owner to you, begin receiving a bill for additional utilities and services, at which time such additional utilities and services shall for all purposes be included in the term Utilities.

11. This Addendum is designed for use in multiple jurisdictions, and no billing method, charge, or fee mentioned herein will be used in any jurisdiction where such use would be unlawful. If any provision of this addendum or the Lease is invalid or unenforceable under applicable law, such provision shall be ineffective to the extent of such invalidity or unenforceability only without invalidating or otherwise affecting the remainder of this the Lease, the terms of this Addendum shall control.
12. The following special provisions and any addenda or written rules furnished to you at or before signing

Utility Addendum and/or the Lease Contract.

Gas is referred to as heating. Resident must establish electric service directly with the service provider prior to move in, and provide management with the new account number.

Resident Signature: _____ Date:_____
Resident Signature: _____ Date:_____
Resident Signature: _____ Date:_____
Resident Signature: _____ Date:_____
Management _____ Date _____

Utility Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:00 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:00 PM
3	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:00 PM
4	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:00 PM
5	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:00 PM

LEASE ADDENDUM
LIABILITY INSURANCE REQUIRED OF RESIDENT

1.DWELLING UNIT DESCRIPTION

Unit No 533 , 750 N 23rd Street Apt 33 (street address) in San Jose (city), California, 95112-1634 (zip code).

2. LEASE CONTRACT DESCRIPTION.

Lease Contract Date: 04/05/2025 Owner's name: 750 - 760 N 23rd Street LLC

Residents (list all residents)

This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.

3. ACKNOWLEDGEMENT CONCERNING INSURANCE OR DAMAGE WAIVER. You acknowledge that we do not maintain insurance to protect you against personal injury, loss or damage to your personal property or belongings, or to cover your own liability for injury, loss or damage you (or your occupants or guests) may cause others. You also acknowledge that by not maintaining your own policy of personal liability insurance, you may be responsible to others (including us) for the full cost of any injury, loss or damage caused by your actions or the actions of your occupants or guests. You understand that the Insurance paragraph of the Lease Contract requires you to maintain a liability insurance policy, which provides limits of liability to third parties in an amount not less than **$100,000.00** per occurrence. You understand and agree to maintain at all times during the Term of the Lease Contract and any renewal periods a policy of personal liability insurance satisfying the requirements listed below, at your sole expense. You understand and agree that the requirement for you to maintain a liability insurance policy is for the mutual benefit of both you and us.

4. REQUIRED POLICY. You are required to purchase and maintain personal liability insurance covering you, your occupants and guests, for personal injury and property damage any of you cause to third parties (including damage to our property), in a minimum policy coverage amount of **$5,000.00**, from a carrier with an AM Best rating of A-VII or better, licensed to do business in California. You must show proof of this insurance by the date of occupancy in the dwelling, or within 14 days of execution of the Lease, whichever is sooner. The policy must list us as a Certified Holder. The carrier is required to provide notice to us within 30 days of any cancellation, non-renewal, or material change in your coverage. We retain the right to hold you responsible for any loss in excess of your insurance coverage.

5. We may provide you with information of an insurance program that we make available to residents, which provides you with an opportunity to buy renter's insurance from a preferred company. However, you are free to contract for the required insurance with a provider of your choosing.

1 MAC

LEASE ADDENDUM
LIABILITY INSURANCE REQUIRED OF RESIDENT

6. SUBROGATION ALLOWED. You and we agree that subrogation is allowed by all parties and that this agreement supersedes any language to the contrary in the Lease Contract.

7. YOUR INSURANCE COVERAGE. You have purchased the required personal liability insurance from the insurance company of your choosing listed below that is licensed to do business in this state, and have provided us with written proof of this insurance prior to the execution and commencement of the Lease Contract. You will provide additional proof of insurance in the future at our request.

Insurance Company: _____

8. DEFAULT. Any default under the terms of this Addendum shall be deemed an immediate, material and incurable default under the terms of the Lease Contract, and we shall be entitled to exercise all rights and remedies under the law.

9. MISCELLANEOUS. Expect as specifically stated in this Addendum, all other terms and conditions of the Lease Contract shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease Contract, the terms of this Addendum shall control.

10. SPECIAL PROVISIONS.

_____
_____
_____

I have read, understand and agree to comply with the preceding provisions.

Resident or Residents
(All residents must sign here)

_____
_____
_____

Owner or Owner's Representative
(as agent for and on behalf of Owner)

_____

Date of Lease Contract

_____

2 Miguel A Cano

Renter's Insurance Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:25 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:25 PM

LEASE CONTRACT ADDENDUM FOR SATELLITE DISH OR ANTENNA

Under a Federal Communications Commission (FCC) order, you as our resident have a right to install a transmitting or receiving satellite dish or antenna on the leased dwelling, subject to FCC limitations. We as a rental housing owner are allowed to impose reasonable restrictions relating to such installation. You are required to comply with these restrictions as a condition of installing such equipment. This addendum contains the restrictions that you and we agree to follow.

1. DWELLING UNIT DESCRIPTION.

Unit No. _____533_____, _____750 N 23rd Street Apt 33_____ (street address) in __San Jose__ (city), California, ____95128_____ (zip code).

2. LEASE CONTRACT DESCRIPTION. Lease Contract date: ___04/05/2025_____
Owner's Name:____Palm Court Apartments_____
Residents (list all residents): _____
_____
This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.

3. NUMBER AND SIZE. You may install __1__satellite dish(es) or antenna(s) on the leased premises. A satellite dish may not exceed one meter (3.3 feet) in diameter. Antennas that only transmit signals or that are not covered by 47 CFR § 1.4000 are prohibited.

4. Location. Your satellite dish or antenna must be located: (1) inside your dwelling; or (2) in an area outside your dwelling such as a balcony, patio, yard, etc. of which you have exclusive use under your lease. Installation is not permitted on any parking area, roof, exterior wall, window, window sill, fence or common area, or in an area that other residents are allowed to use. A satellite dish or antenna may not protrude beyond the vertical and horizontal space that is leased to you for your exclusive use. Please be aware that the available installation locations may not provide the optimum signal. We are not obligated to provide a location to install your dish or antenna for an optimal signal.

5.SAFETY AND NON- INTERFERENCE. Your installation: (1) must comply with all applicable ordinances and laws and all reasonable safety standards; (2) may not interfere with our cable, telephone or electrical systems or those of neighboring properties; (3) may not be connected to our telecommunication systems; and (4) may not be connected to our electrical system except by plugging into a 110-volt duplex receptacle. If the satellite dish or antenna is placed in a permitted outside area, it must be safely secured by one of three methods: (1) securely attaching it to a portable, heavy object such as a small slab of concrete; (2) clamping it to a part of the building's exterior that lies within your leased premises (such as a balcony or patio railing); or (3) any other method approved by us in writing. No other methods are allowed. We may require reasonable screening of the satellite dish or antenna by plants, etc., so long as it does not impair reception.

6. SIGNAL TRANSMISSION FROM EXTERIOR DISH OR ANTENNA TO INTERIOR OF DWELLING. You may not damage or alter the leased premises and may not drill holes through outside walls, door jams, window sills, etc. If your satellite dish or antenna is installed outside your dwelling (on a balcony, patio, etc.), the signals received by it may be transmitted to the interior of your dwelling only by the following methods: (1) running a "flat" cable under a door jam or window sill in a manner that does not physically alter the premises and does not interfere with proper operation of the door or window; (2) running a traditional or flat cable through a pre-existing hole in the wall (that will not need to be enlarged to accommodate the cable); (3) connecting cables "through a window pane," similar to how an external car antenna for a cellular phone can be connected to inside wiring by a device glued to either side of the window-without drilling a hole through the window; (4) wireless transmission of the signal from the satellite dish or antenna to a device inside the dwelling; or (5) any other method approved by us in writing.

7. SAFETY IN INSTALLATION. In order to assure safety, the strength and type of materials used for installation must be approved by us. Installation must be done by a qualified person or company approved by us. A qualified installer will possess adequate public liability and worker's compensation insurance, and the installation must conform to all applicable state and local laws, with required permits. Our approval will not be unreasonably withheld. An installer provided by the seller of the satellite dish or antenna is presumes to be qualified.

8. MAINTENANCE. You will have the sole responsibility for maintaining your satellite dish, antenna and all related equipment. We may temporarily remove and reinstall your dish, antenna, or equipment if necessary to conduct necessary or agreed upon repairs or services to the dwelling.

9. REMOVAL AND DAMAGES. You must remove the satellite dish or antenna and all related equipment when you move out of the dwelling. In accordance with the Lease Contract, you must pay for any damages and for the cost of repairs or repainting caused by negligence, carelessness, accident or abuse which may be reasonably necessary to restore the leased premises to its condition prior to the installation of your satellite dish, antenna or related equipment. You will not be responsible for normal wear.

10. LIABILITY INSURANCE: **You must take full responsibility for the satellite dish, antenna and related equipment. If the dish or antenna is installed at a height that could result in injury to others if it becomes unattached and falls, you must provide us with evidence of liability insurance (if available) to protect us against claims of personal injury and property damage to others, related to your satellite dish, antenna and related equipment.** The insurance coverage must be **$250,000.00,** which is an amount reasonably determined by us to accomplish that purpose. Factors affecting the amount of insurance include height of installation above ground level, potential wind velocities, risk of the dish/antenna becoming unattached and falling on someone, etc.

11. SECURITY DEPOSIT. An additional security deposit of **$1,000.00** will be charged. We (check one) [X] will consider or [ ] will not consider this additional security deposit a general security deposit for all purposes. The security deposit amount in the Security Deposit

paragraph of the Lease Contract *(check one*) X does or does not include this additional deposit amount. Refund of the additional security deposit will be subject to the terms and conditions set forth in the Lease Contract regardless of whether it is considered part of the general security deposit.

This additional security deposit is required to help protect us against possible repair costs, damages, or failure to remove the satellite dish, antenna and related equipment at time of move-out. Factors affecting any security deposit may vary, depending on: (1) how the dish or antenna is attached (nails, screws, lag bolts drilled into walls); (2) whether holes were permitted to be drilled through walls for the cable between the satellite dish and the TV; and (3) the difficulty and cost repairs or restoration after removal, etc.

12. WHEN YOU MAY BEGIN INSTALLATION. You may start installation of your satellite dish, antenna or related equipment only after you have: (1) signed this addendum; (2) provided us with written evidence of the liability insurance referred to in paragraph 10 of this addendum; (3) paid us the additional security deposit, if applicable, in paragraph 11; and (4) received our written approval of the installation materials and the person or company that will do the installation, which approval may not be unreasonably withheld.

13. MISCELLANEOUS. If additional satellite dishes or antennas are desired, an additional lease addendum must be executed.

14. SPECIAL PROVISIONS. The following special provisions control over conflicting provisions of this printed form: **Satellite dish may only be installed within your rented space (patio, balcony), and may not be affixed to the building in any manner, including, but not limited to, the roof.**

Resident or Residents
(All residents must sign here)

_____
_____
_____
_____

Owner or Owner's Representative
(as agent for and on behalf of Owner)

_____
_____

Date of Lease Contract
_____04/05/2025_____

Satellite Dish and Antenna Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:50 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:50 PM
3	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:24:50 PM

ADDENDUM REGARDING RECREATIONAL and MEDICAL MARIJUANA USE and LANDLORD'S COMMITMENT TO ENFOCEMENT OF CRIME FREE ADDENDUM

1. DWELLING UNIT DESCRIPTION.

Unit No. 533___, 750 N 23rd Street Apt 33__ *(street address)* in __San Jose__ _____(city) California, ___95112-1634_____(zip code)

2. LEASE CONTRACT DESCRIPTION.

Lease Contract date: ___04/05/2025_ Owner's name_____Palm Court Apartments_____

Residents (list all residents) _____ _____

This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.

3. The Propositions 215 and 64 permit the limited use of medical marijuana and recreational purchase in specific and limited circumstances. However, this is not the case under federal law. Under federal law, specifically the Controlled Substance Act (CSA), marijuana is still categorized as a Schedule I substance. This means that under federal law, the manufacture, distribution, or possession of marijuana is strictly prohibited. Because the U.S Department of Housing and Urban Development is controlled by the federal government, it agrees that the use of marijuana, whether prescribed for medical reasons or not, is a criminal offense and will not be protected under the fair housing laws. Therefore, dwelling complexes are not required to accommodate the use of marijuana by a tenant who is a current medical marijuana user.

4. The Premises listed above follows and complies with federal law regarding marijuana use and is, and will continue to be, a drug free community. Possession, use, manufacture or sale of any illegal substance, including marijuana, or any use of marijuana by the tenant and/or guests will result in immediate termination. If you have any questions or concerns about this policy, please speak to management.

5. By signing below, the resident acknowledges his or her understanding of the terms and conditions as stated above, and his or her agreement to comply with those terms and conditions.

ADDENDUM REGARDING RECREATIONAL and MEDICAL MARIJUANA USE and LANDLORD'S COMMITMENT TO ENFOCEMENT OF CRIME FREE ADDENDUM

6. SPECIAL PROVISIONS. The following special provisions control over conflicting provisions of this form:

_____

_____

_____

_____

Resident or Residents *(sign here)*

_____

_____

Owner or Owner's Representative
(as agent for and on behalf of Owner)

_____

Date of Signing Addendum

_____

Crime Free Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:11 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:11 PM







Protect Your Family From Lead in Your Home

United States Environmental Protection Agency

United States Consumer Product Safety Commission

United States Department of Housing and Urban Development

1 MAC

March 2021

Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead afects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or leadbased paint hazards before selling a house.
- Real estate sales contracts must include a specifc warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take efect. Leases must include a specifc warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:



- Read EPA's pamphlet, *The Lead-Safe Certifed Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).

Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don’t try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certifed inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fxing surfaces with peeling or chipping paint.
- Regularly clean foors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or stateapproved Lead-Safe certifed renovation frms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children’s hands, bottles, pacifers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil of shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging efects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Efects of Lead

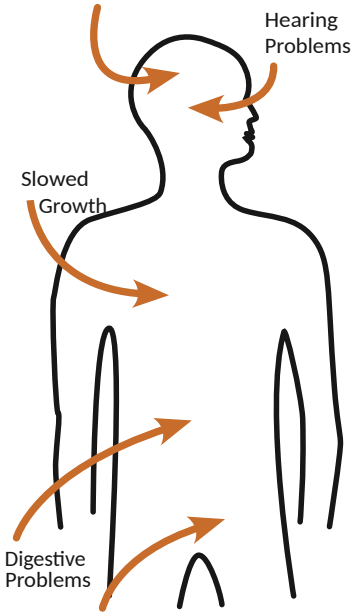
Lead afects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

Brain Nerve Damage

- Nervous system and kidney damage

5 MAC



- Learning disabilities, attention-defcit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating efects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.[1]

Many homes, including private, federally-assisted, federallyowned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.[2]

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills

1 "Lead-based paint" is currently defned by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm^2), or more than 0.5% by weight.

2 "Lead-containing paint" is currently defned by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defnes the following levels of lead in dust as hazardous:

- 10 micrograms per square foot (µg/ft^2) and higher for foors, including carpeted foors
- 100 µg/ft^2 and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defnes the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to fnd out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead



You can get your home tested for lead in several diferent ways:

- A lead-based paint **inspection** tells you if your home has leadbased paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained

9 MAC

and certifed testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:

- Portable x-ray fuorescence (XRF) machine
- Lab tests of paint samples

- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certifed testing professional, called a risk assessor, will:
- Sample paint that is deteriorated on doors, windows, foors, stairs, and walls
- Sample dust near painted surfaces and sample bare soil in the yard
- Get lab tests of paint, dust, and soil samples

- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.

Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certifed renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certifed lead-based paint inspector or risk assessor

- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)

- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and efectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.[3]

3 Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

11 MAC

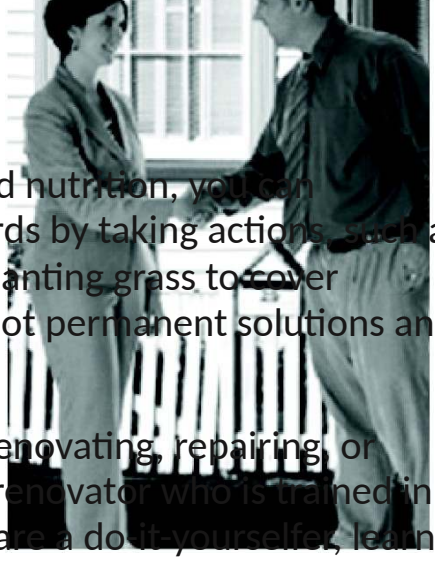
What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean foors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifers, toys, and stufed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or stateapproved Lead-Safe Certifed renovation frms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.



- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover leadcontaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or statecertifed renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead–safe work practices in your home.
- To remove lead hazards permanently, you should hire a certifed lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certifed contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certifed frm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certifed lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certifed contractors will employ qualifed workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot (µg/ft^2) for floors, including carpeted floors
- 100 µg/ft^2 for interior windows sills
- 400 µg/ft^2 for window troughs

13 MAC

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certifed frm approved by EPA or an EPA-authorized state program
- Use qualifed trained individuals (Lead-Safe Certifed renovators) who follow specifc lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certifed Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much leadcontaminated dust that their use is prohibited. They are:
- Open-fame burning or torching

- Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
- Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certifed Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fxtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To fnd out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, fush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).

15 MAC

- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.[4]
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.

4 In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

- Folk remedies, such as **“greta”** and **“azarcon,”** used to treat an upset stomach.

17 MAC

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/lead and hud.gov/lead, or call **1-800-424-LEAD (5323).**

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/safewater for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772,** or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to leadbased paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on fnding a lead abatement frm in your area, and on possible sources of fnancial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/lead, or contact the National Lead Information Center at **1-800-424-LEAD.**

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the tollfree Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA) Regional Ofces

The mission of EPA is to protect human health and the environment. Your Regional EPA Ofce can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

18 MAC

Regional Lead Contact
U.S. EPA Region 1
5 Post Ofce Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands) Regional

Lead Contact

U.S. EPA Region 2
2890 Woodbridge Avenue Building
205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee) Regional

Lead Contact

U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact U.S. EPA
Region 7
11201 Renner Blvd.
Lenexa, KS 66219 (800)
223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8 1595
Wynkoop St. Denver, CO
80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada) Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105 (415)
947-4280

Region 10 (Alaska, Idaho, Oregon, Washington) Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

19 MAC

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772 cpsc.gov or
saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality afordable homes for all. Contact to Ofce of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698 hud.gov/lead

This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientifc and technical understanding of the issues presented and is refective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

U. S. EPA Washington DC 20460
U. S. CPSC Bethesda MD 20814
U. S. HUD Washington DC 20410

EPA-747-K-12-001
March 2021

IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

Lead Based Pamphlet

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
3	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
4	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
5	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
6	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
7	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
8	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
9	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
10	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
11	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
12	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
13	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
14	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
15	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
16	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
17	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
18	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
19	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM

20	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM
21	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:33 PM

Information on Dampness and Mold for Renters in California

Main points:

- Living in damp or moldy buildings increases the chances of respiratory problems like asthma.
- The critical warning signs are visible mold, water damage, damp materials, or mold smell.
- Dampness is needed for mold to grow, so if you control the dampness, you control the mold.
- Dampness or mold indoors may make housing substandard, per the California Health & Safety Code.



This booklet describes the increased risks to health, including specific health issues, that may result from exposures to dampness or mold in buildings. This booklet was produced in January 2021 by the California Department of Public Health (CDPH) in accordance with the 2001 Toxic Mold Protection Act (HSC §26148).

Health Problems from Damp or Moldy Buildings

Living or working in damp or moldy buildings increases the risk of many harmful health problems, including:

- asthma attacks in people who already have asthma
- a new asthma diagnosis
- respiratory infections, such as bronchitis
- breathing symptoms, such as hay fever, sneezing, stuffy nose, sore throat, wheezing, breathing difficulty, or cough
- eczema or skin rash

Mold can affect people differently. How much a person is affected depends on how sensitive they are and on how much they are exposed. Damp or moldy buildings are linked to health problems in people even if they do not have allergies.

Signs of Dampness or Mold

Signs of dampness or mold that may cause health problems include:

- **visible mold** (regardless of color), such as on walls or ceilings, behind furniture or appliances, under carpets, or even hidden in areas not seen in the occupied areas of homes
- **mold odor**, noticed as an earthy, musty, or moldy smell
- **visible water damage**, such as water-stains or discoloration on walls or ceilings, peeling or bubbled paint, warped floors, or rotting wood
- **damp or moist materials**, including condensation on windows or walls

Any one of these signs indicates increased risks to health, and the more that any of them are present, the greater the risk of health problems. Tests that identify the types of mold or the amounts of mold in buildings are not useful in telling us about the health risks. This is *why CDPH does not recommend testing for mold, such as measuring mold spores in the air*.



Causes of Building Dampness that Can Allow Mold to Grow

The dampness that is necessary for indoor mold to grow can come from either inside or outside a building.

Indoor sources include:

- leaking or burst water pipes, for instance under sinks inside walls
- not enough venting to the outside by open windows or exhaust fans in places where water is used or moisture is produced (for example, bathrooms, laundry areas, kitchens, and water heaters)
- condensation (water droplets) on cold surfaces, including windows

Outdoor sources include:

- water coming in through leaky roofs or poorly-sealed windows, or from flooding
- damp, exposed dirt in crawl spaces
- outdoor surfaces that slope and drain water toward a building, including from a downspout





Fixing Dampness and Mold Problems

The California Health & Safety Code (HSC §17920.3) says that when dampness or visible mold (or certain other conditions) in a home is a hazard to the health of occupants, the home is *substandard* and the property owner must fix the conditions. The Code excludes mold that is "minor and found on surfaces that accumulate moisture as part of their properly functioning and intended use."

CDPH recommends fixing dampness and mold problems as follows:

- identifying and correcting the source of any water that may allow mold to grow
- rapid drying or removal of damp materials
- cleaning or removing mold and moldy materials as rapidly and safely as possible

Note: if a moldy area is simply bleached, cleaned, or painted over—without fixing the source of the dampness—the mold is likely to grow again.

Renters in California

The California Health & Safety Code requires property owners to provide a rental unit that is safe and healthy for the people living in it. Prospective renters should look for obvious conditions that show dampness or mold, and also less obvious signs like water leaks under the kitchen and bathroom sinks or moldy odor in a sealed-up home. Also look for conditions likely to cause future problems, like a bathroom that has no working vent fan or no window that opens, or a clothes dryer without an outside vent.

For renters who suspect there is dampness or mold:

1. Tell the property owner or manager. Early detection and correction of the dampness and mold problems can reduce the risks to your health and prevent the problem from getting worse.

2. If your property owner will not respond to your concerns in a reasonable amount of time, contact your local (city or county) code enforcement agency and ask for a code enforcement officer to inspect for violations. Many dampness or mold problems in rental homes are the responsibility of the property owner and must be addressed by them. However, a code enforcement officer may determine that dampness or mold in a building results from a tenant's actions or inactions – for instance, not using available bathroom ventilation during showers.

3. If the local inspector determines there is a violation, they can require the property owner to correct the problem.

Additional Resources

For general information on dampness and mold and a list of local code enforcement agencies, with a focus on dampness and mold, see www.cdph.ca.gov/iaq/mold. To see an animated video series, Mold in the Home, visit www.cdph.ca.gov/mold.

Property owners must provide a rental unit that is safe and healthy for the people living in it.

Tenants must notify property owners of any dampness or mold problems.

4 Miguel A Cano

Information for Dampness and Mold for Renters in California

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:53 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:53 PM
3	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:53 PM
4	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:25:53 PM

(Required by Cal. Civil Code Section 1962)
Name, address and telephone number of Owner or Owner's Agent:

Any Available Agent
Palm Court Apartments
750 N 23rd Street - OFFICE
(408) 712-0335

Name, address and telephone number of person or entity to whom payments must be made:

Palm Court Apartments
750 N 23rd Street - OFFICE, San Jose, CA 95112
(408) 712-0335

ECheck, Credit Card, Western Union _____ Yes **X** No

THIS LEASE CONTRACT WILL AUTOMATICALLY CONTINUE AS A TENANCY FROM MONTH TO MONTH AT THE EXPIRATION OF THE INITIAL LEASE TERM UNLESS (1) PROPER MOVE-OUT OR VACATE NOTICE IS GIVEN UNDER PARAGRAPH 48 (MOVE-OUT NOTICE), OR (2) YOU AND WE AGREE OTHERWISE IN WRITING.

Resident or Residents *(all sign below)*

Owner or Owner's Representative
(signing as agent for and on behalf of) Owner

Address and phone number of owner's representative for notice purposes

Arcadian Property Group
La Jolla, CA 92037
(619)459-9063

SPECIAL PROVISIONS *(CONTINUED FROM PARAGRAPH 10)*

1 Miguel A Cano

Payment Information

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:13 PM

Bed Bug Addendum

Date: 04/05/2025

Please note: It is our goal to maintain a quality living environment for our residents. To help achieve this goal, it is important to work together to minimize the potential for any bed bugs in your dwelling or surrounding dwellings. This addendum contains important information that outlines your responsibility and potential liability with regard to bed bugs.

1. **Dwelling Unit Description.**

   Unit No. 533 , 750 N 23rd Street Apt 33 (street address) in San Jose (city) California, 95112-1634 (zip code)

2. **Lease Contract Description.**
   Lease contract Date: 04/05/2025
   Owner's name: 750 - 760 N 23rd Street LLC
   Residents (list all residents):

   This Addendum constitutes an Addendum to the above described Lease Contract for the above described premises, and is hereby incorporated into and made a part of such Lease Contract. Where the terms or conditions found in this Addendum vary or contradict any terms or conditions found in the Lease Contract, this Addendum shall control.

3. **PURPOSE:** This Addendum modifies he Lease Contract and addresses situations related to bed bugs *(cimex lectularius)* which may be discovered infesting the dwelling or personal property in the dwelling. You understand that we relied on your representations to us in this Addendum.
4. **INSPECTION AND INFESTATIONS.** BY SIGNING THIS ADDENDUM, YOU REPRESENT THAT: YOU HAVE INSPECTED THE DWELLING PRIOR TO MOVING IN, OR PRIOR TO SIGNING THIS ADDENDUM, AND YOU DID NOT FIND ANY EVIDENCE OF BED BUGS OR A BED BUG INFESTATION; OR YOU WILL INSPECT THE DWELLING WITHIN 48 HOURS AFTER MOVING IN, OR WITHIN 48 HOURS AFTER SIGNING THIS ADDENDUM AND WILL NOTIFY US OF ANY BED BUGS OR BED BUG INFESTATIONS.
   You agree that you have read the information provided in this Addendum and that you are not aware of any infestation or presence of bed bugs in your current or previous dwellings, furniture, clothing, personal property, or possessions. You also acknowledge that you have fully disclosed to us any previous bed bug infestations or bed bug issues that you have experienced. If you disclose to us a previous experience with bed bug infestations or other bed bug related issues, we can review documentation of the previous treatment(s) and inspect your personal property and possessions to confirm the absence of bed bugs.
5. **ACCESS FOR INSPECTION AND PEST TREATMENT.** You must allow us and our pest control agents access to the dwelling at reasonable times to inspect for or treat bed bugs as allowed by law. You and your family members, occupants, guests, and invitees

must cooperate and will not interfere with inspections or treatments. We have the right to select any licensed pest control professional to treat the dwelling and building. We can select the method of treating the dwelling, building and common areas for bed bugs. We can also inspect and treat adjacent or neighboring dwellings to the infestation even if those dwellings are not the source or cause of the known infestation. Unless otherwise prohibited by law, you are responsible for and must, at your own expense, have your own personal property, furniture, clothing and possessions treated according to accepted treatment methods established by a licensed pest control firm that we approve. You must do so as close as possible to the time we trat the dwelling. If you fail to do so, you will be in default, and we will have the right to terminate your right of occupancy and exercise all rights and remedies under the Lease Contract. You agree not to treat the dwelling for a bed bug infestation on your own.

6. **NOTIFICATION.** You must promptly notify us:
   - of any known or suspected bed bug infestation or presence in the dwelling, or in any of your clothing, furniture or personal property.
   - If you discover any condition or evidence that might indicate the presence or infestation of bed bugs, or any confirmation of bed bug presence u a licensed pest control professional or other authoritative source.
7. **COOPERATION.** If we confirm the presence or infestation of bed bugs, you must cooperate and coordinate with us and our pest control agents to treat and eliminate the bed bugs. You must follow all directions from us or our agents to clean and treat the dwelling and building that are infested. You must remove or destroy personal property that cannot be treated or cleaned at the time we treat the dwelling. Any items you remove from the dwelling must be disposed of off-site and not in the property's trash receptacles. If we confirm the presence or infestation of bed bugs in our dwelling, we have the right to require you to temporarily vacate the dwelling and remove all furniture, clothing and personal belongings in order for us to perform pest control services. If required to vacate, your health and safety and the effectiveness of the treatment, you shall not reenter the dwelling until instructed to buy the pest control operator. If you fail to cooperate with us, you will be in default, and we will have the right to terminate your right to occupy and exercise all rights and remedies under the Lease Contract.
8. **RESPONSIBILITIES.** You may be required to pay all reasonable costs of cleaning and pest control treatments incurred by us to treat your dwelling unit for bed bugs. If we confirm the presence or infestation of bed bugs after you vacate your dwelling, you may be responsible for the cost of cleaning and pest control treatments. If we must move other residents in order to treat adjoining or neighboring dwellings to your dwelling unit, you may be liable for payment of any lost rental income and other expenses incurred by us to relocate the neighboring residents and to clean and perform pest control treatments to eradicate infestations in other dwellings. If you fail to pay us for any costs you are liable for, you will be in default, and we will have the right to terminate your right of occupancy and exercise all rights and remedies under the Lease Contract, and obtain immediate possession of the dwelling. If you fail to move out after your right of occupancy has been terminated, you will be liable for holdover rent under the Lease Contract.
9. **TRANSFERS**. If we allow you to transfer to another dwelling in the community because of the presence of bed bugs, you must have your personal property and possessions treated according to accepted treatment methods or procedures established by a licensed pest control professional. You must provide proof of such cleaning and treatment to our satisfaction.
10. **SPECIAL PROVISIONS**. The following special provisions control over conflicting special provisions of this printed form:

_____
_____
_____

You are legally bound by this document. Please read it carefully.

Resident or Residents
(All residents must sign)

_____
_____
_____
_____

Owner or Owner's Representative
(as agent for and on behalf of Owner)

_____
_____
_____
_____

Date of Signing Addendum

_____

You are entitled to receive an original of this Addendum after it is fully signed. Keep it in a safe place.

BED BUGS — A Guide for Rental Housing Residents

Bed bugs, with a typical lifespan of 6 to 12 months, are wingless, flat, broadly oval-shaped inspect. Capable of reaching the size of an apple seed at full growth, bed bugs are distinguishable by their reddish-brown color, although after feeding on the blood of humans and warm-blooded animals—their sole food source—the bugs assume a distinctly blood-red hue until digestion is complete.

Bed bugs don't discriminate.

Bed bugs increased presence across the United States in recent decades can be attributed largely to a surge in international travel and trade. It's no surprise then that bed bugs have been found time and time again to have taken up residence in some of the fanciest hotels and apartment buildings in some of the nation's most expensive neighborhoods.

Nonetheless, false claims that associate bed bugs presence with poor hygiene and uncleanliness have caused rental housing residents, out of shame, to avoid notifying owners of their presence. This serves only to enable the spread of bed bugs.

While bed bugs are, by their very nature, more attracted to clutter, they're certainly not discouraged by cleanliness.

Bottom line: bed bugs know no social and economic bounds; claims to the contrary are false.

Bed bugs don't transmit disease

There exists no scientific evidence that bed bugs transmit disease. In fact, federal agencies tasked with addressing pest of public health concern, namely the U.S. Environmental Protection Agency and the Centers for Disease Control and Prevention, have refused to elevate bed bugs to the threat level posed by disease transmitting pests. Again, claims associating bed bugs with disease are false.

Identifying bed bugs

Bed bugs can often be found in, around and between

- Bedding
- Bed frames
- Mattress seams
- Upholstered furniture, especially under cushions and along seams
- Around, behind and underwood furniture, especially along areas where drawers slide
- Curtains and draperies
- Alonf window and door frames
- Ceiling and wall junctions
- Crown molding
- Behind and around wall hanging and loose wallpaper
- Between carpeting and walls (carpet can be pulled away from the wall and track strip)
- Cracks and crevices in walls and floors
- Inside electronic devices, such as smoke and carbon monoxide detectors

Because bed bugs leave some persons with itchy welts strikingly similar to those caused by fleas and mosquitoes, the origination of such markings often go misdiagnosed. However, welts caused by bed bugs often times appear in succession and on exposed areas of skin, such as the face, neck and arms. In some cases, an

individual may not experience any visible reaction resulting from direct contact with bed bugs.

While bed bugs typically prefer to act at night, they often do not succeed in returning to their hiding spots without leaving traces of their presence through fecal markings of a red to dark brown color, visible on or near beds. Blood stains tend also to appear when the bugs have been squashed, usually by an unsuspecting host in their sleep. And, because they shed, it's not uncommon for skin casts to be left behind in areas typically frequented by bed bugs.

Preventing bed bug encounters when traveling

Because humans serve as bed bugs' main mode of transportation, it is extremely important to be mindful of bed bugs when away from home. Experts agree that the spread of bed bugs across all regions of the United States is largely attributed to an increase in international travel and trade. Travelers are therefore encouraged to take a few minutes upon arriving to their temporary destination to thoroughly inspect their accommodations, so as to ensure that any uninvited guests are detected before the decision is made to unpack.

Because bed bugs can easily travel from one room to another, it is also recommended that travelers thoroughly inspect their luggage and belongings for bed bugs before departing for home.

Bed bug do's and don'ts

Do not bring used furniture from unknown sources into your dwelling

Countless bed bug infestations have stemmed directly from the introduction into a resident's unit of second-hand and abandoned furniture. Unless the determination can be made with absolute certainty that a piece of second-hand furniture is bed bug-free, residents should assume that the reason a seemingly nice looking leather couch, for example, is sitting curbside, waiting to be hauled off to the landfill, may very well be due to the fact that it's teeming with bed bugs.

Do address bed bug sightings immediately. Rental housing residents who suspect the presence of bed bugs in their unit must immediately notify the owner.

Do not attempt to treat bed bug infestation. Under no circumstance should you attempt to eradicate bed bugs. Health hazards associated with the misapplication of traditional and non-traditional, chemical-based insecticides and pesticides poses too great a risk to you and your neighbors.

Do comply with eradication protocol. If the determination is made that your unit is indeed playing host to bed bugs, you must comply with the bed bug eradication protocol set forth by both your owner and their designated pest management company.

Information about Bed Bugs

Bed bug Appearance: Bed bugs have six legs. Adult bed bugs have flat bodies about ¼ inch in length. Their color can vary from red and brown to copper colored. Young bed bugs are very small. Their bodies are about 1/16 of an inch in length. They have almost no color. When a bed bug feeds, its body swells, may lengthen, and becomes bright red, sometimes making it appear to be a different insect. Bed bugs do not fly. They can either crawl or be carried from place to place on objects, people, or animals. Bed bugs can be hard to find and identify because they are tiny and try to stay hidden.

Life Cycle and Reproduction: An average bed bug lives for about 10 months. Female bed bugs lay one to five eggs per day. Bed bugs grow to full adulthood in about 21 days. Bed bugs can survive for months without feeding.

Bed bug Bites: Because bed bugs usually feed at night, most people are bitten in their sleep and do not realize they were bitten. A person's reaction to insect bites is an immune response and so varies from person to person. Sometimes the red welts caused by the bites will not be noticed until many days after a person was bitten, if at all.

Common signs and symptoms of a possible bed bug infestation:

- Small red to reddish brown fecal spots on mattresses, box springs, bed frames, mattresses, linens, upholstery, or walls.
- Molted bed bug skins, white, sticky eggs, or empty eggshells.
- Very heavily infested areas may have a characteristically sweet odor.
- Red, itchy bite marks, especially on the legs, arms, and other body parts exposed while sleeping. However, some people do not show bed bug lesions on their bodies even though bed bugs may have fed on them

For more information, see the Internet Web sites of the United States Environmental Protection Agency and the National Pest Management Association.

Please also refer to the Requests, Repairs, and Malfunctions paragraph of your lease.

Bed-Bug Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
2	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
3	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
4	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
5	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
6	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM
7	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:31 PM

Homebody Rent Reporting
Lease Addendum

The Homebody Rent Reporting service is a credit reporting and financial tool provided by Homebody Insurance Agency, LLC and its affiliate Simplified Business Group, LLC, also known as Rent Dynamics ("Homebody"), to report Resident's rent and/or utility payments due under the Rental Agreement to one or more consumer reporting agencies (e.g., Equifax, TransUnion, and/or Experian). Homebody Rent Reporting is an amenity provided by the property for which all Residents are automatically enrolled. Within three business days of signing this addendum Resident will receive an email from rentreporting@homebody.com with details about the Homebody Rent Reporting service. Should Resident decide not to continue with the Homebody Rent Reporting service, Resident will have one month to opt out without incurring any cost.

After the first month of Homebody Rent Reporting services, the cost of the Homebody Rent Reporting service is $8.95 per month if there is one Resident participating, or a combined service fee of $14.95 per month if there are multiple Residents participating. The monthly fee will be charged with Resident's rent bill on an automatic recurring basis unless and until Resident cancels. Charges are non-refundable.

After enrolling in Rent Reporting, Resident may cancel the Rent Reporting service at any time, for any or no reason. Continued enrollment in Rent Reporting is entirely optional and is not a condition of your Rental Agreement. **Resident may cancel by using the Homebody app, by sending written notice of termination to Homebody at 4205 Chapel Ridge Road, Lehi, Utah 84043 – Attn Rent Reporting Service Charge, or contacting Homebody directly at rentreporting@homebody.com. Resident must cancel no later than ten (10) days before the end of the month to avoid being charged for a subsequent month.**

For more information about the Rent Reporting service, please refer to the FAQs located at www.homebody.com/products/rent-reporting or contact Homebody at rentreporting@homebody.com.

By signing below, or electronically accepting through your landlord, Resident is enrolling in Rent Reporting and agrees to the terms and conditions set forth in this addendum and the Rent Reporting terms of use that can be found at homebody.com/legal/terms-conditions. The Rent Reporting services and fees may be altered or otherwise modified by Homebody with thirty (30) days' advance notice to Resident. Resident's failure to cancel the Rent Reporting service (as described above) after receiving such notice constitutes acceptance of any such changes. Homebody is an intended third-party beneficiary of this addendum.

If you have any questions, please contact Homebody at rentreporting@homebody.com or 877-577-0850.

Resident Signature _____ Date _____

Resident Signature _____ Date _____

Resident Signature _____ Date _____

1 Miguel A Cano

Rent Reporting Addendum

Signature Details

	Signer	IP Address	Date Signed
1	**Miguel A Cano** Primary (15924084)	12.75.116.117	04/03/2025 06:26:50 PM

Francis Home Daycare

Francisca Arteaga
121 Dogaway Dr.
San Jose, CA 95111
(408) 226-1754 or cell (408) 210-3494
Lic. No 434414653

Provider-Parent/Guardian Child Care Contract

Welcome to Francis Home Daycare, a childcare provider licensed by the Department of Social Services -Community Care Licensing, San Jose Regional Office- Child Care. As part of the contract, parents/guardians are required to provide the child's and parent information and will receive the daycare policies and procedures, list of days of operation, fees information and a copy of the signed contract.

Philosophy and Guiding Principles:

To provide a safe family like environment for children where they can play, learn and socially interact with each other in a culture of trust and respect.

This Contract is between:

Francis Home Daycare, as home daycare provider

AND

Mother/Legal Guardian

Name: Priscila Gonzalez Juarez Address: 348 Hakey Ave. San Jose CA 95128 Phone: (831)-265-3310

Employer: Garlic City Casino Address: 8630 San Ysidro Ave. #100 Gilroy CA 95020 Phone: (408)847-3777

Father/Legal Guardian

Name: Miguel Angel Cano Arias Address: 348 Hakey Ave. San Jose CA 95128 Phone: (408) 768-4862

Employer: Roadway steele and Fabrication Inc. Address: 1650 Grant St. Santa Clara CA 95050 Phone: (408) 727-4640

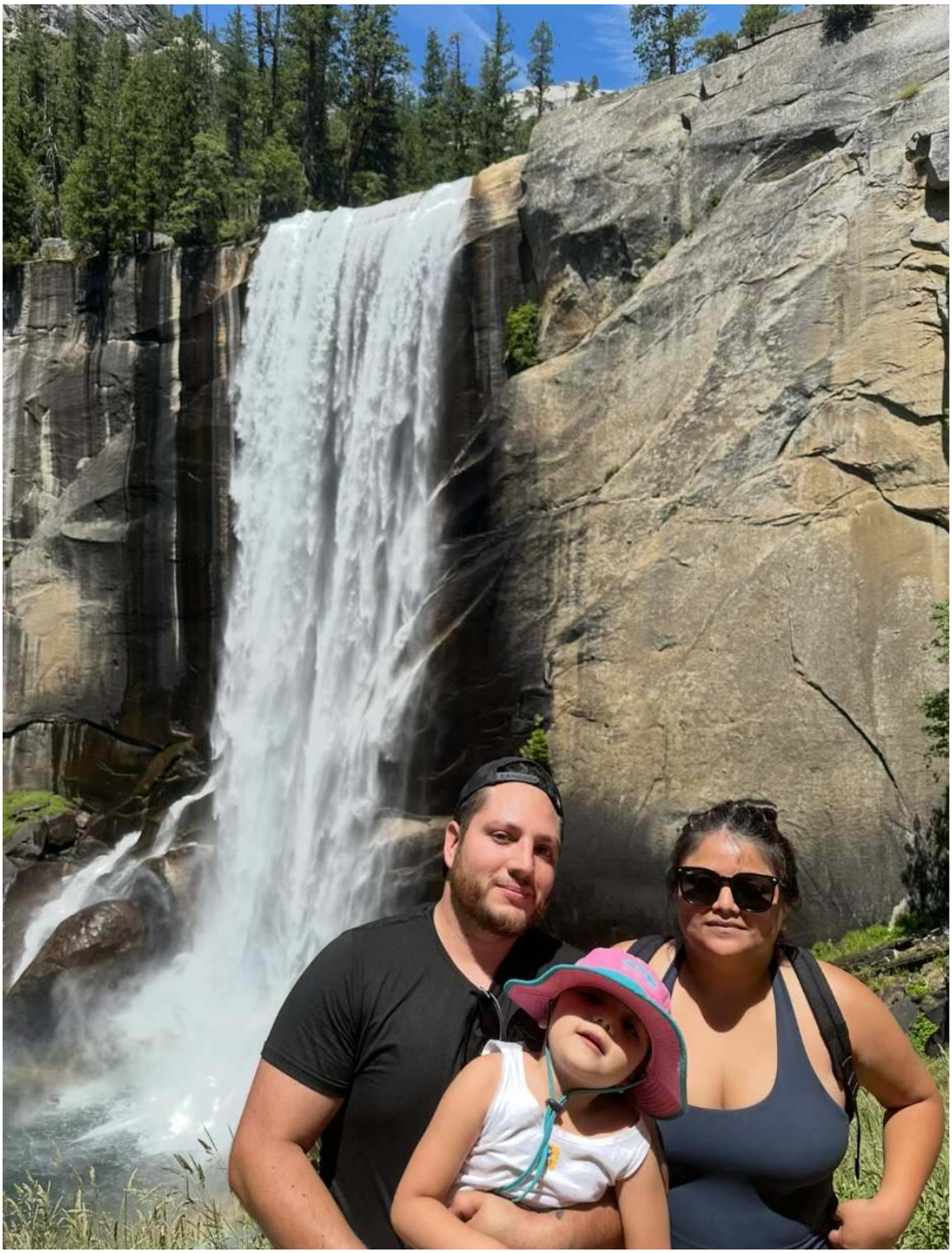
Note: Only a parent or legal guardian can complete this section and must notify provider of any change in legal custody of child.

For the Care of:

1. Child's Name: Adaline Cano Sex: F Date of Birth: 09-22-21 Age: 3
2. Child's Name: _____ Sex: ___ Date of Birth: _____ Age: ___

Priscila Cano and Miguel Angel Cano Arias Photographic Evidence of Relationship

July 11, 2026 - Miguel, Priscila and Adeline in the Mist Trial at Yosemite Park, CA, USA.



March 7th, 2026 - Adaline making a snowman in Sequoia National Park, CA, USA.



February 15th, 2026 - Miguel, Priscila and Adeline at Monterey Aquarium, CA, USA.



October 6th, 2025 - Miguel, Priscila and Adeline at Disneyland, Anaheim, CA, USA.



October 6th, 2025 - Miguel, Priscila and Adeline at Disneyland, Anaheim, CA, USA.



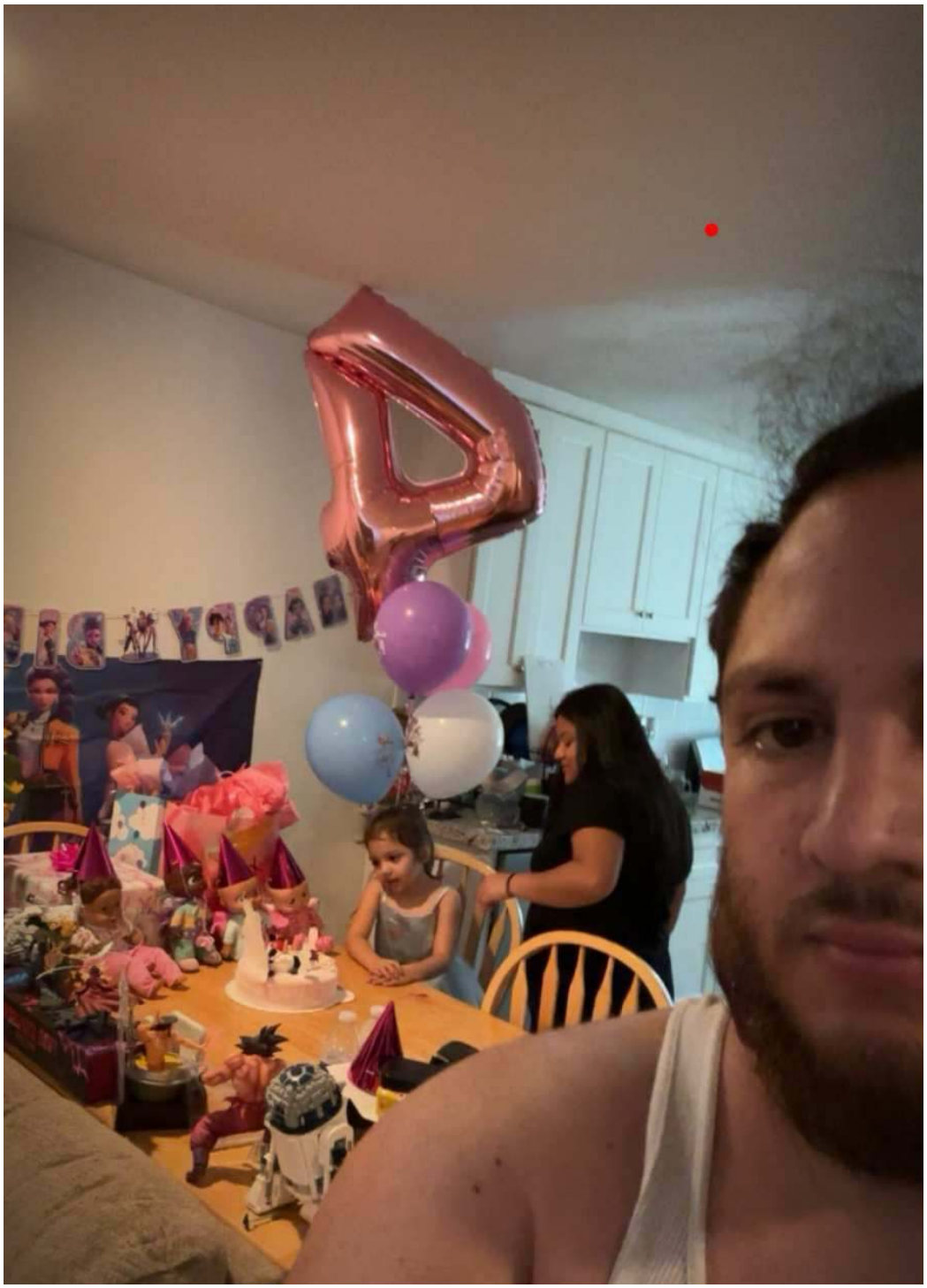
October 4th, 2025 - Miguel, Priscila and Adeline at Miguel’s cousin’s wedding in Santa Clarita, CA, USA.



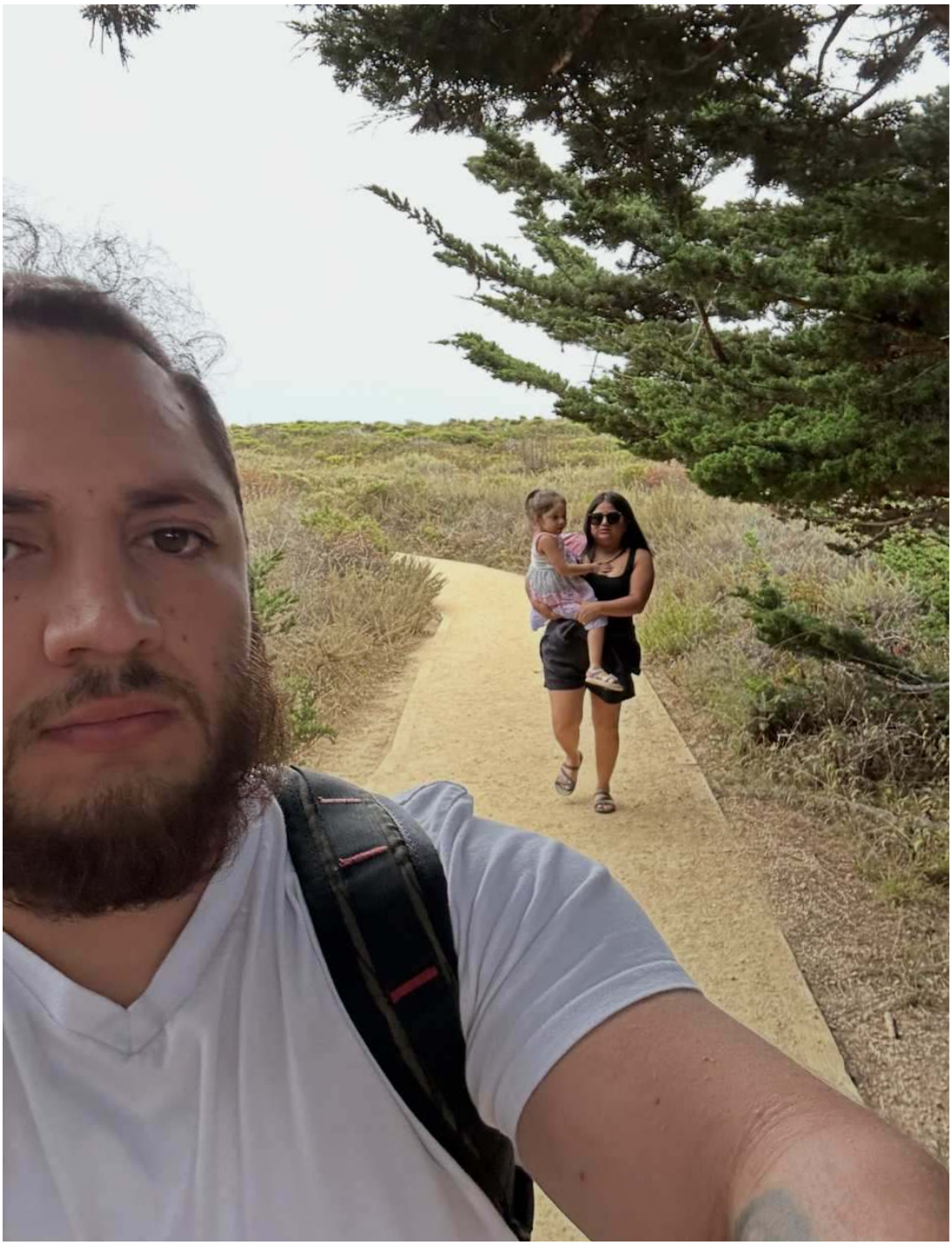
October 4th, 2025 - Miguel, Priscila and Adeline at Miguel's cousin's wedding in Santa Clarita, CA, USA.



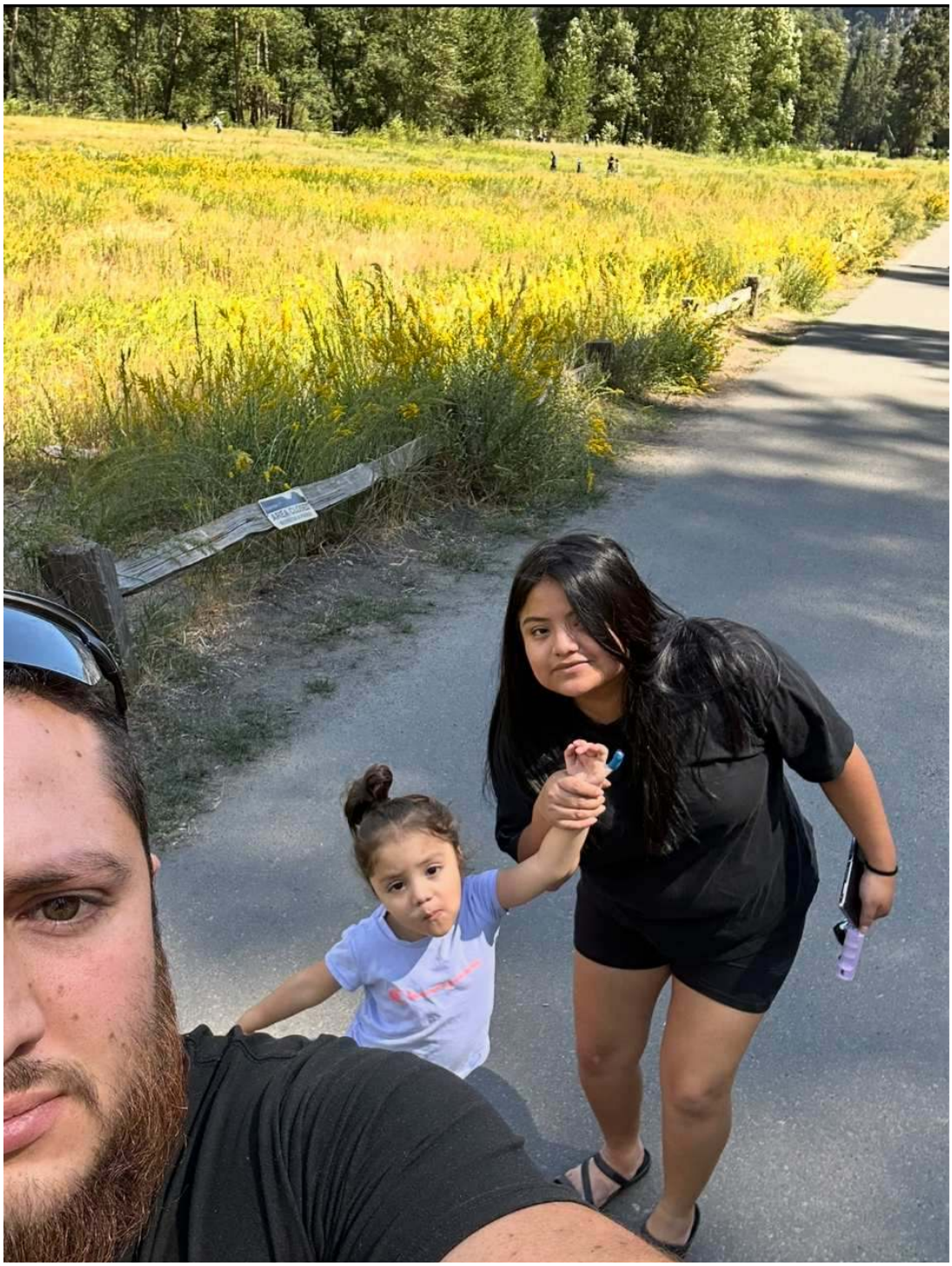
September 22nd, 2025 - Adaline's 4th birthday.



August 22th, 2025 - Miguel, Priscila and Adeline hiking in Monterey, CA, USA.



August 17th, 2025 - Miguel, Priscila and Adeline arriving at Yosemite National Park, showing Adaline the waterfalls throughout the park, CA, USA.



August 17th, 2025 - Miguel, Priscila and Adeline arriving at Yosemite National Park, CA, USA.



May 17th, 2025 - Miguel and Priscila in the museum of airplanes in San Carlos'Airport, with Adeline, who during this time was fascinated with airplanes.



May 25th, 2025 - Miguel, Priscila and Adeline in Santa Cruz, CA, USA.



January 5th, 2025 - Miguel, Priscila and Adeline at Pfeiffer Beach. Miguel proposed to Priscila this day during the winter solstice, where the sunset light passes through an archway in a keyhole rock.



January 5th, 2025 - Miguel proposing to Priscila at Pfeiffer Beach, CA, USA.



November 26th, 2024 - Miguel, Priscila and Adeline at Miguel’s aunt’s house in Santa Clarita , CA, USA.



March 18th, 2024 - Miguel, Priscila and Adeline exploring the lake in Lake Tahoe, CA, USA.



November 25, 2024 - Spending some time in downtown Los Angeles visiting Miguel’s family, CA, USA.



November 23, 2024 - Adaline’s first princess makeover in Disneyland, Anaheim, CA, USA..



September 24th , 2023 - Adaline’s first time at Disneyland, Anaheim, California.



July 30th, 2023 - Miguel, Priscila and Adeline hiking at Lake Chabot near San Leandro, CA, USA.



July 23rd, 2023 - Miguel, Priscila and Adeline at Raging Waters in San Jose, CA, USA.



July 23rd, 2023 - Miguel, Priscila and Adeline at Raging Waters in San Jose, CA, USA.



June 17, 2023 - Adaline’s first trip to Universal Studios, a quick stop in the park with one of its characters' cast members, Universal City, CA, USA.



September 22nd, 2021 - Adaline’s birthday.



December 17th, 2020 - Miguel and Priscila during winter time in Lake Tahoe, CA, USA.



November 3rd, 2020 - Miguel and Priscila on a date at Sand City, CA, USA.



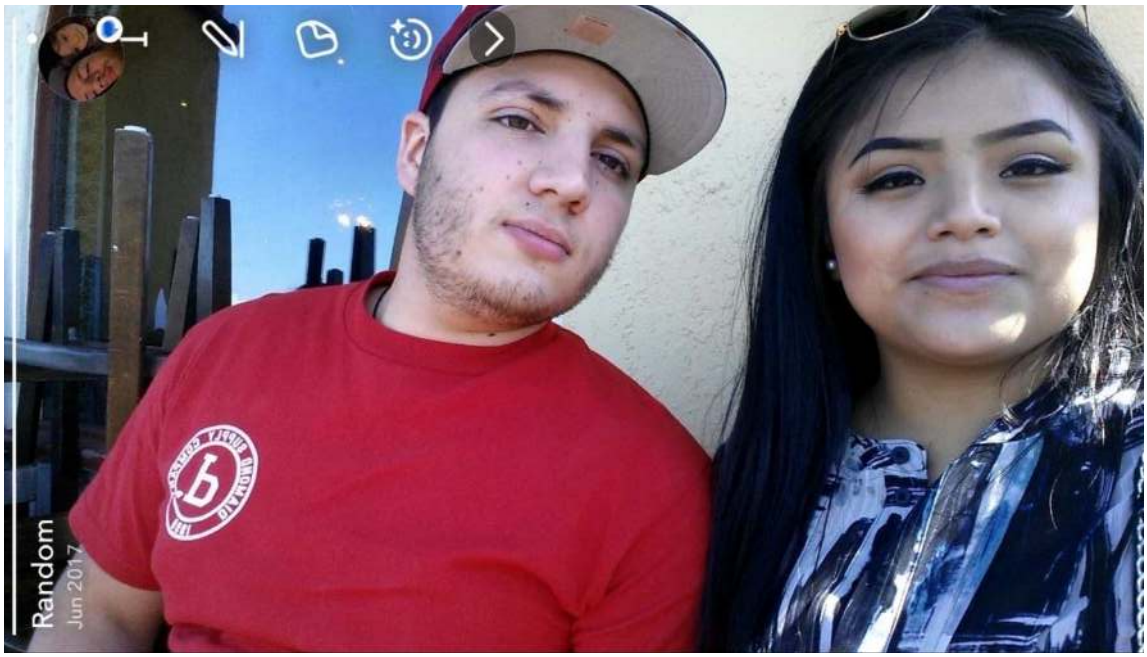
October 14th 2020



2020 - Miguel and Priscila getting ready for a date night.



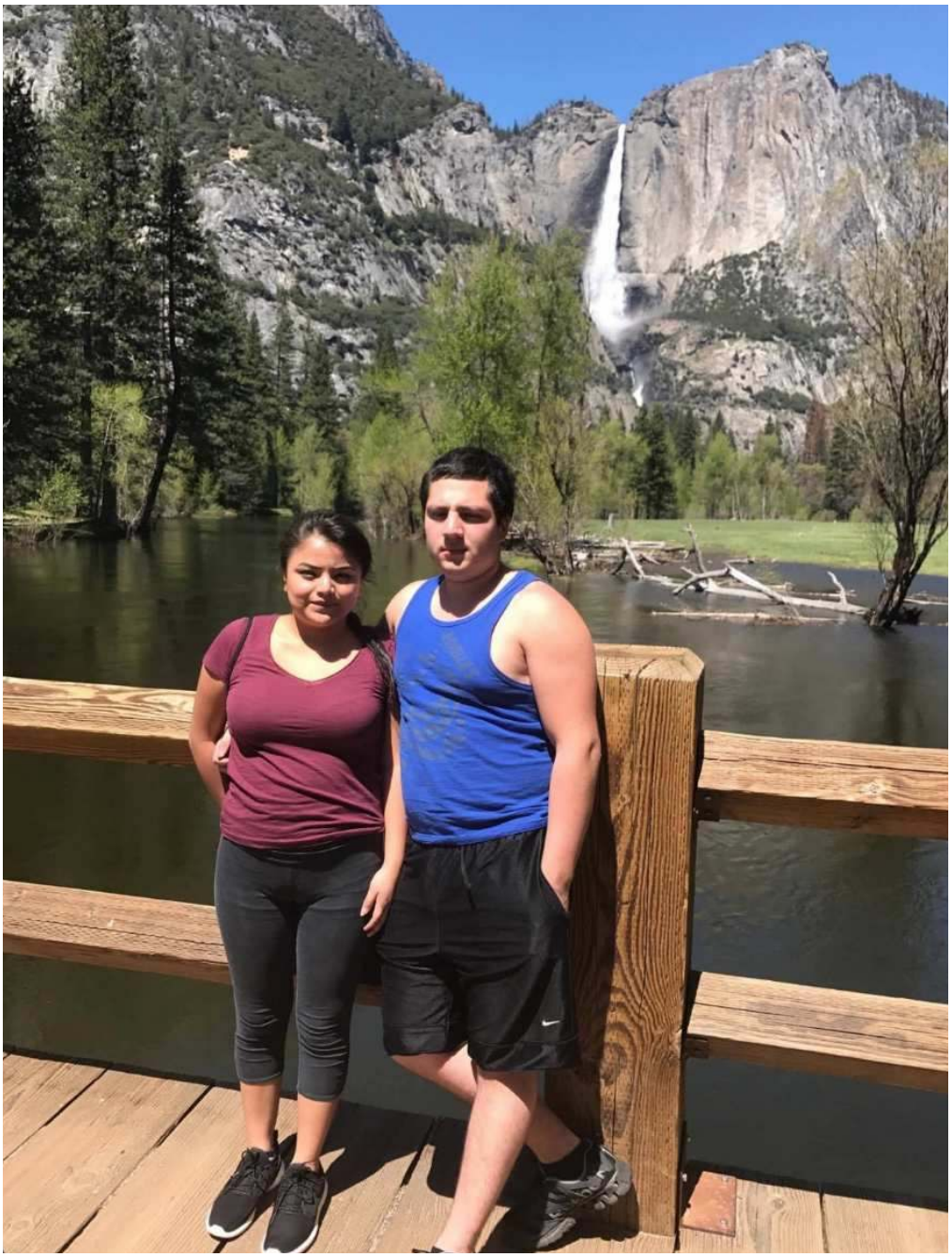
June 2017 - Miguel and Priscila 2 years into their relationship.



Miguel and Priscila first time at Universal Studios, Universal City, CA, USA.



Miguel and Priscila in Yosemite National Park, CA, USA.



Miguel and Priscila first time at Universal Studios, Universal City, CA, USA.



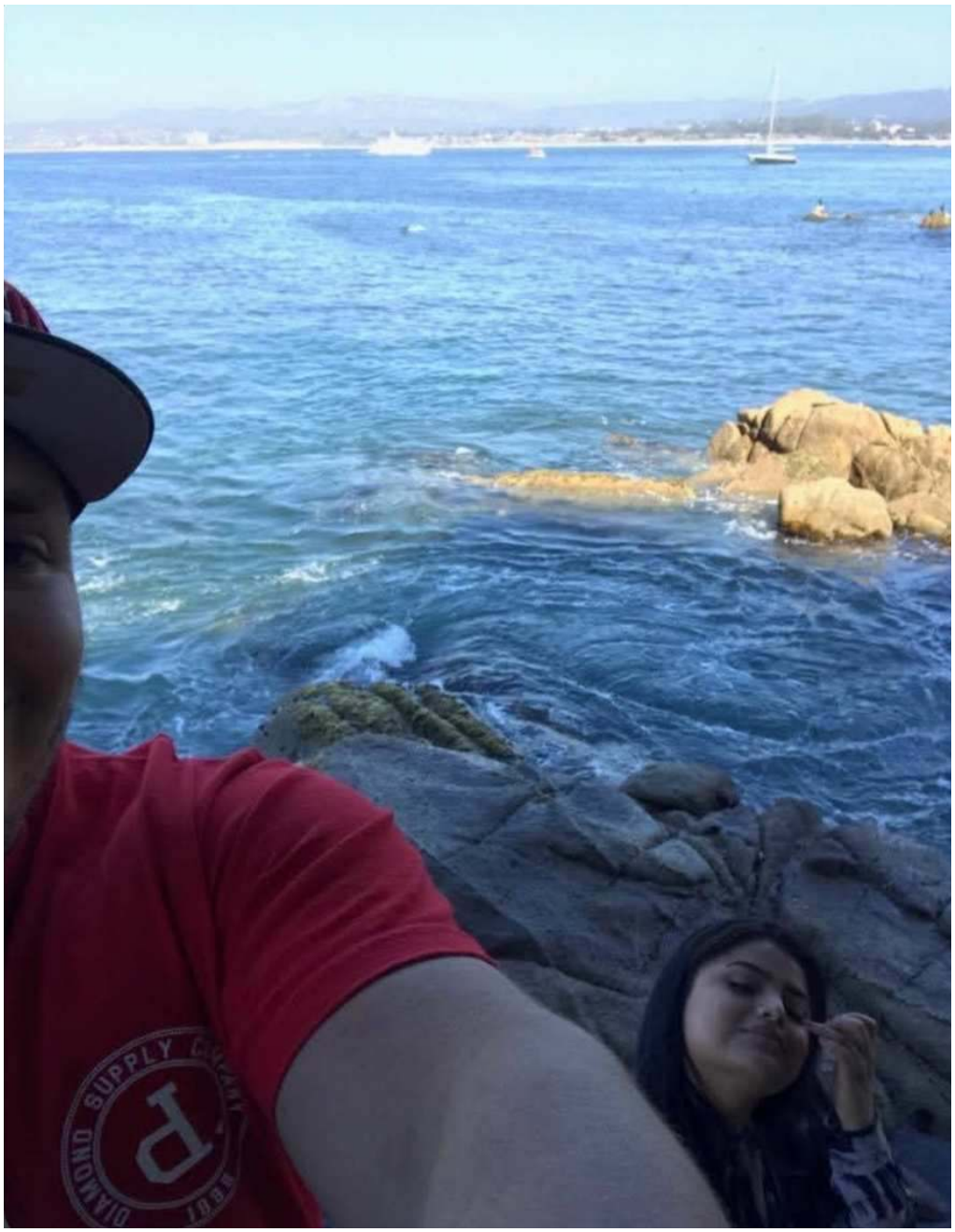
Miguel and Priscila around Christmas time.



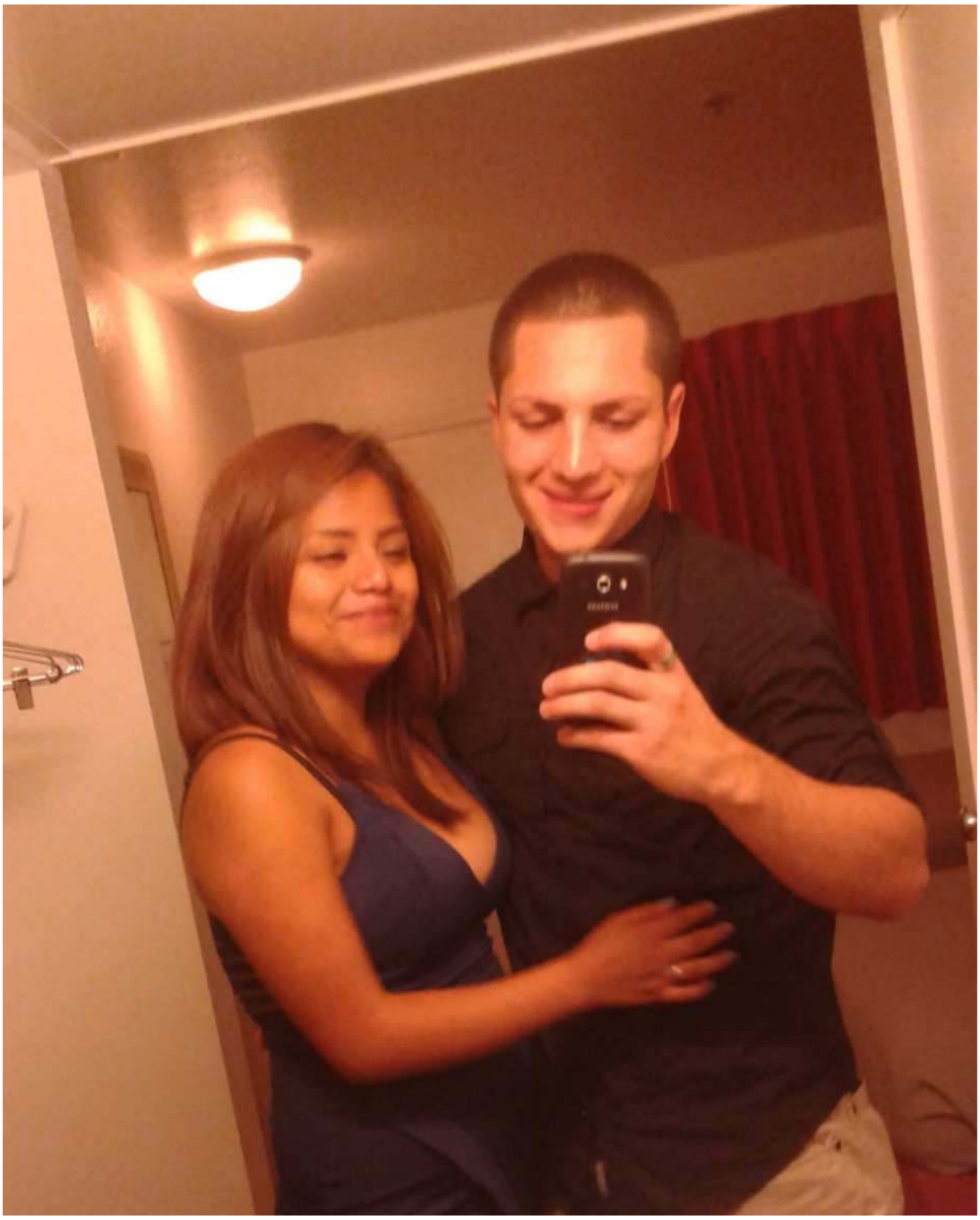
Miguel and Priscila in the beginning of their relationship during Christmas at Miguel's family house in Santa Clarita, CA, USA.



Miguel and Priscila on a date in the beginning of their relationship, Monterey, CA, USA.



Miguel and Priscila’s date night in their early relationship.



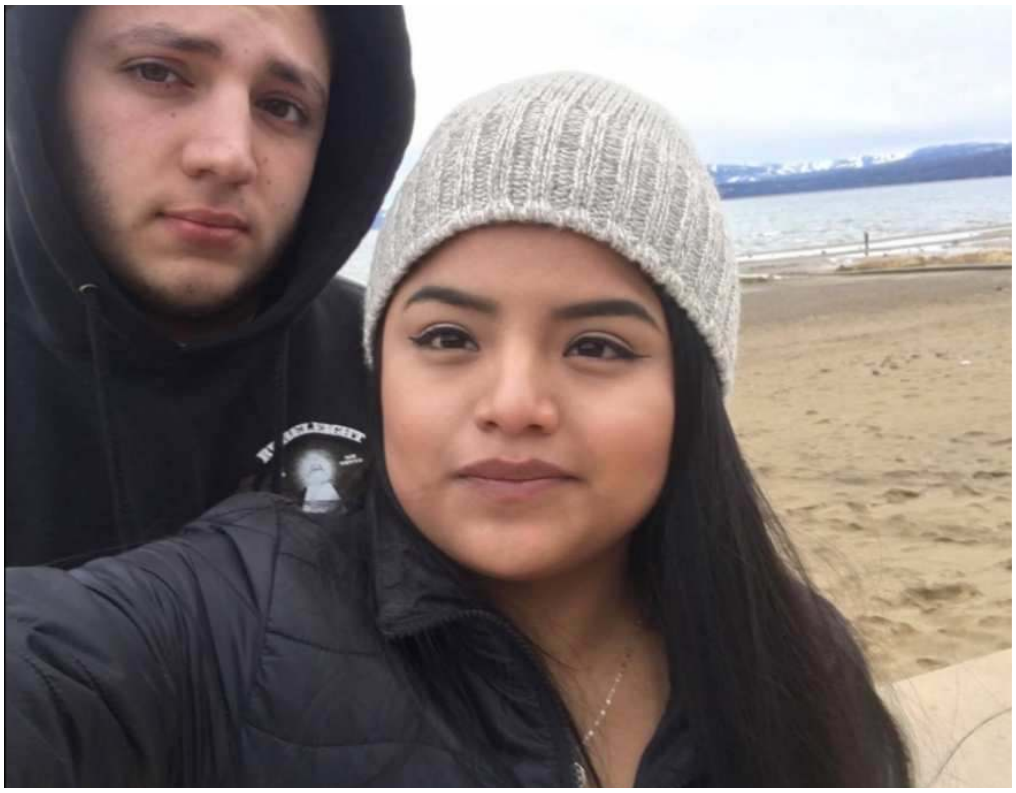


Miguel and Priscila waiting for the bus to Priscila's sister back to Indiana in the beginning of their relationship.

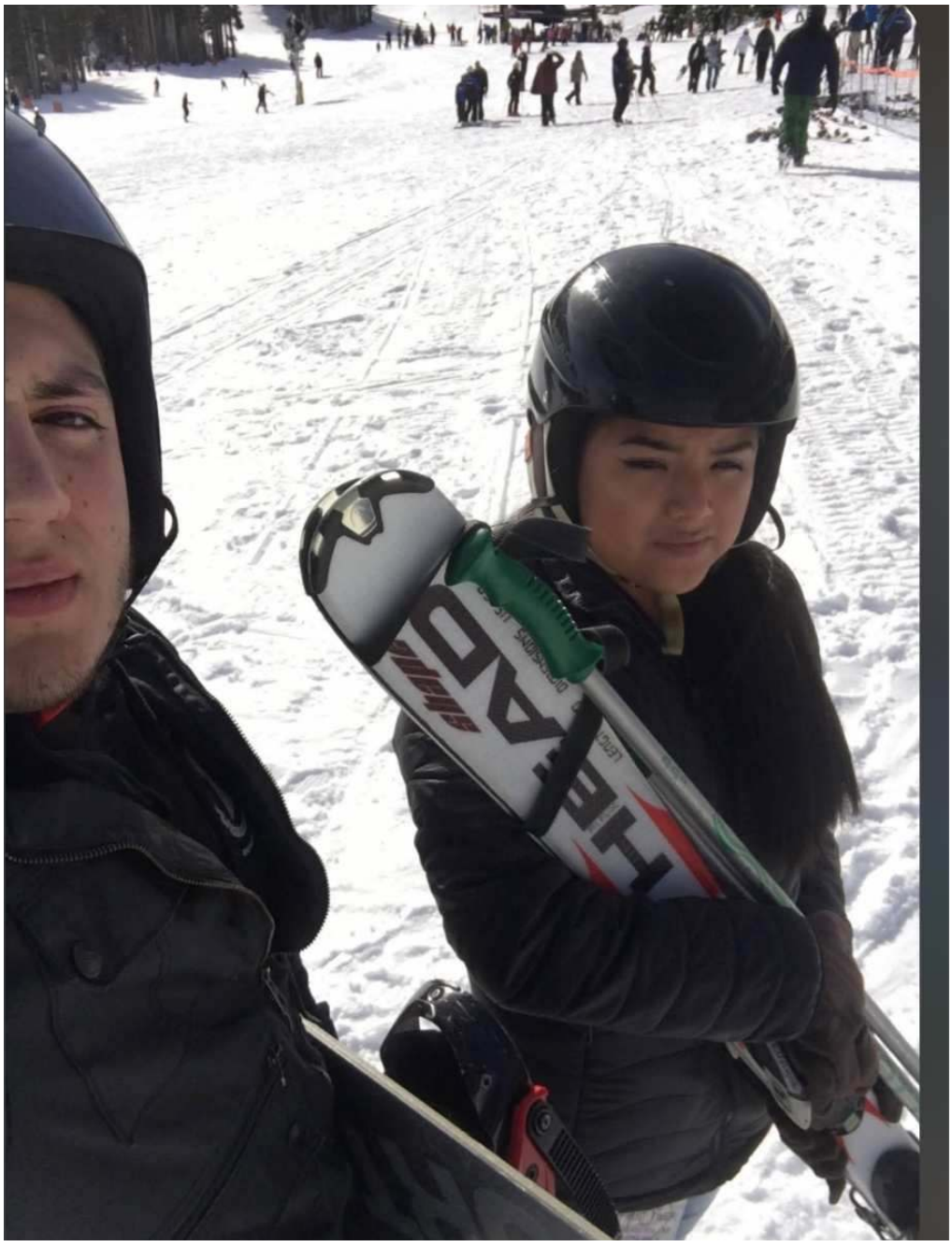
Miguel and Priscila for their first time visiting Lake Tahoe during winter, CA, USA.



Miguel and Priscila for their first time visiting Lake Tahoe during winter, CA, USA.



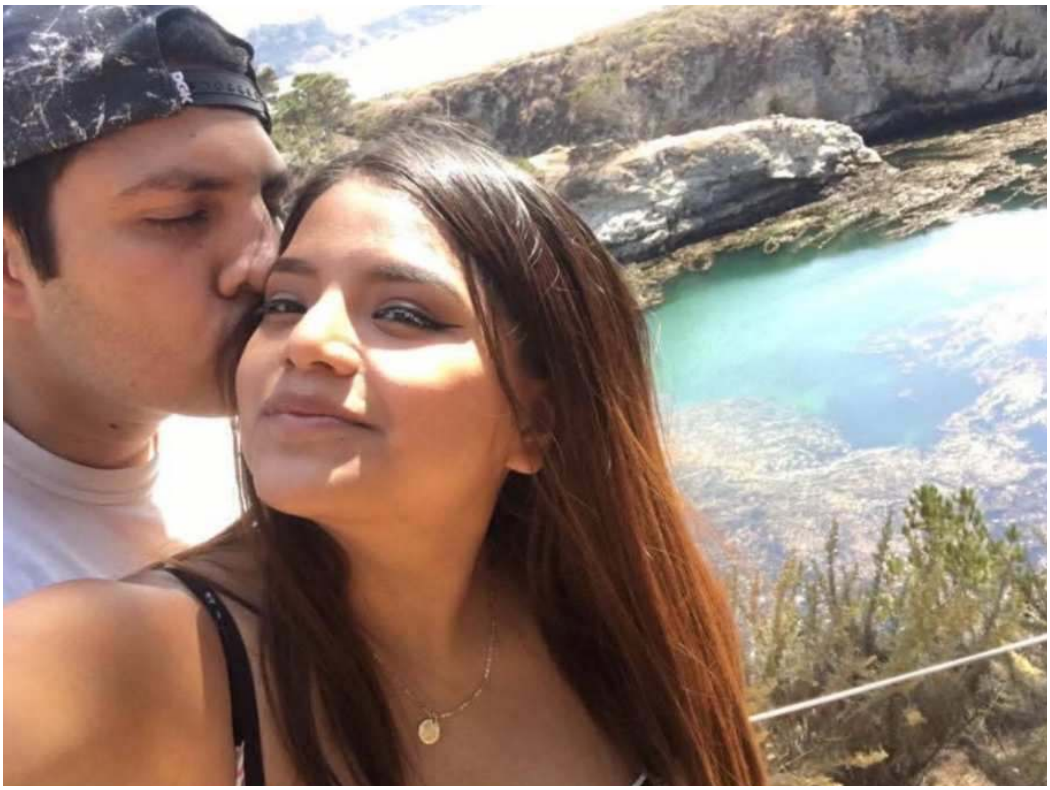
Miguel and Priscila for their first time skiing.



Miguel and Priscila in the beginning of their relationship at a trip to San Francisco, CA, USA.



Miguel and Priscila at state park in Monterrey, CA, USA.



Miguel, Priscila and Adeline at their latest trip to Disneyland, Anaheim, CA, USA.



Miguel, Priscila and Adeline at the cinema.



Miguel and Adaline



Miguel and Priscila at Universal studios Hollywood, Universal City, CA, USA.



Exhibit 5 - Letters of Support

Rodrigo David Gonzalez Granados
600 Pismo Way
Los Banos, CA 93635
david.gg.jet@gmail.com
(831)313-7762
August 08,2025

Subject: Letter of support

Dear sir/madam:

I am writing to attest to the loving marriage between my friends, Miguel Cano and Priscila Cano.

My name is Rodrigo David Gonzalez Granados and I am a U.S citizen born September 17 1995 in Hollister California. I have known Miguel for 18 years and Priscila for approximately 10 years, when they first started dating.

They first met in high school and started dating shortly after in 2015. I have spent many memorable moments with the couple including birthday celebrations, snowboarding vacation trips to Lake Tahoe, and of course the friends gathering were they announced Priscila's pregnancy. Since the birth of their daughter Adaline, I have seen them become loving supportive and encouraging parents and partners to one another. Their love has been very evident in the ways they sacrifice to support each other's goals in life, for example, working opposing work schedules to make sure they can provide and properly care for Adaline.

It is my opinion that Miguel and Priscila are in love and fully committed to each other. I believe their bond is only growing stronger as the days go by. I appreciate the opportunity to provide this information. If you have any questions or need further information please feel free to contact me with the information given above.

Sincerely,

Rodrigo David Gonzalez Granados




California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL F5321189
CLASS C
EXP 09/17/2027
END NONE
LN GONZALEZ GRANADOS
FN RODRIGO DAVID
600 PISMO WAY
LOS BANOS, CA 93635
DOB 09/17/1995
RSTR CORR LENS
09171995
SEX M
HAIR BLK
EYES BRN
HGT 5'-08"
WGT 190 lb
ISS 06/23/2023
DD 09/15/2017546OD/CCFD/27

Luis Eliseo Medina
21316 Willow Weed Way
Canyon Country, CA 91351
September 21 2025

Subject: Letter of Support for Angel and Priscilla

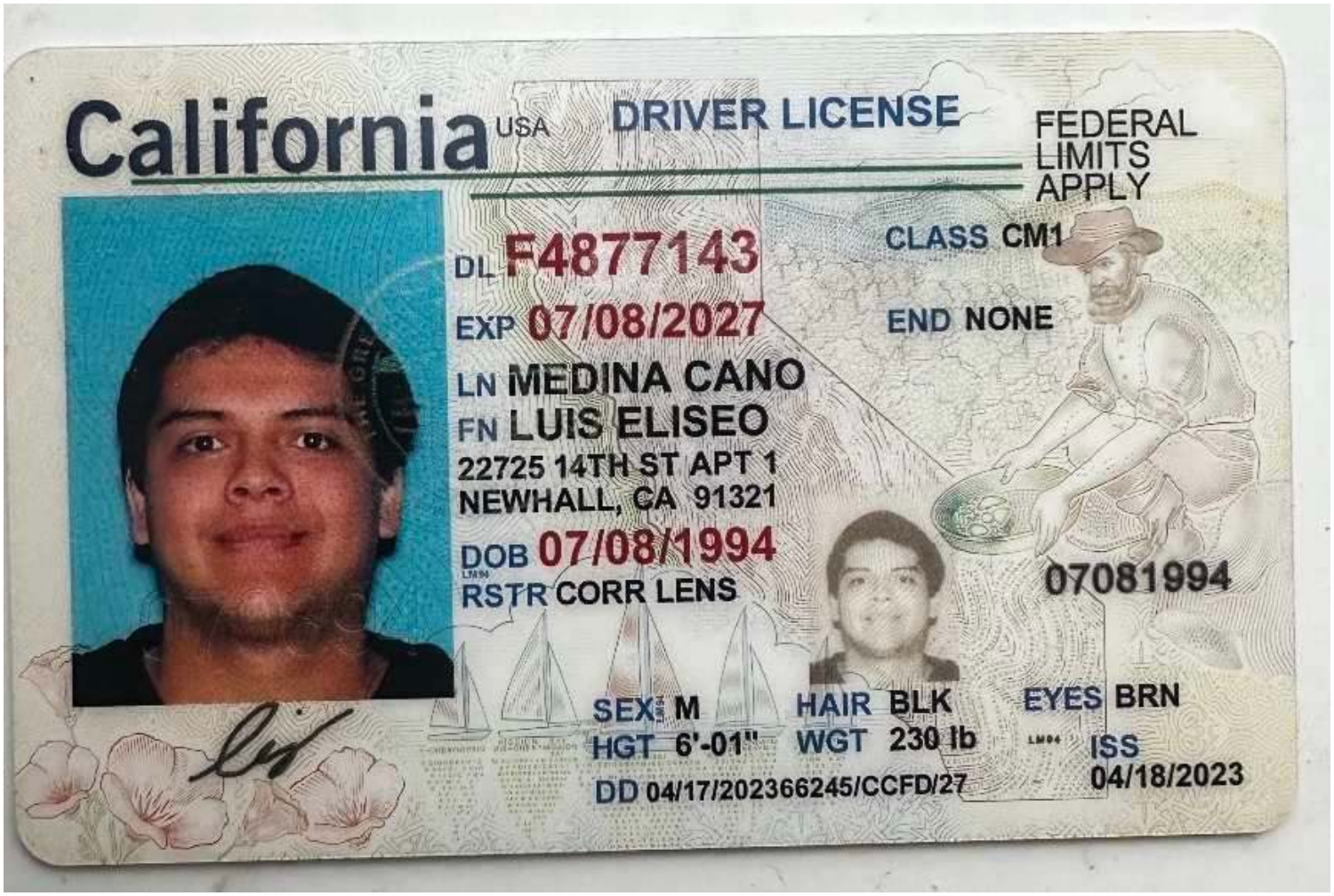
Dear Honorable Immigration Judge,

My name is Luis Eliseo Medina I was born on July 8th of 1994 in Salamanca, Mexico. I am a recipient of DACA. I am Angel's cousin and we have known each other a majority of our lives his family and ours have always been close since we were children. I believe it was around July of 2017 that I had first met Priscilla. We went to Denny's Dinner and talked about how they had met in school. I knew it was serious because he brought her when they came to visit us. They stayed until my birthday and we went Olive Garden for dinner I was happy my cousin was happy. Over the years, when possible, they would come over for Thanksgiving, Christmas or New Year's. They did go through some tough times but they stuck together. They lived with us at our previous apartment for some time whilst they found a place of their own. From what I've seen they understand each other pretty well and care about each other, since they know what they've gone through. In my opinion Angel has had to make decisions that might not always be the easiest for him but the best for his family and loved ones. I remember hearing the news about him becoming a dad. We were all happy to hear that they were doing better and able to start a family. They both really love and take care of Adaline. I first met her in December of 2022 they came over for Christmas. I recently went to visit them in August and was excited to go out and see where they had grown up. We went out to Yosemite for a day. We went out to eat a restaurants and to some of the places they go out to when they have the time. I appreciate spending time with them because they are some of the closest family I have here. Angel really has been able to provide for himself and his family they now live in a bigger space. It would be devastating to see all their hard work being torn apart if they were to be separated.

If you have any questions about this statement please contact me via email at luismedina312@icloud.com or call (661) 476-2383. I swear, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge and recollection.

Sincerely,
Luis Medina




California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL F4877143
EXP 07/08/2027
LN MEDINA CANO
FN LUIS ELISEO
22725 14TH ST APT 1
NEWHALL, CA 91321
DOB 07/08/1994
RSTR CORR LENS
CLASS CM1
END NONE
07081994
SEX M
HGT 6'-01"
HAIR BLK
WGT 230 lb
EYES BRN
ISS 04/18/2023
DD 04/17/202366245/CCFD/27

August 31, 2025

Jose De Jesus Gonzalez
220 Matulich ct.
Hollister, CA 95023

Subject: Letter of support for Miguel Angel Cano's green card application.

To whom it may concern,

I am writing this letter to express my full support for one of my best friends, Miguel Angel Cano's application for a green card. My name is Jose De Jesus Gonzalez, I am a U.S. born citizen, in Hollister California. I am a college graduate with a bachelors of science and a union sheet metal worker. I have know Angel since we were both 16 years old in high school. We are now 29 years old.

I genuinely support Angel's application and believe he truly deserves this great opportunity. He is one of the hardest working individuals I have had the pleasure of knowing. Throughout the whole time I have known him he has shown an incredible drive to become successful and provide for his wife and daughter.

Angel is someone with as little as a high school certificate in metal fabrication, launched a career in such field. In most of the companies he has worked, he has shown great leadership and worked his way into management at some points managing a great deal of those companies.

In addition to being a great leader and tradesmen, he is a great husband to Priscilla and amazing father to Adilene. It is very admirable that anytime my family has an event he shows up with daughter in hand and his wife besides him. Any kind of plans made with friends he always makes sure to include his wife and daughter. Whether its simple dinner plans, to a trip to lake Tahoe. Always making sure to include his girls in any and all of his plans.

In summary, Angel's dedication to both his work and family, I would say is something to look up to. I am confident that granting Angel his green card will be beneficial for him, our community and his family. If there is a need for more information or clarification, please feel free to contact me.

Sincerely,

Jose De Jesus Gonzalez

jose_gonzalez3325@yahoo.com

(831) 673-1376



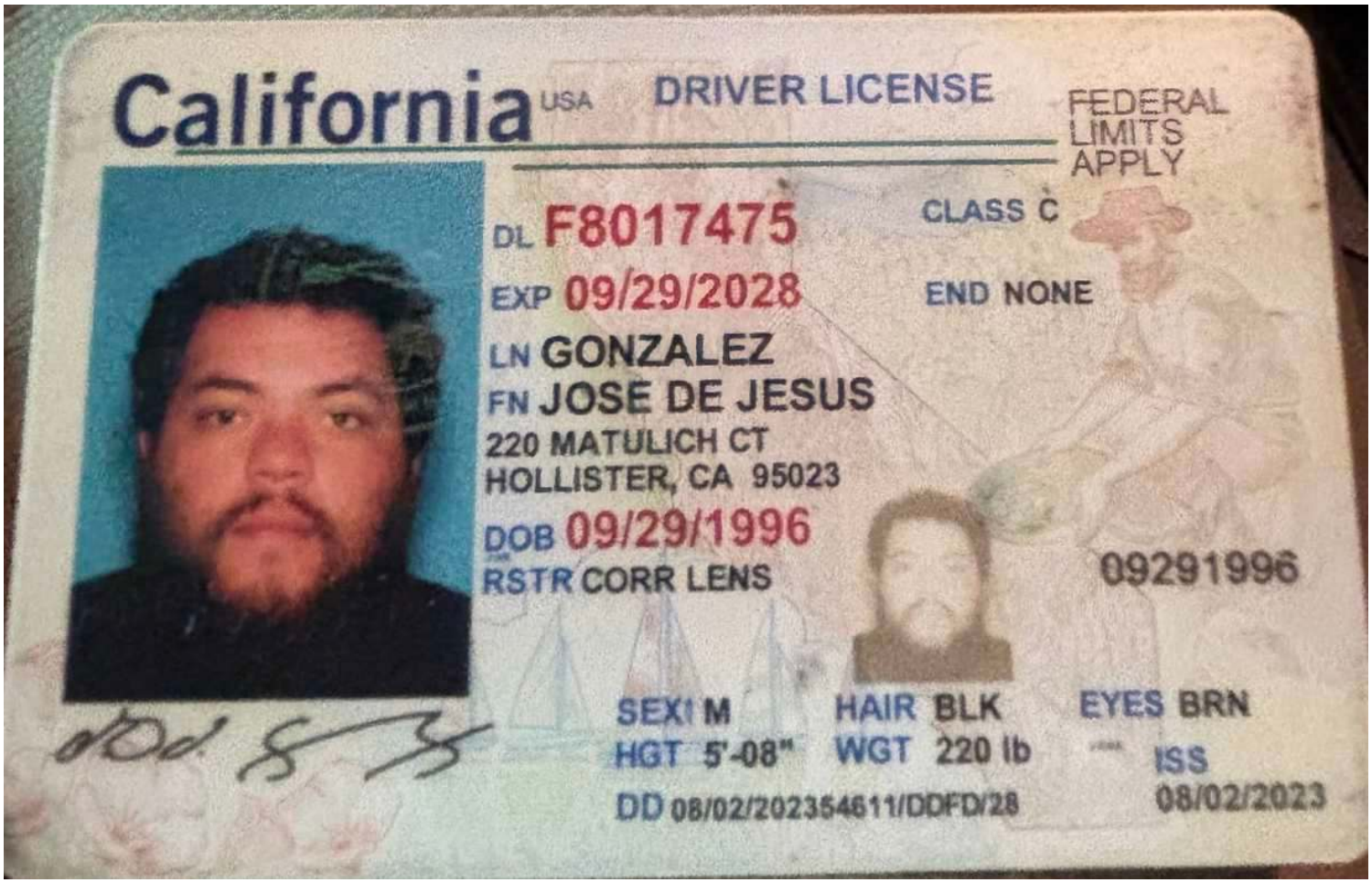

California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL F8017475
CLASS C
EXP 09/29/2028
END NONE
LN GONZALEZ
FN JOSE DE JESUS
220 MATULICH CT
HOLLISTER, CA 95023
DOB 09/29/1996
RSTR CORR LENS
09291996
SEX M
HAIR BLK
EYES BRN
HGT 5'-08"
WGT 220 lb
ISS 08/02/2023
DD 08/02/202354611/DDFD/28

Exhibit 6 - Petitioner’s Financial Information - Priscila Cano

TAX YEAR: 2025
OFFICE : CA118

PROCESS DATE: 02/14/2026

CLIENT : 910-98-2888 MIGUEL A CANO ARIAS
SPOUSE : 626-04-7890 PRISCILA GONZALEZ JUAREZ

BIRTH DATE : 06/08/1996 Age:29
BIRTH DATE : 04/05/1998 Age:27

ADDRESS : 750 N 23RD ST APT 33
: SAN JOSE CA 95112

PREPARER : 995

Home : (408) 768-4862
Work :
Cell :
STATUS : MARRIED JOINT
FED TYPE: Direct Deposit
ST TYPE : Direct Deposit
E-MAIL : MIGUECANO07.AC@GMAIL.COM

PREPARER FEE : 217.00
ELECTRONIC :
TOTAL FEES : 217.00

EFFECTIVE RATE: 7.15%

DEPENDENT NAME	BIRTH DATE	AGE	SSN	RELATIONSHIP	MONTHS
ADALINE CANO	09/22/2021	4	221-79-2073	DAUGHTER	12

LISTING OF FORMS FOR THIS RETURN

FORM 1040
FORM W-2
FORM 8812 (CREDITS FOR QUALIFYING CHILDREN AND OTHER DEPENDENTS)
FORM 8867 (DUE DILIGENCE CHECKLIST)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
CA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	CA RESIDENT
FILING STATUS	2	2
TOTAL INCOME	86679	86679
TOTAL ADJUSTMENTS	0	0
ADJUSTED GROSS INCOME	86679	86679
DEDUCTIONS	31500	11412
EXEMPTIONS	0	0
TAXABLE INCOME	55179	75267
TAX	6144	839
CREDITS	2200	120
PAYMENTS	6423	2260
REFUND	2479	1421
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

FD - RTN: 122235821 ACCOUNT: 158217954086 AMOUNT: $2,479.00
CA - RTN: 122235821 ACCOUNT: 158217954086 AMOUNT: $1,421.00

CLIENT : MIGUEL CANO ARIAS 910-98-2888
SPOUSE : PRISCILA GONZALEZ JUAREZ 626-04-7890

PREPARER : 995 DATE : 02/14/2026

* W-2 INCOME FORMS SUMMARY *

	T/S	EIN	EMPLOYER	WAGES	FEDERAL TX/WH	FICA TX/WH	MEDICARE TX/WH	STATE TX/WH	ST
1.	T	82-2485787	ROADWAY STEEL & FRA	55595	4723	3447	806	1774	CA
2.	S	68-0341200	KY PHUON	31084	1700	1927	451	486	CA
		TOTALS.....		86679	6423	5374	1257	2260	

Form 1040 U.S. Individual Income Tax Return 2025

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

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
MIGUEL A	CANO ARIAS	910-98-2888
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
PRISCILA	GONZALEZ JUAREZ	626-04-7890

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. 33

750 N 23RD ST

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

City, town, or post office. If you have a foreign address, also complete spaces below. State CA ZIP code 95112

SAN JOSE

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

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

Filing Status

Check only one box.

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

Digital Assets

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

Dependents (see instructions)

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

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	ADALINE			
(2) Last name	CANO			
(3) SSN	221-79-2073			
(4) Relationship	DAUGHTER			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	86679
b	Household employee wages not reported on Form(s) W-2	1b	
c	Tip income not reported on line 1a (see instructions)	1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)	1d	
e	Taxable dependent care benefits from Form 2441, line 26	1e	
f	Employer-provided adoption benefits from Form 8839, line 31	1f	
g	Wages from Form 8919, line 6	1g	
h	Other earned income (see instructions). Enter type and amount:	1h	
i	Nontaxable combat pay election (see instructions) 1i		
z	Add lines 1a through 1h	1z	86679
2a	Tax-exempt interest 2a	b Taxable interest	2b
3a	Qualified dividends 3a	b Ordinary dividends	3b
c	Check if your child's dividends are included in 1 ☐ Line 3a	2 ☐ Line 3b	
4a	IRA distributions 4a	b Taxable amount	4b
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ QCD 3 ☐	
5a	Pensions and annuities 5a	b Taxable amount	5b
c	Check if (see instructions) 1 ☐ Rollover	2 ☐ PSO 3 ☐	
6a	Social security benefits 6a	b Taxable amount	6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐		
7a	Capital gain or (loss). Attach Schedule D if required	7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)		
8	Additional income from Schedule 1, line 10	8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	86679
10	Adjustments to income from Schedule 1, line 26	10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	86679

Attach Sch. B if required.

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	86679
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	You: ☐ Were born before January 2, 1961 ☐ Are blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31500
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	31500
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	55179
	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	6144
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6144
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2200
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2200
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	3944
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0
	24	Add lines 22 and 23. This is your **total tax**	24	3944
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 6423		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6423
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):		
	27a	Earned income credit (EIC) — 27a:		
	b	Clergy filing Schedule SE (see instructions) ☐		
	c	If you do not want to claim the EIC, check here ☐		
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐ — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Refundable adoption credit from Form 8839, line 13 — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	6423
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	2479
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	2479
Direct deposit? See instructions.	b	Routing number 122235821 c Type: ☒ Checking ☐ Savings		
	d	Account number 158217954086		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	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: LUIS RODRIGUEZ Phone no.: 831-665-6660 Personal identification number (PIN): 12346

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.

	Date		
Your signature	02/14/26	Your occupation: GENERAL LABOR	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	02/14/26	Spouse's occupation: CASHIER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

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

Phone no. (408) 768-4862 Email address MIGUECANO07.AC@GMAIL.COM

Paid Preparer Use Only

Preparer's name: LUIS RODRIGUEZ	Preparer's signature	Date: 02/14/26	PTIN: P03417142	Check if: ☐ Self-employed
Firm's name: JOSE GAYTAN			Phone no.: 831-665-6660	
Firm's address: 219 SAN BENITO STREET HOLLISTER CA 95023			Firm's EIN	

TAXABLE YEAR

FORM

2025 California Resident Income Tax Return 540

ATTACH FEDERAL RETURN

910-98-2888 CANO 626-04-7890 25
MIGUEL A CANOARIAS
PRISCILA GONZALEZJUAREZ

750 N 23RD ST APT 33
SAN JOSE CA 95112

06-08-1996 04-05-1998

Principal Residence

Enter your county at time of filing (see instructions)
SANTA CLARA

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

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

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

City | State | ZIP code

Filing Status

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

1 ☐ Single

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

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

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

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

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $153 = $ 306

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

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

Your name: MIGUEL CANO ARIAS Your SSN or ITIN: 910-98-2888

Exemptions

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

	Dependent 1	Dependent 2	Dependent 3
First Name	ADALINE		
Last Name	CANO		
SSN. See instructions.	221-79-2073		
Dependent's relationship to you	DAUGHTER		

Total dependent exemptions ..... 10 | 1 | X $475 = $ | 475

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 ..... 11 $ 781

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 12	86679	.00
13	Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b... 13	86679	.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	86679	.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	86679	.00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately ..... $5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $11,412 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions.. 18	11412	.00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19	75267	.00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule • [ ] FTB 3800 • [ ] FTB 3803 31	1740	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. 32	781	.00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33	959	.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	959	.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: MIGUEL CANO ARIAS Your SSN or ITIN: 910-98-2888

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	839 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Behavioral Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	839 .00

Payments

71	California income tax withheld. See instructions	71	2260 .00
72	2025 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions.	73	.00
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	74	.00
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	2260 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 0 .00

If line 91 is zero, check if: [X] No use tax is owed. [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. [X]

Individual Shared Responsibility (ISR) Penalty. See instructions 92 0 .00

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	2260 .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	2260 .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	1421 .00

Your name: MIGUEL CANO ARIAS Your SSN or ITIN: 910-98-2888

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	99	1421	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	400	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	401	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	403	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	405	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	406	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	407	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	408	.00
	California Cancer Research Voluntary Tax Contribution Fund	413	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	422	.00
	State Parks Protection Fund/Parks Pass Purchase	423	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	424	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	431	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	438	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	439	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	445	.00
	California ALS Research Network Voluntary Tax Contribution Fund	447	.00
	California Pediatric Cancer Research Voluntary Tax Contribution Fund	448	.00
	Parkinson's Disease Research Voluntary Tax Contribution Fund	449	.00
110	Add amounts in code 400 through code 449. This is your total contribution	110	.00

Your name: MIGUEL CANO ARIAS Your SSN or ITIN: 910-98-2888

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** .00

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

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** .00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** ..... ● **115** 1421 .00

Refund and Direct Deposit

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

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

● Routing number 122235821 ● Type [X] Checking [ ] Savings ● Account number 158217954086 ● **116** Direct deposit amount 1421 .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 Franchise Tax Board to share limited information from your tax return with Covered California. See instructions ..... ◉ ☐ Yes [X] No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

◉ ☐ Primary taxpayer
◉ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

Sign your tax return on Side 6

Your name: MIGUEL CANO ARIAS Your SSN or ITIN: 910-98-2888

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)
	02/14/2026	

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.
MIGUECANO07.AC@GMAIL.COM

◉ Preferred phone number
408 768-4862

● Print paid preparer's name
LUIS RODRIGUEZ

● Paid preparer's phone number
831-665-6660

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)
JOSE GAYTAN

● PTIN
P03417142

Firm's address
219 SAN BENITO STREET
HOLLISTER CA 95023

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● [X] Yes [ ] No

Print Third Party Designee's Name
LUIS RODRIGUEZ

Telephone Number
831 665-6660

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to *www.irs.gov/Form8879* for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
MIGUEL A CANO ARIAS	910-98-2888
Spouse's name	**Spouse's social security number**
PRISCILA GONZALEZ JUAREZ	626-04-7890

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	86679
2	Total tax	2	3944
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	6423
4	Amount you want refunded to you	4	2479
5	Amount you owe	5	

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 JOSE GAYTAN (ERO firm name) to enter or generate my PIN 1 2 8 8 8 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Your signature ▶ _____ Date ▶ 02/14/2026

Spouse's PIN: check one box only

☒ I authorize JOSE GAYTAN (ERO firm name) to enter or generate my PIN 1 7 8 9 0 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

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

Spouse's signature ▶ _____ Date ▶ 02/14/2026

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. 7 7 5 2 5 9 1 2 3 4 6 (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 requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ JOSE GAYTAN Date ▶ 02/14/2026

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

QNA

FreeTaxUSA

Printed on 11/24/2025
09:32 PM EST

2024

Federal Return

USERNAME
priscila25

Dear PRISCILA,
Thank you for using FreeTaxUSA to file your taxes. We want to make sure your tax filing experience is easy, accurate, and fast. We look forward to helping you prepare your 2025 taxes.

RETURN STATUS
Accepted

Your federal taxes were accepted! The IRS accepted them on 02/24/25 04:49 PM EST.

FEDERAL REFUND
$6,330

You chose to have your refund deposited into your bank account. The IRS says most refunds will be processed in less than 21 days. In our experience, most people receive their refunds in 7 to 14 days.

You can check the status of your refund by visiting:
www.irs.gov/refund

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
PRISCILA	GONZALEZ JUAREZ	626 04 7890
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
348 HALSEY AVE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN JOSE CA 95128

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

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

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

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

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
ADALINE CANO	221 79 2073	DAUGHTER	☒	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	30,929.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	30,929.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	0.
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	30,929.
10	Adjustments to income from Schedule 1, line 26				10	0.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	30,929.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	21,900.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	21,900.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	9,029.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	903.
	17	Amount from Schedule 2, line 3		17	0.
	18	Add lines 16 and 17		18	903.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	903.
	21	Add lines 19 and 20		21	903.
	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	
	24	Add lines 22 and 23. This is your **total tax**		24	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 1,728.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	1,728.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	27 2,902.		
	28	Additional child tax credit from Schedule 8812	28 1,700.		
	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	4,602.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	6,330.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	6,330.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	6,330.
Direct deposit? See instructions.	b	Routing number 122235821	c Type: ☒ Checking ☐ Savings		
	d	Account number 158217954086			
	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	0.
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. 831-265-3310 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
	SELF-PREPARED			☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

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: PRISCILA GONZALEZ JUAREZ

Your social security number: 626-04-7890

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	903.
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	903.

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			9	
10	Amount paid with request for extension to file (see instructions)			10	
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	

SCHEDULE EIC (Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **43**

Name(s) shown on return: PRISCILA GONZALEZ JUAREZ

Your social security number: 626-04-7890

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: ADALINE Last name: CANO	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2024 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2024 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	221-79-2073		
3 Child's year of birth	Year 2021 *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2024?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER		
6 Number of months child lived with you in the United States during 2024 • If the child lived with you for more than half of 2024 but less than 7 months, enter "7." • If the child was born or died in 2024 and your home was the child's home for more than half the time they were alive during 2024, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return: PRISCILA GONZALEZ JUAREZ

Your social security number: 626-04-7890

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	30,929.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	30,929.
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,000			**5**	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0.
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 2,000.

b Number of qualifying children under age 17 with the required social security number: 1 x $1,700.
Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b** 1,700.

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b . . . . . **17** 1,700.

18a Earned income (see instructions) . . . . . **18a** 30,929.

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?
- ☐ **No.** Leave line 19 blank and enter -0- on line 20.
- ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result . . . . **19** 28,429.

20 Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . **20** 4,264.

Next. On line 16b, is the amount $5,100 or more?
- ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.
- ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27** 1,700.

Form **8880**

Department of the Treasury
Internal Revenue Service

Credit for Qualified Retirement Savings Contributions

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8880* for the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **54**

Name(s) shown on return

PRISCILA GONZALEZ JUAREZ

Your social security number

626-04-7890

*You **cannot** take this credit if **either** of the following applies.*

CAUTION

- *The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than $38,250 ($57,375 if head of household; $76,500 if married filing jointly).*
- *The person(s) who made the qualified contribution or elective deferral (**a**) was born after January 1, 2007; (**b**) is claimed as a dependent on someone else's 2024 tax return; or (**c**) was a **student** (see instructions).*

			(a) You	(b) Your spouse
1	Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2024. **Do not** include rollover contributions	1		
2	Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2024 (see instructions)	2	3,313.	
3	Add lines 1 and 2	3	3,313.	
4	Certain distributions received **after** 2021 and **before** the due date (including extensions) of your 2024 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception	4		
5	Subtract line 4 from line 3. If zero or less, enter -0-	5	3,313.	
6	In each column, enter the **smaller** of line 5 or $2,000	6	2,000.	
7	Add the amounts on line 6. If zero, **stop**; you can't take this credit	7		2,000.
8	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*	8	30,929.	
9	Enter the applicable decimal amount from the table below.	9		x 0.50

If line 8 is—		And your filing status is—		
Over—	But not over—	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
		Enter on line 9—		
---	$23,000	0.5	0.5	0.5
$23,000	$25,000	0.5	0.5	0.2
$25,000	$34,500	0.5	0.5	0.1
$34,500	$37,500	0.5	0.2	0.1
$37,500	$38,250	0.5	0.1	0.1
$38,250	$46,000	0.5	0.1	0.0
$46,000	$50,000	0.2	0.1	0.0
$50,000	$57,375	0.1	0.1	0.0
$57,375	$76,500	0.1	0.0	0.0
$76,500	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

10	Multiply line 7 by line 9	10	1,000.
11	Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions	11	903.
12	**Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4	12	903.

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

Copy B To Be Filed With Employee's FEDERAL Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc sec no 626-04-7890	1 Wages, tips, other comp. 30929.22	2 Federal income tax withheld 1728.21
	3 Social security wages 30929.22	4 Social security tax withheld 1917.61
b Employer ID number 680341200	5 Medicare wages and tips 30929.22	6 Medicare tax withheld 448.49

c Employer's name, address, and ZIP code

Ky Phuon
8630 San Ysidro Ave
Ste 100
Gilroy, CA 95020

d Control number
010020247890

e Employee's name, address, and ZIP code — Suff.

Priscila Gonzalez Juarez
348 Halsey Ave
San Jose, CA 95128

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 AA 3313.49
13 Statutory employee Retirement plan X Third-party sick pay	14 Other 125MEDCC 6438.60 125DENCC 425.28	12b Code DD 8783.28
		12c Code
		12d Code

CA	276-6742-7	30929.22	484.27
15 State Employer's state ID number		16 State wages, tips,	17 State income tax

18 Local wages, tips, etc 30929.22	19 Local income tax 340.24	20 Locality name CA SDI

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury -- IRS**

This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return.

41-0852411
OMB No.1545-0008

a Employee's soc sec no 626-04-7890	1 Wages, tips, other comp. 30929.22	2 Federal income tax withheld 1728.21
	3 Social security wages 30929.22	4 Social security tax withheld 1917.61
b Employer ID number 680341200	5 Medicare wages and tips 30929.22	6 Medicare tax withheld 448.49

c Employer's name, address, and ZIP code

Ky Phuon
8630 San Ysidro Ave
Ste 100
Gilroy, CA 95020

d Control number
010020247890

e Employee's name, address, and ZIP code — Suff.

Priscila Gonzalez Juarez
348 Halsey Ave
San Jose, CA 95128

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12 AA 3313.49
13 Statutory employee Retirement plan X Third-party sick pay	14 Other 125MEDCC 6438.60 125DENCC 425.28	12b Code DD 8783.28
		12c Code
		12d Code

CA	276-6742-7	30929.22	484.27
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax

18 Local wages, tips, etc 30929.22	19 Local income tax 340.24	20 Locality name CA SDI

Form W-2 Wage and Tax Statement **2024** **Dept. of the Treasury -- IRS**

FreeTaxUSA®

2023 Income Tax Return

Federal Return

Thank you for using FreeTaxUSA.com to prepare your 2023 income tax return.

You can view the status of your tax return by signing in to your account at www.freetaxusa.com.

2024 tax preparation on FreeTaxUSA.com will be available starting in January of 2025.

We look forward to preparing your 2024 tax return.

Printed on 11/24/2025 09:30 PM

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
PRISCILA	GONZALEZ JUAREZ	626 04 7890
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
348 HALSEY AVE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN JOSE CA 95128

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

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

Filing Status Check only one box.
☐ Single ☒ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

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

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
ADALINE CANO	221 79 2073	DAUGHTER	☒	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	24,295.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	24,295.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	0.
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	24,295.
10	Adjustments to income from Schedule 1, line 26				10	0.
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	24,295.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	20,800.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	20,800.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	3,495.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	348.
	17	Amount from Schedule 2, line 3		17	0.
	18	Add lines 16 and 17		18	348.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	348.
	20	Amount from Schedule 3, line 8		20	0.
	21	Add lines 19 and 20		21	348.
	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	
	24	Add lines 22 and 23. This is your **total tax**		24	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 1,074.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	1,074.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27 3,561.		
	28	Additional child tax credit from Schedule 8812	28 1,600.		
	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	5,161.
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	6,235.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	6,235.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	6,235.
Direct deposit? See instructions.	b	Routing number 122235821 **c** Type: ☒ Checking ☐ Savings			
	d	Account number 158217954086			
	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	0.
	38	Estimated tax penalty (see instructions)	38		

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

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

Sign Here

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

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

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

Phone no. 831-265-3310 Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
	SELF-PREPARED			☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE EIC (Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **43**

Name(s) shown on return: PRISCILA GONZALEZ JUAREZ

Your social security number: 626-04-7890

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: ADALINE Last name: CANO	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	221-79-2073		
3 Child's year of birth	Year 2021 *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2023?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	DAUGHTER		
6 Number of months child lived with you in the United States during 2023 • If the child lived with you for more than half of 2023 but less than 7 months, enter "7." • If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: PRISCILA GONZALEZ JUAREZ

Your social security number: 626-04-7890

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	24,295.
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	24,295.
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,000			**5**	2,000.
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000.
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	200,000.
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0.
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	2,000.
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	348.
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	348.
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 1,652.

b Number of qualifying children under 17 with the required social security number: 1 x $1,600.
Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b** 1,600.

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b . . . . . **17** 1,600.

18a Earned income (see instructions) . . . . . **18a** 24,295.

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?
- ☐ **No.** Leave line 19 blank and enter -0- on line 20.
- ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result . . . . **19** 21,795.

20 Multiply the amount on line 19 by 15% (0.15) and enter the result . . . . . **20** 3,269.

Next. On line 16b, is the amount $4,800 or more?
- ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.
- ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.
1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27** 1,600.

Copy B To Be Filed With Employee's FEDERAL Tax Return.

41-0852411
OMB No. 1545-0008

a Employee's soc sec no	1 Wages, tips, other comp.	2 Federal income tax withheld
626-04-7890	24295.20	1073.57
b Employer ID number	**3** Social security wages	**4** Social security tax withheld
680341200	24295.20	1506.32
	5 Medicare wages and tips	**6** Medicare tax withheld
	24295.20	352.29

c Employer's name, address, and ZIP code

Ky Phuon
8630 San Ysidro Ave
Ste 100
Gilroy, CA 95020

d Control number
010020237890

e Employee's name, address, and ZIP code — Suff.

Priscila Gonzalez Juarez
348 Halsey Ave
San Jose, CA 95128

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	**11** Nonqualified plans	**12a** Code See inst. for box 12
		DD 6270.96
13 Statutory employee	**14** Other	**12b** Code
	125MEDCC 4340.16	
Retirement plan	125DENCC 212.64	**12c** Code
Third-party sick pay		**12d** Code

CA 276-6742-7	24295.20	313.93
15 State Employer's state ID number	**16** State wages, tips,	**17** State income tax
18 Local wages, tips, etc	**19** Local income tax	**20** Locality name
24295.20	218.67	CA SDI

Form W-2 Wage and Tax Statement **2023** **Dept. of the Treasury -- IRS**

This information is being furnished to the Internal Revenue Service. www.irs.gov/efile

Copy 2 To Be Filed With Employee's State, City or Local Income Tax Return.

41-0852411
OMB No.1545-0008

a Employee's soc sec no	1 Wages, tips, other comp.	2 Federal income tax withheld
626-04-7890	24295.20	1073.57
b Employer ID number	**3** Social security wages	**4** Social security tax withheld
680341200	24295.20	1506.32
	5 Medicare wages and tips	**6** Medicare tax withheld
	24295.20	352.29

c Employer's name, address, and ZIP code

Ky Phuon
8630 San Ysidro Ave
Ste 100
Gilroy, CA 95020

d Control number
010020237890

e Employee's name, address, and ZIP code — Suff.

Priscila Gonzalez Juarez
348 Halsey Ave
San Jose, CA 95128

7 Social security tips	8 Allocated tips	9
10 Dependent care benefits	**11** Nonqualified plans	**12a** Code See inst. for box 12
		DD 6270.96
13 Statutory employee	**14** Other	**12b** Code
	125MEDCC 4340.16	
Retirement plan	125DENCC 212.64	**12c** Code
Third-party sick pay		**12d** Code

CA 276-6742-7	24295.20	313.93
15 State Employer's state ID number	**16** State wages, tips, etc.	**17** State income tax
18 Local wages, tips, etc	**19** Local income tax	**20** Locality name
24295.20	218.67	CA SDI

Form W-2 Wage and Tax Statement **2023** **Dept. of the Treasury -- IRS**

Exhibit 7 – Joint Sponsor's Financial Information - Rodrigo David Gonzalez Granados

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

95-360973
STATE FILE NUMBER

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

1199535000388
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD — FIRST (GIVEN): RODRIGO	1B. MIDDLE: DAVID	1C. LAST (FAMILY): GONZALEZ GRANADOS			
	2. SEX: MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC.: SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.: -	4A. DATE OF BIRTH — MM/DD/CCYY: 09/17/1995	4B. HOUR — (24 HOUR CLOCK TIME): 1203	
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: HAZEL HAWKINS MEMORIAL HOSP.	5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION: 911 SUNSET DR.				
	5C. CITY: HOLLISTER	5D. COUNTY: SAN BENITO AMENDED 1 OF 2	5E. PLANNED PLACE OF BIRTH: HOSPITAL			
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN): RODRIGO	6B. MIDDLE: -	6C. LAST (FAMILY): GONZALEZ	7. STATE OF BIRTH: MEXICO	8. DATE OF BIRTH: 09/14/71	
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN): RITA	9B. MIDDLE: LETICIA	9C. LAST (MAIDEN): GRANADOS	10. STATE OF BIRTH: MEXICO	11. DATE OF BIRTH: 11/12/67	
PARENT'S CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT — SIGNATURE: Rodrigo Gonzalez, F.	12B. RELATIONSHIP TO CHILD: FATHER	12C. DATE SIGNED: 09/19/95		
CERTIFICATION OF BIRTH	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED	13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE: M. Aslam Barra	13B. LICENSE NUMBER: A30194	13C. DATE SIGNED: 09/26/95		
	13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: M. ASLAM BARRA, MD, 930 SUNNYSLOPE RD, HOLLISTER	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT				
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE: E. Falade, MD A. De Nova	17. DATE ACCEPTED FOR REGISTRATION: 09/29/1995		

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

01 DEC 11 PM 2:45
DATE ISSUED

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

001279616

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

AFFIDAVIT TO AMEND A RECORD

95-360973
STATE FILE NUMBER

☒ BIRTH ☐ DEATH ☐ FETAL DEATH
NO ERASURES, WHITEOUTS, OR ALTERATIONS

1199535000388
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE/LOCAL REGISTRAR USE ONLY	1A.	1B.	1C.

PART I INFORMATION TO LOCATE RECORD—TYPE OR PRINT IN BLACK INK ONLY

NAME AS IT APPEARS ON RECORD	1A. NAME-FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	
	RODRIGO	DAVID	GONZALEZ GRANADOS	
ADDITIONAL INFORMATION TO LOCATE RECORD	2. SEX	3. DATE OF EVENT—MONTH, DAY, YEAR	4A. CITY OF OCCURRENCE	4B. COUNTY OF OCCURRENCE
	MALE	09/17/1995	HOLLISTER	SAN BENITO
	5. FATHER'S NAME AS STATED ON ORIGINAL		6. MOTHER'S NAME AS STATED ON ORIGINAL	
	RODRIGO GONZALEZ		RITA LETICIA GRANADOS	

PART II STATEMENT OF CORRECTIONS—NO ERASURES, WHITEOUTS, OR ALTERATIONS

	7. CERTIFICATE ITEM NUMBER	8A. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8B. INFORMATION AS IT SHOULD APPEAR
LIST ONE ITEM PER LINE	11	11/12/67	11/12/64
		2 OF 2	

REASON FOR CORRECTION: 9. To correct the mother's date of birth.

AFFIDAVITS AND SIGNATURES

We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.

TWO PERSONS MUST SIGN THIS FORM

10A. SIGNATURE OF FIRST PERSON	10B. TITLE/RELATIONSHIP TO PERSON IN PART I	10C. DATE SIGNED
▶ Rodrigo E. Gonzalez	Father	02/14/2001
10D. AGE: 29	10E. ADDRESS (STREET, CITY, STATE, ZIP): 4960 Fairview Road, Hollister, Ca. 95023	

USE BLACK INK ONLY

11A. SIGNATURE OF SECOND PERSON	11B. TITLE/RELATIONSHIP TO PERSON IN PART I	11C. DATE SIGNED
▶ Rita Leticia Granados	Mother	02/14/2001
11D. AGE: 36	11E. ADDRESS (STREET, CITY, STATE, ZIP): 4960 Fairview Road, Hollister, Ca. 95023	

STATE/LOCAL REGISTRAR USE ONLY	12. SIGNATURE OF STATE OR LOCAL REGISTRAR	13. DATE ACCEPTED FOR REGISTRATION
	OFFICE OF THE STATE REGISTRAR OF VITAL STATISTICS	11/21/2001

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 24(S) (REV. 8/98) 94 12723

This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

01 DEC 11 PM 2:45
DATE ISSUED

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

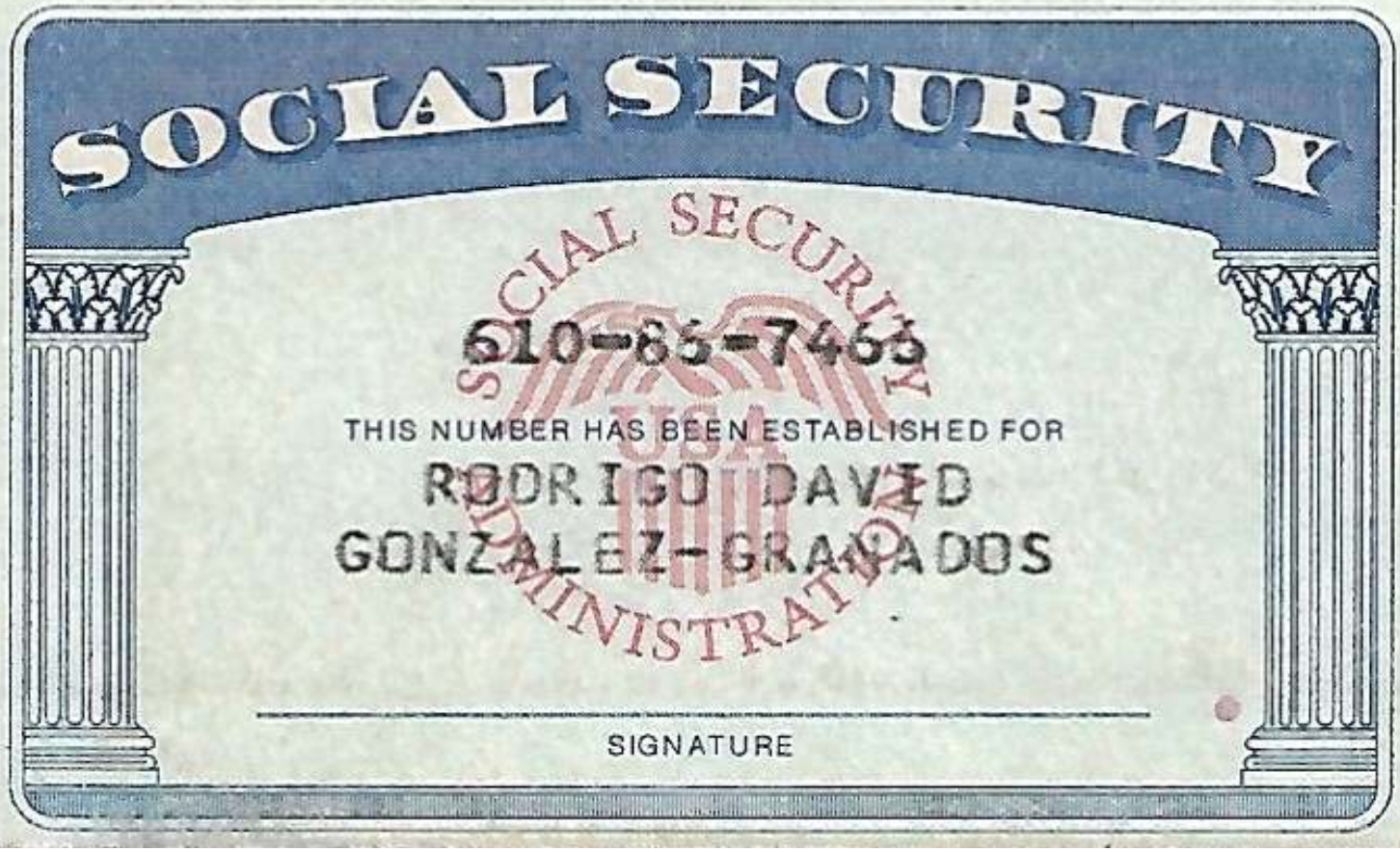
001279617

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

MIDWEST BANK NOTE COMPANY — ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

YOUR SOCIAL SECURITY CARD

Detach the card below and sign it in ink immediately.
Keep your card in a safe place to prevent loss or theft.
Do not laminate your card.



This card is the official verification of your Social Security number. Please sign it right away. Keep it in a safe place.

Improper use of this card or number by anyone is punishable by fine imprisonment or both.

This card belongs to the Social Security Administration and you mu return it if we ask for it.

If you find a card that isn't yours, please return it to:

Social Security Administration
P.O. Box 33008, Baltimore, MD 21290-3008

For any other Social Security business/information, contact your local Social Security office. If you write to the above address for ar business other than returning a found card, it will take longer for us to answer your letter.

Social Security Administration
Form SSA–**3000** (6-99)

D90304094

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
rodrigo	gonzalez	610 86 7466
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐
600 Pismo Way		

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ **You** ☐ **Spouse**
Los Banos	CA	936355428	
Foreign country name	Foreign province/state/county	Foreign postal code	

Filing Status

Check only one box.

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

Digital Assets

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

Dependents

(see instructions)

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

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

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

Income

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

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

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			**1a**	73,186.
b	Household employee wages not reported on Form(s) W-2			**1b**	
c	Tip income not reported on line 1a (see instructions)			**1c**	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			**1d**	
e	Taxable dependent care benefits from Form 2441, line 26			**1e**	
f	Employer-provided adoption benefits from Form 8839, line 31			**1f**	
g	Wages from Form 8919, line 6			**1g**	
h	Other earned income (see instructions). Enter type and amount:			**1h**	0.
i	Nontaxable combat pay election (see instructions)	**1i**			
z	Add lines 1a through 1h			**1z**	73,186.
2a	Tax-exempt interest	**2a**	**b** Taxable interest	**2b**	
3a	Qualified dividends	**3a**	**b** Ordinary dividends	**3b**	
c	Check if your child's dividends are included in **1** ☐ Line 3a		**2** ☐ Line 3b		
4a	IRA distributions	**4a**	**b** Taxable amount	**4b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ QCD **3** ☐		
5a	Pensions and annuities	**5a**	**b** Taxable amount	**5b**	
c	Check if (see instructions) **1** ☐ Rollover		**2** ☐ PSO **3** ☐		
6a	Social security benefits	**6a**	**b** Taxable amount	**6b**	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			**7a**	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			**8**	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			**9**	73,186.
10	Adjustments to income from Schedule 1, line 26			**10**	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			**11a**	73,186.

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	73,186.
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15,750.
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	212.
	14	Add lines 12e, 13a, and 13b	14	15,962.
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	57,224.
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	7,504.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	7,504.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	7,504.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	7,504.

Payments and Refundable Credits

	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a	8,347.	
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c			25d 8,347.
	26	2025 estimated tax payments and amount applied from 2024 return			26
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):			
	27a	Earned income credit (EIC)	27a		
	b	Clergy filing Schedule SE (see instructions) ☐			
	c	If you do not want to claim the EIC, check here ☐			
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Refundable adoption credit from Form 8839, line 13	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32
	33	Add lines 25d, 26, and 32. These are your **total payments**			33 8,347.

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	843.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	843.
Direct deposit? See instructions.	b	Routing number 322271627 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 201106330		
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Amount You Owe

	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	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: Technician	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. (831)313-7762	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed
Firm's name Self-Prepared			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 1-A (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Deductions

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

OMB No. 1545-0074

2025

Attachment Sequence No. **1A**

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

Your social security number: 610-86-7466

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			**1**	73,186.
2a	Enter any income from Puerto Rico that you excluded	**2a**			
b	Enter the amount from Form 2555, line 45	**2b**			
c	Enter the amount from Form 2555, line 50	**2c**			
d	Enter the amount from Form 4563, line 15	**2d**			
e	Add lines 2a, 2b, 2c, and 2d			**2e**	
3	Add lines 1 and 2e			**3**	73,186.

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at *IRS.gov/TippedOccupations*. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.				
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than $176,100 or you received tips that are not subject to social security and Medicare taxes	**4a**			
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	**4b**			
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions			**4c**	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions			**5**	
6	Add lines 4c and 5			**6**	
7	Enter the smaller of the amount on line 6 or $25,000			**7**	
8	Enter the amount from line 3			**8**	
9	Enter $150,000 ($300,000 if married filing jointly)			**9**	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			**10**	
11	Divide line 10 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			**11**	
12	Multiply line 11 by $100			**12**	
13	**Qualified tips deduction.** Subtract line 12 from line 7. If zero or less, enter -0-			**13**	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	**14a**	212.		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	**14b**	0.		
c	Add lines 14a and 14b			**14c**	212.
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			**15**	212.
16	Enter the amount from line 3			**16**	73,186.
17	Enter $150,000 ($300,000 if married filing jointly)			**17**	150,000.
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			**18**	-76,814.
19	Divide line 18 by $1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)			**19**	
20	Multiply line 19 by $100			**20**	
21	**Qualified overtime compensation deduction.** Subtract line 20 from line 15. If zero or less, enter -0-			**21**	212.

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan: **(ii)** Deducted on Schedule C, Schedule E, or Schedule F	**(iii)** Schedule 1-A
a			
b			

23	Add lines 22a and 22b, column (iii)	**23**	
24	Enter the smaller of the amount on line 23 or $10,000	**24**	
25	Enter the amount from line 3	**25**	
26	Enter $100,000 ($200,000 if married filing jointly)	**26**	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	**27**	
28	Divide line 27 by $1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	**28**	
29	Multiply line 28 by $200	**29**	
30	**Qualified passenger vehicle loan interest deduction.** Subtract line 29 from line 24. If zero or less, enter -0-	**30**	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	**31**	
32	Enter $75,000 ($150,000 if married filing jointly)	**32**	
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	**33**	
34	Multiply line 33 by 6% (0.06)	**34**	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	**35**	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	**36a**	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	**36b**	
37	**Enhanced deduction for seniors.** Add lines 36a and 36b	**37**	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	**38**	212.

175
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California Online e-file Return Authorization for Individuals

FORM **8453-OL**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
RODRIGO	GONZALEZ		610-86-7466
If filing jointly, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
600 PISMO WAY			(831)313-7762

City	State	ZIP code
LOS BANOS	CA	93635-5428

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

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions	73186
2	Refund or no amount due. See instructions	351
3	Amount you owe. See instructions	

Part II Settle Your Account Electronically for Taxable Year 2025 (Pay by 4/15/2026)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2026 (These are NOT installment payments for the current amount you owe.)

	First Payment 4/15/2026	Second Payment 6/15/2026	Third Payment 9/15/2026	Fourth Payment 1/15/2027
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 341

9 Routing number 021214891

10 Account number 389753205308

11 Type of account: ☒ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____

13 Routing number _____

14 Account number _____

15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2025 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature _____ Date _____

Spouse's/RDP's signature. If filing jointly, both must sign. _____ Date _____

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

TAXABLE YEAR

FORM

2025 California Resident Income Tax Return 540

APE DO NOT ATTACH FEDERAL RETURN

610-86-7466 GONZ 25
RODRIGO GONZALEZ

600 PISMO WAY
LOS BANOS CA 93635-5428

09-17-1995

Principal Residence

Enter your county at time of filing (see instructions)

MERCED

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

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

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

City State ZIP code

Filing Status

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

1 [X] Single

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

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

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

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [1] X $153 = ◉ $ 153

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

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

REV 02/06/26 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Exemptions

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

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

Total dependent exemptions . . . . . ● 10 [ ] X $475 = $ [ ]

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

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . ● 12	73186 .00	
13	Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. . . 13		73186 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14		0 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15		73186 .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		73186 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately. . . . . $5,706 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,412 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . ● 18		5706 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19		67480 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31		2784 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. 32		153 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- 33		2631 .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		2631 .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

REV 02/06/26 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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		.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	2631	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Behavioral Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	2631	.00

Payments

71	California income tax withheld. See instructions	71	2982	.00
72	2025 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	2982	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

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

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	2982	.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	2982	.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	351	.00

REV 02/06/26 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	351 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	**100**	.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	**400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
	California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
	State Parks Protection Fund/Parks Pass Purchase	**423**	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
	California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
	California Pediatric Cancer Research Voluntary Tax Contribution Fund	**448**	.00
	Parkinson's Disease Research Voluntary Tax Contribution Fund	**449**	.00
110	Add amounts in code 400 through code 449. This is your total contribution	**110**	.00

REV 02/06/26 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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** .00

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

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 351 .00

Refund and Direct Deposit

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

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

● Routing number 322271627 ● Type ☒ Checking ☐ Savings ● Account number 201106330 ● **116** Direct deposit amount 351 .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 Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes ☒ No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

◉ ☐ Primary taxpayer
◉ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

REV 02/06/26 INTUIT.CG.CFP.SP

Sign your tax return on Side 6

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 8313137762

● Print paid preparer's name

● Paid preparer's phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: SELF-PREPARED

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

REV 02/06/26 INTUIT.CG.CFP.SP

TAXABLE YEAR | SCHEDULE

2025 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: RODRIGO GONZALEZ

SSN or ITIN: 610867466

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A Federal Amounts** (taxable amounts from your federal tax return)	**B Subtractions** See instructions	**C Additions** See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions **1a**	73186		
b Household employee wages not reported on federal Form(s) W-2 . . . . . **1b**			
c Tip income not reported on line 1a **1c**			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions **1d**			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . **1e**			
f Employer-provided adoption benefits from federal Form 8839, line 31 . . . . . **1f**			
g Wages from federal Form 8919, line 6. . . . . **1g**			
h Other earned income. See instr. Enter type & amount. ____ **1h**	0		
i Nontaxable combat pay election. See instructions. **1i**			
z Add line 1a through line 1i. **1z**	73186		
2 Taxable interest. **a** ____ **2b**			
3 Ordinary dividends. See instructions. **a** ____ **3b**			
4 IRA distributions. See instructions. **a** ____ **4b**			
5 Pensions and annuities. See instructions. . . . . **a** ____ **5b**			
6 Social security benefits. . . . . **a** ____ **6b**			
7 a Capital gain or (loss). See instructions **7a**			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes **1**	0	0	
2 a Alimony received. **b** Date of original divorce or separation agreement. See instr. ____ **2a**			
3 Business income or (loss). See instructions. **3**			
4 Other gains or (losses) **4**			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**			
6 Farm income or (loss) **6**			
7 Unemployment compensation **7**			

REV 02/06/26 INTUIT.CG.CFP.SP

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

REV 02/06/26 INTUIT.CG.CFP.SP

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z **9a**			
b1 Disaster loss deduction from form FTB 3805V. . **9b1**			
b2 NOL deduction from form FTB 3805V **9b2**			
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . **9b3**			
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. **10**	73186	0	

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses **11**			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. **12**			
13 Health savings account deduction **13**			
14 Moving expenses. Attach form FTB 3913. See instructions **14**			
15 Deductible part of self-employment tax. See instructions. **15**			
16 Self-employed SEP, SIMPLE, and qualified plans. . **16**			
17 Self-employed health insurance deduction. See instructions. **17**			
18 Penalty on early withdrawal of savings **18**			
19 a Alimony paid. **19a**			
b Recipient's: SSN			
Last Name			
c Date of original divorce or separation agreement. See instr.			
20 IRA deduction **20**			
21 Student loan interest deduction **21**			
22 Reserved for future use **22**			
23 Archer MSA deduction **23**			

REV 02/06/26 INTUIT.CG.CFP.SP

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**	◉		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**	◉	◉	◉
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**	◉	◉	
d Reforestation amortization and expenses. **24d**	◉	◉	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**	◉		
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**	◉	◉	◉
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**	◉	◉	◉
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**	◉		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**	◉	◉	
j Housing deduction from federal Form 2555 . . . . . **24j**	◉	◉	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041). **24k**	◉		
z Other adjustments. List type and amount. ◉ **24z**	◉	◉	◉
25 Total other adjustments. Add line 24a through line 24z **25**	◉	◉	◉
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	◉	◉	◉
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 73186	◉ 0	◉

REV 02/06/26 INTUIT.CG.CFP.SP

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 **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b. **2**	73186		
3 Multiply line 2 by 7.5% (0.075) **3**	5489		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**	3908	3908	
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**	0		
d Add line 5a through line 5c. **5d**	3908		
e Enter the smaller of line 5d or $40,000 ($20,000 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**	3908	3908	0
6 Other taxes. List type **6**			
7 Add line 5e and line 6 . . . . . **7**	3908	3908	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**	0		
b Home mortgage interest not reported to you on federal Form 1098 . . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**	0		
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**	0		

REV 02/06/26 INTUIT.CG.CFP.SP

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	3908	3908	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 . . . . . **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11b 73186

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24** 1464

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 **$252,203**
Head of household **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$504,411**

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 **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,412**

Transfer the amount on line 30 to Form 540, line 18. . . . . **30** 5706

REV 02/06/26 INTUIT.CG.CFP.SP

2025 W-2 and Earnings Summary

Form W-2 **Wage and Tax Statement**
Copy C — For EMPLOYEE'S RECORDS 2025
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. OMB No. 1545-0029 Department of Treasury - Internal Revenue Service

Control number 18W95 A09K 00078

Employer's name, address, and ZIP code
THE FORD STORE MORGAN HILL INC
17045 CONDIT RD
MORGAN HILL CA 95037

Employee's name, address, and ZIP code
RODRIGO GONZALEZ
600 PISMO WAY
LOS BANOS CA 93635

1 Wages, tips, other comp. 73185.52	2 Federal income tax withheld 8347.13
3 Social security wages 77170.26	4 Social security tax withheld 4784.56
5 Medicare wages and tips 77170.26	6 Medicare tax withheld 1118.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 4211.77
	12b D 3984.74
13 Statutory employee: Retirement plan: X Third-party sick pay	12c
	12d
Employee's social security no. 610-86-7466	14 Qualified OT 212.45; CASDI 926.04
Employer ID number (EIN) 05-0610121	

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 24519753	73185.52	2982.14
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

	Wages, Tips, Other Comp. Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages and Tips Box 5 of W-2
Gross Pay	$79,962.43	$79,962.43	$79,962.43
Less: Non-Taxable Earnings	$0.00	$0.00	$0.00
Less: Retirement Deductions	($3,984.74)	N/A	N/A
Less: Other Pre-tax Deductions	($2,792.17)	($2,792.17)	($2,792.17)
Less: Third Party Sick Pay	$0.00	$0.00	$0.00
Less: Excess Wages	N/A	$0.00	N/A
Total Reported Wages	**$73,185.52**	**$77,170.26**	**$77,170.26**

	Fed Income Box 2 of W-2	Social Security Box 4 of W-2	Medicare Box 6 of W-2
Tax Withheld	**$8,347.13**	**$4,784.56**	**$1,118.97**

	CA State Wages, Tips, etc. Box 16 of W-2
Gross Pay	$79,962.43
Less: Non-Taxable Earnings	$0.00
Less: Retirement Deductions	($3,984.74)
Less: Other Pre-tax Deductions	($2,792.17)
Less: Third Party Sick Pay	$0.00
Total Reported Wages	**$73,185.52**

	CA State Income Tax Box 17 of W-2
Tax Withheld	**$2,982.14**

RODRIGO GONZALEZ
600 PISMO WAY
LOS BANOS CA 93635

The Form W-2 Box 1 wages are the Gross Wages as of your last pay statement for the year minus any non-taxable earnings or deductions, plus any additional compensation received after the last pay statement. Gross pay may not match Box 1 wages due to deductions for retirement deferrals, health insurance, or other Sec. 125 cafeteria plan deductions, etc.

Form W-2 **Wage and Tax Statement**
Copy B — To Be Filed With Employee's FEDERAL Tax Return. 2025
This information is being furnished to the IRS. OMB No. 1545-0029 Department of Treasury - Internal Revenue Service

Control number 18W95 A09K 00078

Employer's name, address, and ZIP code
THE FORD STORE MORGAN HILL INC
17045 CONDIT RD
MORGAN HILL CA 95037

Employee's name, address, and ZIP code
RODRIGO GONZALEZ
600 PISMO WAY
LOS BANOS CA 93635

1 Wages, tips, other comp. 73185.52	2 Federal income tax withheld 8347.13
3 Social security wages 77170.26	4 Social security tax withheld 4784.56
5 Medicare wages and tips 77170.26	6 Medicare tax withheld 1118.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 4211.77
	12b D 3984.74
13 Statutory employee: Retirement plan: X Third-party sick pay	12c
	12d
Employee's social security no. 610-86-7466	14 Qualified OT 212.45; CASDI 926.04
Employer ID number (EIN) 05-0610121	

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 24519753	73185.52	2982.14
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 **Wage and Tax Statement**
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2025
OMB No. 1545-0029 Department of Treasury - Internal Revenue Service

Control number 18W95 A09K 00078

Employer's name, address, and ZIP code
THE FORD STORE MORGAN HILL INC
17045 CONDIT RD
MORGAN HILL CA 95037

Employee's name, address, and ZIP code
RODRIGO GONZALEZ
600 PISMO WAY
LOS BANOS CA 93635

1 Wages, tips, other comp. 73185.52	2 Federal income tax withheld 8347.13
3 Social security wages 77170.26	4 Social security tax withheld 4784.56
5 Medicare wages and tips 77170.26	6 Medicare tax withheld 1118.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 4211.77
	12b D 3984.74
13 Statutory employee: Retirement plan: X Third-party sick pay	12c
	12d
Employee's social security no. 610-86-7466	14 Qualified OT 212.45; CASDI 926.04
Employer ID number (EIN) 05-0610121	

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 24519753	73185.52	2982.14
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 **Wage and Tax Statement**
Copy 2 — To Be Filed With Employee's State, City, or Local Income Tax Return. 2025
OMB No. 1545-0029 Department of Treasury - Internal Revenue Service

Control number 18W95 A09K 00078

Employer's name, address, and ZIP code
THE FORD STORE MORGAN HILL INC
17045 CONDIT RD
MORGAN HILL CA 95037

Employee's name, address, and ZIP code
RODRIGO GONZALEZ
600 PISMO WAY
LOS BANOS CA 93635

1 Wages, tips, other comp. 73185.52	2 Federal income tax withheld 8347.13
3 Social security wages 77170.26	4 Social security tax withheld 4784.56
5 Medicare wages and tips 77170.26	6 Medicare tax withheld 1118.97
7 Social security tips	8 Allocated tips
9	10 Dependent care benefits
11 Nonqualified plans	12a DD 4211.77
	12b D 3984.74
13 Statutory employee: Retirement plan: X Third-party sick pay	12c
	12d
Employee's social security no. 610-86-7466	14 Qualified OT 212.45; CASDI 926.04
Employer ID number (EIN) 05-0610121	

15 St. / Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 24519753	73185.52	2982.14
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Future developments. For the latest information about developments related to Form W-2, such as legislation enacted after it was published, go to *www.irs.gov/FormW2*.

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income tax credit (EITC). You may be able to take the EITC for 2025 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EITC if your investment income is more than the specified amount for 2025 or if income is earned for services provided while you were an inmate at a penal institution. For 2025 income limits and more information, visit *www.irs.gov/EITC*. See also Pub. 596. **Any EITC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at *www.SSA.gov*.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. **The amount reported with code DD is not taxable.**

Credit for excess taxes. If you had more than one employer in 2025 and more than $10,918.20 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $6,409.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions.

You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

(*Instructions for Employee* continued on back of Copy 2.)

Instructions for Employee (*Continued from back of Copy B.*)

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $23,500 (Generally, $16,500 for SIMPLE plans; $26,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $23,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2025, your employer may have allowed an additional elective deferral or designated Roth contribution (catch-up contribution) to your plan. For information about the limits on these catch-up contributions, including the higher limit if you were age 60 through 63 as of December 31, 2025, see Pub. 525. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP (this includes elective deferrals made to a Roth SEP IRA)

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

(*Instructions for Employee* continued on back of Copy C.)

Instructions for Employee (*Continued from back of Copy 2.*)

Box 12. *(continued)*

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (this includes salary reduction contributions made to a Roth SIMPLE IRA)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. **The amount reported with code DD is not taxable.**

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement

GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

II—Medicaid waiver payments excluded from gross income under Notice 2014-7

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits,** keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

(See also *Notice to Employee* on back of Copy B.)

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 12/31/2025
Period Start: 12/22/2025
Period End: 12/28/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	1.22	0.00	6.76
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	1.22	24.40	226.98
RRP Holiday	50.00	8.00	400.00	800.00
RRP Sick	41.76	0.00	0.00	334.08
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	30.21	1208.40	19813.20
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	686.80
Rest and Recovery	40.00	1.33	53.20	2320.04
Training	0.00	0.00	0.00	415.00
Training Wages	50.00	0.00	0.00	46.00
Gross Pay		**41.98**	**1686.00**	**79962.43**
W/H Taxes				
Federal W/H(S/0)			214.88	8347.13
Medicare			23.62	1118.97
Social Security			100.98	4784.56
California State W/H(S/0)			73.95	2982.14
CaliforniaSDI Tax			19.54	926.04
Deductions				
401K $			0.00	2802.85
401K %			84.30	1181.89
Med/Dental YTD			0.00	2025.78
Medical			57.32	766.39
Voluntary Live AD&D			3.55	146.69
Net Pay			**1107.86**	**54879.99** Voucher No. 8269DD
Net Pay Distribution				
Direct Deposit Net Check			1107.86	54879.99 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 8269DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 12/31/2025

Net Pay: **1107.86**

One Thousand One Hundred Seven And 86/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 12/24/2025
Period Start: 12/15/2025
Period End: 12/21/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	2.47	0.00	6.76
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.12	2.47	49.70	202.58
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	41.76	0.00	0.00	334.08
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	39.80	1592.00	18604.80
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	686.80
Rest and Recovery	40.23	1.67	67.18	2266.84
Training	0.00	0.00	0.00	415.00
Training Wages	50.00	0.92	46.00	46.00
Gross Pay		**47.33**	**1754.88**	**78276.43**
W/H Taxes				
Federal W/H(S/0)			229.28	8132.25
Medicare			24.61	1095.35
Social Security			105.25	4683.58
California State W/H(S/0)			80.64	2908.19
CaliforniaSDI Tax			20.37	906.50
Deductions				
401K $			0.00	2802.85
401K %			87.74	1097.59
Med/Dental YTD			0.00	2025.78
Medical			57.32	709.07
Voluntary Live AD&D			3.55	143.14
Net Pay			**1146.12**	**53772.13** Voucher No. 8172DD
Net Pay Distribution				
Direct Deposit Net Check			1146.12	53772.13 A/C:6330

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 8172DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 12/24/2025

Net Pay: **1146.12**

One Thousand One Hundred Forty Six And 12/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 12/17/2025
Period Start: 12/08/2025
Period End: 12/14/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	1.24	0.00	6.76
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	1.24	24.80	152.88
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	41.76	0.00	0.00	334.08
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	39.35	1574.00	17012.80
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	686.80
Rest and Recovery	40.00	1.67	66.80	2199.66
Training	0.00	0.00	0.00	415.00
Gross Pay		**43.50**	**1665.60**	**76521.55**
W/H Taxes				
Federal W/H(S/0)			210.62	7902.97
Medicare			23.32	1070.74
Social Security			99.71	4578.33
California State W/H(S/0)			71.97	2827.55
CaliforniaSDI Tax			19.30	886.13
Deductions				
401K $			0.00	2802.85
401K %			83.28	1009.85
Med/Dental YTD			0.00	2025.78
Medical			57.32	651.75
Voluntary Live AD&D			3.55	139.59
Net Pay			**1096.53**	**52626.01** Voucher No. 8067DD
Net Pay Distribution				
Direct Deposit Net Check			1096.53	52626.01 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 8067DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 12/17/2025

Net Pay: **1096.53**

One Thousand Ninety Six And 53/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 12/10/2025
Period Start: 12/01/2025
Period End: 12/07/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.39	0.00	6.76
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.39	7.80	128.08
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	41.76	8.00	334.08	334.08
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	30.98	1239.20	15438.80
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	686.80
Rest and Recovery	40.00	1.33	53.20	2132.86
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.09**	**1634.28**	**74855.95**
W/H Taxes				
Federal W/H(S/0)			204.07	7692.35
Medicare			22.87	1047.42
Social Security			97.78	4478.62
California State W/H(S/0)			68.92	2755.58
CaliforniaSDI Tax			18.92	866.83
Deductions				
401K $			0.00	2802.85
401K %			81.71	926.57
Med/Dental YTD			0.00	2025.78
Medical			57.32	594.43
Voluntary Live AD&D			2.30	136.04
Net Pay			**1080.39**	**51529.48** Voucher No. 7942DD
Net Pay Distribution				
Direct Deposit Net Check			1080.39	51529.48 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7942DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 12/10/2025

Net Pay: **1080.39**

One Thousand Eighty And 39/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 12/03/2025
Period Start: 11/24/2025
Period End: 11/30/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	2.76	0.64	1.77	6.76
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.11	0.64	12.87	120.28
RRP Holiday	50.00	8.00	400.00	400.00
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	31.31	1252.40	14199.60
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			172.60	686.80
Rest and Recovery	45.51	1.33	60.53	2079.66
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.92**	**1900.17**	**73221.67**
W/H Taxes				
Federal W/H(S/0)			259.64	7488.28
Medicare			26.72	1024.55
Social Security			114.25	4380.84
California State W/H(S/0)			94.76	2686.66
CaliforniaSDI Tax			22.12	847.91
Deductions				
401K $			0.00	2802.85
401K %			95.01	844.86
Med/Dental YTD			0.00	2025.78
Medical			57.32	537.11
Voluntary Live AD&D			3.55	133.74
Net Pay			**1226.80**	**50449.09** Voucher No. 7854DD
Net Pay Distribution				
Direct Deposit Net Check			1226.80	50449.09 A/C:6330

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7854DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 12/03/2025

Net Pay: **1226.80**

One Thousand Two Hundred Twenty Six And 80/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 11/26/2025
Period Start: 11/17/2025
Period End: 11/23/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.61	0.36	0.22	4.99
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.03	0.36	7.21	107.41
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	38.10	1524.00	12947.20
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			46.00	514.20
Rest and Recovery	41.21	1.67	68.82	2019.13
Training	0.00	0.00	0.00	415.00
Gross Pay		**40.49**	**1646.25**	**71321.50**
W/H Taxes				
Federal W/H(S/0)			207.45	7228.64
Medicare			23.10	997.83
Social Security			98.76	4266.59
California State W/H(S/0)			70.50	2591.90
CaliforniaSDI Tax			19.11	825.79
Deductions				
401K $			0.00	2802.85
401K %			82.31	749.85
Med/Dental YTD			0.00	2025.78
Medical			53.31	479.79
Voluntary Live AD&D			2.77	130.19
Net Pay			**1088.94**	**49222.29** Voucher No. 7774DD
Net Pay Distribution				
Direct Deposit Net Check			1088.94	49222.29 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7774DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 11/26/2025

Net Pay: **1088.94**

One Thousand Eighty Eight And 94/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 11/19/2025
Period Start: 11/10/2025
Period End: 11/16/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.63	0.00	4.77
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.63	12.60	100.20
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	38.79	1551.60	11423.20
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	468.20
Rest and Recovery	40.00	1.67	66.80	1950.31
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.72**	**1631.00**	**69675.25**
W/H Taxes				
Federal W/H(S/0)			204.27	7021.19
Medicare			22.87	974.73
Social Security			97.82	4167.83
California State W/H(S/0)			69.01	2521.40
CaliforniaSDI Tax			18.94	806.68
Deductions				
401K $			0.00	2802.85
401K %			81.55	667.54
Med/Dental YTD			0.00	2025.78
Medical			53.31	426.48
Voluntary Live AD&D			2.77	127.42
Net Pay			**1080.46**	**48133.35** Voucher No. 7657DD
Net Pay Distribution				
Direct Deposit Net Check			1080.46	48133.35 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7657DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 11/19/2025

Net Pay: **1080.46**

One Thousand Eighty And 46/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 11/12/2025
Period Start: 11/03/2025
Period End: 11/09/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.82	0.00	4.77
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.82	16.40	87.60
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	39.08	1563.20	9871.60
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	468.20
Rest and Recovery	40.00	1.67	66.80	1883.51
Training	0.00	0.00	0.00	415.00
Gross Pay		**42.39**	**1646.40**	**68044.25**
W/H Taxes				
Federal W/H(S/0)			207.48	6816.92
Medicare			23.10	951.86
Social Security			98.77	4070.01
California State W/H(S/0)			70.51	2452.39
CaliforniaSDI Tax			19.11	787.74
Deductions				
401K $			0.00	2802.85
401K %			82.32	585.99
Med/Dental YTD			0.00	2025.78
Medical			53.31	373.17
Voluntary Live AD&D			2.77	124.65
Net Pay			**1089.03**	**47052.89**

Voucher No. 7580DD

Net Pay Distribution

Direct Deposit Net Check	1089.03	47052.89 A/C:6330

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7580DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 11/12/2025

Net Pay: **1089.03**

One Thousand Eighty Nine And 03/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 11/05/2025
Period Start: 10/27/2025
Period End: 11/02/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	2.44	0.75	1.83	4.77
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.11	0.75	15.08	71.20
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	37.77	1510.80	8308.40
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			184.20	468.20
Rest and Recovery	44.88	1.67	74.95	1816.71
Training	0.00	0.00	0.00	415.00
Gross Pay		**40.94**	**1786.86**	**66397.85**
W/H Taxes				
Federal W/H(S/0)			236.84	6609.44
Medicare			25.14	928.76
Social Security			107.48	3971.24
California State W/H(S/0)			84.16	2381.88
CaliforniaSDI Tax			20.81	768.63
Deductions				
401K $			0.00	2802.85
401K %			89.34	503.67
Med/Dental YTD			0.00	2025.78
Medical			53.31	319.86
Voluntary Live AD&D			2.77	121.88
Net Pay			**1167.01**	**45963.86** Voucher No. 7462DD
Net Pay Distribution				
Direct Deposit Net Check			1167.01	45963.86 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7462DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 11/05/2025

Net Pay: **1167.01**

One Thousand One Hundred Sixty Seven And 01/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 10/29/2025
Period Start: 10/20/2025
Period End: 10/26/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.27	0.00	2.94
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.27	5.40	56.12
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Temp Lunch Earning	40.00	1.00	40.00	40.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	38.08	1523.20	6797.60
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	284.00
Rest and Recovery	40.00	1.67	66.80	1741.76
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.29**	**1635.40**	**64610.99**
W/H Taxes				
Federal W/H(S/0)			205.19	6372.60
Medicare			22.94	903.62
Social Security			98.09	3863.76
California State W/H(S/0)			69.44	2297.72
CaliforniaSDI Tax			18.98	747.82
Deductions				
401K $			0.00	2802.85
401K %			81.77	414.33
Med/Dental YTD			0.00	2025.78
Medical			53.31	266.55
Voluntary Live AD&D			2.77	119.11
Net Pay			**1082.91**	**44796.85** Voucher No. 7385DD
Net Pay Distribution				
Direct Deposit Net Check			1082.91	44796.85 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	40.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7385DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 10/29/2025

Net Pay: **1082.91**

One Thousand Eighty Two And 91/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 10/22/2025
Period Start: 10/13/2025
Period End: 10/19/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.88	0.00	2.94
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.88	17.60	50.72
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	31.35	1254.00	5274.40
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	284.00
Rest and Recovery	40.00	1.33	53.20	1674.96
Training	0.00	0.00	0.00	415.00
Gross Pay		**34.44**	**1324.80**	**62975.59**
W/H Taxes				
Federal W/H(S/0)			140.27	6167.41
Medicare			18.44	880.68
Social Security			78.84	3765.67
California State W/H(S/0)			42.96	2228.28
CaliforniaSDI Tax			15.26	728.84
Deductions				
401K $			0.00	2802.85
401K %			66.24	332.56
Med/Dental YTD			0.00	2025.78
Medical			53.31	213.24
Voluntary Live AD&D			2.77	116.34
Net Pay			**906.71**	**43713.94** Voucher No. 7309DD
Net Pay Distribution				
Direct Deposit Net Check			906.71	43713.94 A/C:6330

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	0.00	40.00	40.00	0.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7309DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 10/22/2025

Net Pay: **906.71**

Nine Hundred Six And 71/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 10/15/2025
Period Start: 10/06/2025
Period End: 10/12/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.58	0.00	2.94
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.58	11.60	33.12
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	38.76	1550.40	4020.40
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			0.00	284.00
Rest and Recovery	40.00	1.67	66.80	1621.76
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.59**	**1628.80**	**61650.79**
W/H Taxes				
Federal W/H(S/0)			203.81	6027.14
Medicare			22.84	862.24
Social Security			97.68	3686.83
California State W/H(S/0)			68.80	2185.32
CaliforniaSDI Tax			18.90	713.58
Deductions				
401K $			0.00	2802.85
401K %			81.44	266.32
Med/Dental YTD			0.00	2025.78
Medical			53.31	159.93
Voluntary Live AD&D			2.77	113.57
Net Pay			**1079.25**	**42807.23** Voucher No. 7219DD
Net Pay Distribution				
Direct Deposit Net Check			1079.25	42807.23 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Sick (Hours)	0.00	40.00	40.00	0.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Voucher No. 7219DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 10/15/2025

Net Pay: **1079.25**

One Thousand Seventy Nine And 25/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 10/08/2025
Period Start: 09/29/2025
Period End: 10/05/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	3.68	0.80	2.94	2.94
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.15	0.80	16.12	21.52
RRP Vacation	50.00	0.00	0.00	800.00
Sick	0.00	0.00	0.00	1456.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	38.65	1546.00	2470.00
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Production Bonus			284.00	284.00
Rest and Recovery	47.35	1.67	79.07	1554.96
Training	0.00	0.00	0.00	415.00
Gross Pay		**41.92**	**1928.13**	**60021.99**
W/H Taxes				
Federal W/H(S/0)			266.37	5823.33
Medicare			27.19	839.40
Social Security			116.23	3589.15
California State W/H(S/0)			97.89	2116.52
CaliforniaSDI Tax			22.50	694.68
Deductions				
401K $			0.00	2802.85
401K %			96.41	184.88
Med/Dental YTD			0.00	2025.78
Medical			53.31	106.62
Voluntary Live AD&D			2.77	110.80
Net Pay			**1245.46**	**41727.98** Check No. 7058
Net Pay Distribution				
Payroll Net Check			1245.46	41727.98 A/C:

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	40.00	80.00	40.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Check No. 7058

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 10/08/2025

Net Pay: **1245.46**

One Thousand Two Hundred Forty Five And 46/100 Dollars

GONZALEZ, RODRIGO
710 HILLCREST RD
HOLLISTER, CA 95023

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE OF MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 10/01/2025
Period Start: 09/22/2025
Period End: 09/28/2025

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Regular	0.00	0.00	0.00	47078.43
Overtime	0.00	0.00	0.00	637.34
Bonus OT	0.00	0.27	0.00	0.00
Holiday	0.00	0.00	0.00	1384.00
OT Premium	20.00	0.27	5.40	5.40
RRP Vacation	50.00	16.00	800.00	800.00
Sick	0.00	0.00	0.00	1456.00
Vacation	0.00	0.00	0.00	3432.00
Base Hourly Rate	40.00	23.10	924.00	924.00
Bonus			0.00	254.80
Med/Dental Reimb YTD			0.00	231.00
Rest and Recovery	40.00	1.00	40.00	1475.89
Training	0.00	0.00	0.00	415.00
Gross Pay		**40.64**	**1769.40**	**58093.86**
W/H Taxes				
Federal W/H(S/0)			233.19	5556.96
Medicare			24.86	812.21
Social Security			106.42	3472.92
California State W/H(S/0)			82.46	2018.63
CaliforniaSDI Tax			20.61	672.18
Deductions				
401K $			0.00	2802.85
401K %			88.47	88.47
Med/Dental YTD			0.00	2025.78
Medical			53.31	53.31
Voluntary Live AD&D			2.77	108.03
Net Pay			**1157.31**	**40482.52** Check No. 7033
Net Pay Distribution				
Payroll Net Check			1157.31	40482.52 A/C:

Employee Benefits, Allowances, and Other	**Current Period**	**Year To Date**	**YTD Taken**	**Available**
Sick (Hours)	0.00	40.00	40.00	0.00
Vacation (Hours)	0.00	100.00	0.00	100.00

Check No. 7033

THE FORD STORE OF MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 10/01/2025

Net Pay: **1157.31**

One Thousand One Hundred Fifty Seven And 31/100 Dollars

GONZALEZ, RODRIGO
710 HILLCREST RD
HOLLISTER, CA 95023

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 04/29/2026
Period Start: 04/20/2026
Period End: 04/26/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.98	0.00	0.62
OT Premium	20.00	0.98	19.60	298.02
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	0.00	0.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	39.23	1569.20	21640.00
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	923.02
Gross Pay		**42.86**	**1655.60**	**28408.82**
W/H Taxes				
Federal W/H(S/0)			196.34	3392.37
Medicare			23.18	397.80
Social Security			99.09	1700.93
California State W/H(S/0)			66.91	1171.63
CaliforniaSDI Tax			20.78	356.65
Deductions				
401K %			99.34	1704.52
Medical			57.32	974.44
Voluntary Live AD&D			3.23	58.11
Net Pay			**1089.41**	**18652.37** Voucher No. 9892DD
Net Pay Distribution				
Direct Deposit Net Check			1089.41	18652.37 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	120.02	110.78	9.24

**Accruals balances are accurate as of processing 04/27/2026 12:52 pm

Voucher No. 9892DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 04/29/2026

Net Pay: **1089.41**

One Thousand Eighty Nine And 41/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 04/22/2026
Period Start: 04/13/2026
Period End: 04/19/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.28	0.00	0.62
OT Premium	20.00	0.28	5.60	278.42
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	0.00	0.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	38.43	1537.20	20070.80
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	856.22
Gross Pay		**40.66**	**1609.60**	**26753.22**
W/H Taxes				
Federal W/H(S/0)			186.83	3196.03
Medicare			22.51	374.62
Social Security			96.24	1601.84
California State W/H(S/0)			63.11	1104.72
CaliforniaSDI Tax			20.18	335.87
Deductions				
401K %			96.58	1605.18
Medical			57.32	917.12
Voluntary Live AD&D			3.23	54.88
Net Pay			**1063.60**	**17562.96** Voucher No. 9808DD
Net Pay Distribution				
Direct Deposit Net Check			1063.60	17562.96 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	118.48	110.78	7.70

**Accruals balances are accurate as of processing 04/20/2026 01:15 pm

Voucher No. 9808DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 04/22/2026

Net Pay: **1063.60**

One Thousand Sixty Three And 60/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 04/15/2026
Period Start: 04/06/2026
Period End: 04/12/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	1.89	0.00	0.62
OT Premium	20.00	1.89	37.80	272.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	0.00	0.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	40.14	1605.60	18533.60
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	789.42
Gross Pay		**45.59**	**1710.20**	**25143.62**
W/H Taxes				
Federal W/H(S/0)			207.64	3009.20
Medicare			23.97	352.11
Social Security			102.48	1505.60
California State W/H(S/0)			72.03	1041.61
CaliforniaSDI Tax			21.49	315.69
Deductions				
401K %			102.61	1508.60
Medical			57.32	859.80
Voluntary Live AD&D			3.23	51.65
Net Pay			**1119.43**	**16499.36** Voucher No. 9724DD
Net Pay Distribution				
Direct Deposit Net Check			1119.43	16499.36 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	116.94	110.78	6.16

**Accruals balances are accurate as of processing 04/13/2026 01:39 pm

Voucher No. 9724DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 04/15/2026

Net Pay: **1119.43**

One Thousand One Hundred Nineteen And 43/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 04/08/2026
Period Start: 03/30/2026
Period End: 04/05/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	2.65	0.00	0.62
OT Premium	20.00	2.65	53.00	235.02
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	0.00	0.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	40.98	1639.20	16928.00
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	722.62
Gross Pay		**47.95**	**1759.00**	**23433.42**
W/H Taxes				
Federal W/H(S/0)			217.73	2801.56
Medicare			24.67	328.14
Social Security			105.51	1403.12
California State W/H(S/0)			76.72	969.58
CaliforniaSDI Tax			22.12	294.20
Deductions				
401K %			105.54	1405.99
Medical			57.32	802.48
Voluntary Live AD&D			3.23	48.42
Net Pay			**1146.16**	**15379.93** Voucher No. 9598DD
Net Pay Distribution				
Direct Deposit Net Check			1146.16	15379.93 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	115.40	110.78	4.62

**Accruals balances are accurate as of processing 04/6/2026 01:54 pm

Voucher No. 9598DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 04/08/2026

Net Pay: **1146.16**

One Thousand One Hundred Forty Six And 16/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 04/01/2026
Period Start: 03/23/2026
Period End: 03/29/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.91	0.00	0.62
OT Premium	20.00	0.91	18.20	182.02
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	0.00	0.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	39.24	1569.60	15288.80
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	655.82
Gross Pay		**42.73**	**1654.60**	**21674.42**
W/H Taxes				
Federal W/H(S/0)			196.14	2583.83
Medicare			23.16	303.47
Social Security			99.03	1297.61
California State W/H(S/0)			66.83	892.86
CaliforniaSDI Tax			20.76	272.08
Deductions				
401K %			99.28	1300.45
Medical			57.32	745.16
Voluntary Live AD&D			3.23	45.19
Net Pay			**1088.85**	**14233.77** Voucher No. 9513DD
Net Pay Distribution				
Direct Deposit Net Check			1088.85	14233.77 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	113.86	110.78	3.08

**Accruals balances are accurate as of processing 03/30/2026 01:27 pm

Voucher No. 9513DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 04/01/2026

Net Pay: **1088.85**

One Thousand Eighty Eight And 85/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 03/25/2026
Period Start: 03/16/2026
Period End: 03/22/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.55	0.00	0.00	0.62
OT Premium	20.02	0.00	0.00	163.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	30.78	1539.00	4739.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	0.00	0.00	13719.20
Production Bonus			0.00	42.80
Rest and Recovery	40.00	0.00	0.00	589.02
Gross Pay		**30.78**	**1539.00**	**20019.82**
W/H Taxes				
Federal W/H(S/0)			172.23	2387.69
Medicare			21.48	280.31
Social Security			91.86	1198.58
California State W/H(S/0)			57.27	826.03
CaliforniaSDI Tax			19.27	251.32
Deductions				
401K %			92.34	1201.17
Medical			57.32	687.84
Voluntary Live AD&D			3.23	41.96
Net Pay			**1024.00**	**13144.92** Voucher No. 9412DD
Net Pay Distribution				
Direct Deposit Net Check			1024.00	13144.92 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	112.32	110.78	1.54

**Accruals balances are accurate as of processing 03/23/2026 12:25 pm

Voucher No. 9412DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 03/25/2026

Net Pay: **1024.00**

One Thousand Twenty Four And 00/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 03/18/2026
Period Start: 03/09/2026
Period End: 03/15/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.55	0.00	0.00	0.62
OT Premium	20.02	0.00	0.00	163.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	40.00	2000.00	3200.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	0.00	0.00	13719.20
Production Bonus			0.00	42.80
Rest and Recovery	40.00	0.00	0.00	589.02
Gross Pay		**40.00**	**2000.00**	**18480.82**
W/H Taxes				
Federal W/H(S/0)			267.57	2215.46
Medicare			28.17	258.83
Social Security			120.45	1106.72
California State W/H(S/0)			99.90	768.76
CaliforniaSDI Tax			25.25	232.05
Deductions				
401K %			120.00	1108.83
Medical			57.32	630.52
Voluntary Live AD&D			3.23	38.73
Net Pay			**1278.11**	**12120.92** Voucher No. 9327DD
Net Pay Distribution				
Direct Deposit Net Check			1278.11	12120.92 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	110.78	80.00	30.78

**Accruals balances are accurate as of processing 03/16/2026 12:24 pm

Voucher No. 9327DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 03/18/2026

Net Pay: **1278.11**

One Thousand Two Hundred Seventy Eight And 11/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 03/11/2026
Period Start: 03/02/2026
Period End: 03/08/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.55	0.00	0.00	0.62
OT Premium	20.02	0.00	0.00	163.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
RRP Vacation	50.00	24.00	1200.00	1200.00
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	15.04	601.60	13719.20
Production Bonus			0.00	42.80
Rest and Recovery	40.00	0.67	26.80	589.02
Gross Pay		**39.71**	**1828.40**	**16480.82**
W/H Taxes				
Federal W/H(S/0)			232.08	1947.89
Medicare			25.68	230.66
Social Security			109.80	986.27
California State W/H(S/0)			83.40	668.86
CaliforniaSDI Tax			23.02	206.80
Deductions				
401K %			109.70	988.83
Medical			57.32	573.20
Voluntary Live AD&D			3.55	35.50
Net Pay			**1183.85**	**10842.81** Voucher No. 9228DD
Net Pay Distribution				
Direct Deposit Net Check			1183.85	10842.81 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	109.24	40.00	69.24

**Accruals balances are accurate as of processing 03/9/2026 12:55 pm

Voucher No. 9228DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 03/11/2026

Net Pay: **1183.85**

One Thousand One Hundred Eighty Three And 85/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 03/04/2026
Period Start: 02/23/2026
Period End: 03/01/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	1.33	0.00	0.62
OT Premium	20.00	1.33	26.60	163.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	39.45	1578.00	13117.60
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	562.22
Gross Pay		**43.78**	**1671.40**	**14652.42**
W/H Taxes				
Federal W/H(S/0)			199.61	1715.81
Medicare			23.40	204.98
Social Security			100.08	876.47
California State W/H(S/0)			68.30	585.46
CaliforniaSDI Tax			20.99	183.78
Deductions				
401K %			100.28	879.13
Medical			57.32	515.88
Voluntary Live AD&D			3.55	31.95
Net Pay			**1097.87**	**9658.96** Voucher No. 9112DD
Net Pay Distribution				
Direct Deposit Net Check			1097.87	9658.96 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	107.70	16.00	91.70

**Accruals balances are accurate as of processing 03/2/2026 03:35 pm

Voucher No. 9112DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 03/04/2026

Net Pay: **1097.87**

One Thousand Ninety Seven And 87/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 02/25/2026
Period Start: 02/16/2026
Period End: 02/22/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	1.44	0.00	0.62
OT Premium	20.00	1.44	28.80	137.22
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	39.29	1571.60	11539.60
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	495.42
Gross Pay		**43.84**	**1667.20**	**12981.02**
W/H Taxes				
Federal W/H(S/0)			198.74	1516.20
Medicare			23.34	181.58
Social Security			99.81	776.39
California State W/H(S/0)			67.90	517.16
CaliforniaSDI Tax			20.93	162.79
Deductions				
401K %			100.03	778.85
Medical			57.32	458.56
Voluntary Live AD&D			3.55	28.40
Net Pay			**1095.58**	**8561.09** Voucher No. 9029DD
Net Pay Distribution				
Direct Deposit Net Check			1095.58	8561.09 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	106.16	16.00	90.16

**Accruals balances are accurate as of processing 02/23/2026 01:55 pm

Voucher No. 9029DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 02/25/2026

Net Pay: **1095.58**

One Thousand Ninety Five And 58/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 02/18/2026
Period Start: 02/09/2026
Period End: 02/15/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.34	0.00	0.62
OT Premium	20.00	0.34	6.80	108.42
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	38.33	1533.20	9968.00
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	428.62
Gross Pay		**40.68**	**1606.80**	**11313.82**
W/H Taxes				
Federal W/H(S/0)			186.25	1317.46
Medicare			22.47	158.24
Social Security			96.07	676.58
California State W/H(S/0)			62.88	449.26
CaliforniaSDI Tax			20.14	141.86
Deductions				
401K %			96.41	678.82
Medical			57.32	401.24
Voluntary Live AD&D			3.55	24.85
Net Pay			**1061.71**	**7465.51** Voucher No. 8929DD
Net Pay Distribution				
Direct Deposit Net Check			1061.71	7465.51 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	104.62	16.00	88.62

**Accruals balances are accurate as of processing 02/16/2026 01:50 pm

Voucher No. 8929DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 02/18/2026

Net Pay: **1061.71**

One Thousand Sixty One And 71/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 02/11/2026
Period Start: 02/02/2026
Period End: 02/08/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.25	0.00	0.62
OT Premium	20.00	0.25	5.00	101.62
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	38.28	1531.20	8434.80
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	361.82
Gross Pay		**40.45**	**1603.00**	**9707.02**
W/H Taxes				
Federal W/H(S/0)			185.47	1131.21
Medicare			22.41	135.77
Social Security			95.83	580.51
California State W/H(S/0)			62.56	386.38
CaliforniaSDI Tax			20.09	121.72
Deductions				
401K %			96.18	582.41
Medical			57.32	343.92
Voluntary Live AD&D			3.55	21.30
Net Pay			**1059.59**	**6403.80** Voucher No. 8832DD
Net Pay Distribution				
Direct Deposit Net Check			1059.59	6403.80 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	103.08	16.00	87.08

**Accruals balances are accurate as of processing 02/9/2026 01:58 pm

Voucher No. 8832DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 02/11/2026

Net Pay: **1059.59**

One Thousand Fifty Nine And 59/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 02/04/2026
Period Start: 01/26/2026
Period End: 02/01/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.65	0.00	0.62
OT Premium	20.00	0.65	13.00	96.62
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	0.00	0.00	40.00
Base Hourly Rate	40.00	31.00	1240.00	6903.60
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.33	53.20	295.02
Gross Pay		**33.63**	**1306.20**	**8104.02**
W/H Taxes				
Federal W/H(S/0)			124.09	945.74
Medicare			18.11	113.36
Social Security			77.43	484.68
California State W/H(S/0)			39.02	323.82
CaliforniaSDI Tax			16.24	101.63
Deductions				
401K %			78.37	486.23
Medical			57.32	286.60
Voluntary Live AD&D			3.55	17.75
Net Pay			**892.07**	**5344.21** Voucher No. 8718DD
Net Pay Distribution				
Direct Deposit Net Check			892.07	5344.21 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	8.00	32.00
Vacation (Hours)	1.54	101.54	16.00	85.54

**Accruals balances are accurate as of processing 02/2/2026 01:34 pm

Voucher No. 8718DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 02/04/2026

Net Pay: **892.07**

Eight Hundred Ninety Two And 07/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 01/28/2026
Period Start: 01/19/2026
Period End: 01/25/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	2.34	0.00	0.62
OT Premium	20.00	2.34	46.80	83.62
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	0.00	0.00	325.36
Temp Lunch Earning	40.00	1.00	40.00	40.00
Base Hourly Rate	40.00	40.62	1624.80	5663.60
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.67	66.80	241.82
Gross Pay		**47.97**	**1778.40**	**6797.82**
W/H Taxes				
Federal W/H(S/0)			221.74	821.65
Medicare			24.96	95.25
Social Security			106.71	407.25
California State W/H(S/0)			78.59	284.80
CaliforniaSDI Tax			22.37	85.39
Deductions				
401K %			106.70	407.86
Medical			57.32	229.28
Voluntary Live AD&D			3.55	14.20
Net Pay			**1156.46**	**4452.14** Voucher No. 8637DD
Net Pay Distribution				
Direct Deposit Net Check			1156.46	4452.14 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	16.00	24.00
Vacation (Hours)	0.00	100.00	0.00	100.00

**Accruals balances are accurate as of processing 01/26/2026 01:48 pm

Voucher No. 8637DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 01/28/2026

Net Pay: **1156.46**

One Thousand One Hundred Fifty Six And 46/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 01/21/2026
Period Start: 01/12/2026
Period End: 01/18/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.25	0.00	0.62
OT Premium	20.00	0.25	5.00	36.82
RRP Holiday	50.00	0.00	0.00	400.00
RRP Sick	40.67	8.00	325.36	325.36
Base Hourly Rate	40.00	30.54	1221.60	4038.80
Production Bonus			0.00	42.80
Rest and Recovery	40.00	1.33	53.20	175.02
Gross Pay		**40.37**	**1605.16**	**5019.42**
W/H Taxes				
Federal W/H(S/0)			185.91	599.91
Medicare			22.45	70.29
Social Security			95.96	300.54
California State W/H(S/0)			62.74	206.21
CaliforniaSDI Tax			20.12	63.02
Deductions				
401K %			96.31	301.16
Medical			57.32	171.96
Voluntary Live AD&D			3.55	10.65
Net Pay			**1060.80**	**3295.68** Voucher No. 8558DD
Net Pay Distribution				
Direct Deposit Net Check			1060.80	3295.68 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	16.00	24.00
Vacation (Hours)	0.00	100.00	0.00	100.00

**Accruals balances are accurate as of processing 01/19/2026 01:08 pm

Voucher No. 8558DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 01/21/2026

Net Pay: **1060.80**

One Thousand Sixty And 80/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 01/14/2026
Period Start: 01/05/2026
Period End: 01/11/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.55	1.13	0.62	0.62
OT Premium	20.02	1.13	22.62	31.82
RRP Holiday	50.00	0.00	0.00	400.00
Base Hourly Rate	40.00	39.43	1577.20	2817.20
Production Bonus			42.80	42.80
Rest and Recovery	41.09	1.67	68.62	121.82
Gross Pay		**43.36**	**1711.86**	**3414.26**
W/H Taxes				
Federal W/H(S/0)			207.98	414.00
Medicare			23.99	47.84
Social Security			102.59	204.58
California State W/H(S/0)			72.19	143.47
CaliforniaSDI Tax			21.51	42.90
Deductions				
401K %			102.71	204.85
Medical			57.32	114.64
Voluntary Live AD&D			3.55	7.10
Net Pay			**1120.02**	**2234.88** Voucher No. 8453DD
Net Pay Distribution				
Direct Deposit Net Check			1120.02	2234.88 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	0.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

**Accruals balances are accurate as of processing 01/12/2026 01:40 pm

Voucher No. 8453DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 01/14/2026

Net Pay: **1120.02**

One Thousand One Hundred Twenty And 02/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Earnings Statement

GONZALEZ, RODRIGO

Company: 18W95 - THE FORD STORE MORGAN HILL, INC
17045 CONDIT RD
MORGAN HILL CA 95037 (408) 206-0948

Pay Date: 01/07/2026
Period Start: 12/29/2025
Period End: 01/04/2026

Emp #: A09K
Dept: 04 - Service
Pay Basis: Hourly

	Rate	Hours/Units	Current Period	Year To Date
Earnings				
Bonus OT	0.00	0.46	0.00	0.00
OT Premium	20.00	0.46	9.20	9.20
RRP Holiday	50.00	8.00	400.00	400.00
Base Hourly Rate	40.00	31.00	1240.00	1240.00
Rest and Recovery	40.00	1.33	53.20	53.20
Gross Pay		**41.25**	**1702.40**	**1702.40**
W/H Taxes				
Federal W/H(S/0)			206.02	206.02
Medicare			23.85	23.85
Social Security			101.99	101.99
California State W/H(S/0)			71.28	71.28
CaliforniaSDI Tax			21.39	21.39
Deductions				
401K %			102.14	102.14
Medical			57.32	57.32
Voluntary Live AD&D			3.55	3.55
Net Pay			**1114.86**	**1114.86** Voucher No. 8354DD
Net Pay Distribution				
Direct Deposit Net Check			1114.86	1114.86 A/C:6330

Employee Benefits, Allowances, and Other	Current Period	Year To Date	YTD Taken	Available
Bereavement ** (Hours)		40.00	0.00	40.00
Jury Duty ** (Hours)		40.00	0.00	40.00
Sick (Hours)	0.00	40.00	0.00	40.00
Vacation (Hours)	0.00	100.00	0.00	100.00

**Accruals balances are accurate as of processing 01/5/2026 01:29 pm

Voucher No. 8354DD

THE FORD STORE MORGAN HILL, INC
17045 Condit Rd Morgan Hill, CA 95037
(408) 782-8201
www.thefordstoremorganhill.com
Dept: 04

DATE: 01/07/2026

Net Pay: **1114.86**

One Thousand One Hundred Fourteen And 86/100 Dollars

GONZALEZ, RODRIGO
600 PISMO WAY
LOS BANOS, CA 93635

For Record Purposes Only
****NON-NEGOTIABLE****

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
rodrigo	gonzalez	610 86 7466
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
600 Pismo Way	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
Los Banos	CA	936355428

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

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

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

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

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

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

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	64,928.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	64,928.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	64,928.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	64,928.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	50,328.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	6,125.
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	6,125.
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	6,125.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.
	24	Add lines 22 and 23. This is your **total tax**	24	6,125.
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 6,120.		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	6,120.
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — No — 27:		
	28	Additional child tax credit from Schedule 8812 — 28:		
	29	American opportunity credit from Form 8863, line 8 — 29:		
	30	Reserved for future use — 30:		
	31	Amount from Schedule 3, line 15 — 31:		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**	32	
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	6,120.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number X X X X X X X X X — c Type: ☐ Checking ☐ Savings		
	d	Account number X X X X X X X X X X X X X X X X		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	5.
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. (831)313-7762 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN

175
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California Online e-file Return Authorization for Individuals

FORM **8453-OL**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
RODRIGO	GONZALEZ		610-86-7466
If filing jointly, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
600 PISMO WAY			(831)313-7762

City	State	ZIP code
LOS BANOS	CA	93635-5428

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

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions	64928
2	Refund or no amount due. See instructions	223
3	Amount you owe. See instructions	

Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2025 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 223

9 Routing number 322271627

10 Account number 201106330

11 Type of account: ☒ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____

13 Routing number _____

14 Account number _____

15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature _____ Date _____

Spouse's/RDP's signature. If filing jointly, both must sign. _____ Date _____

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

TAXABLE YEAR | FORM

2024 California Resident Income Tax Return 540

APE DO NOT ATTACH FEDERAL RETURN

610-86-7466 GONZ 24
RODRIGO GONZALEZ

600 PISMO WAY
LOS BANOS CA 93635-5428

09-17-1995

Principal Residence

Enter your county at time of filing (see instructions)

MERCED

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

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

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

City | State | ZIP code

Filing Status

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

1 [X] Single

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

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

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

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

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

Exemptions

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

Whole dollars only

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

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

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

REV 03/12/25 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Exemptions

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

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

Total dependent exemptions . . . . . ● 10 [ ] X $461 = $ [ ]

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

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . ● 12	64928	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	64928	.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	64928	.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	64928	.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	5540	.00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19	59388	.00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● **31** 2212 .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	2063	.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	2063	.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

REV 03/12/25 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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		.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	2063	.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	2063	.00

Payments

71	California income tax withheld. See instructions	71	2286	.00
72	2024 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions.	73		.00
74	Reserved for future use	74		.
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	2286	.00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

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

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	2286	.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	2286	.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	223	.00

REV 03/12/25 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	223 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

REV 03/12/25 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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** .00

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

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 223 .00

Refund and Direct Deposit

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

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

● Routing number 322271627 ● Type ☒ Checking ☐ Savings ● Account number 201106330 ● **116** Direct deposit amount 223 .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

REV 03/12/25 INTUIT.CG.CFP.SP

Sign your tax return on Side 6

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 8313137762

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: SELF-PREPARED

Firm's name (or yours, if self-employed) | ● PTIN

Firm's address | ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

REV 03/12/25 INTUIT.CG.CFP.SP

TAXABLE YEAR | SCHEDULE

2024 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: RODRIGO GONZALEZ

SSN or ITIN: 610867466

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	64928		
b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f			
g Wages from federal Form 8919, line 6. . . . . 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	64928		
2 Taxable interest. a _____ 2b			
3 Ordinary dividends. See instructions. a _____ 3b			
4 IRA distributions. See instructions. a _____ 4b			
5 Pensions and annuities. See instructions. a _____ 5b			
6 Social security benefits. a _____ 6b			
7 Capital gain or (loss). See instructions 7			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1			
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. 3			
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

REV 03/12/25 INTUIT.CG.CFP.SP

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

REV 03/12/25 INTUIT.CG.CFP.SP

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z **9a**			
b1 Disaster loss deduction from form FTB 3805V. . **9b1**			
b2 NOL deduction from form FTB 3805V **9b2**			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . **9b3**			
10 Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. **10**	64928		

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses **11**			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. **12**			
13 Health savings account deduction **13**			
14 Moving expenses. Attach form FTB 3913. See instructions **14**			
15 Deductible part of self-employment tax. See instructions. **15**			
16 Self-employed SEP, SIMPLE, and qualified plans. . **16**			
17 Self-employed health insurance deduction. See instructions. **17**			
18 Penalty on early withdrawal of savings **18**			
19 a Alimony paid. **19a**			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction **20**			
21 Student loan interest deduction **21**			
22 Reserved for future use **22**			
23 Archer MSA deduction. **23**			

REV 03/12/25 INTUIT.CG.CFP.SP

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments: **a** Jury duty pay **24a**			
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**			
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**			
d Reforestation amortization and expenses. **24d**			
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**			
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**			
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**			
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**			
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**			
j Housing deduction from federal Form 2555 . . . . . **24j**			
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**			
z Other adjustments. List type and amount. _____ **24z**			
25 Total other adjustments. Add line 24a through line 24z **25**			
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**			
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	64928		

REV 03/12/25 INTUIT.CG.CFP.SP

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 1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. 64928 2			
3 Multiply line 2 by 7.5% (0.075) 4870 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . 5a	3026	3026	
b State and local real estate taxes 5b			
c State and local personal property taxes 5c	0		
d Add line 5a through line 5c. 5d	3026		
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	3026	3026	0
6 Other taxes. List type _____ 6			
7 Add line 5e and line 6. 7	3026	3026	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . 8a			
b Home mortgage interest not reported to you on federal Form 1098. . . . . 8b			
c Points not reported to you on federal Form 1098. . 8c			
d Reserved for future use 8d			
e Add line 8a through line 8c. 8e			
9 Investment interest. 9			
10 Add line 8e and line 9. 10			

REV 03/12/25 INTUIT.CG.CFP.SP

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions. **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	3026	3026	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 . . . . . **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 64928

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24** 1299

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** 5540

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	64927.98	6119.76
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	67260.53	4170.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	67260.53	975.29

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans

12a	14 Other
D 2332.55	
12b DD 2658.87	
12c	
12d	

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 245-1975-3	64927.98	2285.66

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
67260.53	739.88	CA-SDI

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	64927.98	6119.76
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	67260.53	4170.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	67260.53	975.29

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

d Control number	7 Social security tips	8 Allocated tips

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

9	10 Dependent care benefits	11 Nonqualified plans

12a	14 Other
D 2332.55	
12b DD 2658.87	
12c	
12d	

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 245-1975-3	64927.98	2285.66

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
67260.53	739.88	CA-SDI

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	64927.98	6119.76
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	67260.53	4170.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	67260.53	975.29

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans

12a	14 Other
D 2332.55	
12b DD 2658.87	
12c	
12d	

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 245-1975-3	64927.98	2285.66

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
67260.53	739.88	CA-SDI

Form **W-2** Wage and Tax Statement **2024** **Copy C - For EMPLOYEE'S RECORDS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	64927.98	6119.76
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	67260.53	4170.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	67260.53	975.29

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips
9	10 Dependent care benefits	11 Nonqualified plans

12a	14 Other
D 2332.55	
12b DD 2658.87	
12c	
12d	

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA 245-1975-3	64927.98	2285.66

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
67260.53	739.88	CA-SDI

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20 _____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
rodrigo d	gonzalez	610 86 7466
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.
600 Pismo Way

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
Los Banos CA 936355428

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

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

Filing Status Check only one box.
☒ Single ☐ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ **Yes** ☒ **No**

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

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

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

Income

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

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

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	61,776.
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	0.
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	61,776.
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	0.
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	61,776.
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	61,776.
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850.
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13,850.
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	47,926.

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	5,851.
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	5,851.
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	5,851.
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	0.
	24	Add lines 22 and 23. This is your **total tax**		24	5,851.
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 6,013.		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	6,013.
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC) No	27		
	28	Additional child tax credit from Schedule 8812	28		
	29	American opportunity credit from Form 8863, line 8	29		
	30	Reserved for future use	30		
	31	Amount from Schedule 3, line 15	31		
	32	Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**		32	
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	6,013.
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	162.
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	162.
Direct deposit? See instructions.	b	Routing number 322271627	c Type: ☒ Checking ☐ Savings		
	d	Account number 201106330			
	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	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

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

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

Sign Here

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

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

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

Phone no. (831)313-7762 | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: ☐ Self-employed

Firm's name Self-Prepared | Phone no.

Firm's address | Firm's EIN

175
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California Online e-file Return Authorization for Individuals

FORM **8453-OL**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
RODRIGO D	GONZALEZ		610-86-7466
If filing jointly, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no./ste. no.	PMB/private mailbox	Daytime telephone number
600 PISMO WAY			(831)313-7762

City	State	ZIP code
LOS BANOS	CA	93635-5428

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

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions	61776
2	Refund or no amount due. See instructions	205
3	Amount you owe. See instructions	

Part II Settle Your Account Electronically for Taxable Year 2023 (Pay by 4/15/2024)

4 ☒ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2024 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 205

9 Routing number 322271627

10 Account number 201106330

11 Type of account: ☒ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____

13 Routing number _____

14 Account number _____

15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to the Franchise Tax Board (FTB), either directly or through e-file software, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above, agrees with the information and amounts shown on the corresponding lines of my 2023 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. 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 authorize my return and accompanying schedules and statements to be transmitted to the FTB directly or through the e-file software. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to me, either directly or through the e-file software, the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Your signature _____ Date _____

Spouse's/RDP's signature. If filing jointly, both must sign. _____ Date _____

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

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return 540

APE DO NOT ATTACH FEDERAL RETURN

610-86-7466 GONZ 23
RODRIGO D GONZALEZ

600 PISMO WAY
LOS BANOS CA 93635-5428

09-17-1995

Principal Residence

Enter your county at time of filing (see instructions)

MERCED

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

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

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

City State ZIP code

Filing Status

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

1 [X] Single

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

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

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

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. [ ]
See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ◉ 7 [1] X $144 = ◉ $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . ◉ 8 [ ] X $144 = ◉ $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $144 = ◉ $

REV 03/05/24 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Exemptions

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

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

Total dependent exemptions . . . . . ● 10 [ ] X $446 = $ [ ]

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

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . ● 12	61776 .00	
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . **13**		61776 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14		0 .00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions **15**		61776 .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		61776 .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		5363 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- **19**		56413 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31		2053 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions. **32**		144 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- **33**		1909 .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**		1909 .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

REV 03/05/24 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	1909 .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	1909 .00

Payments

71	California income tax withheld. See instructions	71	2114 .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	.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	2114 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if: ◉ [X] No use tax is owed. ◉ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● [X]
If you did not check the box, see instructions.

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

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	93	2114 .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	2114 .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	205 .00

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2024** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	205 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

REV 03/05/24 INTUIT.CG.CFP.SP

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

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** .00

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

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 205 .00

Refund and Direct Deposit

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

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

● Routing number 322271627 ● Type ☒ Checking ☐ Savings ● Account number 201106330 ● **116** Direct deposit amount 205 .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

REV 03/05/24 INTUIT.CG.CFP.SP

Sign your tax return on Side 6

Your name: GONZALEZ Your SSN or ITIN: 610-86-7466

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

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

Joint tax return? See instructions.

◉ Your email address. Enter only one email address.

◉ Preferred phone number: 8313137762

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: SELF-PREPARED

Firm's name (or yours, if self-employed) | ● PTIN

Firm's address | ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☒ No

Print Third Party Designee's Name | Telephone Number

REV 03/05/24 INTUIT.CG.CFP.SP

TAXABLE YEAR

SCHEDULE

2023 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: RODRIGO D GONZALEZ

SSN or ITIN: 610867466

Part I Income Adjustment Schedule **Section A – Income** from federal Form 1040 or 1040-SR	**A** Federal Amounts (taxable amounts from your federal tax return)	**B** Subtractions See instructions	**C** Additions See instructions
1 a Total amount from federal Form(s) W-2, box 1. See instructions 1a	61776		
b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f			
g Wages from federal Form 8919, line 6. . . . . 1g			
h Other earned income. See instructions 1h	0		
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	61776		
2 Taxable interest. a _____ 2b			
3 Ordinary dividends. See instructions. a _____ 3b			
4 IRA distributions. See instructions. a _____ 4b			
5 Pensions and annuities. See instructions. a _____ 5b			
6 Social security benefits. a _____ 6b			
7 Capital gain or (loss). See instructions 7			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes 1	0	0	
2 a Alimony received. See instructions. 2a			
3 Business income or (loss). See instructions. 3			
4 Other gains or (losses) 4			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. 5			
6 Farm income or (loss) 6			
7 Unemployment compensation 7			

REV 03/05/24 INTUIT.CG.CFP.SP

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

REV 03/05/24 INTUIT.CG.CFP.SP

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 lines 8a through 8z. . 9a			
b1 Disaster loss deduction from form FTB 3805V. . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . 9b3			
10 **Total.** Combine 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	61776	0	

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15			
16 Self-employed SEP, SIMPLE, and qualified plans. . 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN _____ Last Name _____			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction. 23			

REV 03/05/24 INTUIT.CG.CFP.SP

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**	◉		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**	◉	◉	◉
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**	◉	◉	
d Reforestation amortization and expenses. **24d**	◉	◉	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**	◉		
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**	◉	◉	◉
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**	◉	◉	◉
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**	◉		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**	◉	◉	
j Housing deduction from federal Form 2555 . . . . . **24j**	◉	◉	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**	◉		
z Other adjustments. List type and amount. ◉ _____ **24z**	◉	◉	◉
25 Total other adjustments. Add line 24a through line 24z **25**	◉	◉	◉
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	◉	◉	◉
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 61776	◉ 0	◉

REV 03/05/24 INTUIT.CG.CFP.SP

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 **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. **2**	61776		
3 Multiply line 2 by 7.5% (0.075) **3**	4633		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**	2730	2730	
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**	0		
d Add line 5a through line 5c. **5d**	2730		
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**	2730	2730	0
6 Other taxes. List type **6**			
7 Add line 5e and line 6. . . . . **7**	2730	2730	0
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098. . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9. . . . . **10**			

REV 03/05/24 INTUIT.CG.CFP.SP

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	2730	2730	0

18 Total. Combine line 17 column A less column B plus column C **18** 0

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21** 0

22 Add line 19 through line 21 . . . . . **22** 0

23 Enter amount from federal Form 1040 or 1040-SR, line 11 61776

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24** 1236

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 **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$474,075**

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 **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

Transfer the amount on line 30 to Form 540, line 18. . . . . **30** 5363

REV 03/05/24 INTUIT.CG.CFP.SP

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	61775.74	6013.41
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	63760.98	3953.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	63760.98	924.51

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips

9	10 Dependent care benefits	11 Nonqualified plans

12a		14 Other
D	1985.24	
12b		
DD	2414.56	
12c		
12d		

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	245-1975-3	61775.74	2113.97

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
63760.98	616.12	CA-SDI

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	61775.74	6013.41
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	63760.98	3953.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	63760.98	924.51

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

d Control number	7 Social security tips	8 Allocated tips

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

9	10 Dependent care benefits	11 Nonqualified plans

12a		14 Other
D	1985.24	
12b		
DD	2414.56	
12c		
12d		

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	245-1975-3	61775.74	2113.97

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
63760.98	616.12	CA-SDI

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	61775.74	6013.41
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	63760.98	3953.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	63760.98	924.51

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips

9	10 Dependent care benefits	11 Nonqualified plans

12a		14 Other
D	1985.24	
12b		
DD	2414.56	
12c		
12d		

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	245-1975-3	61775.74	2113.97

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
63760.98	616.12	CA-SDI

Form **W-2** Wage and Tax Statement **2023** **Copy C - For EMPLOYEE'S RECORDS.**

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's SSN	1 Wages, tips, other compensation	2 Federal income tax withheld
610-86-7466	61775.74	6013.41
OMB No. 1545-0008	3 Social security wages	4 Social security tax withheld
	63760.98	3953.18
b Employer identification number	5 Medicare wages and tips	6 Medicare tax withheld
05-0610121	63760.98	924.51

c Employer's name, address, and ZIP code

The Ford Store of Morgan Hill, Inc.
17045 Condit Road

Morgan Hill CA 95037

e Employee's first name and initial	Last name	Suff.
RODRIGO	GONZALEZ	

710 HILLCREST RD

HOLLISTER CA 95023

f Employee's address and ZIP code

d Control number	7 Social security tips	8 Allocated tips

9	10 Dependent care benefits	11 Nonqualified plans

12a		14 Other
D	1985.24	
12b		
DD	2414.56	
12c		
12d		

13 Statutory employee ☐ Retirement plan ☒ Third-party sick pay ☐

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax
CA	245-1975-3	61775.74	2113.97

18 Local wages, tips, etc.	19 Local income tax	20 Locality name
63760.98	616.12	CA-SDI

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.