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) Haley	Middle Name (if any) Mae	Family Name (Last Name) GONCALES

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

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

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

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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Form I-485, Application to Register Permanent Residence or Adjust Status

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Matheus	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS GONCALES

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

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

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

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Matheus	Middle Name (if any) N/A	Family Name (Last Name) DOS SANTOS GONCALES

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

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

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

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

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

RE: Form I-130, Petition for Alien Relative
Petitioner: Haley Mae Goncales
Beneficiary: Matheus dos Santos Goncales

Dear Sir or Madam,
Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Haley Mae Goncales and Matheus dos Santos Goncales.**

- Form G-1450, Authorization for Credit Card Transactions;
- Haley Mae Gonçales' Signed Forms:
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative;
- Form I-864, Affidavit of Support Under Section 213A of the INA;

- Matheus dos Santos Goncales' Signed Forms:
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130A, Supplemental Information for a Spouse Beneficiary;
- Form I-485, Application to Register Permanent Residence or Adjust Status;
- Form I-765, Application for Employment Authorization;

I. Haley Mae Goncales' Identification Documents
- Haley Mae Goncales' Valid Passport;
- Haley Mae Goncales' Birth Certificate;
- Haley Mae Goncales' Driver License;

II. Matheus dos Santos Goncales' Identification Documents
- Matheus dos Santos Goncales' Italian Passport;
- Matheus dos Santos Goncales' Bralizian Passport;

- Matheus dos Santos Goncales' Birth Certificate with English Translation;

- Matheus dos Santos Goncales' Copy of I-94;

III. Haley Mae Goncales and Matheus dos Santos Goncales' Marriage Certificate

IV.Haley and Matheus – Personal Statement on Their Relationship - Bona Fide Marriage

- Haley Mae Goncales' Personal Declaration;

- Matheus dos Santos Goncales' Personal Declaration;

V. Evidence of Bona Fide Marriage

- Haley Mae Goncales and Matheus dos Santos Goncales' Proof of residence;

- Haley Mae Goncales – Change of Last Name Through Marriage (Adoption of Husband's Surname);

- Haley Mae Goncales and Matheus dos Santos Goncales' Joint Bank Account;

-Matheus dos Santos Goncales – Beneficiary of Haley Mae Goncales' Employer Profit-Sharing Plan;

-WhatsApp Messages Between the Couple Demonstrating Their Loving Relationship;

-Call History Between the Couple Reflecting Their Genuine Relationship;

VI. Evidence of Bona Fide Marriage: Letters of Support

- Letter of Support Delivered by Bruna dos Santos Goncales;

- Letter of Support Delivered by Danilson Pereira Arruda;

- Letter of Support Delivered by Emilia Bernadette Bogetti;

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

- Photographic Evidence of Relationship;

VIII. Petitioner's Financial Information

- Haley Mae Goncales' IRS Federal Income Tax Return - 2025;

- Haley Mae Goncales' IRS Federal Income Tax Return - 2024;

- Haley Mae Goncales' IRS Federal Income Tax Return - 2023;

- Haley Mae Goncales' W-2 and Earnings Summary - 2025;

- Haley Mae Goncales' W-2 and Earnings Summary - 2024;

- Haley Mae Goncales' W-2 and Earnings Summary - 2023;

- Haley Mae Goncales's March 2026 Paystub;

- Haley Mae Goncales's February 2026 Paystub;

- Haley Mae Goncales's January 2026 Paystub;

- Haley Mae Goncales's December 2025 Paystub;

- Haley Mae Goncales's November 2025 Paystub;
- Haley Mae Goncales's October 2025 Paystub;

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,



05/19/2026
Otavio Haverroth Silva, SBN#343486
P.O. Box 90487
San Diego, CA 92169
(510) 241-9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 and I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

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

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

6.a. Family Name (Last Name) GONCALES

6.b. Given Name (First Name) Haley

6.c. Middle Name Mae

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

5104568464

11. Mobile Telephone Number (if any)

5104568464

12. Email Address (if any)

haleycabral5@gmail.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

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

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 06/23/2026

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): GONCALES

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

1.c. Middle Name: Mae

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

► **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)
► 619198907

Your Full Name

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

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

4.c. Middle Name: Mae

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): CABRAL

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

5.c. Middle Name: Mae

Other Information

6. City/Town/Village of Birth: Fremont

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 06/03/2000

9. Sex ☐ Male ☒ Female

Mailing Address

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 4520 Wagon Trail Way

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: Antioch

12.d. State: CA **12.e.** ZIP Code: 94531

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 06/01/2026

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

Physical Address 2

14.a. Street Number and Name: 1649 B st

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: Hayward

14.d. State: CA **14.e.** ZIP Code: 94541

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 06/28/2025

15.b. Date To (mm/dd/yyyy): 06/01/2026

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) 01/07/2026

Place of Your Current Marriage (if married)

19.a. City or Town: Oakland

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): DOS SANTOS GONCALES

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

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: N/A

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

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name): CABRAL

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

24.c. Middle Name: Mae

25. Date of Birth (mm/dd/yyyy): 12/05/1976

26. Sex ☐ Male ☒ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Fremont

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name): CABRAL

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

30.c. Middle Name: Thomas

31. Date of Birth (mm/dd/yyyy): 08/17/1976

32. Sex ☒ Male ☐ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: Fremont

35. Country of Residence: USA

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

Dublin Family Dental

43.a. Street Number and Name 8265 Village Pkwy

43.b. ☐ Apt. ☒ Ste. ☐ Flr. A e B

43.c. City or Town Dublin

43.d. State CA **43.e.** ZIP Code 94568

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Office Manager

45.a. Date From (mm/dd/yyyy) 07/24/2023

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

Employer 2

46. Name of Employer/Company

Pro Smile Dental Care

47.a. Street Number and Name 2270 Camino Ramon

47.b. ☒ Apt. ☐ Ste. ☐ Flr. 100

47.c. City or Town San Ramon

47.d. State CA **47.e.** ZIP Code 94583

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Dental Assistant

49.a. Date From (mm/dd/yyyy) 04/04/2025

49.b. Date To (mm/dd/yyyy) Present

Part 3. Biographic Information

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

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

☐ Hispanic or Latino
☒ Not Hispanic or Latino

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

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

3. Height Feet 5 Inches 4

4. Weight Pounds 1 8 0

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): DOS SANTOS GONCALES

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

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: Sao Bernardo do Campo

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 07/14/1998

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: 4520 Wagon Trail Way

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: Antioch

11.d. State: CA **11.e.** ZIP Code: 94531

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr.: 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): 6505769070

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

6505769070

16. Email Address (if any)

matheeusk82@icloud

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) 01/07/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town Oakland

20.b. State CA

20.c. Province N/A

20.d. Country

USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name) GONCALES

21.b. Given Name (First Name) Haley

21.c. Middle Name Mae

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

Spouse 2

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

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

23.c. Middle Name N/A

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

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) GONCALES

25.b. Given Name (First Name) Haley

25.c. Middle Name Mae

26. Relationship Spouse

27. Date of Birth (mm/dd/yyyy) 06/03/2000

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): WT - VISITOR FOR PLEASURE - VWPP

46.b. Form I-94 Arrival-Departure Record Number: ▶ 6 6 3 3 0 4 3 9 1 A 3

46.c. Date of Arrival (mm/dd/yyyy): 12/06/2023

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: 03/04/2024

47. Passport Number: YC2855945

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 09/04/2033

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): Self employed - Instacart Shopper

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

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: N/A

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

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 12/06/2023

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:

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: 4520 Wagon Trail Way

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: Antioch

59.d. State: CA **59.e.** ZIP Code: 94531

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 06/01/2026

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

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

61.a. City or Town: San Francisco

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name): 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. [X] 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. [X] At my request, the preparer named in **Part 8.**, Otavio HAVERROTH SILVA, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 5104568464

4. Petitioner's Mobile Telephone Number (if any): 5104568464

5. Petitioner's Email Address (if any): haleycabral5@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) ➡ _____

6.b. Date of Signature (mm/dd/yyyy): 06/23/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

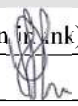
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 06/23/2026

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): GONCALES

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

1.c. Middle Name: Mae

2. A-Number (if any) ► A- N / A

3.a. Page Number: 2 **3.b.** Part Number: 2 **3.c.** Item Number: 14a

3.d.
Physical Address 3:23052 Eddy St.Hayward, CA. Zip Code: 94541. USA.From: 08/01/2024 to 08/01/2025.

Physical Address 4:2728 Haste St.Berkeley, CA. Zip Code: 94704. USA.From: 06/01/2024 to 07/31/2024.

Physical Address 5:3632 Adam's Ave.Fremont, CA. Zip Code: 94538. USA.From: 05/31/2023 to 05/31/2024.

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 14

4.d.
Physical Address 6:4771 Crow Canyon Rd.Castro Valley, CA. Zip Code: 94552. USA. From: 11/01/2022 to 05/31/2023.

Physical Address 7:2338 Coral Anne Drive.Tracy, CA. Zip Code: 95377. USA. From: 10/15/2021 to 11/01/2022.

Physical Address 8:3608 Adams Ave.Fremont, CA. Zip Code: 94568. USA. From: 06/30/2013 to 10/15/2021.

5.a. Page Number: 4 **5.b.** Part Number: 2 **5.c.** Item Number: 46

5.d.
Employer 3: Alexandria's Flower.3037 Hopyard RD. Ste F.Pleasanton. CA. USA.Cashier.From: 05/08/2023 to 07/10/2023.

Employer 4: Carwin Family.4771 Crow Canyon RD.Castro Valley. CA. 94552. USA.Nanny.From: 11/01/2022 to 03/31/2023.

Employer 5: FedEx Wearhouse.5655 Hood Wy.Tracy. CA. 95377. USA.Package Handler.From: 06/30/2022 to 09/30/2022.

6.a. Page Number: 4 **6.b.** Part Number: 2 **6.c.** Item Number: 46

6.d.
Employer 6: Carwin Family.4771 Crow Canyon RD.Castro Valley. CA. 94552. USA.Nanny.From: 10/15/2020 to 12/10/2022.

Some of the employment dates provided above are approximate. During the gaps between the six employment positions listed above, Haley was unemployed.

7.a. Page Number: 7 **7.b.** Part Number: 4 **7.c.** Item Number: 47

7.d.
Brazilian Passport: FX033199.

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☐ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GONCALES	Haley	Mae

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

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

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

Street Number and Name
4520 Wagon Trail Way

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
Antioch

State
CA

ZIP Code
94531

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
06/03/2000

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 1 9 1 9 8 9 0 7

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)
DOS SANTOS GONCALES	Matheus	N/A

2. Current Mailing Address

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

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Italy

4. Date of Birth (mm/dd/yyyy): 07/14/1998

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

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

7. Daytime Telephone Number: 6505769070

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.**) **None**

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

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

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

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

Household Size: **2**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an **Office Manager and Dental Assistant**

2. Name of Employer 1 **Dublin Family Dental**

3. Name of Employer 2 (if applicable) **ProSmile Dental Care**

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: $ **61,653.00**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 61,653.00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 61,653
16.b. 2nd Most Recent	2024	$ 45,442
16.c. 3rd Most Recent	2023	$ 32,062

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

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

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

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

Your Assets (if applicable)

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

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

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

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

A. Becomes a U.S. citizen;

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

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

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

E. Dies.

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number: 5104568464

4. Sponsor's Mobile Telephone Number (if any): 5104568464

5. Sponsor's Email Address (if any): haleycabral5@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 ➡ [Haley Cabral] Date of Signature (mm/dd/yyyy): 06/23/2026

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)
N/A

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
06/23/2026

Part 11. Additional Information

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

1. Family Name (Last Name): GONCALES | Given Name (First Name): Haley | Middle Name (if applicable): Mae

2. A-Number (if any) ► A- N / A

3. Page Number: 3 | Part Number: 3 | Item Number: 3

Matheus do Santos Gonçales holds both Brazilian and Italian citizenship. Below is his Brazilian passport number:FX033199.

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

N/A

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

N/A

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

N/A

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130A I-485 I-765

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) DOS SANTOS GONCALES

6.b. Given Name (First Name) Matheus

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

6505769070

11. Mobile Telephone Number (if any)

6505769070

12. Email Address (if any)

matheeusk82@icloud.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 90487

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town San Diego

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

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ Matheus dos Santos

2.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 06/23/2026

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): DOS SANTOS GONCALES

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

1.c. Middle Name: N/A

2.a. Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Supplemental Information for Spouse Beneficiary

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

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

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

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

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): DOS SANTOS GONCALES
3.b. Given Name (First Name): Matheus
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: 4520 Wagon Trail Way
4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
4.c. City or Town: Antioch
4.d. State: CA **4.e.** ZIP Code: 94531
4.f. Province: N/A
4.g. Postal Code: N/A
4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 03/01/2026
5.b. Date To (mm/dd/yyyy): PRESENT

Physical Address 2

6.a. Street Number and Name: 31 Canal Dr
6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
6.c. City or Town: Bay Point
6.d. State: CA **6.e.** ZIP Code: 94565
6.f. Province: N/A
6.g. Postal Code: N/A
6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 03/01/2025
7.b. Date To (mm/dd/yyyy): 02/28/2026

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Fco. Andrelino dos Santos, 22
8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
8.c. City or Town: Sao Bernardo do Campo
8.d. Province: N/A
8.e. Postal Code: 09790765
8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 07/14/1998

9.b. Date To (mm/dd/yyyy) 12/05/2023

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) PERESIN GONCALES

10.b. Given Name (First Name) Gilberto

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 10/01/1962

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Paranapua

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Sao Bernardo do Campo

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) DOS SANTOS GONCALES

17.b. Given Name (First Name) Fatima Aparecida

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 09/08/1966

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Arapongas

21. Country of Birth
Brazil

22. City/Town/Village of Residence
São Bernardo do Campo

23. Country of Residence
Brazil

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
Self employed - Instacart Shopper

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
USA

3. Your Occupation
App Developer

4.a. Date From (mm/dd/yyyy) 12/06/2023

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

Employer 2

5. Name of Employer/Company
Sbk BPO

6.a. Street Number and Name KM 28.5 Rodovia dos Imigrantes

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town Sao Bernardo do Campo

6.d. State SP **6.e.** ZIP Code 09845000

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
Brazil

Part 2. Information About Your Employment (continued)

7. Your Occupation: Administrative Analyst

8.a. Date From (mm/dd/yyyy): 07/02/2018

8.b. Date To (mm/dd/yyyy): 03/31/2023

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: Sbk BPO

2.a. Street Number and Name: KM 28.5 Rodovia dos Imigrantes

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town: São Bernardo do Campo

2.d. State: SP 2.e. ZIP Code: 09845000

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: Brazil

3. Your Occupation: Administrative Analyst

4.a. Date From (mm/dd/yyyy): 07/02/2018

4.b. Date To (mm/dd/yyyy): 03/31/2023

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number: 6505769070

4. Spouse Beneficiary's Mobile Telephone Number (if any): 6505769070

5. Spouse Beneficiary's Email Address (if any): matheeusk82@icloud.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): Matheus dos Santos

6.b. Date of Signature (mm/dd/yyyy): 06/23/2026

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 06/23/2026

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

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

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town: San Diego

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

3.f. Province

3.g. Postal Code

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

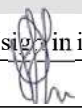
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): DOS SANTOS GONCALES

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

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: 6a

3.d. Physical Address 3: 381 West Miramont Dr. City: Montain House. State: CA. Zip Code: 95391. Country: USA. From 12/06/2023 to 02/28/2025.
Physical Addres 4 : Rua Francisco Andrelino dos Santos, 22. City: São Bernardo do Campo. State: Sao Paulo. Postal Code: 09790765. Country: Brazil. From 07/14/1998 to 12/05/2023.

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

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)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
		343486	007492625438

► **START HERE - Type or print in black ink.** 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)
DOS SANTOS GONCALES	Matheus	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) 07/14/1998

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- N / A

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

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

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

A-Number (if any) ► A- N / A

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

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

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Sao Bernardo do Campo

Country of Birth: Brazil

8. Country of Citizenship or Nationality

Italian

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: YC2855945

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 09/04/2033

Country that Issued this Passport or Travel Document: Italy

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): N/A

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): N/A

Place and Date of Last Arrival into the United States

City or Town: Los Angeles

State: CA

Date of Last Arrival (mm/dd/yyyy): 12/06/2023

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):
WT - VISITOR FOR PLEASURE - VWPP.

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

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

☐ Other:

A-Number ▶ A- N / A

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

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

Family Name (Last Name): DOS SANTOS GONCALES

Given Name (First Name): Matheus

Form I-94 Arrival/Departure Record Number ▶ 66330439 1A3

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 03/04/2024

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

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Matheus dos Santos Goncales

Street Number and Name: 4520 Wagon Trail Way

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: Antioch

State: CA

ZIP Code: 94531

Date You First Resided at This Address (mm/dd/yyyy): 03/01/2026

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

A-Number ► A- N / A

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)

Matheus dos Santos Goncales

Street Number and Name: 31 Canal Dr | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

City or Town: Bay Point | State: CA | ZIP Code: 94565

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

Dates of Residence

From (mm/dd/yyyy): 03/01/2025 To (mm/dd/yyyy): 02/28/2026

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: N/A | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

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

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

Dates of Residence

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

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- N / A

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born 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.

A-Number ► A- N / A

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): Self Employed

Name of Employer, Company, or School: Instacart Shopper

Your Occupation (if unemployed or retired, so state): App Developer

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

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

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

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 12/06/2023 | 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: N/A | Your Occupation (if unemployed or retired, so state): N/A

Address of Employer, Company, or School

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

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

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

Dates of Employment, Unemployment, Retirement, or School Attendance

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

If unemployed or retired, source of financial support: N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

Family Name (Last Name): PERESIN GONCALES | Given Name (First Name): Gilberto | 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): 10/01/1962

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DOS SANTOS GONCALES	Fatima Aparecida	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)
DOS SANTOS	Fatima Aparecida	N/A

7. Date of Birth (mm/dd/yyyy) 09/08/1966

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

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

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

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
GONCALES	Haley	Mae

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

► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 06/03/2000

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name: 4520 Wagon Trail Way

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: Antioch

State: CA

ZIP Code: 94531

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: Oakland

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 01/07/2026

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

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

☐ Annulled ☐ Divorced ☐ Spouse Deceased ☐ Other (Explain): N/A

Part 7. Information About Your Children

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

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

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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)
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

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 11 **4.** Weight Pounds 2 1 0

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? 2

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

61. What is the highest degree or grade of school you have completed?

☐ Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

☐ High school diploma, GED, or alternative credential ☐ 1 or more years of college credit, no degree

☐ Associate's degree ☒ Bachelor's degree ☐ Master's degree ☐ Professional degree (JD, MD, DMD, etc.)

☐ Doctorate degree

62. List your certifications, licenses, skills obtained through work experience, and educational certificates.

List of Certifications
Bachelor's degree in Business Administration
Knowlege in economics and financial analysis
Experience with long-term investmentes (buy and hold)
Excel automation (VBA and advanced formulas)
Intermediate/advanced Excel proficiency
Market analysis and financial decision-making
Personal financial planning and investmentes

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
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ 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
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ 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- N / A

Part 10. Applicant's Contact Information, Certification, and Signature

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 6505769070
2. Applicant's Mobile Telephone Number (if any): 6505769070
3. Applicant's Email Address (if any): matheeusk82@icloud.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: Matheus dos Santos — Date of Signature (mm/dd/yyyy): 06/23/2026

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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and portuguese, and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that he or she understood every instruction, question, and answer on the application.

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 06/23/2026

A-Number ► A- 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)
HAVERROTH SILVA

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

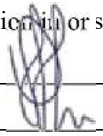
4. Preparer's Mobile Telephone Number (if any)
5102419336

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

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)
06/23/2026

NOTE: Do not complete Part 13. until the USCIS Officer instructs you to do so at the interview.

Part 13. Signature at Interview

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this Form I-485, Application to Register Permanent Residence or Adjust Status, subscribed by me, including the changes made to this application, **numbered** _____ **through** _____, are complete, true, and correct. All information on additional pages submitted by me with this Form I-485, **on numbered pages** _____ **through** _____ are complete, true, and correct. All documents submitted at this interview were provided by me and are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1. Family Name (Last Name): DOS SANTOS GONCALES | Given Name (First Name): Matheus | Middle Name (if applicable): N/A

2. Page Number: 2 | Part Number: 1 | Item Number: 8

Matheus do Santos Gonçales holds both Brazilian and Italian citizenship. Below is his Brazilian passport number: FX033199.

3. Page Number: 2 | Part Number: 1 | Item Number: 10

Matheus dos Santos Gonçales entered the United States using his Italian passport (No. YC2855945) under the Visa Waiver Program (ESTA authorization No. 95099H67069R1435).According to his Form I-94 (Admission Record No. 663304391A3), his date of arrival was December 6, 2023. His Class of Admission was WT (Visa Waiver Program Tourist), and he was authorized to remain in the United States until March 4,

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

Prior Adress: 381 West Miramont Dr. Montain House. CA. 95391. USA. From 12/06/2023 to 02/28/2025.
Prior Adress: Rua Francisco Andrelino dos Santos, 22. São Bernardo do Campo. São Paulo. 09790765. Brazil.From: 07/14/1998 to 12/05/2023.

5. Page Number: 8 | Part Number: 4 | Item Number: 7

SBK BPO. Administrative Analyst. Km 28.5 Rodovia dos Imigrantes. São Bernardo do Campo. São Paulo. 09845000. Brazil. From 07/02/2018 to 03/31/2023.

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): DOS SANTOS GONCALES | Given Name (First Name): Matheus | Middle Name (if applicable): N/A

2. Page Number: 14 | Part Number: 9 | Item Number: 11

The Beneficiary previously applied for a B1/B2 visitor visa at the U.S. Consulate in Sao Paulo, Brazil, in May 2023, using his Brazilian passport. The application was denied. The U.S. Consulate did not provide a specific reason for the visa refusal.

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

The applicant worked without authorization during his time in the United States to support himself financially.

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

The applicant entered the USA on December 6, 2023, under the Visa Waiver Program (WT) and was authorized to remain until March 4, 2024. He violated the terms of his nonimmigrant status by remaining in the USA beyond his authorized stay and by engaging in unauthorize employment.

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

The applicant has accrued unlawful presence in the United States since March 5, 2024, and continues to do so as of the present date. He entered the United States using his Italian passport under Visa Waiver Program (WT status).

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)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

► **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): DOS SANTOS GONCALES

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

1.c. Middle Name: N/A

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)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

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

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

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

U.S. Physical Address

7.a. Street Number and Name: 4520 Wagon Trail Way

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: Antioch

7.d. State: CA **7.e.** ZIP Code: 94531

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
Italy

14.b. Country
Brazil

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

Sao Bernardo do Campo

15.b. State/Province of Birth

Sao Paulo

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 07/14/1998

Information About Your Last Arrival in the United States

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

► 66330439 1A3

18. Passport Number of Your Most Recently Issued Passport

YC2855945

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Italy

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 09/04/2033

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 12/06/2023

23. Place of Your Last Arrival Into the United States

Los Angeles

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

WT - VISITOR FOR PLEASURE - VWPP.

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

Adjustment of Status - I-485 pending

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

► N- N / A

Information About Your Eligibility Category

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

(C) (9) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

►

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.

►

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

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

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

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

Applicant's Statement

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

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

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

Portuguese,

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

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

Otavio Haverroth Silva,

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

Applicant's Contact Information

3. Applicant's Daytime Telephone Number

6505769070

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

6505769070

5. Applicant's Email Address (if any)

matheeusk82@icloud.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

➡ Matheus dos Santos

7.b. Date of Signature (mm/dd/yyyy) 06/23/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

INACIO PENNA MELLO

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

Andre Vinicius

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

HS Law Corp

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

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

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 06/23/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

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

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

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 06/23/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): DOS SANTOS GONCALES

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

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

Exhibit list

Exhibits:	Pages:
Exhibit 1 - Haley Mae Goncales's Identification Documents	
Haley Mae Goncales' Valid Passport	1-16
Haley Mae Goncales' Birth Certificate	17
Haley Mae Goncales's Driver License	18
Exhibit 2 - Matheus dos Santos Goncales's Identification Documents	
Matheus dos Santos Goncales’ Italian Passport	19-45
Matheus dos Santos Goncales’ Bralizian Passport	46-64
Matheus dos Santos Goncales' Birth Certificate with English Translation	65-67
Matheus dos Santos Goncales' Copy of I-94	68-69
Exhibit 3 - Haley Mae Gonçales and Matheus dos Santos Gonçales’ Marriage Certificate	
Haley and Matheus' Marriage Certificate	70
Exhibit 4 - Haley and Matheus – Personal Statement on Their Relationship - Bona Fide Marriage	
Haley Mae Goncales’ Personal Declaration	71-72
Matheus dos Santos Goncales’ Personal Declaration	73
Exhibit 5 -Evidence Of Bona Fide Marriage	
Haley Mae Goncales' Proof Of Residence	74
Haley Mae Goncales and Matheus dos Santos Goncales’ Proof of residence	75-80
Haley Mae Goncales' Legal Name Change Request	81

Haley and Matheus' Joint Bank Account	82-87
Designated Beneficiary Of Haley's Profit-Sharing Plan	88-91
WhatsApp Messages Between the Couple Demonstrating Their Loving Relationship	92-125
Call History Between The Couple Reflecting Their Genuine Relationship	126-145

Exhibit 6 - Evidence of Bona Fide Marriage: Letters of Support

Letter of Support Delivered by Bruna dos Santos Goncales	146-147
Letter of Support Delivered by Danilson Pereira Arruda	148-150
Letter of Support Delivered by Emilia Bogetti	151-152

Exhibit 7 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Haley and Matheus' Relationship Photos	153-241

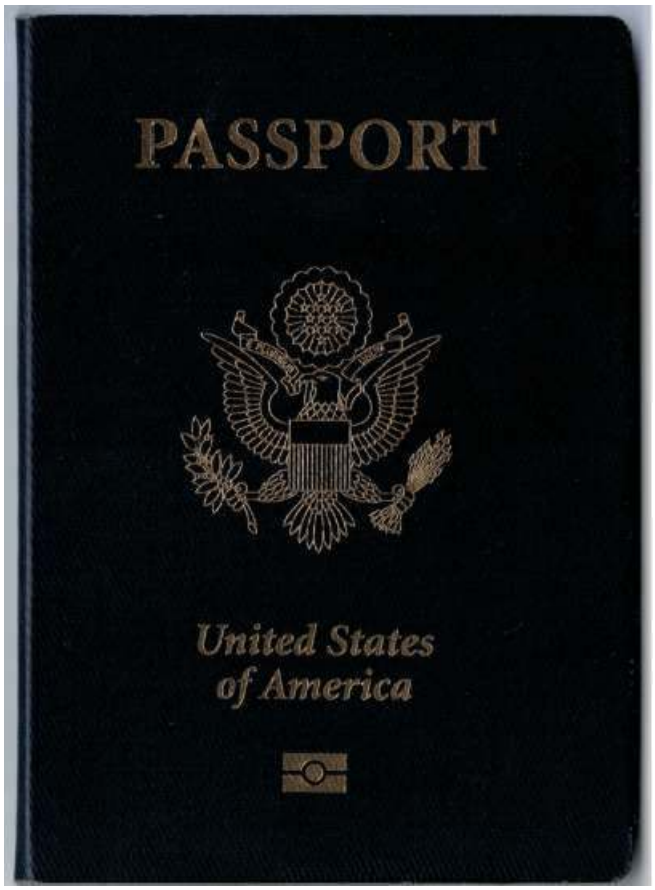
Exhibit 8 - Petitioner's Financial Information

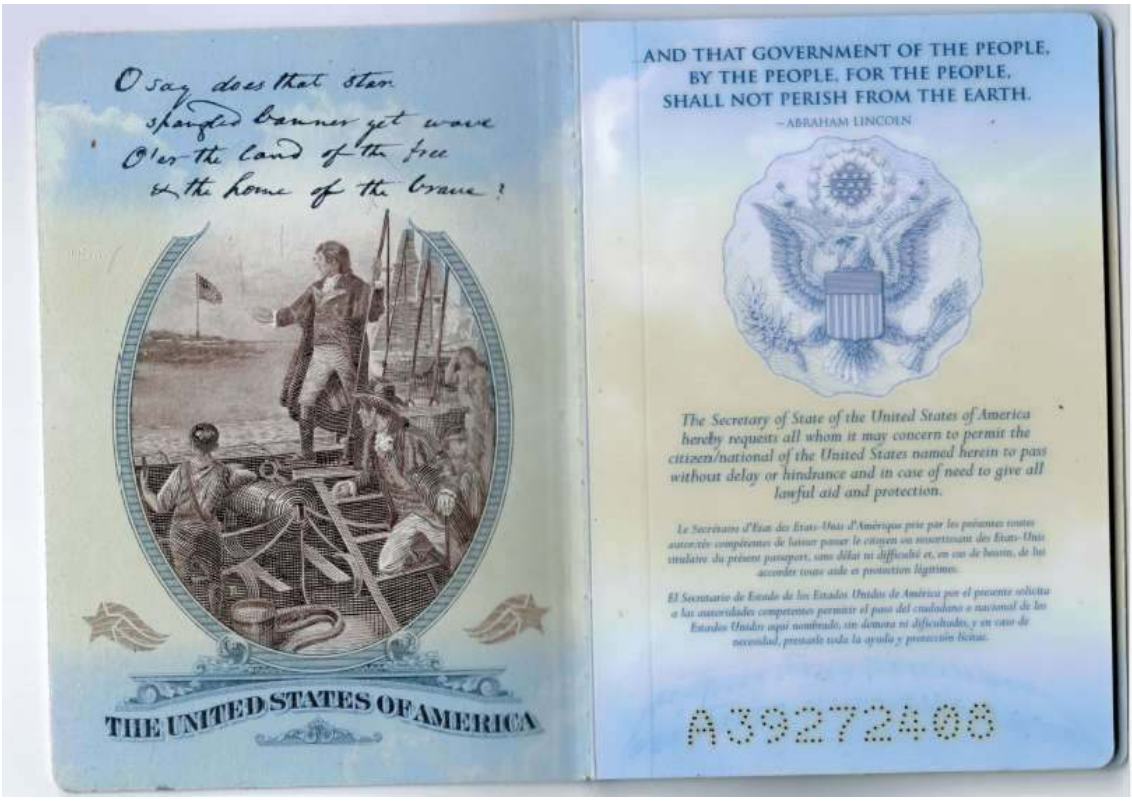
Haley Mae Gonçales's IRS Federal Income Tax Return - 2025	242-261
Haley Mae Gonçales's IRS Federal Income Tax Return 2024	262-290
Haley Mae Gonçales's IRS Federal Income Tax Return 2023	291-307
Haley Mae Gonçales's W-2 and Earnings Summary 2025	308-309
Haley Mae Gonçales's W-2 and Earnings Summary 2024	310-311
Haley Mae Gonçales's W-2 and Earnings Summary 2023	312-314

Exhibit 9 - Haley Mae Goncales's Paystubs

Haley Mae Goncales' Pay Stubs - March 2026	315-318
Haley Mae Goncales' Pay Stubs - February 2026	319-322
Haley Mae Goncales' Pay Stubs - January 2026	323-325
Haley Mae Goncales' Pay Stubs - December 2025	326-331
Haley Mae Goncales' Pay Stubs - November 2025	332-337
Haley Mae Goncales' Pay Stubs - October 2025	338-341

Exhibit 1 - Haley Mae Goncales's Identification Documents


PASSPORT
United States
of America


O say does that star
spangled banner yet wave
O'er the land of the free
& the home of the brave?
THE UNITED STATES OF AMERICA
AND THAT GOVERNMENT OF THE PEOPLE,
BY THE PEOPLE, FOR THE PEOPLE,
SHALL NOT PERISH FROM THE EARTH.
– ABRAHAM LINCOLN
The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.
Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.
El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.
A39272408



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

USA

Type/Type/Tipo: P
Code/Code/Código: USA
Passport No./No. du Passeport/No. de Pasaporte: A39272408

Surname/Nom/Apellidos: CABRAL

Given names/Prénoms/Nombres: HALEY MAE

Nationality/Nationalité/Nacionalidad: UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento: 03 JUN 2000

Sex/Sexe/Sexo: F

Place of birth/Lieu de naissance/Lugar de nacimiento: CALIFORNIA, U.S.A.

Date of issue/Date de délivrance/Fecha de expedición: 12 FEB 2024

Date of expiration/Date d'expiration/Fecha de caducidad: 11 FEB 2034

Authority/Autorité/Autoridad: UNITED STATES DEPARTMENT OF STATE

P<USACABRAL<<HALEY<MAE<<<<<<<<<<<<<<<<<<<<<<<<

A39272408 1USA0006035F3402111353872495<491932



SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE
The U.S. Coat of Arms is transparent over the Bearer's image.

BEARER'S IMAGE
An image of the document holder is printed over security artwork.

MICROTEXT
"United States of America" is printed in microtext behind the Bearer's image.

WATERMARK
The U.S. Coat of Arms can be seen when a visa page is held up to the light.

PASSPORT NUMBER
The passport number is perforated throughout the passport.

COLOR-SHIFTING INK
"USA" shifts from gold to green when the document is tilted.

USA

PERSONAL DATA AND EMERGENCY CONTACT

FOR YOUR PROTECTION, COMPLETE THE INFORMATION REQUESTED BELOW USING PENCIL. PLEASE KEEP THESE ENTRIES UP TO DATE.

BEARER'S PHONE NUMBER IN THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE AUX ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR EN LOS ESTADOS UNIDOS:

BEARER'S PHONE NUMBER OUTSIDE THE UNITED STATES:
NUMERO DE TELEPHONE DU TITULAIRE A L'EXTERIEUR DES ÉTATS-UNIS:
NUMERO DE TELEFONO DEL TITULAR FUERA DE LOS ESTADOS UNIDOS:

BEARER'S EMAIL ADDRESS:
E-MAIL DU TITULAIRE:
CORREO ELECTRÓNICO DEL TITULAR:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST U.S. EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES, AT **202-647-5225**, AND THE CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ÉTATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS DU DEPARTMENT D'ETAT, AU **202-647-5225**, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS:

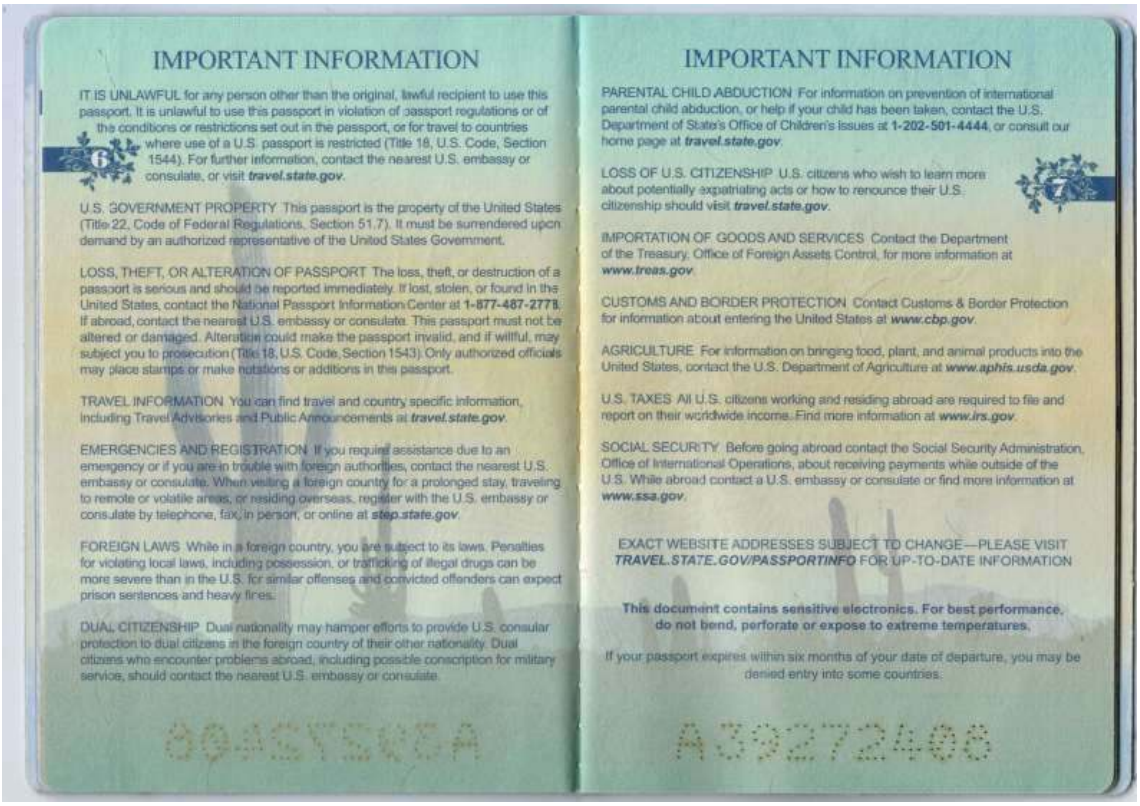
EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS, DEPARTAMENTO DE ESTADO, AL TELEFONO **202-647-5225**, Y A LA PERSONA QUE USTED INDIQUE A CONTINUACION:

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courrier électronique/Correo electrónico:



IMPORTANT INFORMATION

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. It is unlawful to use this passport in violation of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where use of a U.S. passport is restricted (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or visit ***travel.state.gov***.

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.7). It must be surrendered upon demand by an authorized representative of the United States Government.

LOSS, THEFT, OR ALTERATION OF PASSPORT The loss, theft, or destruction of a passport is serious and should be reported immediately. If lost, stolen, or found in the United States, contact the National Passport Information Center at **1-877-487-2778**. If abroad, contact the nearest U.S. embassy or consulate. This passport must not be altered or damaged. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials may place stamps or make notations or additions in this passport.

TRAVEL INFORMATION You can find travel and country specific information, including Travel Advisories and Public Announcements at ***travel.state.gov***.

EMERGENCIES AND REGISTRATION If you require assistance due to an emergency or if you are in trouble with foreign authorities, contact the nearest U.S. embassy or consulate. When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, in person, or online at ***step.state.gov***.

FOREIGN LAWS While in a foreign country, you are subject to its laws. Penalties for violating local laws, including possession, or trafficking of illegal drugs can be more severe than in the U.S. for similar offenses and convicted offenders can expect prison sentences and heavy fines.

DUAL CITIZENSHIP Dual nationality may hamper efforts to provide U.S. consular protection to dual citizens in the foreign country of their other nationality. Dual citizens who encounter problems abroad, including possible conscription for military service, should contact the nearest U.S. embassy or consulate.

IMPORTANT INFORMATION

PARENTAL CHILD ABDUCTION For information on prevention of international parental child abduction, or help if your child has been taken, contact the U.S. Department of State's Office of Children's Issues at **1-202-501-4444**, or consult our home page at ***travel.state.gov***.

LOSS OF U.S. CITIZENSHIP U.S. citizens who wish to learn more about potentially expatriating acts or how to renounce their U.S. citizenship should visit ***travel.state.gov***.

IMPORTATION OF GOODS AND SERVICES Contact the Department of the Treasury, Office of Foreign Assets Control, for more information at ***www.treas.gov***.

CUSTOMS AND BORDER PROTECTION Contact Customs & Border Protection for information about entering the United States at ***www.cbp.gov***.

AGRICULTURE For information on bringing food, plant, and animal products into the United States, contact the U.S. Department of Agriculture at ***www.aphis.usda.gov***.

U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Find more information at ***www.irs.gov***.

SOCIAL SECURITY Before going abroad contact the Social Security Administration, Office of International Operations, about receiving payments while outside of the U.S. While abroad contact a U.S. embassy or consulate or find more information at ***www.ssa.gov***.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE—PLEASE VISIT ***TRAVEL.STATE.GOV/PASSPORTINFO*** FOR UP-TO-DATE INFORMATION

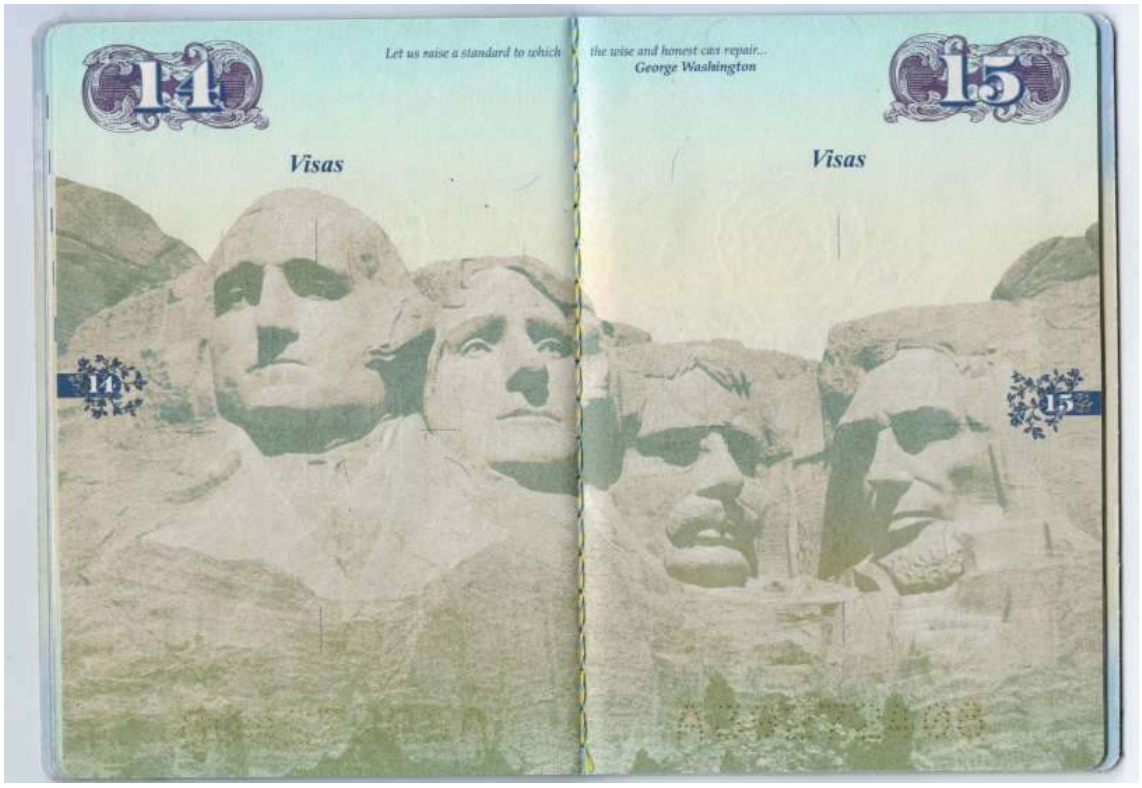
This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

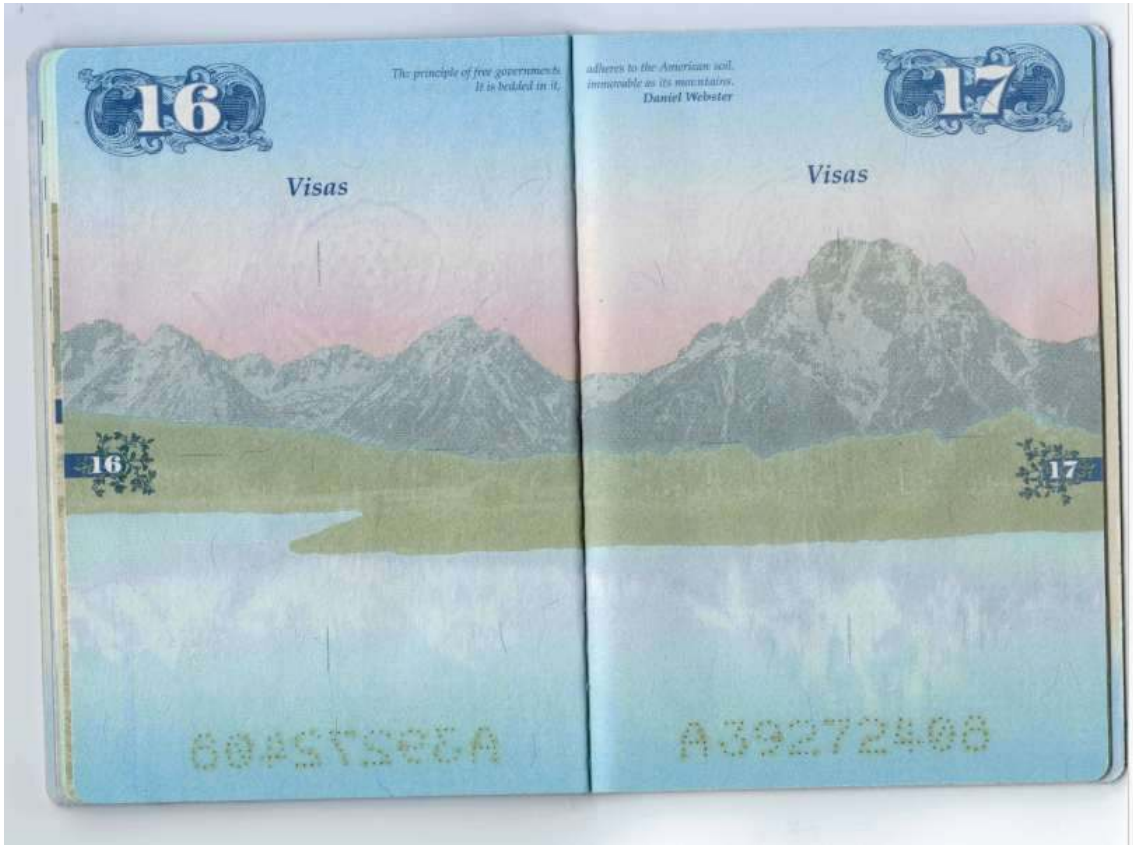
If your passport expires within six months of your date of departure, you may be denied entry into some countries.


8
We have a great dream. It started way back in 1776,
Visas
8
09.09.25 05
BARCELONA
A 005
01.09.2 4 0
BARCELONA
A 004
9
and God grant that America will be true to her dream.
Martin Luther King, Jr.
Visas
9
2038
Naturalisation and Immigration Service
Dublin Airport
TEMPORARY VISITOR PERMISSION
NOT RENEWABLE
17 MAR 2024
IN CONGRESS, July 4, 1776.
Declaration
America
permitted to remain in Ireland for a maximum
90 days from this date for the purpose of a visa
recourse to public funds
employment/business prohibited


10
Let every nation know, whether it wishes us well or
any hardship, support any friend, oppose any foe, to
Visas
10
11
all that we shall pay any price, bear any burden, meet
order to assure the survival and the success of liberty.
John F. Kennedy
Visas
11


12
This is a new nation, based on a mighty continent, of boundless possibilities.
Theodore Roosevelt
13
Visas
Visas
12
13
A3927408


14
Let us raise a standard to which
Visas
14
15
the wise and honest can repair...
George Washington
Visas
15


16
The principle of free governments
It is bedded in it,
Visas
16
17
adheres to the American soil,
immovable as its mountains.
Daniel Webster
Visas
17


18
Whatever America hopes to bring to pass in the
Visas
18
19
world must first come to pass in the heart of America.
Dwight D. Eisenhower
Visas
19


20
For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend
Visas
20
21
It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it to the hopes of man.
Lyndon B. Johnson
Visas
21


22
Every generation has the obligation
to look out from a higher
Visas
22
23
to free men's minds for a look at new worlds...
plateau than the last generation.
Ellison S. Onizuka
Visas
23


24
May God continue the unity of our country as this
Visas
21
25
railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869
Visas
25


26
Visas
26
The cause of freedom is not the cause of a race or a sect, a party or a class – it is the cause of humankind, the very birthright of humanity.
–Anna Julia Cooper
A39272408


Scan for important passport information and travel requirements.
travel.state.gov/new

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER

COUNTY OF ALAMEDA

OAKLAND, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER

1200001006093

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A NAME OF CHILD — FIRST (GIVEN): HALEY	1B MIDDLE: MAE	1C LAST (FAMILY): CABRAL			
	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: 06/03/2000	4B HOUR — (24 HOUR CLOCK TIME): 1102	
PLACE OF BIRTH	5A PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY: WASHINGTON TOWNSHIP HOSPITAL	5B STREET ADDRESS — STREET, NUMBER, OR LOCATION: 2000 MOWRY AVE.				
	5C CITY: FREMONT	5D COUNTY: ALAMEDA	5E PLANNED PLACE OF BIRTH: HOSPITAL			
FATHER OF CHILD	6A NAME OF FATHER — FIRST (GIVEN): JUSTIN	6B MIDDLE: THOMAS	6C LAST (FAMILY): CABRAL SR.	7 STATE OF BIRTH: CA	8 DATE OF BIRTH: 08/17/1976	
MOTHER OF CHILD	9A NAME OF MOTHER — FIRST (GIVEN): STEPHANIE	9B MIDDLE: MAE	9C LAST (MAIDEN): ELMORE	10 STATE OF BIRTH: CA	11 DATE OF BIRTH: 12/05/1976	
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: Stephanie Cabral		12B RELATIONSHIP TO CHILD: Mother	12C DATE SIGNED: 06/04/2000	
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: Barrie MD		13B LICENSE NUMBER: A026722	13C DATE SIGNED: 6/9/2000	
	13D TYPED NAME TITLE AND MAILING ADDRESS OF ATTENDANT: GENE M BARRIE,MD,2299 MOWRY AVE #A-3,FREMONT			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: Patrick Chan MD		17 DATE ACCEPTED FOR REGISTRATION: 06/12/2000	

998595

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

DATE ISSUED JUL 2 0 2000

Patrick O'Connell
PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.

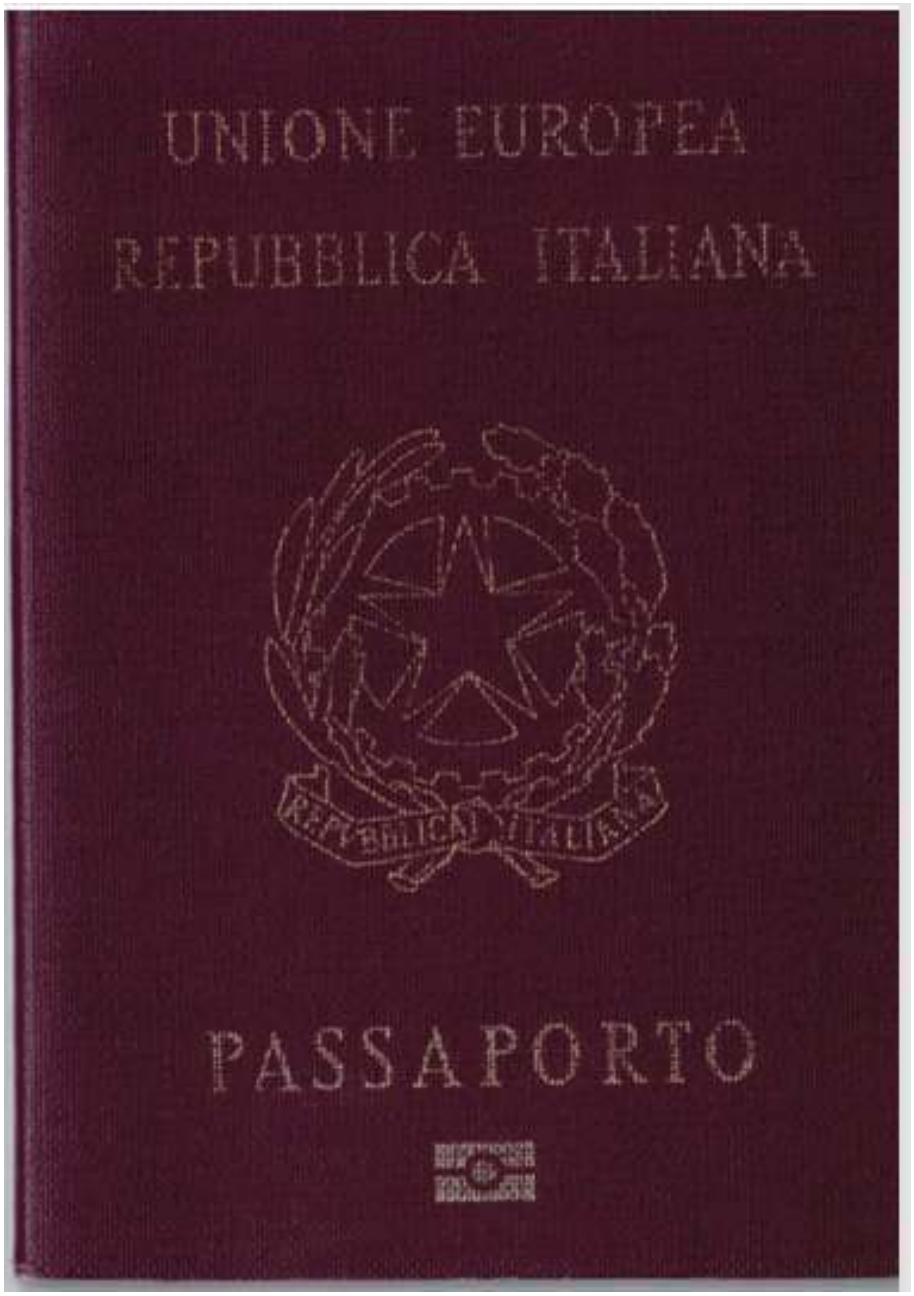
MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE


CALIFORNIA
USA
DRIVER LICENSE
CA
4d DLN Y4382522
4b EXP 06/03/2031
3 DOB 06/03/2000
1 GONCALES
2 HALEY MAE
8 4520 WAGON TRAIL WAY
ANTIOCH, CA 94531
9 CLASS C
9a END NONE
12 REST NONE
4a ISS 03/20/2026
5 DDI 03/20/2026579A4/BBFD/31
15 SEX F
16 HGT 5'-04"
17 WGT 170 lb
18 EYES BLU
19 HAIR AUB


21 26079
Y43825220401
Rev 05/20/2024
06/03/2000
CLASS: C - Veh w/GVWR ≤ 26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
06/03/00
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

Exhibit 2 - Matheus dos Santos Goncales's Identification Documents


UNIONE EUROPEA
REPUBBLICA ITALIANA
REPVBBLICA ITALIANA
PASSAPORTO



UNIONE EUROPEA

ЕВРОПЕЙСКИ СЪЮЗ / EVROPSKÁ UNIE
DEN EUROPÆISKE UNION / EUROPÄISCHE UNION
EUROOPA LIIT / ΕΥΡΩΠΑΪΚΗ ΈΝΩΣΗ
EUROPEAN UNION / UNION EUROPEA
UNION EUROPEENNE / AN TAONTAS EORPACH
EUROPSKA UNIJA / EIROPAS SAVIENĪBA / EUROPOS SĄJUNGA
EURÓPAI UNIÓ / UNJONI EWROPEA
EUROPESE UNIE / UNIA EUROPEJSKA
UNIÃO EUROPEIA / UNIUNEA EUROPEANĂ
EURÓPSKA ÚNIA / EVROPSKA UNIJA
EUROOPAN UNIONI / EUROPEISKA UNIONEN

REPUBBLICA ITALIANA

РЕПУБЛИКА ИТАЛИЯ / ITALSKÁ REPUBLIKA
DEN ITALIENSKE REPUBLIK / ITALIENISCHE REPUBLIK
ITAALIA VABARIIK / ΙΤΑΛΙΚΗ ΔΗΜΟΚΡΑΤΙΑ
THE ITALIAN REPUBLIC / REPUBLICA ITALIANA
REPUBLIQUE ITALIENNE / POBLACHT NA hIODÁILE
TALIJANSKA REPUBLIKA / ITĀLIJAS REPUBLIKA / ITALIJOS RESPUBLIKA
OLASZ KÖZTÁRSASÁG / REPUBBLIKA TALJANA
ITALIAANSE REPUBLIEK / REPUBLIKA WŁOSKA
REPÚBLICA ITALIANA / REPUBLICA ITALIANA
TALIANSKA REPUBLIKA / REPUBLIKA ITALIJA
ITALIAN TASAVALTA / REPUBLIKEN ITALIEN

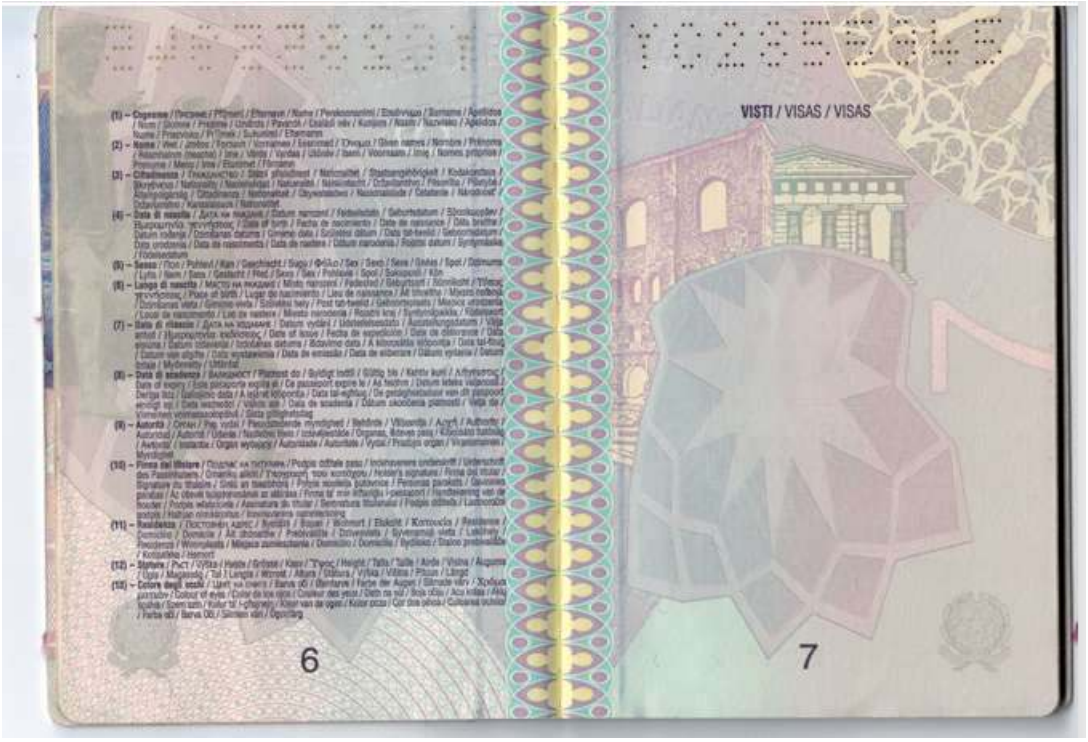
PASSAPORTO

ПАСПОРТ / CESTOVNÍ PAS / PAS / REISEPASS / PASS / ΔΙΑΒΑΤΗΡΙΟ /
PASSPORT / PASAPORTE / PASSEPORT / PAS / PUTOVNICA / PASE / PASAS /
ÚTLEVÉL / PASSAPORT / PASPOORT / PASZPORT / PASSAPORTE /
PASAPORT / CESTOVNÝ PAS / POTNI LIST / PASSI / PASS

YC2855945


RESIDENZA / RESIDENCE / DOMICILE (11)
MAIDA (CZ)
RESIDENZA / RESIDENCE / DOMICILE (11)
RESIDENZA / RESIDENCE / DOMICILE (11)
3
STATURA / HEIGHT / TAILLE (12)
180
COLORE DEGLI OCCHI / COLOUR OF EYES / COULEUR DES YEUX (13)
MARRONI
PASSAPORTO
PASSPORT
PASSEPORT
REPUBBLICA ITALIANA
Tipo. Type. Type. Codice Paese. Code of issuing State. Code du Pays émetteur. Passaporto N. Passport No. Passeport N°.
P ITA
YC2855945
Cognome. Surname. Nom. (1)
DOS SANTOS GONCALES
Nome. Given Names. Prénoms. (2)
MATHEUS
Cittadinanza. Nationality. Nationalité. (3)
ITALIANA
Data di nascita. Date of birth. Date de naissance. (4)
14 LUG/JUL 1998
Sesso. Sex. Sexe. (5) Luogo di nascita. Place of birth. Lieu de naissance. (6)
M SAO BERNARDO DO CAMPO (BRA)
Data di rilascio. Date of issue. Date de délivrance. (7)
05 SET/SEP 2023
Autorità. Authority. Autorité. (9)
MINISTRO AFFARI ESTERI
E COOPERAZIONE INTERNAZIONALE
Firma del titolare. (10)
Holder's signature / Signature du titulaire
Data di scadenza. Date of expiry. Date d'expiration. (8)
04 SET/SEP 2033
P<ITADOS<SANTOS<GONCALES<<MATHEUS<<<<<<<<<<
YC28559452ITA9807143M3309047<<<<<<<<<<<<<<02


Pagina riservata all'autorità / Page reserved for issuing authorities / Page réservée aux autorités compétentes pour délivrer le passeport
5
Pagina riservata all'autorità / Страница за органите на власта / Úřední záznamy / Forbeholdt de pasudstedende myndigheder / Amtliche Vermerke / Ametlasteteks märkmeteks / Προορίζεται για τις αρχές που είναι αρμόδιες για την έκδοση του διαβατηρίου / Page reserved for issuing authorities / Página reservada a las autoridades competentes para expedir el pasaporte / Page réservée aux autorités compétentes pour délivrer le passeport / Tagairtí / Stranica za službene bilješke / Šī lappuse ir paredzēta Izdevējiestādei / Puslapis, skirtas pasą išduosiai įstaigai / A hatóságok számára fenntartott oldal / Pagina riservata għall-awtoritajiet / Opmerkingen van bevoegde instanties / Strona przeznaczona dla władz / Página reservada às entidades competentes para emitir o passaporte / Pagina rezervata autorităţii / Úradné záznamy / Stran rezervirana za pristojni organ / Viranomaisia varten / Myndighets noteringar
QUESTURA DI CATANZARO
- Il presente passaporto e' valido per tutti i Paesi i cui Governi sono riconosciuti dal Governo Italiano.
- This passport is valid for all Countries whose Governments are recognized by the Italian Government.
- Ce passeport est valable pour tous les Pays dont les Gouvernements sont reconnus par le Gouvernement Italien.
4
Contributo Amministrativo Pagato
PER IL MINISTRO
IL QUESTORE


VISTI / VISAS / VISAS
6
7


VISTI / VISAS / VISAS
8
VISTI / VISAS / VISAS
9


VISTI / VISAS / VISAS
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VISTI / VISAS / VISAS
11


VISTI / VISAS / VISAS
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VISTI / VISAS / VISAS
13


VISTI / VISAS / VISAS
VISTI / VISAS / VISAS
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VISTI / VISAS / VISAS
20
21


VISTI / VISAS / VISAS
22
VISTI / VISAS / VISAS
23


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VISTI / VISAS / VISAS
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VISTI / VISAS / VISAS
45



ART. 23 DEL TRATTATO SUL FUNZIONAMENTO DELL'UNIONE EUROPEA
(ex articolo 20 del Trattato CE)

Ogni cittadino dell'Unione gode, nel territorio di un paese terzo nel quale lo Stato membro di cui ha la cittadinanza non è rappresentato, della tutela da parte delle autorità diplomatiche e consolari di qualsiasi Stato membro, alle stesse condizioni dei cittadini di detto Stato.

http://www.consularprotection.eu

46

EMERGENZE / EMERGENCIES / EMERGENCES

Recapiti di familiari o conoscenti da contattare in caso di necessità.
Particulars of relatives or friends who may be contacted in case of emergency.
Adresses de membres de la famille du titulaire ou personnes à contacter en cas de besoin.

1- Nome / Full name / Nom

Indirizzo / Address / Adresse

Telefono / Telephone / Téléphone

2- Nome / Full name / Nom

Indirizzo / Address / Adresse

Telefono / Telephone / Téléphone

47



AVVERTENZE / NOTES / AVIS

Il presente documento contiene elementi elettronici di elevata tecnologia e deve essere conservato con cura, evitando sollecitazioni meccaniche (pieghe o urti) ed esposizioni ad agenti esterni critici (fonti di calore ed umidità eccessiva).
Prima della partenza è bene verificare l'operatività sugli appositi terminali.

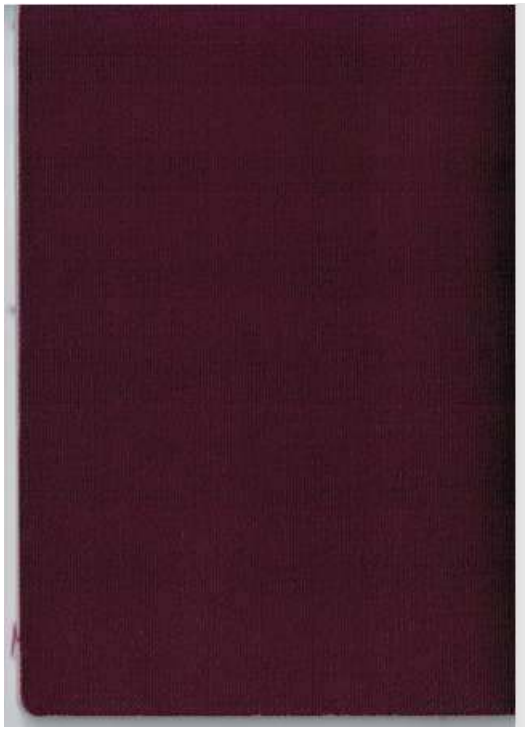
This passport contains high tech electronic information and must be looked after with great care, avoiding folding, mishandling and exposure to high temperatures or excessive humidity.
Before travelling please check with the appropriate terminals that the passport is readable.

Ce document contient des éléments électroniques de haute technologie et doit être conservé soigneusement; toute sollicitation mécanique (pli ou choc) ainsi que toute exposition à des agents externes critiques (source de chaleur et humidité excessive) doivent être évitées.
Avant chaque départ, il est opportun de vérifier l'état opérationnel du passeport sur les terminaux prévus à cet effet.

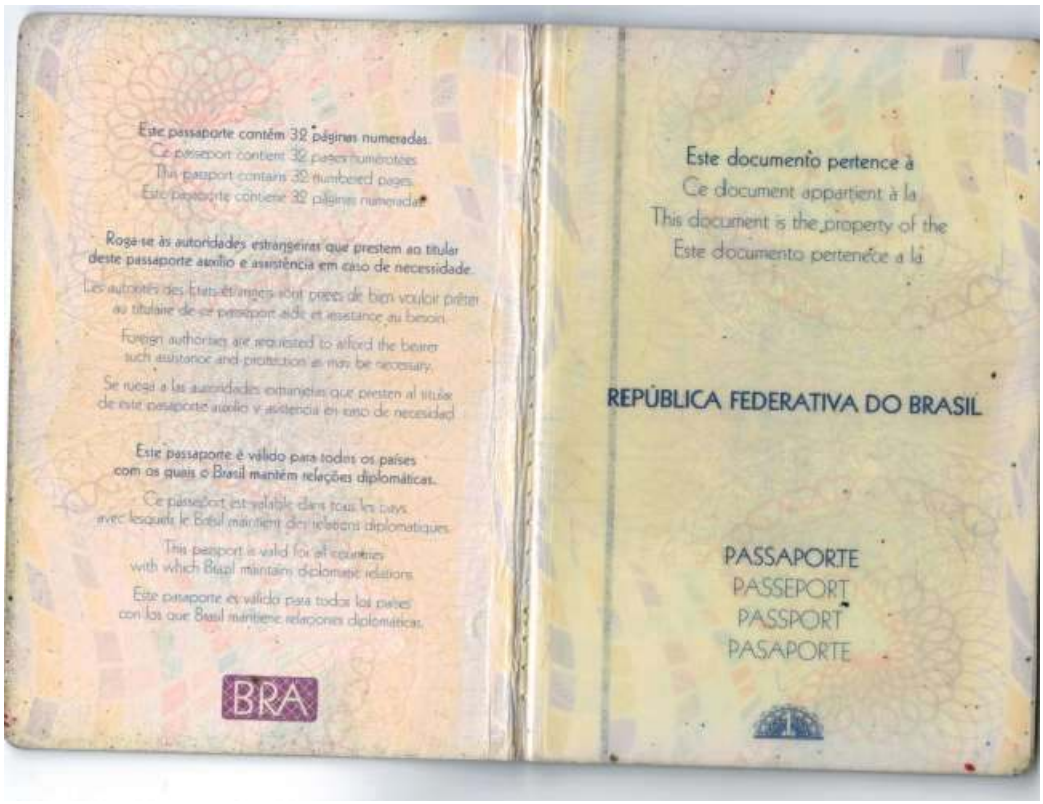
48

Il presente passaporto contiene 48 pagine
Този ПАСПОРТ СЪДЪРЖА 48 СТР
Tento pas má 48 stran
Dette pas består af 48 sider
Dieser Pass enthält 48 Seiten
Passis on 48 leheküljе
Το διαβατήριο αυτό περιέχει 48 σελίδες
This passport contains 48 pages
Este pasaporte contiene 48 páginas
Ce passeport contient 48 pages
Tá 48 leathanach sa phas seo
Putovnica se sastoji od 48 stranica

Šajā pasē ir 48 lappuses
Šis pasas sudarytas iš 48 puslapių
Jelen útlevének 48 oldala van
Dan il-passaport fih 48 pagna
Dit paspoort bevat 48 bladzijden
Niniejszy paszport zawiera 48 stron
Este passaporte é constituído por 48 páginas
Prezentul pasaport conține 48 de pagini
Tento cestovný pas má 48 strán
Potni list zajema 48 strani
Tämä passi sisältää 48 sivua
Passet innehåller 48 sidor




REPÚBLICA
FEDERATIVA DO
BRASIL
PASSAPORTE
MERCOSUL


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


Matheus dos Santos
Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular
FX033199
Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.
Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.
This passport must be signed, except where the bearer is unable to do so.
Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.
REPÚBLICA FEDERATIVA DO BRASIL
PASSAPORTE
PASSPORT
P
BRA
FX033199
DOS SANTOS GONÇALES
MATHEUS
BRASILEIRO(A)
14 JUL/JUL 1998
M
SÃO BERNARDO DO CAMPO/SP
FATIMA APARECIDA DOS SANTOS GONÇALES
GILBERTO PERENSIN GONÇALES
21 SET/SEP 2018
NUPAS/SR/SP
20 SET/SEP 2028
P<BRADOS<SANTOS<GONCALES<<MATHEUS<<<<<<<<<<
FX033199<5BRA9807143M2809207<<<<<<<<<<<<<02



PASSAPORTE

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

4

FX033199

INFORMAÇÕES PARA O TITULAR

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

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Emissora ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para resolver sua responsabilidade, o titular deve assinar seu passaporte no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

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

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

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

5


VISTOS VISAS
26-08-23 77
03-04-23 23
VISTOS VISAS


VISTOS 8 VISAS
VISTOS 9 VISAS:


VISTOS 10 VISAS
VISTOS 11 VISAS


VISTOS 12 VISAS
VISTOS 13 VISAS


VISTOS 14 VISAS
VISTOS 15 VISAS


VISTOS 16 VISAS
VISTOS 17 VISAS


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS


VISTOS 22 VISAS
VISTOS 23 VISAS


VISTOS 24 VISAS
VISTOS 25 VISAS


VISTOS 26 VISAS
VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS


VISTOS 30 VISAS
VISTOS 31 VISAS



Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

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

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

32

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.
Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.
Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PÁGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL



1114192CE0000001077440200

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

FULL BIRTH CERTIFICATE

NAME
MATHEUS DOS SANTOS GONÇALVES
REGISTRATION
111419 01 55 1998 1 00496 277 0309279 29

EUGENIO TONIN, Registrar of the Civil Registry of Natural Persons of the 1st Subdistrict (Seat) of this Judicial District of São Bernardo do Campo, State of São Paulo, CERTIFIES, at the request of an interested party, that upon reviewing the BIRTH records maintained by this Registry Office, it was verified that the **BIRTH** Registration recorded in **Book A-496, page 277, under registration number 309279**, contains the following entry: "**BIRTH REGISTRATION No. 309.279.** On July sixteenth, nineteen ninety-eight, in this 1st Subdistrict of the City and Judicial District of São Bernardo do Campo, State of São Paulo, at this Registry Office, **GILBERTO PERENSIN GONÇALES**, appeared, in the capacity of father, and, in the presence of the witnesses named below and signed at the end hereof, declared that on July fourteenth, nineteen ninety-eight (07/14/1998), 1:40 a.m., at Assunção Hospital and Maternity, São Bernardo do Campo, State of São Paulo, **MATHEUS DOS SANTOS GONÇALES** was born, male, son of **GILBERTO PERENSIN GONÇALES**, ID No. 15.383.882-6/SP, industrial worker, born in Paranapuã, State of São Paulo, and **FATIMA APARECIDA DOS SANTOS GONÇALES**, saleswoman, born in Arapongas, State of Paraná, residing at Rua Dois, 22, Golden Park Neighborhood, São Bernardo do Campo, State of São Paulo. Typed by Michelle. The mother was thirty-one years old at the time of delivery. T**he paternal grandparents are Bibiano Gonçales Martins and Adelia Perensin Gonçales, and the maternal grandparents are Sinvaldo Ferreira dos Santos and Leontina Ferreira dos Santos.** Nothing further was declared. Having been read and found correct, the declarant and the witnesses Damião Alves de Mesquita, Brazilian, lathe operator, ID No. 14.501.696/SP, married, residing at Rua Santa Cruz, 545, Diadema, in this State, and Sandro Cesar Leon Marques, Brazilian, industrial worker, ID No. 18.777.745/SP, married, residing at Rua Lino Coutinho, No. 192, in this city, signed. I, (signed) (Adriana Aparecida Sabino dos Santos), Clerk, prepared, reviewed, and signed this record. I, (signed) (Eugênio Tonin), Registrar, countersigned it. (signed) Gilberto Perensin Gonçales, Sandro Cesar Leon Marques, Damião Alves de Mesquita, and Eugênio Tonin. In the left margin appears the following: No. 309.279. Free of charge pursuant to the law. Live Birth Certificate No. 476/07. In the right margin, there are no annotations." This was the content of the aforementioned record, which is hereby faithfully transcribed in full. **Annotation: The registered is the holder of CPF No. 483.899.688-86,** according to a consultation carried out on this date in the database of the Federal Revenue Service of Brazil, made available through the Civil Registry Information Center - CRC. São Bernardo do Campo, 10/01/2020. There is nothing further for me to certify.

FIRST CIVIL REGISTRY OFFICE OF NATURAL PERSONS
Eugênio Tonin
Registrar
Rua Rio Branco, 270/278, CENTRO
ZIP Code 09710090, São Bernardo do Campo, São Paulo
Phone: (011) 4330-2366.
E-mail: pedidos@1cartoriosbc.com.br
"Registry Service Fee: R$ 55.22; SEFAZ: R$ 11.04; ISS (Service Tax): R$ 1.10; Total: R$ 67.36."

The above is true and I certify.
São Bernardo do Campo - SP, October 8, 2020.

-----//Signature//----

Carolina Valente Barros
Clerk

CIVIL REGISTRY OFFICE 1ST SUBDISTRICT
Carolina Valente Barros
Clerk
SÃO BERNARDO DO CAMPO - SP
PHONE: 4330-2366

11141-9 - AA000369437
11141-9-360001-372000-0620

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



Date: June 9, 2026.

1114192CE0000001077440200

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO EM INTEIRO TEOR

NOME
MATHEUS DOS SANTOS GONÇALES
MATRÍCULA
111419 01 55 1998 1 00496 277 0309279 29

EUGENIO TONIN, Oficial do Serviço de Registro Civil das Pessoas Naturais do 1º Subdistrito (Sede) desta Comarca de São Bernardo do Campo, Estado de São Paulo. CERTIFICA a requerimento de pessoa interessada que, revendo os livros de NASCIMENTO existentes no Cartório a seu cargo, verificou constar no assento de **NASCIMENTO Lv. A-496, às folhas 277, sob número de ordem 309279**, o termo a seguir transcrito: **"REGISTRO DE NASCIMENTO Nº 309.279.** Em dezesseis de julho de mil novecentos e noventa e oito, neste 1º subdistrito do município e comarca de São Bernardo do Campo, Estado de São Paulo, nesta Serventia, compareceu **GILBERTO PERENSIN GONÇALES**, na qual. de pai, e, perante as testemunhas adiante nomeadas e no final assinadas, declarou que, no dia catorze de julho de mil novecentos e noventa e oito (14/07/1998), à uma hora e quarenta minutos, no Hospital e Maternidade Assunção, São Bernardo do Campo, Estado de São Paulo, nasceu **MATHEUS DOS SANTOS GONÇALES**, do sexo masculino, filho de **GILBERTO PERENSIN GONÇALES**, RG. 15.383.882-6/SP, industriário, natural de Paranapuã, Estado de São Paulo e de **FATIMA APARECIDA DOS SANTOS GONÇALES**, vendedora, natural de Arapongas, Estado do Paraná, residentes a rua Dois, 22, Bairro Golden Park, São Bernardo do Campo, Estado de São Paulo. Digitado por Michelle. Estava a genitora na ocasião do parto com trinta e um anos de idade. **São avós paternos Bibiano Gonçales Martins e Adelia Perensin Gonçales e avós maternos Sinvaldo Ferreira dos Santos e Leontina Ferreira dos Santos.** Nada mais declarou. Lido e achado conforme, assinam, e as testemunhas Damião Alves de Mesquita, brasileiro, torneiro, RG. 14.501.696/SP, casado, residente rua Santa Cruz, 545, Diadema, n/ Estado e Sandro Cesar Leon Marques, brasileiro, industriário, RG. 18.777.745/SP, casado, residente rua Lino Coutinho, 192, n/ cidade. Eu, (a) (Adriana Aparecida Sabino dos Santos), Escrevente, lavrei, conferi, e assino. Eu, (a) (Eugênio Tonin), Oficial, o subscrevi. (a.a) Gilberto Perensin Gonçales, Sandro Cesar Leon Marques, Damião Alves de Mesquita e Eugênio Tonin. Na margem esquerda consta o seguinte: Nº 309.279. Grátis nos termos da Lei. Declaração de Nasc. Vivo nº 476/07 e na margem direita nada consta.". Era o que continha no referido assento que aqui vai fielmente transcrito em forma de inteiro teor. **Averbação: O registrado é portador do CPF nº. 483.899.688-86,** conforme consulta realizada nesta data junto à base de dados da Receita Federal do Brasil disponibilizada pela Central de Informações do Registro Civil - CRC. SBCampo, 01/10/2020. Nada mais me cumpria certificar.

PRIMEIRO CARTÓRIO DE REGISTRO CIVIL DAS PESSOAS NATURAIS
Eugênio Tonin
Oficial
Rua Rio Branco, 270/278,CENTRO
CEP: 09710090 – São Bernardo do Campo, SP
Telefone: (011) 4330-2366
E-mail: pedidos@1cartoriosbc.com.br
"SERVENTIA: R$ 55,22 SEFAZ: R$ 11,04 ISS: R$ 1,10 TOTAL: R$ 67,36".

O Conteúdo da certidão é verdadeiro. Dou fé.
São Bernardo do Campo - SP, 08 de outubro de 2020.

Carolina Valente Barros
Escrevente

REGISTRO CIVIL 1º SUBDISTRITO Carolina Valente Barros Escrevente S.B. CAMPO-SP FONE: 4330-2366

11141-9 - AA000369437
11141-9-360001-372000-0620

For: **MATHEUS DOS SANTOS GONCALES**

U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:
Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 663304391A3

Arrival/Issued Date: 2023 December 06

Class of Admission: WT

Admit Until Date: 2024 March 04

Details provided on the I-94 Information form:

Last/Surname: DOS SANTOS GONCALES

First (Given) Name: MATHEUS

Birth Date: 1998 July 14

Document Number: YC2855945

Country of Citizenship: Italy

- Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
- For security, close your browser after retrieving your I-94/I-95 number.
- Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 04/30/2026

View Travel History

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

Travel History Results

Document Number: **YC2855945**

Document Country of Issuance: **Italy**

Row	DATE	TYPE	LOCATION
1	2023-12-06	Arrival	LOS

OMB No. 1651-0111 Expiration Date: 07/31/2026

Exhibit 3 - Haley Mae Gonçales and Matheus dos Santos Gonçales' Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF CLERK-RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

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

STATE FILE NUMBER

4202601000035
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (☐ Groom ■ Bride)

1A. FIRST NAME	1B. MIDDLE
HALEY	MAE

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
CABRAL	--

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	5B. DATE ENDED (MM/DD/CCYY)
06/03/2000	CA	0		--

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
1649 B ST	HAYWARD	CA	94541

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
JUSTIN THOMAS CABRAL	CA

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
STEPHANIE MAE ELMORE	CA

SECOND PERSON DATA (■ Groom ☐ Bride)

12A. FIRST NAME	12B. MIDDLE
MATHEUS	--

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
DOS SANTOS GONCALES	--

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. #PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY: ☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ■ N/A	16B. DATE ENDED (MM/DD/CCYY)
07/14/1998	BRAZIL	0		--

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
31 CANAL DR	BAY POINT	CA	94565

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
GILBERTO PERENSIN GONCALES	BRAZIL

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
FATIMA APARECIDA DOS SANTOS	BRAZIL

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	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ [signature]	▶ [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)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
12/30/2025	03/30/2026	MELISSA WILK	BY ▶ [signature]

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
683023	ALAMEDA	ALAMEDA COUNTY RECORDER 1106 MADISON ST. OAKLAND, CA 94607

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
[signature]	EMILIA BOGETTI

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
310 LAGUNA DR, TRACY CA 95376

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
[signature]	EMMA DAVIS

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
310 LAGUNA DR, TRACY CA 95376

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)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
01/07/2026	OAKLAND	ALAMEDA

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ [signature]	--

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
VERA SIHS	DEP MARR COMM

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
1106 MADISON ST, OAKLAND, CA 94607

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	30B. MIDDLE	30C. LAST
HALEY	MAE	GONCALES

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	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
MELISSA WILK	BY ▶ [signature]	JAN 07 2026

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

000661110

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Clerk-Recorder.

DATE ISSUED JAN 07 2026

0 0 0 6 6 1 1 1 0

Melissa Wilk
Melissa Wilk
COUNTY CLERK-RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Clerk-Recorder.

ANY ALTERATION OR ER[illegible] VOIDS THIS CERTIFICATE

Exhibit 4 - Haley and Matheus – Personal Statement on Their Relationship - Bona Fide Marriage

Haley Mae Goncales
4520 Wagon Trail Way
Antioch, CA, 94531
(510)-456-8464
haleygoncales@gmail.com
5/24/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

My name is Haley Mae Goncales (formerly Haley Mae Cabral), and I was born in Fremont, California. I met Matheus through a dating app, but we first met in person on April 22nd, 2025, when he asked me to come watch him play soccer at COPA in Walnut Creek. Going into that date, I was thinking about trying to set him up with a good friend of mine who also speaks Portuguese, but meeting Mathues was the closest thing to love at first sight I have ever experienced. As soon as he saw me, he grabbed my face, said "gorgeous girl!" and kissed me. I was slightly taken aback because it was our first time meeting. We sat together while he got ready for the game. I remember thinking how funny/ concerning it was that he was eating Halls cough drops like they were candy. Before he went onto the field, he handed me a handful of Halls to snack on while I watched. When he scored his first goal, he looked at me and made a heart with his hands. After the game, we talked in the parking lot for hours.

Even though there was a language barrier, we were able to communicate in our own way. There was never a time when Matheus officially asked me out because we pretty much started dating that night. On the 23rd of April 2025, we went to the gym together, and on April 26th 2025, I introduced him to my lifelong friend and her sister. Every day that passed, I fell more in love with Matheus. I loved how happy and positive he was, no matter the situation. I love how much he cared not only about me but also about everyone in his life. After meeting some friends and family at his friend's going-away party on May 10th 2025, I got an even better feel for his personality. I loved how he could make everyone laugh, how attentive he was to everyone there, and how he could be modest and the center of attention at the same time. I loved all of it and always will.

Our day-to-day life consists of a shared effort to make the other person happy. We both love to cook for each other and show our love mostly through physical touch and acts of service. We are equal partners in the relationship. If one person drives to a destination, the other will drive home. If one person cooks, the other will wash the dishes. We take turns picking our TV shows and movies, so it is fair. Even when we disagree, it always ends with a resolution, hug, kiss, and a "I love you".

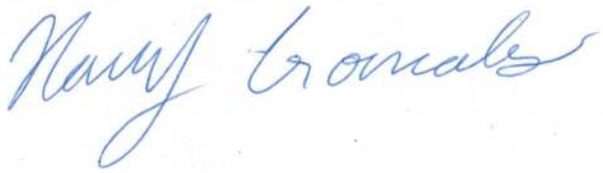
Matheus proposed to me on November 22nd of 2025, right after my friendsgiving event in Tracy. Matheus had surprised me with a perfect ring that has leaves, wood detailing, and a moss agate stone that shows my love for nature. The engagement was private and a special moment just between us, which is exactly what I wanted. I do not like large crowds or a lot of attention on me, which is why our wedding was just as private. We

had a beautiful, peaceful ceremony with my lifelong best friend and her sister as our witnesses on January 7th 2026. We got married at the Alameda clerk's office in Oakland and then went to an amazing lunch at a restaurant called Rio California.

I know for a fact that there is no one more perfect for me than Matheus. My weaknesses are his strengths and vice versa. Where I am worried and anxious, he is calm and collected. When he is overwhelmed, I am able to sort out the problem. He is my soulmate, my best friend, my partner, and my rock. I feel beyond blessed to have met him and to be lucky enough to call myself his wife.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Sincerely,



Haley Mae Goncales

Matheus Dos Santos Goncales
4520 Wagon Trail Way
Antioch, CA, 94531
(650)-576-9070
matheeusk82@icould.com
5/24/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

I am Matheus Dos Santos Goncales, I am writing this letter to share the story of how Haley and I met. I found her on Tinder (a dating app), and we started chatting; shortly after, I added her on Instagram. After talking, we decided to meet in person. I invited her to come watch my soccer game at Copa Soccer (in Walnut Creek) on April 22, 2025. It was a championship match, and she came to watch. After the game, we spent some time talking in the parking lot before heading home. We then started going out on dates; we went to a party with her friends in Tracy, and our relationship started happening. I started going to parties with her family, and she went to parties with mine; we even went camping with my family for the 4th of July. I proposed to her on November 22nd.

We got married on January 7, 2026. After the wedding, we went for lunch at a Brazilian restaurant in Oakland called Rio California; her friends were there, and the food was delicious.

I love her very much and intend to be with her forever. She brings out the best in me and always makes me laugh; we share the most wonderful moments together. We are able to resolve any issues that arise by talking things through and figuring out what is best for both of us. It is wonderful that we are always helping one another—when I wake up early, I make the coffee; when she wakes up first, she makes it. It's the same with dinner: whoever gets home first does the cooking. Sometimes we eat out; we enjoy going to casual spots like Chipotle and Panda Express because they offer healthy options, though we do occasionally try out different restaurants as well. We watch a lot of movies together. I tend to prefer action films, while she loves animal movies. Our love blossomed through our shared life and the time we spent together.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Sincerely,

Matheus dos Santos

Matheus Dos Santos Goncales

Exhibit 5 -Evidence Of Bona Fide Marriage



Wells Fargo Online®: **wellsfargo.com**
24-hour Customer Service: 1-866-229-6633
We accept all relay calls, including 711
Outside the US call collect: 1-925-825-7600

Send general inquiries to:
Wells Fargo, PO Box 10347, Des Moines IA 50306-0347

Payment

Payment Due Date	04/02/2026
Minimum Payment	$25.00
New Balance	$78.98

$0 - $25.00 will be deducted from your account and credited as your automatic payment on 04/02/26. The automatic payment amount will be reduced by all payments posted on or before this date.

Late Payment Warning: If we do not receive your Minimum Payment by 04/02/2026, you may have to pay a late fee up to $40.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay ...	You will pay off the New Balance shown on this statement in about ...	And you will end up paying an estimated total of ...
Only the minimum payment	4 month(s)	$82

If you would like information about credit counseling services, refer to **www.justice.gov/ust/list-credit-counseling-agencies-approved-pursuant-11-usc-111** or call **1-866-484-6322**.

Account Summary

Previous Balance	$64.69	Total Credit Limit	$3,200
- Payments	$1,882.62	Cash Advance Limit	$1,600
- Other Credits	$0.00	Total Available Credit	$3,011
+ Cash Advances	$0.00	Available for Cash Advances	$1,600
+ Purchases, Balance Transfers & Other Charges	$1,896.91		
+ Fees Charged	**$0.00**		
+ Interest Charged	**$0.00**		
= New Balance	$78.98		

Wells Fargo Rewards Summary

Rewards balance as of: 02/28/2026 $7.74

The rewards balance is for **Rewards ID 60015960025**.
This balance may be inclusive of other contributing rewards accounts. For up-to-date rewards balance information, or more ways to earn and redeem your rewards, visit wellsfargo.com/rewards or call 1-877-517-1358.

Transactions

Card Ending in	Trans Date	Post Date	Reference Number	Description		Credits	Charges
Payments							
	02/13	02/13	7446539DY0XSLH5BN	ONLINE PAYMENT	THANK YOU	431.62	
	02/21	02/21	7446539E50XSLK7WD	ONLINE PAYMENT	THANK YOU	441.82	
	02/24	02/24	7446539E80XSLL7LN	ONLINE PAYMENT	THANK YOU	444.39	
	03/07	03/07	7446539EK0XSLPJ3K	ONLINE PAYMENT	THANK YOU	564.79	
	TOTAL PAYMENTS FOR THIS PERIOD					**$1,882.62**	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION ABOUT YOUR ACCOUNT

Continued

5596 YKG 1 7 4 260308 0 PAGE 1 of 3 1 0 5581 6540 C1IO O1DP5596

Detach and mail with check payable to **Wells Fargo.** For faster processing, include your account number on your check.

Account Number	4465 4004 0139 9136
Payment Due Date	04/02/2026
Minimum Payment	$25.00
New Balance	$78.98

00007898000564790000250044654004013991364

Amount Enclosed $

HALEY GONCALES
4520 WAGON TRAIL WAY
ANTIOCH CA 94531-9319

WELLS FARGO CARD SERVICES
PO BOX 51193
LOS ANGELES CA 90051-5493

YKG
514

BANK OF AMERICA

P.O. Box 15284
Wilmington, DE 19850

MATHEUS DOS SANTOS GONCALES
4520 WAGON TRAIL WAY
ANTIOCH, CA 94531-9319

Customer service information

Customer service: 1.800.432.1000

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for February 13, 2026 to March 17, 2026

Account number: 3251 8995 1454

MATHEUS DOS SANTOS GONCALES

Account summary

Beginning balance on February 13, 2026	$7,218.95
Deposits and other additions	6,685.79
Withdrawals and other subtractions	-6,054.68
Checks	-0.00
Service fees	-0.00
Ending balance on March 17, 2026	**$7,850.06**

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What are your financial goals?

Better Money Habits® helps you make sense of your money and take charge of your financial life. You have the power to pursue your savings, credit and general money goals with education, tools - and confidence.

Scan this code to get started today at BetterMoneyHabits.com.

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SSM-12-24-0010.B | 7519858

IMPORTANT INFORMATION:
BANK DEPOSIT ACCOUNTS

How to Contact Us - You may call us at the telephone number listed on the front of this statement.

Updating your contact information - We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking.

Deposit agreement - When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

Electronic transfers: In case of errors or questions about your electronic transfers - If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will provisionally credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting other problems - You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you and you agree to not make a claim against us, for the problems or unauthorized transactions.

Direct deposits - If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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Bank of America, N.A. Member FDIC and Equal Housing Lender

Deposits and other additions

Date	Description	Amount
02/13/26	Maplebear, Inc 02/13 #000404564 PMNT RCVD Maplebear, Inc. San Francisco CA	533.22
02/13/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# y7ucfbah6	380.00
02/13/26	Zelle payment from HALEY CABRAL Conf# T0ZSVZPC9	49.00
02/17/26	Maplebear, Inc 02/16 #000566364 PMNT RCVD Maplebear, Inc. San Francisco CA	240.47
02/20/26	Maplebear, Inc 02/20 #000365671 PMNT RCVD Maplebear, Inc. San Francisco CA	408.98
02/23/26	Maplebear, Inc 02/23 #000464444 PMNT RCVD Maplebear, Inc. San Francisco CA	301.49
02/23/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# z5cut2baf	225.00
02/23/26	Zelle payment from DIEGO DOS SANTOS GONCALES Conf# mzg8l37mo	86.00
02/24/26	Zelle payment from HALEY CABRAL Conf# T0ZTZT83K	60.00
02/25/26	STRIPE DES:Instacart ID:ST-J9B0D7Q3W2G8 INDN:MATHEUS AVELLARCOSTAME CO ID:4270465600 CCD	11.93
02/26/26	Maplebear, Inc 02/27 #000922680 PMNT RCVD Maplebear, Inc. San Francisco CA	508.74
03/02/26	Zelle payment from HALEY CABRAL Conf# T0ZVGZ86H	750.00
03/03/26	Zelle payment from GABRIEL FRANCIULLI Conf# nbqhf49dl	36.00
03/04/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# x3bet3szp	957.17
03/05/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# xa62yze60	236.00
03/09/26	Maplebear, Inc 03/09 #000010329 PMNT RCVD Maplebear, Inc. San Francisco CA	480.05
03/12/26	Maplebear, Inc 03/12 #000377860 PMNT RCVD Maplebear, Inc. San Francisco CA	593.86
03/12/26	Zelle payment from ENZO PIRES DOS SANTOS Conf# uepny1cm0	11.00
03/13/26	Maplebear, Inc 03/13 #000705290 PMNT RCVD Maplebear, Inc. San Francisco CA	99.88
03/16/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# wadh294hx	351.00
03/16/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# z4ppfknzz	107.00
03/16/26	Zelle payment from HALEY GONCALES Conf# T0ZX79PV7	60.00
03/16/26	Zelle payment from GABRIEL FRANCIULLI Conf# pntshqxls	38.00

continued on the next page

Say goodbye to paper checks:

Treasury moves to digital payments

The U.S. government has stopped issuing paper checks for most federal payments. So if you are still receiving federal check payments, it is time to enroll in direct deposit to avoid delays.

Scan the code to download the direct deposit form or visit bankofamerica.com/directdeposit

When you use the QRC feature, certain information is collected from your mobile device for business purposes.

SSM-11-25-0306.B | 8621825

Deposits and other additions - continued

Date	Description	Amount
03/16/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# yfow5jgpa	21.00
03/17/26	Zelle payment from RAFAEL DOS SANTOS GONCALES Conf# uwufg2aqf	140.00
Total deposits and other additions		**$6,685.79**

Withdrawals and other subtractions

Date	Description	Amount
02/13/26	PURCHASE 0212 VISIBLE 866-331-3527 CO	-35.00
02/13/26	Zelle payment to Bruna Irma Conf# lsw18f1fo	-100.00
02/17/26	Zelle payment to DIEGO DOS SANTOS GONCALES for "Bebida"; Conf# lnfklt9im	-40.00
02/17/26	Zelle payment to Bruna Irma Conf# roggr4j5k	-68.00
02/17/26	Zelle payment to RAFAEL DOS SANTOS GONCALES Conf# q7cg0snli	-343.00
02/17/26	Zelle payment to RAFAEL DOS SANTOS GONCALES Conf# rvm9xzoaz	-181.00
02/23/26	Zelle payment to RAFAEL DOS SANTOS GONCALES Conf# kjhgncpvq	-116.00
02/23/26	CHECKCARD 0222 AMAZON MKTPL*B90XI4K72 Amzn.com/billWA 2469216605310846963726 7	-65.03
02/23/26	CHECKCARD 0222 AMAZON MKTPL*3W0E39KE3 Amzn.com/billWA 2469216605310853241664 0	-41.64
02/24/26	PURCHASE 0223 AMAZON MKTPL*B93LD3WF2 Amzn.com/billWA	-35.27
02/24/26	Zelle payment to RAFAEL DOS SANTOS GONCALES Conf# h0rfyn0lo	-242.00
02/25/26	PURCHASE 0224 PAYPAL *FRAGRANCENE 402-935-7733 NY	-68.49
02/25/26	CHECKCARD 0224 FASTRAK CSC 415-486-8655 CA 24431066055384083208266	-25.00
02/25/26	MOBILE PURCHASE 0225 ARCO#07144ARCO PITTSBURG CA	-41.74
03/02/26	Zelle payment to FERNANDO DE OLIVEIRA for "Churras"; Conf# b8el2utig	-25.00
03/03/26	Mobile Banking payment to CRD 7436 Confirmation# 1h8y2mo7e	-1,488.34
03/05/26	MOBILE PURCHASE 0303 SHELL OIL 57444480503 PITTSBURG CA	-43.93
03/05/26	PURCHASE 0304 DD *DOORDASH STARBUCKS 855-973-1040 CA	-21.20
03/05/26	MOBILE PURCHASE 0304 GOLDEN CORRAL 2697 CONCORD CA	-23.25
03/09/26	CHECKCARD 0305 TACO BELL #731455 925-798-7088 CA 24943006065389861294219	-7.93
03/09/26	Zelle payment to RAFAEL DOS SANTOS GONCALES for "Aluguel bpCalcao antAluguel antioSeguro marcCon"; Conf# jjdqkp61n	-2,724.00
03/16/26	PURCHASE 0313 AMAZON MKTPL*BP9FU7721 Amzn.com/billWA	-42.79
03/16/26	PURCHASE 0313 AMAZON RETA* BP8H43EV0 WWW.AMAZON.COWA	-46.07
03/16/26	Zelle payment to RAFAEL DOS SANTOS GONCALES Conf# ktvngsfy7	-230.00
Total withdrawals and other subtractions		**-$6,054.68**

Braille and Large Print Request - You can request a copy of this statement in Braille or Large Print by calling 800.432.1000 or going to bankofamerica.com and enter Visually Impaired Access from the home page.

Important Messages - Please Read

We want to make sure you stay up-to-date on changes, reminders, and other important details that could impact you.

We are changing one of the ways to avoid the monthly maintenance fee on our consumer checking and savings accounts. Keep in mind, there are still other ways to avoid the monthly fee that are not changing — some of which you may already be doing.

As you may already know, Bank of America Preferred Rewards® will become BofA Rewards(TM) on or about May 26, 2026. After this happens, being a Preferred Rewards member will no longer be one of the ways to have the monthly fee waived. Instead, an account owner will need to be enrolled in BofA Rewards and qualify for the Preferred Plus, Preferred Honors, or Premier tier — this benefit does not apply to the Member tier.

Do not worry, if you are enrolled in the Preferred Rewards program on or about May 26, 2026, your enrollment will change to the new BofA Rewards program tier:

- Gold and Platinum members change to Preferred Plus
- Platinum Honors members change to Preferred Honors
- Diamond Honors members change to Premier

You will stay enrolled in your BofA Rewards tier for at least a six-month period, even if you do not meet the program requirements. After this time, BofA Rewards' standard rules, balance requirements and benefits apply.

To learn more about BofA Rewards, visit bankofamerica.com/BofARewards. Or visit the Preferred Rewards section of the "Personal Schedule of Fees" at bankofamerica.com/fees for program eligibility details.

To see all of the ways to avoid the monthly fee on your account, including those that have not changed, visit bankofamerica.com/feesataglance.

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Individual Customer

Legal Name Change Request

WELLS FARGO

Deposit Operations Notice (no branch action required):

Banker Name:		Officer/Portfolio Number:	Date:
ANITA PARJAN		CJ351	03/05/2026
Banker Phone:	**Branch Number:**	**Banker AU:**	**Banker MAC:**
510/538-5722	04862	0065873	A0282-010

Customer Information

Current Customer Name:	New Customer Name:
HALEY CABRAL	HALEY GONCALES
Taxpayer Identification Number (TIN):	**Customer Number (ECN):**
619-19-8907	528951372200719
Correlation ID:	**Change Reason:**
ac02093b-99a4-4e2c-93d0-0c914f51e4d5	☒ Legal Name Change ☐ Name Correction

Accounts to be Changed

COID:	Product:	Account Number:	COID:	Product:	Account Number:
114	DDA	3451554392	114	DDA	8673360650
114	PIA	XXXXXXXXXXXX4309	448	XCC	XXXXXXXXXXXX3670
448	XCC	XXXXXXXXXXXX7642	448	XCC	XXXXXXXXXXXX9136

Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED THE BOX BELOW, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (This does not apply to accounts maintained in the United States.)

☐ I am subject to backup withholding because the statement in 2(b) above does not apply.

TIN Certification Signature:

[redacted]

☐ Submit manually
☐ Signature not required

Date: 03/05/2026

Customer Signature

I certify that the name I have designated above as my new legal name is recognized as such under applicable law.

Customer Signature

[redacted]

☐ Submit manually
☐ Signature not required

Date: 03/05/2026

Customer Copy

RGG3439 (10-21 SVP)

Consumer Account Application

WELLS FARGO

Bank Name:	Branch Name:
WELLS FARGO BANK, N.A.	SLATTEN RANCH

Banker Name:	Officer/Portfolio Number:	Date:
BRENDA REGALADO	C0000	05/07/2026

Banker Phone:	Branch Number:	Banker AU:	Banker MAC:
925/755-5460	05566	0063247	A0381-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

Product Name:	Account Number:	Product:
Wells Fargo Way2Save Savings	7644570389	DDA

Purpose of Account:	Minor:	COID:
Savings		114

New Account Kit:	Checking/Savings Bonus Offer Available:
haleycabral5@gmail.com	No

Related Customers

Customer Name:	Account Relationship:
HALEY GONCALES	Primary Joint Owner (or)
MATHEUS DOS SANTOS GONCALES	Secondary Joint Owner (or)

Statement Mailing Information

Customer(s) Listed on Statement:	Statement Mailing Address:	
HALEY GONCALES	4520 WAGON TRAIL WAY	
MATHEUS DOS SANTOS GONCALES	Address Line 2:	
	City: ANTIOCH	State: CA
	ZIP/Postal Code: 94531-9319	Country: US

Customer Copy

DSG8921 (9-24 SVP)

Customer 1 Information

Customer Name: HALEY GONCALES	Street Address: 4520 WAGON TRAIL WAY
Customer Number (ECN): 528951372200719	Address Line 2:
Account Relationship: Primary Joint Owner (or)	Address Line 3:
Taxpayer Identification Number (TIN): 619-19-8907 / TIN Type: SSN / Date of Birth: 06/03/2000	City: ANTIOCH / State: CA
Primary ID Type: DLIC / Primary ID Description: Y4382522	ZIP/Postal Code: 94531-9319 / Country: US / Time at this address: 24 Year(s) 10 Month(s)
Primary ID St/Ctry/Prov: CA / Primary ID Issue Date: 03/20/2026 / Primary ID Expiration Date: 06/03/2031	Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID Type: OTHR OTHR / Secondary ID Description: DE ANZA CARD - 5531	
Secondary ID State/Country: / Secondary ID Issue Date: / Secondary ID Expiration Date:	Previous Street Address:
Home Phone: 510/456-8464 / Business Phone: 510/456-8464	City: / State:
Current Employer: Carmax	ZIP/Postal Code: / Country: / Time at this address: Year(s) Month(s)
Check Reporting: NO RECORD	Country of Citizenship: US / Country of Permanent Residence: US

Customer Copy

Customer 2 Information

Customer Name: MATHEUS DOS SANTOS GONCALES	Street Address: 4520 WAGON TRAIL WAY
Customer Number (ECN): 112086271842369	Address Line 2:
Account Relationship: Secondary Joint Owner (or)	Address Line 3:
Taxpayer Identification Number (TIN): TIN Type: Non US Date of Birth: 07/14/1998	City: ANTIOCH State: CA
Primary ID Type: PASP Primary ID Description: YC28/55945	ZIP/Postal Code: 94531-9319 Country: US Time at this address: Year(s) Month(s)
Primary ID St/Ctry/Prov: IT Primary ID Issue Date: 09/05/2023 Primary ID Expiration Date: 09/04/2033	Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID Type: OTHR CC Secondary ID Description: BOFA CC VISA 7436	
Secondary ID State/Country: Secondary ID Issue Date: Secondary ID Expiration Date: 03/31/2029	Previous Street Address:
Home Phone: 650/576-9070 Business Phone:	City: State:
Current Employer: INSTACART	ZIP/Postal Code: Country: Time at this address: Year(s) Month(s)
Check Reporting: NO RECORD	Country of Citizenship: IT Permanent U.S. Resident: NO Country of Permanent Residence: IT

Request for Taxpayer Identification Number and Certification

(Substitute Form W-9)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. UNLESS I HAVE CHECKED THE BOX BELOW, I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person; and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (This does not apply to accounts maintained in the United States.)

☐ I am subject to backup withholding because the statement in 2(b) above does not apply.

Tax Responsible Customer Name: HALEY GONCALES

Taxpayer Identification Number (TIN): 619-19-8907

TIN Certification Signature

[redacted]

☐ Submit manually

☐ Signature not required

Date: 05/07/2026

Customer Signatures

Everything I have stated in this application is correct. You are authorized to make any inquiries that you consider appropriate to determine if you should open or maintain the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. **I have received a copy of the applicable account agreement and the privacy policy (each may be amended from time to time) and agree to be bound by their terms.** I also agree to the terms of the dispute resolution program described in the foregoing agreements. **Under the dispute resolution program, our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**

Customer Copy

Customer 1 Name

HALEY GONCALES

Customer 1 Signature



☐ Submit manually

☐ Signature not required

Date: 05/07/2026

Customer 2 Name

MATHEUS DOS SANTOS GONCALES

Customer 2 Signature

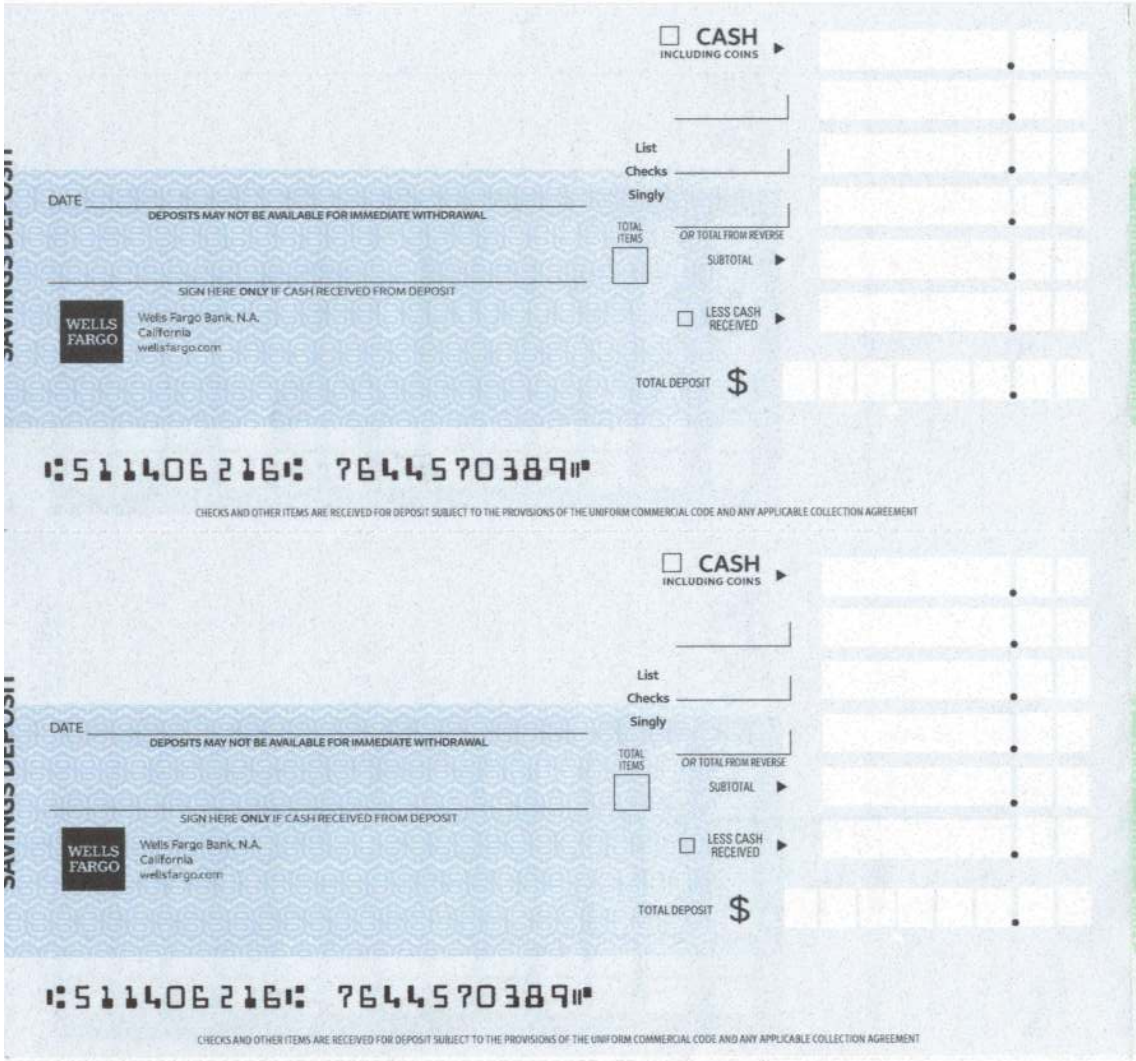


☐ Submit manually

☐ Signature not required

Date: 05/07/2026

Customer Copy







Direct Deposit Savings

To set up or change your Direct Deposit to your Savings Account:

- Find your new Routing Number (RTN) and Account Number located below*
- Provide this information to your employer/payor

WELLS FARGO
Wells Fargo Bank, N.A.
California
wellsfargo.com

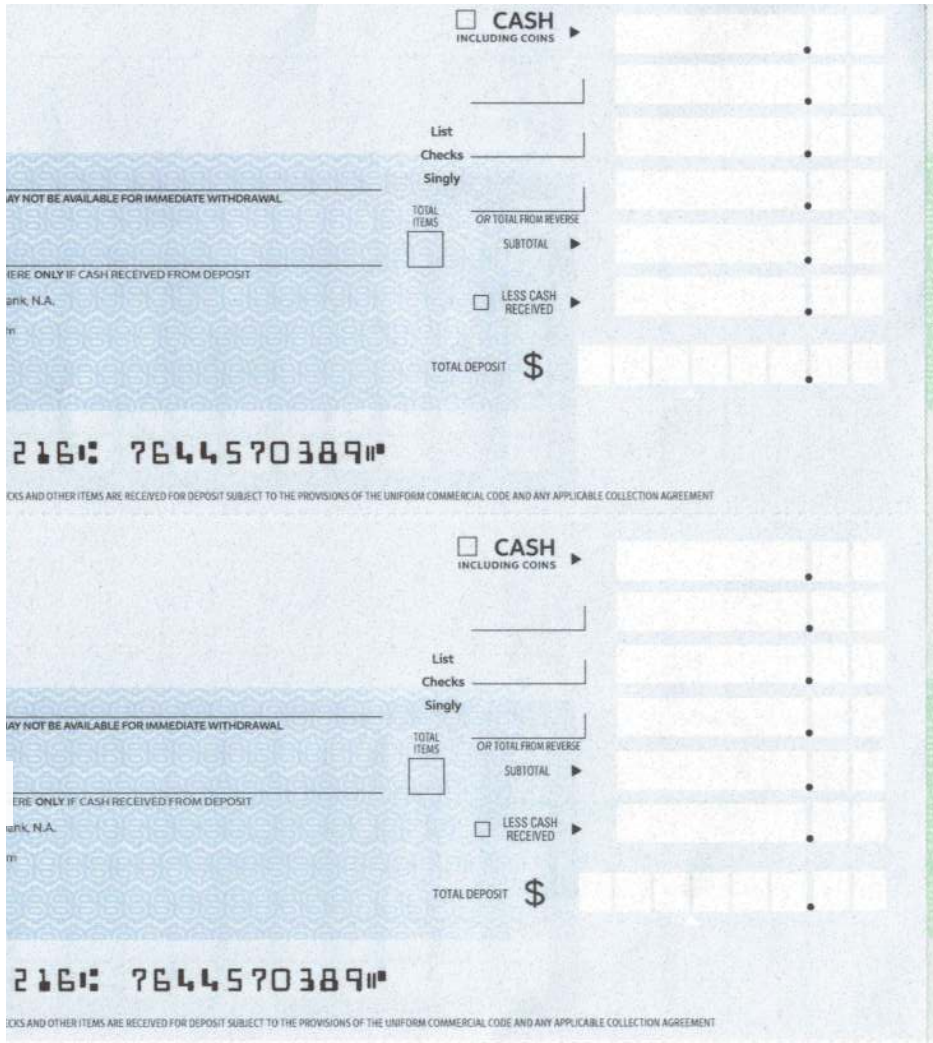
Routing Number (RTN)	Account Number
⑆121042882⑆	7644570389⑈

*Note: The RTN on the left is specific to Direct Deposit and is different than other RTNs that appear on this sheet.

WELLS FARGO

Deposit/Withdrawal Tic Ordering

Use your Wells Fargo Mobile® app to reorder,
Sign on at wellsfargo.com/checks or
Call 1-800-TO-WELLS (1-800-869-3557)





Deposit Savings

or change your Direct Deposit to your Savings Account:

w Routing Number (RTN) and Account Number located below*
information to your employer/payor

ank, N.A.

er (RTN) Account Number

*Note: The RTN on the left is specific to Direct Deposit and is different than other RTNs that appear on this sheet.

WELLS FARGO

Deposit/Withdrawal Ticket Ordering

Use your Wells Fargo Mobile® app to reorder,
Sign on at wellsfargo.com/checks or
Call 1-800-TO-WELLS (1-800-869-3557)

CYNTHIA LAGASCA-IGNACIO, DDS 401(K) PROFIT SHARING PLAN

DESIGNATION OF BENEFICIARY

Participant Information

Name Haley mae Goncales

Address 4520 Wagon Trail Way, Antioch, CA 94531

Last 4 digits of Social Security Number 8907

Marital status: ☒ married ( ) not married

1. Beneficiary designation

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a Participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my vested account balance under the Plan payable by reason of my death:

Primary Beneficiary(ies) [include address and relationship]:*

Name	Address	Relationship
Matheus Dos Santos Goncales	4520 Wagon Trail Way, Antioch, CA 94531	Husband

Contingent Beneficiary(ies) [include address and relationship]:*

Name	Address	Relationship

**NOTE to Participant:*

1. *Estate planning.* You may wish to consult with a professional tax advisor before completing this form.
2. *Effect of divorce.* A divorce decree automatically revokes a designation of your spouse as a beneficiary, unless a qualified domestic relations order provides otherwise.
3. *Effect of marriage.* See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary beneficiary. If you are unmarried at the time of your designation, your beneficiary designation will cease to be effective immediately upon your marriage unless you have designated your spouse as beneficiary.
4. *Trust beneficiary.* If you name a trust as a beneficiary, the trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Administrator will provide you or the trustee with the additional forms you must complete.

I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.

The Plan will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no such designated beneficiary survives me, then the Plan will pay all such amounts in accordance with the Plan terms. I understand that, unless I have provided otherwise above, the Plan will pay all sums payable to more than one beneficiary equally to the living beneficiaries.

2. Acknowledgement/Authorization

3/17/26
Date of this Designation

Haley Goncales
Signature of Participant

IF YOU ARE MARRIED, SEE THE NEXT PAGE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

NOTE: This Designation of Beneficiary is invalid without the consent of your spouse unless your spouse is the sole primary beneficiary or, under a prior beneficiary designation, your spouse waived the right to consent to any change in your beneficiary designation.

CYNTHIA LAGASCA-IGNACIO, DDS 401(K) PROFIT SHARING PLAN

INSTRUCTIONS FOR DESIGNATING OR CHANGING BENEFICIARY

These instructions will assist you in properly completing the DESIGNATION OF BENEFICIARY form.

1. To designate one person, insert the name and relationship in the spaces provided. If your beneficiary is not related to or married to you, show relationship as "Friend."

2. If you wish to name your estate, insert "Estate" in the blank space.

3. Show a member of a religious order in this manner:

   Mary L. Jones, niece, known in religious life as Sister Mary Agnes.

4. It is inadvisable to name a beneficiary who is a permanent resident of a foreign country. If you name a person who is a permanent resident of a foreign country, you must furnish that person's full address, including country.

5. If you wish to designate a trust, insert the name of the trustee and trust in the blank space using language substantially as follows:

   To X Bank as Trustee, or its successor Trustee, of the Bruce E. Roberts Trust dated the 26th day of May, 2000, including any amendments to the Trust.

6. More than one beneficiary -- here are the most common examples:

Three or more beneficiaries	James O. Smith, brother; Peter I. Smith, brother; and Martha N. Smith, sister
Unnamed children	My children living at my death
One contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son
More than one contingent beneficiary	Lois P. Smith, wife, if living; otherwise, Herbert I. Smith, son; Alice B. Smith, daughter; and Ann Y. Smith, daughter
Unnamed children as contingent beneficiaries	Lois P. Smith, wife, if living; otherwise, my children living at my death

   If one of the above examples fits your wishes, insert your designation in the blank space, using the language of the selected example. Contingent beneficiaries only receive benefits if all named primary beneficiaries predecease you. If a primary beneficiary survives you, but dies prior to receiving his or her share of the death benefit, that primary beneficiary's estate will receive the death benefit unless your DESIGNATION OF BENEFICIARY form provides otherwise.

7. If none of the above is suitable, explain in the blank space what is desired, or attach a note.

NOTE: If you name a trust as a beneficiary, you also must provide additional information to the Administrator. The Administrator will notify you as to what additional information is needed.

NOTE: Unless you provide otherwise in completing the DESIGNATION OF BENEFICIARY form, all sums payable to more than one beneficiary will be paid equally to all beneficiaries.

CYNTHIA LAGASCA-IGNACIO, DDS 401(K) PROFIT SHARING PLAN

SALARY DEFERRAL AGREEMENT

Participant Information

Name Haley mae Goncales

Address 4520 wagon trail way, Antioch, CA 94531

Last 4 digits of Social Security Number 8907

Check one: ☒ New Agreement ☐ Change

1. Plan provisions

You are permitted to defer a portion of your compensation to the Plan. The Plan allows you to designate the deferrals as either Pre-Tax 401(k) deferrals or Roth 401(k) deferrals (after-tax). In addition, the Plan limits the type of compensation that may be subject to the deferral election (see the Summary Plan Description for details).

This agreement remains in effect until you revoke or modify it unless your salary deferrals are automatically suspended under the terms of the Plan.Modifications to the agreement are permitted prior to the first day of any pay period. You are also permitted to revoke your agreement at any time during the Plan Year.

The Plan permits you to defer your compensation by up to 90%.

Your election to defer will also apply to irregular pay (e.g., bonuses) unless the plan has a policy to exclude these amounts or allows for a different deferral election for these amounts.

The law imposes a dollar limit on the amount you may defer in any calendar year. This amount may be adjusted annually to reflect cost-of-living increases announced by the IRS. Any questions regarding this election should be directed to the Administrator. The Plan also permits you to make "catch-up" contributions if you are, or will be, at least age 50 during a calendar year. These are additional amounts that you may defer, up to an annual limit imposed by law, regardless of any other limits imposed by the Plan.

2. Deferral election

This agreement is effective upon acceptance by the Administrator. However, deferrals will be made as soon as practicable following the acceptance of this agreement by the Administrator. In accordance with the terms of the Plan and this agreement, I hereby authorize the Employer to withhold from compensation (and treat as my deferrals) the following amount:

☐ _____% of my compensation (proportionately from each pay period).

☐ $ 100 ☒ per pay period OR ☐ per year (proportionately from each pay period).

☐ **Zero.** I hereby elect:
1. ☐ not to defer any of my compensation under the Plan.
2. ☐ to terminate my prior salary deferral agreement.

☐ **Irregular pay.** Special election: _____% from any irregular pay (e.g., a bonus) paid to me. If not completed, then the deferral election above will apply to the irregular pay.

☐ **Catch-up contributions.** Additional "catch-up contributions":
$_____ ☐ per pay period OR ☐ per year (proportionately from each pay period).

3. Type of deferral. The deferrals selected above will be:

☐ Pre-Tax 401(k) deferrals

☒ Roth 401(k) deferrals (after-tax)

4. Duty to review pay records. I understand I have a duty to review my pay records (pay stub, direct deposit receipt, etc.) to confirm the Employer has properly implemented my salary deferral election. Furthermore, I have a duty to inform the Administrator if I discover any discrepancy between my pay records and this salary deferral agreement. I understand the Administrator will treat my failure to report any withholding errors for any payroll to which my salary deferral agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

TO THE ADMINISTRATOR

The following administrative forms have been included because they are either required under the Plan or by law, or they are necessary to properly administer the Plan. Below are instructions for the use of these forms.

1. SALARY DEFERRAL AGREEMENT

The Plan permits each Participant to defer a portion of his or her compensation by means of a SALARY DEFERRAL AGREEMENT with the Employer. Each Participant should sign this AGREEMENT upon entry into the Plan, designating the percentage or amount of pay to be deferred, and authorizing the Employer to withhold such amounts from his or her pay. The Participant may change the salary deferral election in accordance with the procedure established by the Plan.

2. ELECTION NOT TO PARTICIPATE

The Plan permits an Eligible Employee to elect not to participate in the Plan prior to the time the Eligible Employee first becomes eligible to participate in the Plan. The waiver must be irrevocable. This form should be signed by an Eligible Employee so electing. The Employer may not allow this election if it would affect the qualified status of the Plan.

Every time Matheus and I have said some version of I love you on WhatsApp or Instagram. There are more, but the search only allows us to go back this far.



Matheus ❤️❤️❤️ Sunday
Love you too baby

Matheus ❤️❤️❤️ Sunday
Love u

Matheus ❤️❤️❤️ Thursday
Love you too

Matheus ❤️❤️❤️ Thursday
Love u

Matheus ❤️❤️❤️ Thursday
You too my perfect baby who i love more than anything

Matheus ❤️❤️❤️ 3/10/2026
Love u baby

Matheus ❤️❤️❤️ 3/10/2026
Love you baby

Matheus ❤️❤️❤️ 3/8/2026
Love you too baby

Matheus ❤️❤️❤️ 3/8/2026
Love u

Matheus ❤️❤️❤️ 3/6/2026
I **love** baby

Matheus ❤️❤️❤️ 3/6/2026
✓✓ You **love** snowboarding

Matheus ❤️❤️❤️ 3/4/2026
Love you baby ❤️❤️

Matheus ❤️❤️❤️ 3/4/2026
✓✓ I **love** you so much

Matheus ❤️❤️❤️ 3/4/2026
✓✓ **Love** you baby

Matheus ❤️❤️❤️ 3/4/2026
Good morning **love**

Matheus ❤️❤️❤️ 3/3/2026
✓✓ **Love** you too baby

Matheus ❤️❤️❤️ 3/3/2026
Love u

Matheus ❤️❤️❤️ 3/3/2026
Love you

Matheus ❤❤❤ 3/3/2026
✓✓ Love you

Matheus ❤❤❤ 3/3/2026
Love u

Matheus ❤❤❤ 3/3/2026
✓✓ Good morning my love

Matheus ❤❤❤ 3/2/2026
Love you my baby zinha

Matheus ❤❤❤ 3/2/2026
✓✓ I love you more than anything baby

Matheus ❤❤❤ 3/2/2026
Good morning love

Matheus ❤❤❤ 3/1/2026
✓✓ Yes I love

Matheus ❤❤❤ 2/28/2026
✓✓ Love u

Matheus ❤❤❤ 2/28/2026
Love you mo

Matheus ❤❤❤ 2/28/2026
✓✓ Love you more than most😂

Matheus ❤❤❤ 2/28/2026
Love you most

Matheus ❤❤❤ 2/28/2026
✓✓ Love you more

Matheus ❤❤❤ 2/28/2026
Love you

Matheus ❤❤❤ 2/28/2026
I love you too my baby

Matheus ❤❤❤ 2/28/2026
✓✓ I love you so much baby

Matheus ❤❤❤ 2/28/2026
Loved to snow with you

Matheus ❤❤❤ 2/28/2026
Love you my babyzinha

Matheus ❤️❤️❤️ 2/28/2026
✓✓ **Love** you baby

Matheus ❤️❤️❤️ 2/27/2026
Love u baby

Matheus ❤️❤️❤️ 2/26/2026
Is hard my **love**

Matheus ❤️❤️❤️ 2/26/2026
But I am your husband, I **love** you very much and I would never want you to be...

Matheus ❤️❤️❤️ 2/26/2026
✓✓ I **love** you and I don't want you to have to do something you don't want to do

Matheus ❤️❤️❤️ 2/26/2026
I'm still **love** you

Matheus ❤️❤️❤️ 2/26/2026
Love you baby

Matheus ❤️❤️❤️ 2/26/2026
Good morning **love**

Matheus ❤️❤️❤️ 2/25/2026
See thats why i **love** you so much you're so beautiful zinha

Matheus ❤️❤️❤️ 2/25/2026
I watched the animal moovie w you, and i **love**

Matheus ❤️❤️❤️ 2/25/2026
Love you my baby

Matheus ❤️❤️❤️ 2/25/2026
✓✓ **Love** you

Matheus ❤️❤️❤️ 2/25/2026
✓✓ **Love** you too

Matheus ❤️❤️❤️ 2/25/2026
Love you ❤️

Matheus ❤️❤️❤️ 2/25/2026
It's hard, my **love**, I wish everything were easy

Matheus ❤️❤️❤️ 2/25/2026
✓✓ I **love** you more baby

Matheus ❤️❤️❤️ 2/25/2026
Love u

Matheus ❤️❤️❤️ 2/23/2026
✓✓ Good morning my **love**

Matheus ❤️❤️❤️ 2/21/2026
✓✓ Bom dia my **love**

Matheus ❤️❤️❤️ 2/20/2026
✓✓ Have fun at soccer my **love**

Matheus ❤️❤️❤️ 2/19/2026
Love u my boca berta baby

Matheus ❤️❤️❤️ 2/19/2026
✓✓ **Love**

Matheus ❤️❤️❤️ 2/19/2026
✓✓ You **love** me?

Matheus ❤️❤️❤️ 2/19/2026
✓✓ Good morning my **love**

Matheus ❤️❤️❤️ 2/18/2026
Love you my babyzinha

Matheus ❤️❤️❤️ 2/18/2026
✓✓ **Love** you baby

Matheus ❤️❤️❤️ 2/17/2026
✓✓ Have fun my **love**

Matheus ❤️❤️❤️ 2/17/2026
Have fun my **love**

Matheus ❤️❤️❤️ 2/17/2026
Love j baby

Matheus ❤️❤️❤️ 2/17/2026
Love you

Matheus ❤️❤️❤️ 2/10/2026
I know i just **love** you sooo much

Matheus ❤️❤️❤️ 2/10/2026
Love u

Matheus ❤️❤️❤️ 2/9/2026
Because I **love** you more than anything and I never want to live without you

Matheus ❤️❤️❤️ 2/9/2026
Love you baby

Matheus ❤️❤️❤️ 2/9/2026
I **love** you more than anything

Matheus ❤️❤️❤️ 2/7/2026
Good morning my **love**

Matheus ❤️❤️❤️

✓✓ Yes but I **love** you so much

Matheus ❤️❤️❤️ 2/6/2026
Love uuu

Matheus ❤️❤️❤️ 2/6/2026
✓✓ I **love** you too

Matheus ❤️❤️❤️ 2/6/2026
Love u

Matheus ❤️❤️❤️ 2/4/2026
I **love** you

Matheus ❤️❤️❤️ 2/4/2026
✓✓ We will figure it out my **love**

Matheus ❤️❤️❤️ 2/4/2026
✓✓ I **love** you more

Matheus ❤️❤️❤️ 2/4/2026
Love you baby

Matheus ❤️❤️❤️ 2/4/2026
✓✓ I **love** you

Matheus ❤️❤️❤️ 2/4/2026
My **love** of my life

Matheus ❤️❤️❤️ 2/4/2026
✓✓ I got to marry the **love** of my life

Matheus ❤️❤️❤️ 2/3/2026
✓✓ Youll **love** me even if I'm fat?

Matheus ❤️❤️❤️ 2/3/2026
Love you baby

Matheus ❤️❤️❤️ 2/3/2026
✓✓ I **LOVE** YOU

Matheus ❤️❤️❤️ 1/31/2026
Love u baby

Matheus ❤️❤️❤️ 1/31/2026
✓✓ Drive safe I **love** you

Matheus ❤️❤️❤️ 1/30/2026
And i **love** you

Matheus ❤️❤️❤️ 1/30/2026
I will **love** if u make sushi for us

Matheus ❤️❤️❤️ 1/30/2026
I'm okay, my **love**. I didn't mind too much, because I understand her too, and i

Matheus ❤️❤️❤️ 1/30/2026
✓✓ You too my **love**

Matheus ❤️❤️❤️ 1/30/2026
✓✓ You're the **love** of my life

Matheus ❤️❤️❤️ 1/30/2026
✓✓ I **love** you so much my perfect amazing wonderful baby

Matheus ❤️❤️❤️ 1/30/2026
Dont **love** me anymore

Matheus ❤️❤️❤️ 1/29/2026
Ok let me know **love**

Matheus ❤️❤️❤️ 1/28/2026
✓✓ You **love** me?

Matheus ❤️❤️❤️ 1/27/2026
Love u moze

Matheus ❤️❤️❤️ 1/27/2026
✓✓ Love you

Matheus ❤️❤️❤️ 1/27/2026
Love you baby

Matheus ❤️❤️❤️ 1/27/2026
✓✓ I love you so much

Matheus ❤️❤️❤️ 1/27/2026
✓✓ Good morning my love

Matheus ❤️❤️❤️ 1/26/2026
I love you

Matheus ❤️❤️❤️ 1/26/2026
Love you mo

Matheus ❤️❤️❤️ 1/26/2026
✓✓ I love you

Matheus ❤️❤️❤️ 1/26/2026
I lovee

Matheus ❤️❤️❤️ 1/23/2026
Soon my **love**eee

Matheus ❤️❤️❤️ 1/23/2026
I'm sure she **love**s that you use that

Matheus ❤️❤️❤️ 1/23/2026
You're the **love** of my life too baby

Matheus ❤️❤️❤️ 1/22/2026
My **love** of my life

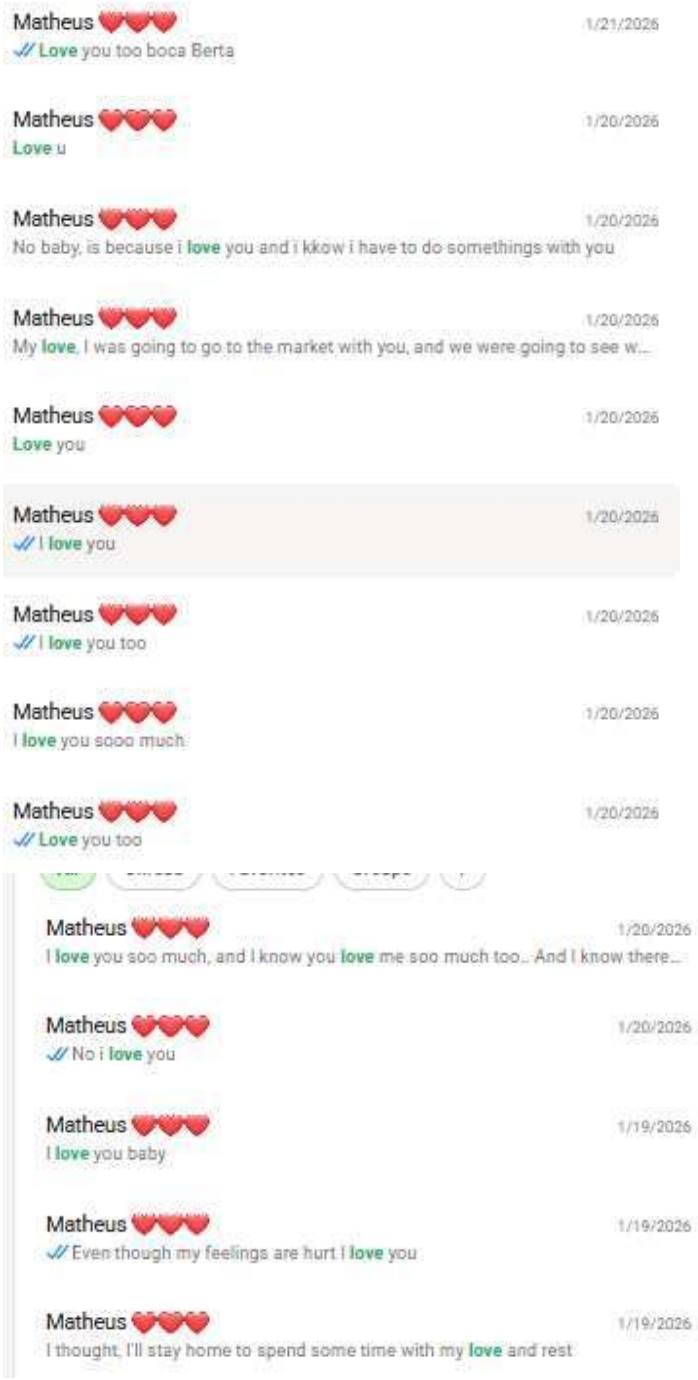
Matheus ❤️❤️❤️ 1/22/2026
Id **love** too like

Matheus ❤️❤️❤️ 1/22/2026
Ill be okay my **love**

Matheus ❤️❤️❤️ 1/22/2026
Yes my **love**

Matheus ❤️❤️❤️ 1/22/2026
Love you baby

Matheus ❤️❤️❤️ 1/22/2026
I **love** you


Matheus ❤❤❤ 1/21/2026
Love you too boca Berta
Matheus ❤❤❤ 1/20/2026
Love u
Matheus ❤❤❤ 1/20/2026
No baby, is because i love you and i kkow i have to do somethings with you
Matheus ❤❤❤ 1/20/2026
My love, I was going to go to the market with you, and we were going to see w...
Matheus ❤❤❤ 1/20/2026
Love you
Matheus ❤❤❤ 1/20/2026
I love you
Matheus ❤❤❤ 1/20/2026
I love you too
Matheus ❤❤❤ 1/20/2026
I love you sooo much
Matheus ❤❤❤ 1/20/2026
Love you too
Matheus ❤❤❤ 1/20/2026
I love you soo much, and I know you love me soo much too.. And I know there...
Matheus ❤❤❤ 1/20/2026
No i love you
Matheus ❤❤❤ 1/19/2026
I love you baby
Matheus ❤❤❤ 1/19/2026
Even though my feelings are hurt I love you
Matheus ❤❤❤ 1/19/2026
I thought, I'll stay home to spend some time with my love and rest

Matheus ❤❤❤ 1/18/2026
✓✓ Okay my **love**

Matheus ❤❤❤ 1/17/2026
✓✓ I **love** but it is so hard

Matheus ❤❤❤ 1/17/2026
I **love** you baby

Matheus ❤❤❤ 1/17/2026
✓✓ I **love** you

Matheus ❤❤❤ 1/17/2026
✓✓ I **love** my home now

Matheus ❤❤❤ 1/17/2026
Enjoy baby, i **love** you so much

Matheus ❤❤❤ 1/17/2026
✓✓ How much do you **love** me

Matheus ❤❤❤ 1/16/2026
✓✓ You too my **love**

Matheus ❤❤❤ 1/15/2026
✓✓ **Love** u too

Matheus ❤❤❤ 1/15/2026
Love you

Matheus ❤❤❤ 1/15/2026
I **love** you baby

Matheus ❤❤❤ 1/15/2026
I **love** you so much ❤❤

Matheus ❤❤❤ 1/14/2026
✓✓ I **love** you too

Matheus ❤❤❤ 1/14/2026
✓✓ You still **love** me?

Matheus ❤❤❤ 1/14/2026
Its ok my baby, it was just 1 estressfull day for you and me, i **love** you so muc...

Matheus ❤❤❤ 1/14/2026
Love you baby

Matheus ❤❤❤ 1/14/2026
✓✓ **Love** you

Matheus ❤️❤️❤️ 1/14/2026
✓✓ Okay, **love** you too

Matheus ❤️❤️❤️ 1/14/2026
You can bother me, I **love**

Matheus ❤️❤️❤️ 1/14/2026
No baby, I **love** you so much. And you are not a bad person, you're the best pe..

Matheus ❤️❤️❤️ 1/14/2026
✓✓ Good job my **love**

Matheus ❤️❤️❤️ 1/13/2026
✓✓ Do you still **love** me

Matheus ❤️❤️❤️ 1/13/2026
✓✓ I **love** you soooo much baby

Matheus ❤️❤️❤️ 1/13/2026
Love u

Matheus ❤️❤️❤️ 1/10/2026
✓✓ I **love** you

Matheus ❤️❤️❤️ 1/10/2026
✓✓ Okay my **love**

Matheus ❤️❤️❤️ 1/10/2026
Hi my **love**

Matheus ❤️❤️❤️ 1/10/2026
Good baby **love** you

Matheus ❤️❤️❤️ 1/9/2026
I'm sorry my **love**

Matheus ❤️❤️❤️ 1/9/2026
Try to find a store with some my **love**

Matheus ❤️❤️❤️ 1/9/2026
How was the drive my **love**

Matheus ❤️❤️❤️ 1/9/2026
Love u ❤️❤️

Matheus ❤️❤️❤️ 1/9/2026
I **love** you more than anything

Matheus ❤️❤️❤️ 1/9/2026
Good morning my **love**

Matheus ❤️❤️❤️ 1/8/2026
Love you baby

Matheus ❤️❤️❤️ 1/8/2026
✓✓ I **love** you so much

Matheus ❤️❤️❤️ 1/8/2026
✓✓ I **love** you sooooooo much too baby

Matheus ❤️❤️❤️ 1/8/2026
✓✓ **Love** you baby

Matheus ❤️❤️❤️ 1/7/2026
Love you baby

Matheus ❤️❤️❤️ 1/7/2026
✓✓ **Love** you

Matheus ❤️❤️❤️ 1/7/2026
Good morning **love** ❤️

Matheus ❤️❤️❤️ 1/7/2026
I **love** you my moo

Matheus ❤️❤️❤️ 1/7/2026
✓✓ I **love** you soooo much

Matheus ❤️❤️❤️ 1/7/2026
Just arrived **love**

Matheus ❤️❤️❤️ 1/6/2026
✓✓ **Love** you too

Matheus ❤️❤️❤️ 1/6/2026
Love you

Matheus ❤️❤️❤️ 1/6/2026
Love u baby

Matheus ❤️❤️❤️ 1/6/2026
✓✓ **Love** u

Matheus ❤️❤️❤️ 1/6/2026
Things are constantly changing, my **love**

Matheus ❤️❤️❤️ 1/6/2026
But thats ok my **love**

Matheus ❤️❤️❤️ 1/6/2026
Thats ok my **love**

Matheus ❤️❤️❤️ 1/6/2026
✓✓ Thank you my **love**

Matheus ❤️❤️❤️ 1/5/2026
Love you mo

Matheus ❤️❤️❤️ 1/5/2026
I **LOVE** YOU

Matheus ❤️❤️❤️ 1/5/2026
How much do you **love** me

Matheus ❤️❤️❤️ 1/5/2026
Love you my baby

Matheus ❤️❤️❤️ 1/5/2026
But no matter what I **love** you baby

Matheus ❤️❤️❤️ 1/5/2026
Love this thing

Matheus ❤️❤️❤️ 1/5/2026
I **love** you and I'm sorry

Matheus ❤️❤️❤️ 1/5/2026
Love you

Matheus ❤️❤️❤️ 1/5/2026
I **love** you

Matheus ❤️❤️❤️ 1/4/2026
Thats okay my **love**

Matheus ❤️❤️❤️ 1/4/2026
✓✓ I love you too

Matheus ❤️❤️❤️ 1/4/2026
Love you baby

Matheus ❤️❤️❤️ 1/3/2026
Love you baby

Matheus ❤️❤️❤️ 1/3/2026
✓✓ I love you

Matheus ❤️❤️❤️ 1/2/2026
Love u mo

Matheus ❤️❤️❤️ 1/2/2026
✓✓ Love you be safe

Matheus ❤️❤️❤️ 1/2/2026
My love babyyy

Matheus ❤️❤️❤️ 1/2/2026
I love you baby ❤️❤️

Matheus ❤️❤️❤️ 1/2/2026
✓✓ I love you more than anything

Matheus ❤️❤️❤️ 1/1/2026
I'm trying my **love**

Matheus ❤️❤️❤️ 1/1/2026
I **love** it

Matheus ❤️❤️❤️ 1/1/2026
Love uuuu baby

Matheus ❤️❤️❤️ 1/1/2026
Love youuuuu

Matheus ❤️❤️❤️ 12/30/2025
Love you boca

Matheus ❤️❤️❤️ 12/30/2025
Love u berta

Matheus ❤️❤️❤️ 12/30/2025
Love you baby

Matheus ❤️❤️❤️ 12/30/2025
My mom **love**s this

Matheus ❤️❤️❤️ 12/30/2025
I only worry about the people I **love**

Matheus ❤️❤️❤️ 12/29/2025
No **love** never

Matheus ❤️❤️❤️ 12/29/2025
✓✓ Thank you my **love**

Matheus ❤️❤️❤️ 12/24/2025
✓✓ I **love** you

Matheus ❤️❤️❤️ 12/23/2025
I **love** you have a great day too baby

Matheus ❤️❤️❤️ 12/23/2025
✓✓ I **love** you so much have a great day❤️

Matheus ❤️❤️❤️ 12/23/2025
Good morning **love**

Matheus ❤️❤️❤️ 12/22/2025
Love you baby

Matheus ❤️❤️❤️ 12/22/2025
✓✓ **Love** you

Matheus ❤️❤️❤️ 12/22/2025
✓✓ I get a whole week off and then I get to marr...

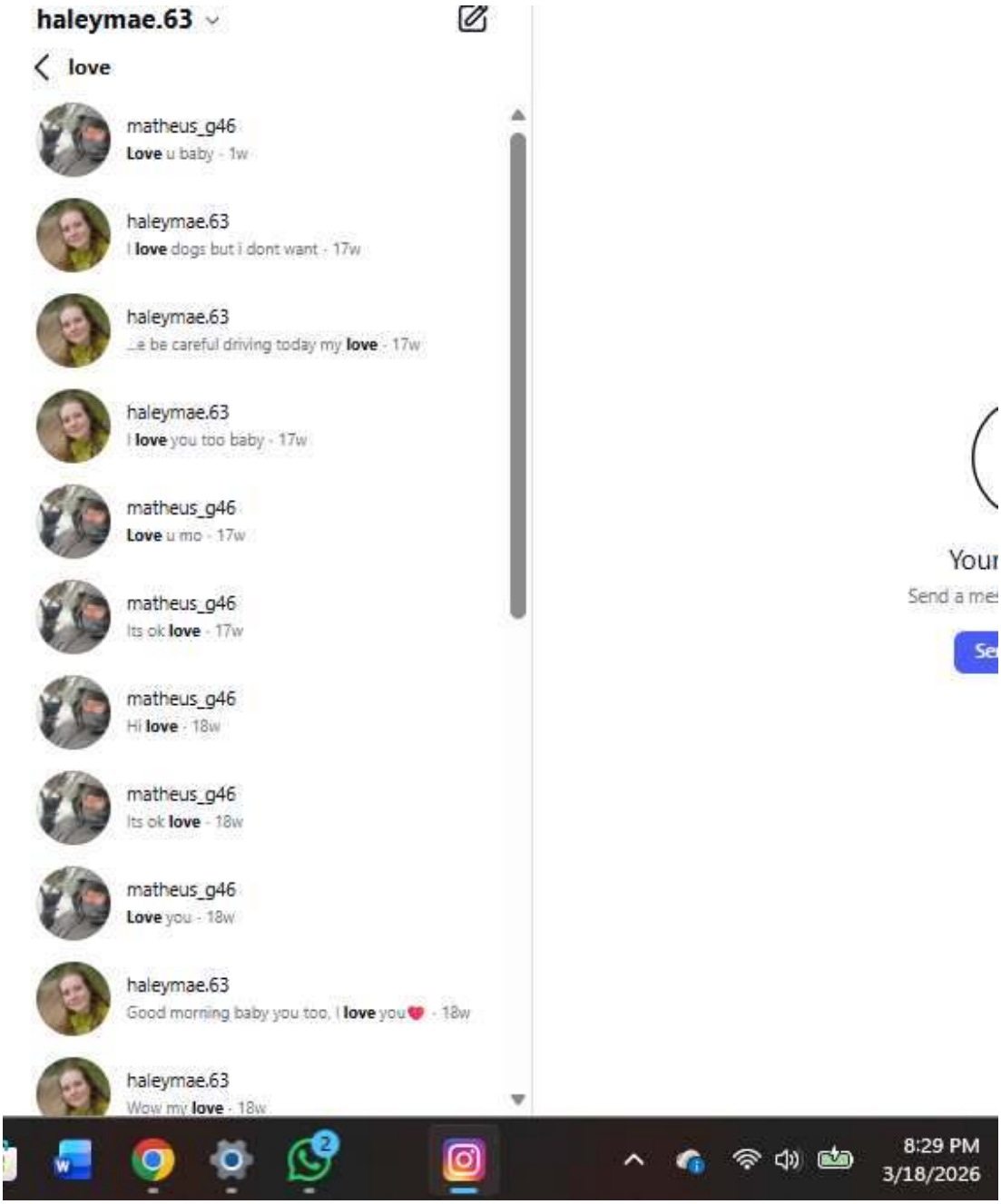
Matheus ❤️❤️❤️ 12/22/2025
Love u baby

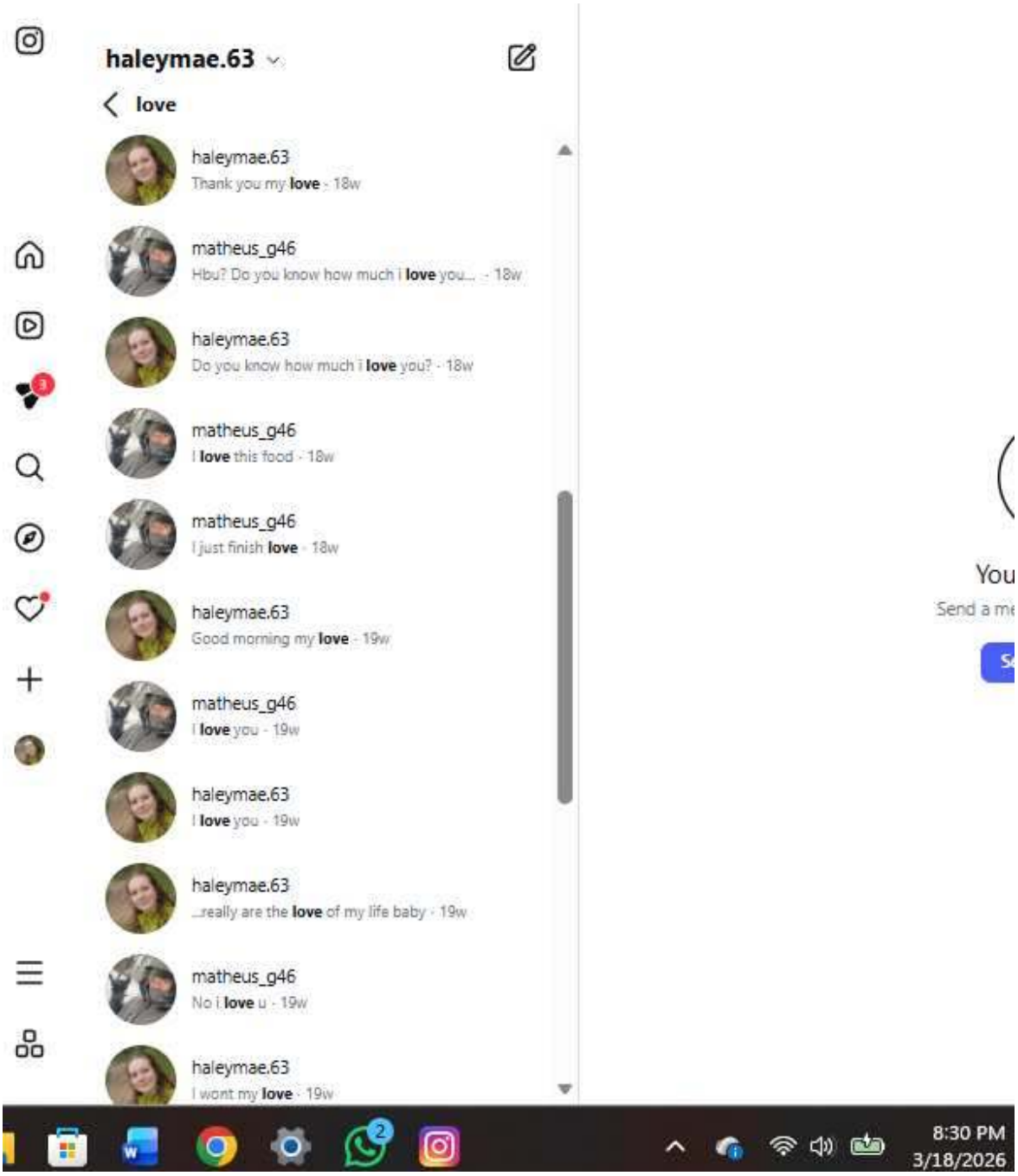
Matheus ❤️❤️❤️ 12/22/2025
✓✓ **Love** you

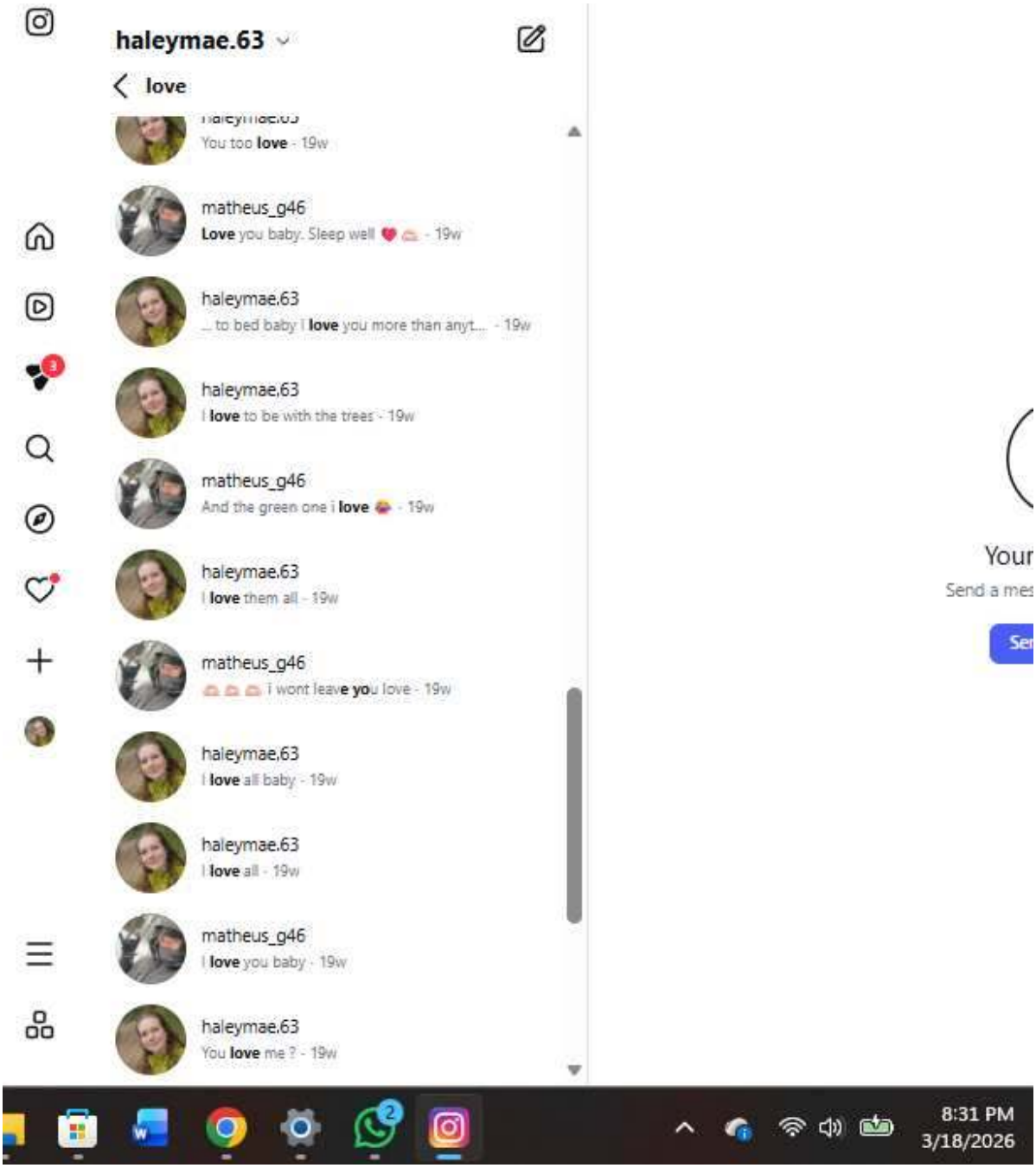
Matheus ❤️❤️❤️ 12/20/2025
I'm still working **love**

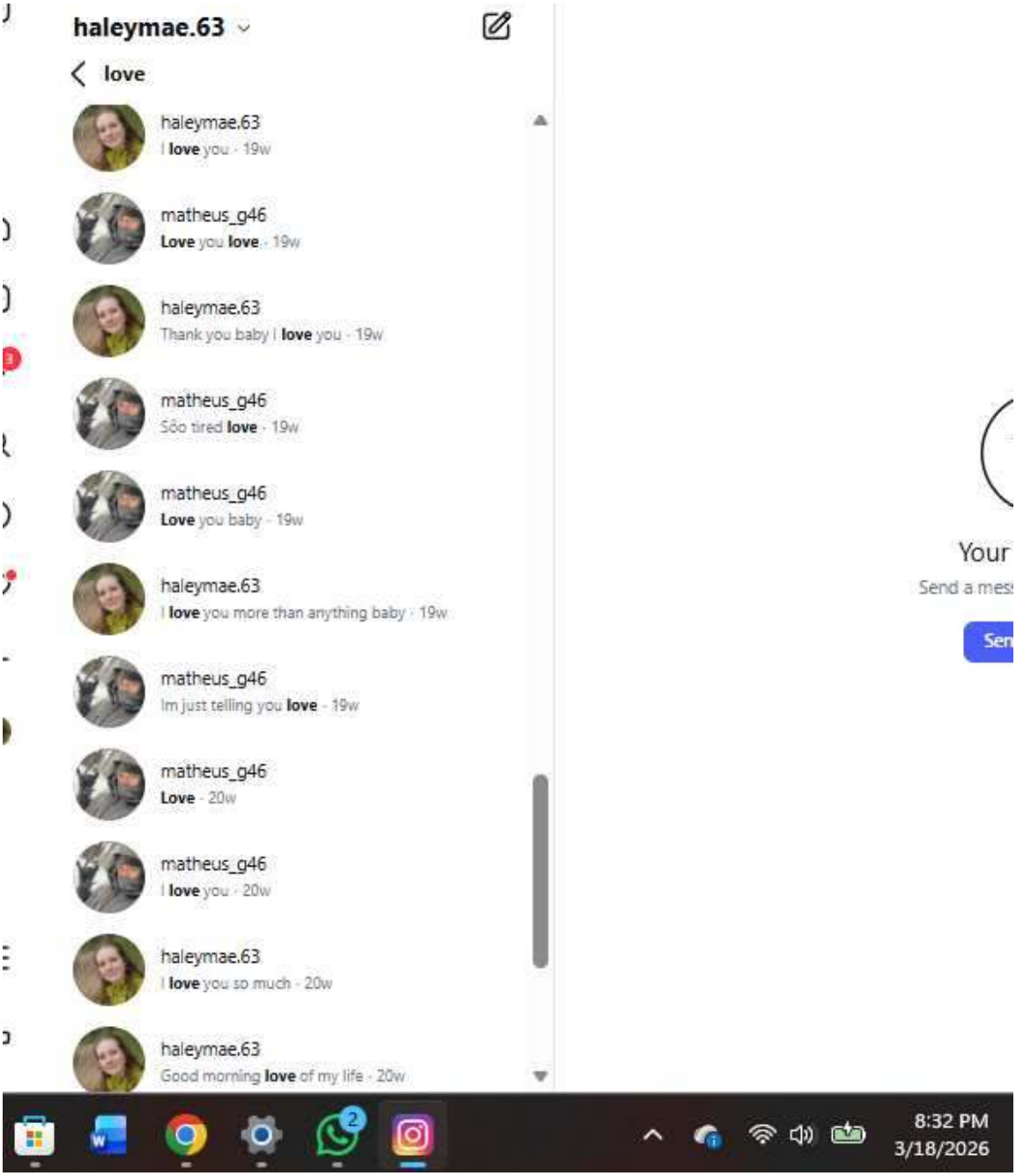
Matheus ❤️❤️❤️ 12/20/2025
✓✓ Sorry that I **love** you😉

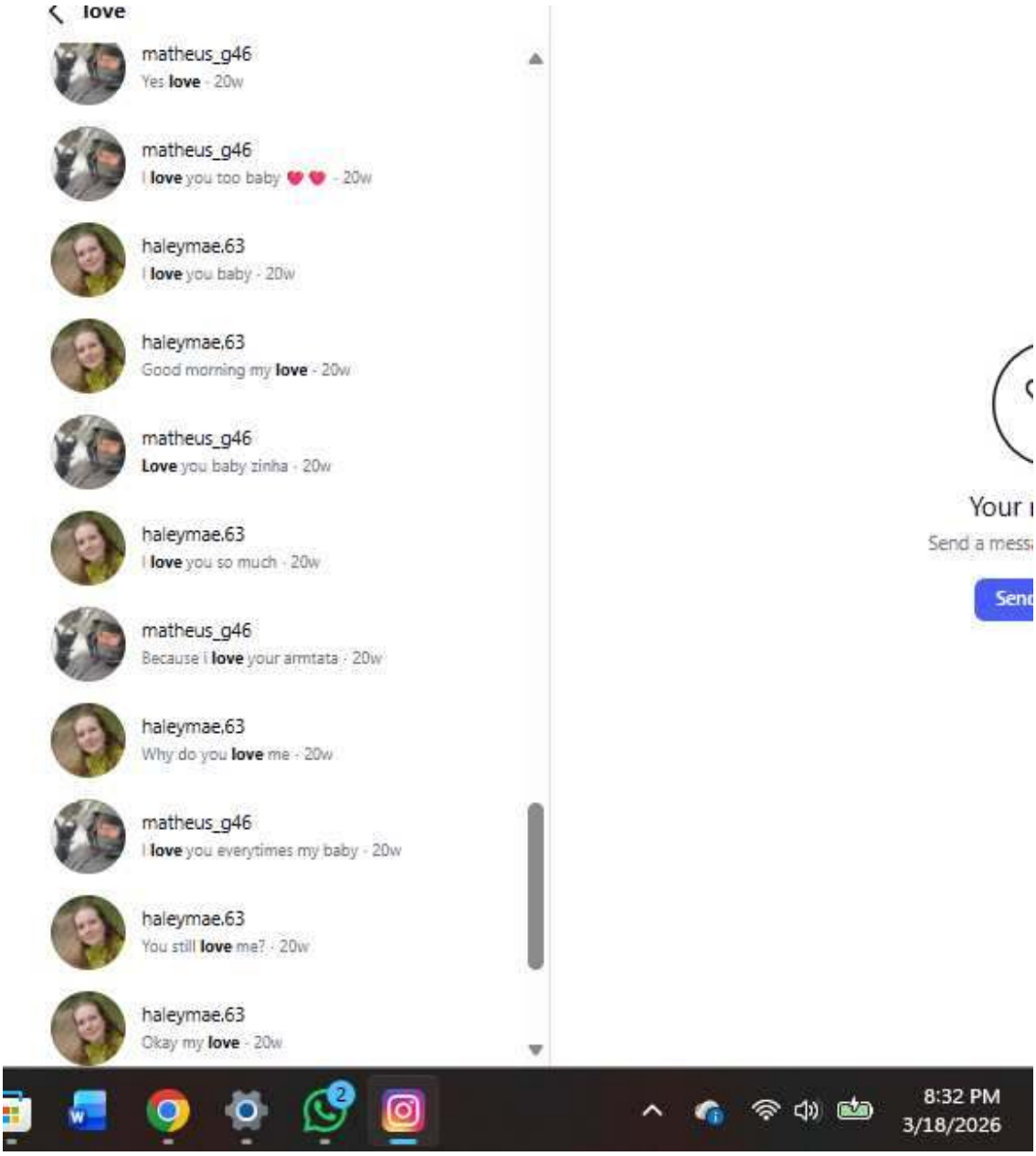
Matheus ❤️❤️❤️ 12/20/2025
Good morningg **love**

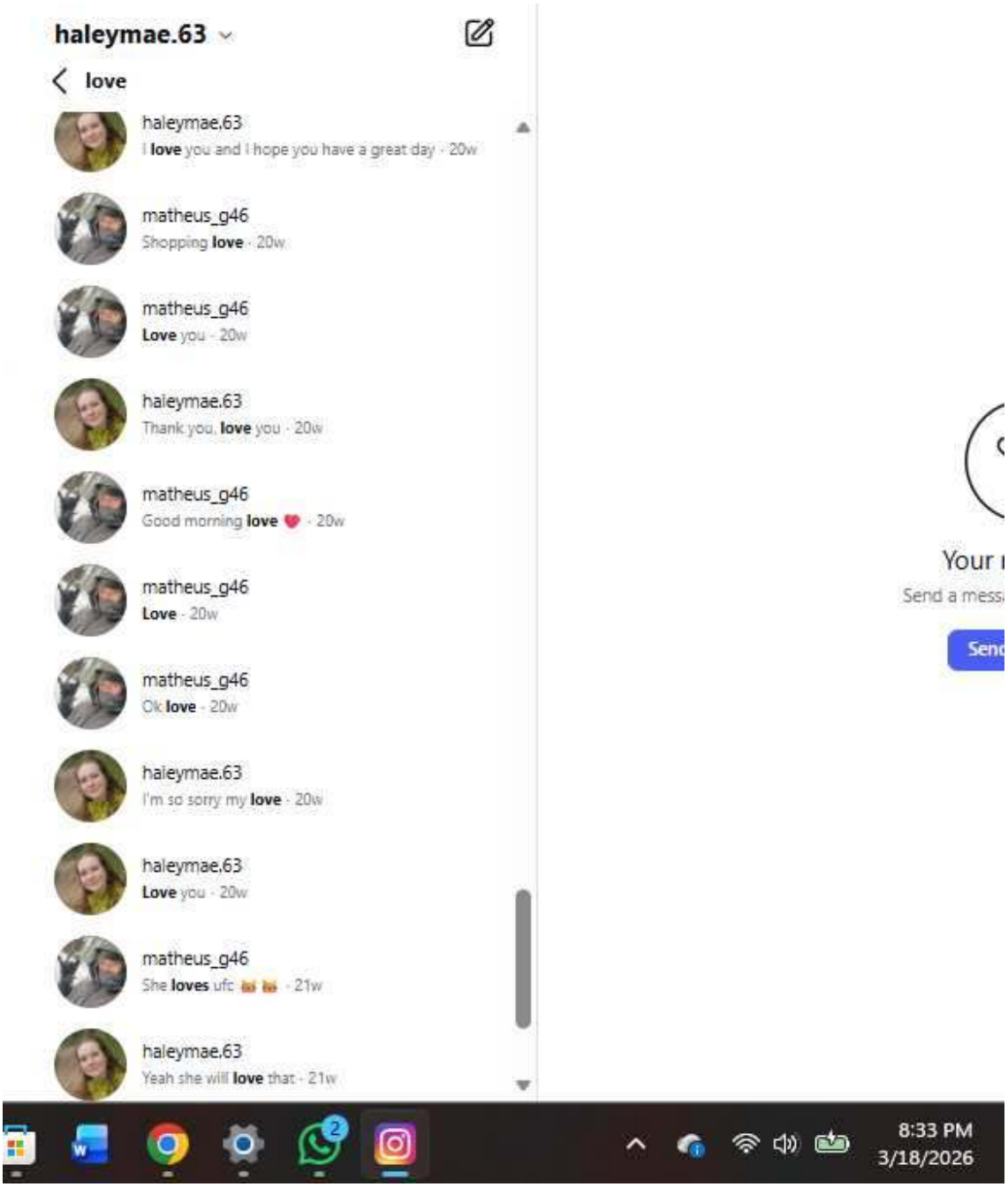

haleymae.63
love
matheus_g46
Love u baby · 1w
haleymae.63
I love dogs but i dont want · 17w
haleymae.63
...e be careful driving today my love · 17w
haleymae.63
I love you too baby · 17w
matheus_g46
Love u mo · 17w
matheus_g46
Its ok love · 17w
matheus_g46
Hi love · 18w
matheus_g46
Its ok love · 18w
matheus_g46
Love you · 18w
haleymae.63
Good morning baby you too, I love you · 18w
haleymae.63
Wow my love · 18w
8:29 PM
3/18/2026

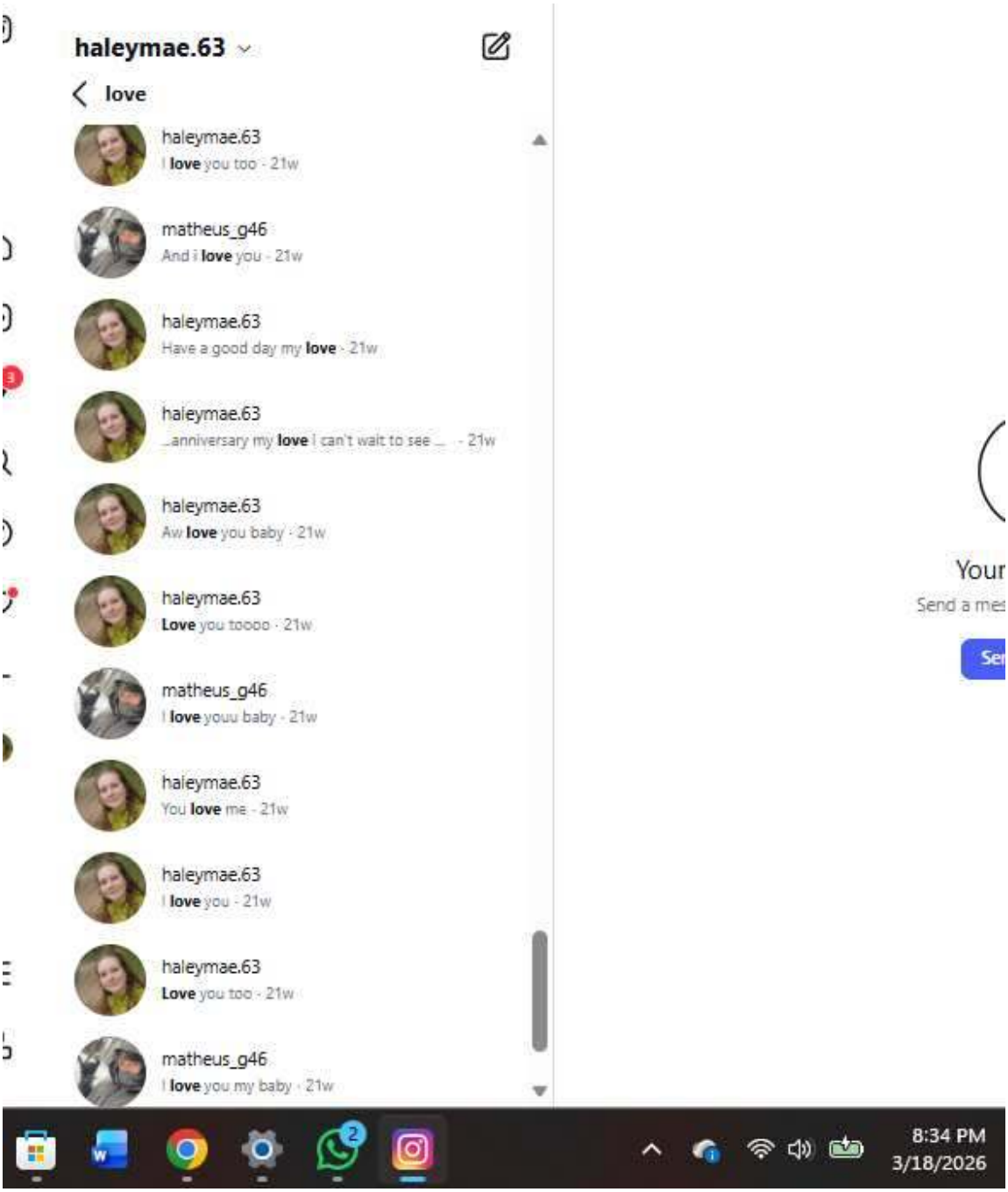

haleymae.63
love
haleymae.63
Thank you my love · 18w
matheus_g46
Hbu? Do you know how much i love you... · 18w
haleymae.63
Do you know how much i love you? · 18w
matheus_g46
I love this food · 18w
matheus_g46
I just finish love · 18w
haleymae.63
Good morning my love · 19w
matheus_g46
I love you · 19w
haleymae.63
I love you · 19w
haleymae.63
...really are the love of my life baby · 19w
matheus_g46
No i love u · 19w
haleymae.63
I wont my love · 19w
You
Send a me
8:30 PM
3/18/2026

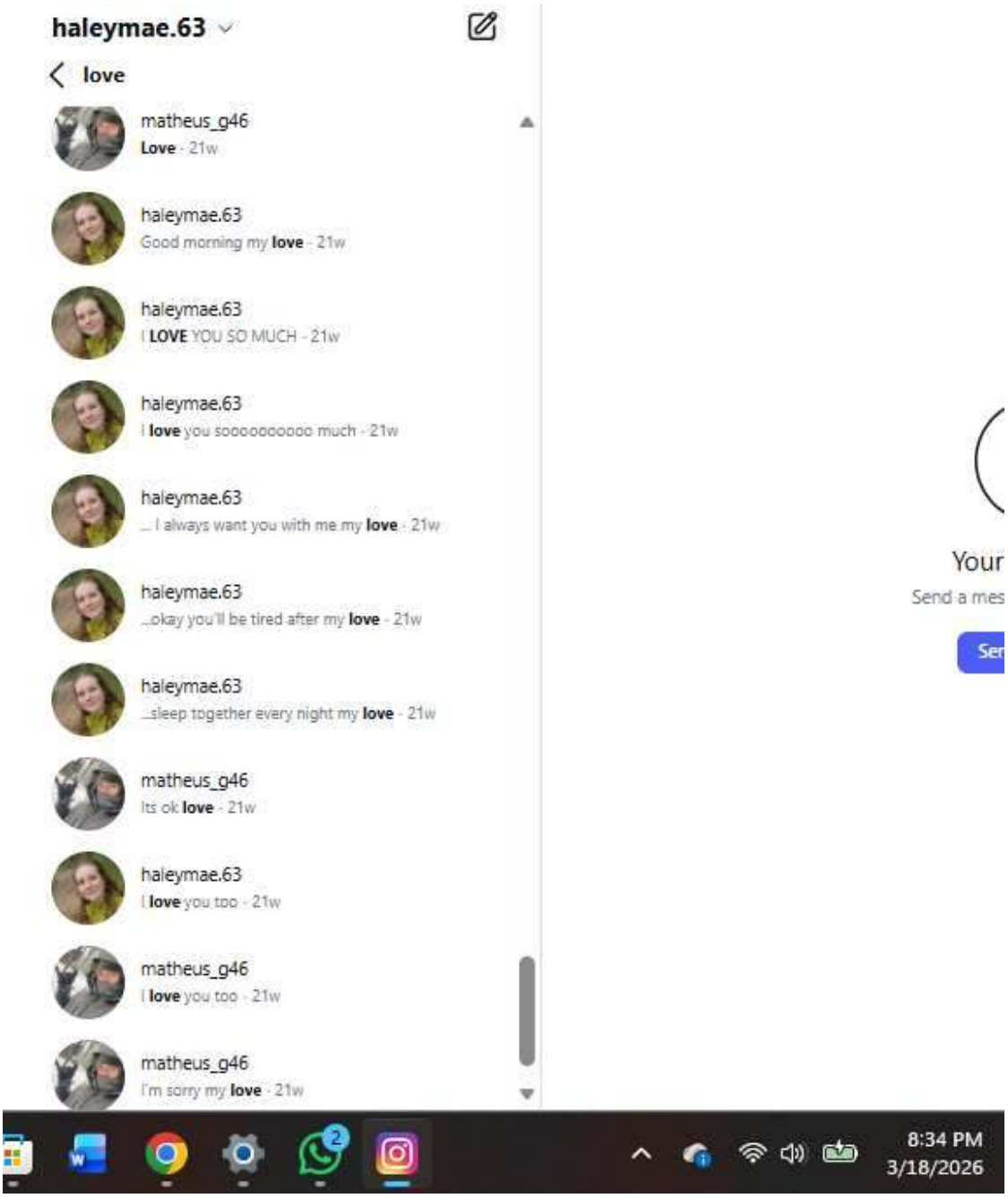

haleymae.63
love
You too love · 19w
matheus_g46
Love you baby. Sleep well · 19w
haleymae.63
... to bed baby I love you more than anyt... · 19w
haleymae.63
I love to be with the trees · 19w
matheus_g46
And the green one i love · 19w
haleymae.63
I love them all · 19w
matheus_g46
I wont leave you love · 19w
haleymae.63
I love all baby · 19w
haleymae.63
I love all · 19w
matheus_g46
I love you baby · 19w
haleymae.63
You love me ? · 19w
8:31 PM
3/18/2026

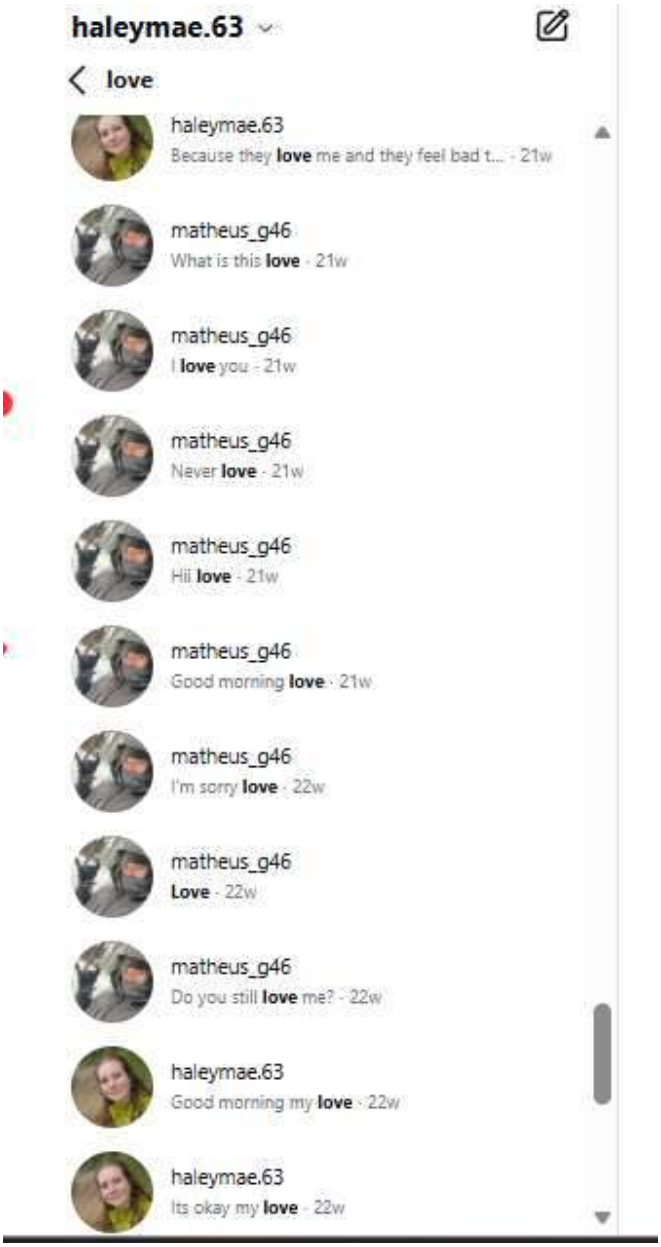

haleymae.63
love
haleymae.63
I love you · 19w
matheus_g46
Love you love · 19w
haleymae.63
Thank you baby I love you · 19w
matheus_g46
Sôo tired love · 19w
matheus_g46
Love you baby · 19w
haleymae.63
I love you more than anything baby · 19w
matheus_g46
Im just telling you love · 19w
matheus_g46
Love · 20w
matheus_g46
I love you · 20w
haleymae.63
I love you so much · 20w
haleymae.63
Good morning love of my life · 20w
Your
8:32 PM
3/18/2026

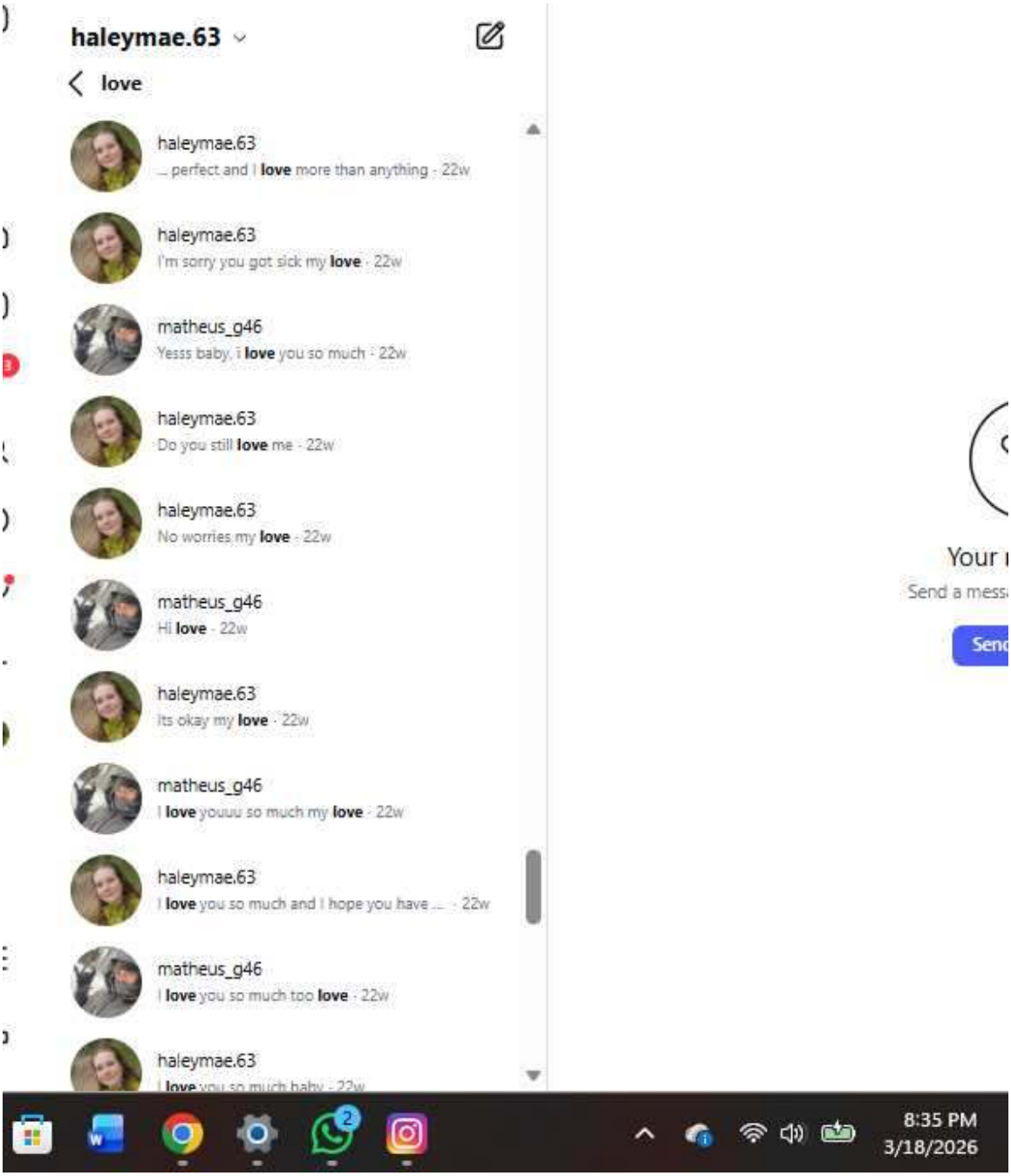

love
matheus_g46
Yes love · 20w
matheus_g46
I love you too baby · 20w
haleymae.63
I love you baby · 20w
haleymae.63
Good morning my love · 20w
matheus_g46
Love you baby zinha · 20w
haleymae.63
I love you so much · 20w
matheus_g46
Because I love your armtata · 20w
haleymae.63
Why do you love me · 20w
matheus_g46
I love you everytimes my baby · 20w
haleymae.63
You still love me? · 20w
haleymae.63
Okay my love · 20w
8:32 PM
3/18/2026

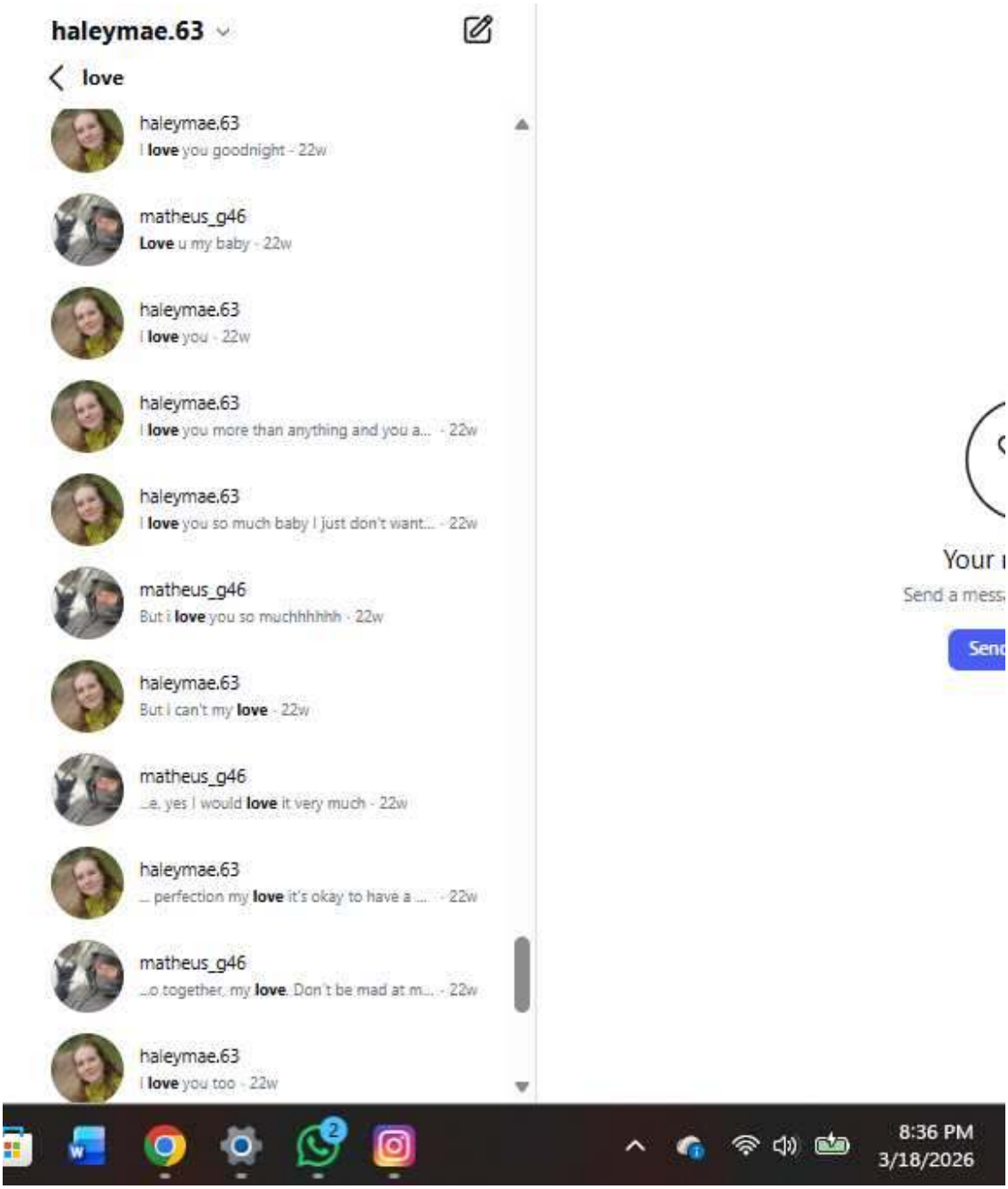

haleymae.63
love
haleymae.63
I love you and I hope you have a great day · 20w
matheus_g46
Shopping love · 20w
matheus_g46
Love you · 20w
haleymae.63
Thank you, love you · 20w
matheus_g46
Good morning love · 20w
matheus_g46
Love · 20w
matheus_g46
Ok love · 20w
haleymae.63
I'm so sorry my love · 20w
haleymae.63
Love you · 20w
matheus_g46
She loves ufc · 21w
haleymae.63
Yeah she will love that · 21w
Your
Send a mess
Send
8:33 PM
3/18/2026

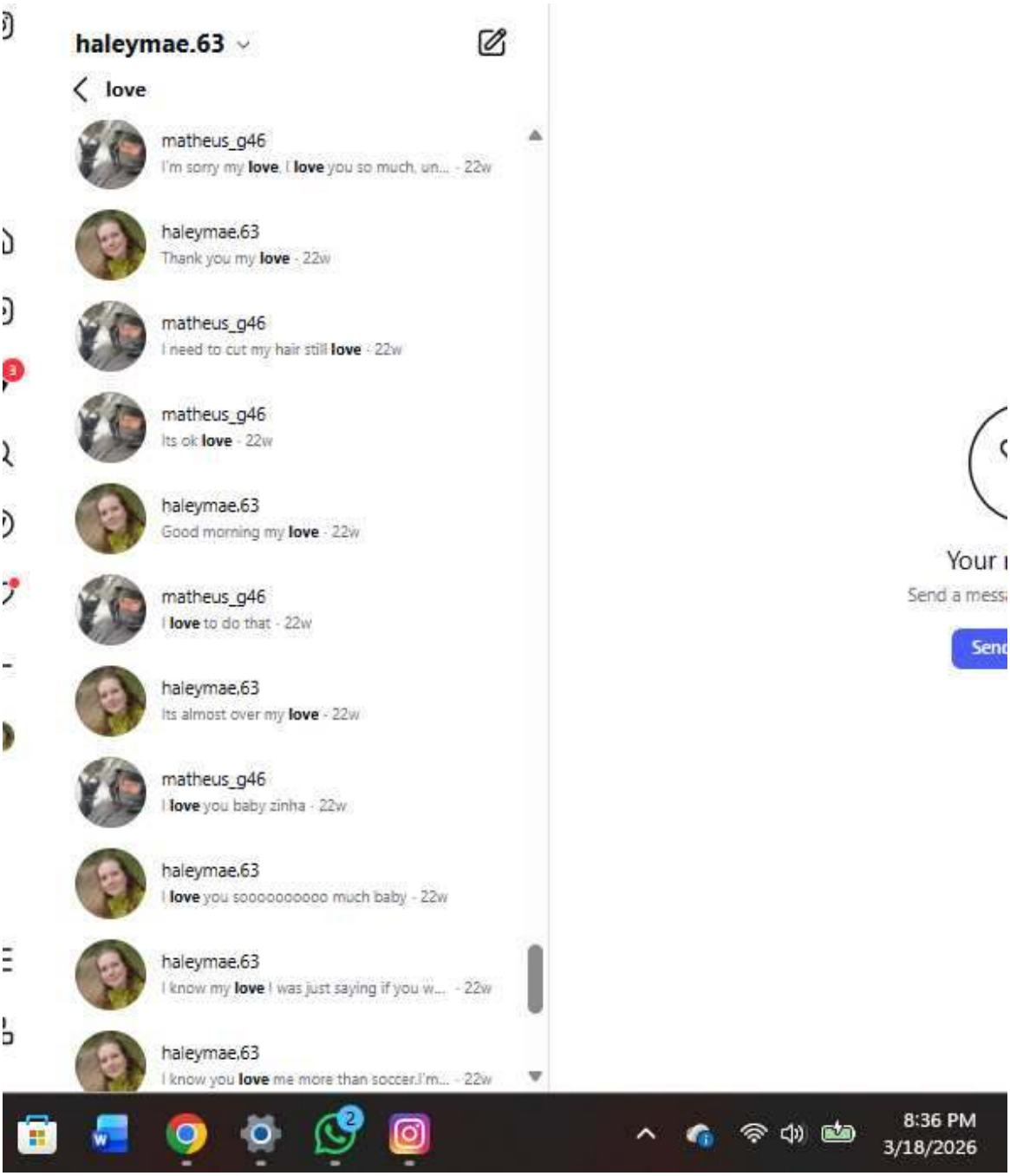

haleymae.63
love
haleymae.63
I love you too · 21w
matheus_g46
And i love you · 21w
haleymae.63
Have a good day my love · 21w
haleymae.63
...anniversary my love I can't wait to see ... · 21w
haleymae.63
Aw love you baby · 21w
haleymae.63
Love you toooo · 21w
matheus_g46
I love youu baby · 21w
haleymae.63
You love me · 21w
haleymae.63
I love you · 21w
haleymae.63
Love you too · 21w
matheus_g46
I love you my baby · 21w
Your
Send a mes
Se
8:34 PM
3/18/2026

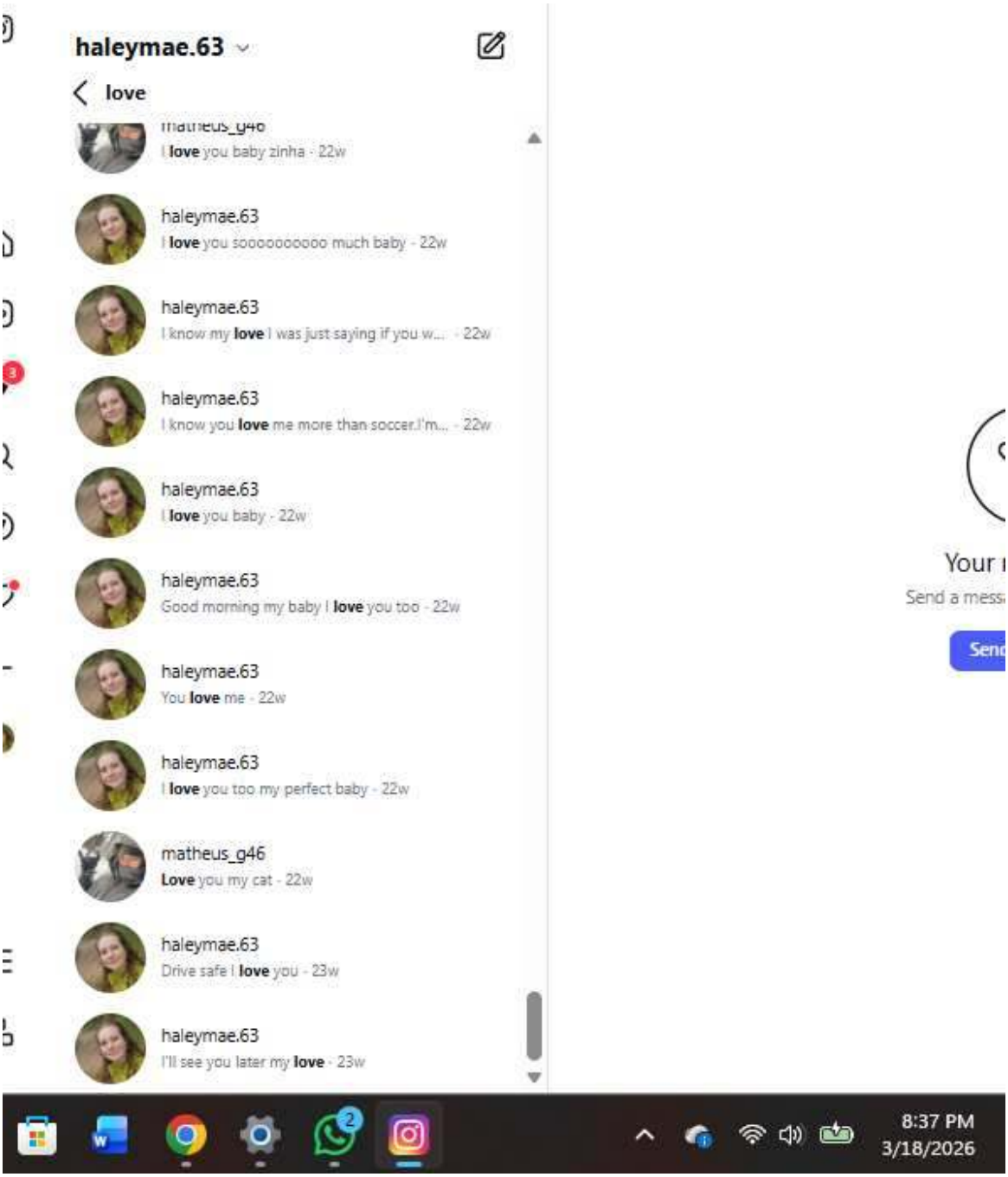

haleymae.63
love
matheus_g46
Love · 21w
haleymae.63
Good morning my love · 21w
haleymae.63
I LOVE YOU SO MUCH · 21w
haleymae.63
I love you soooooooooo much · 21w
haleymae.63
... I always want you with me my love · 21w
haleymae.63
...okay you'll be tired after my love · 21w
haleymae.63
...sleep together every night my love · 21w
matheus_g46
Its ok love · 21w
haleymae.63
I love you too · 21w
matheus_g46
I love you too · 21w
matheus_g46
I'm sorry my love · 21w
Your
Send a mes
Ser
8:34 PM
3/18/2026

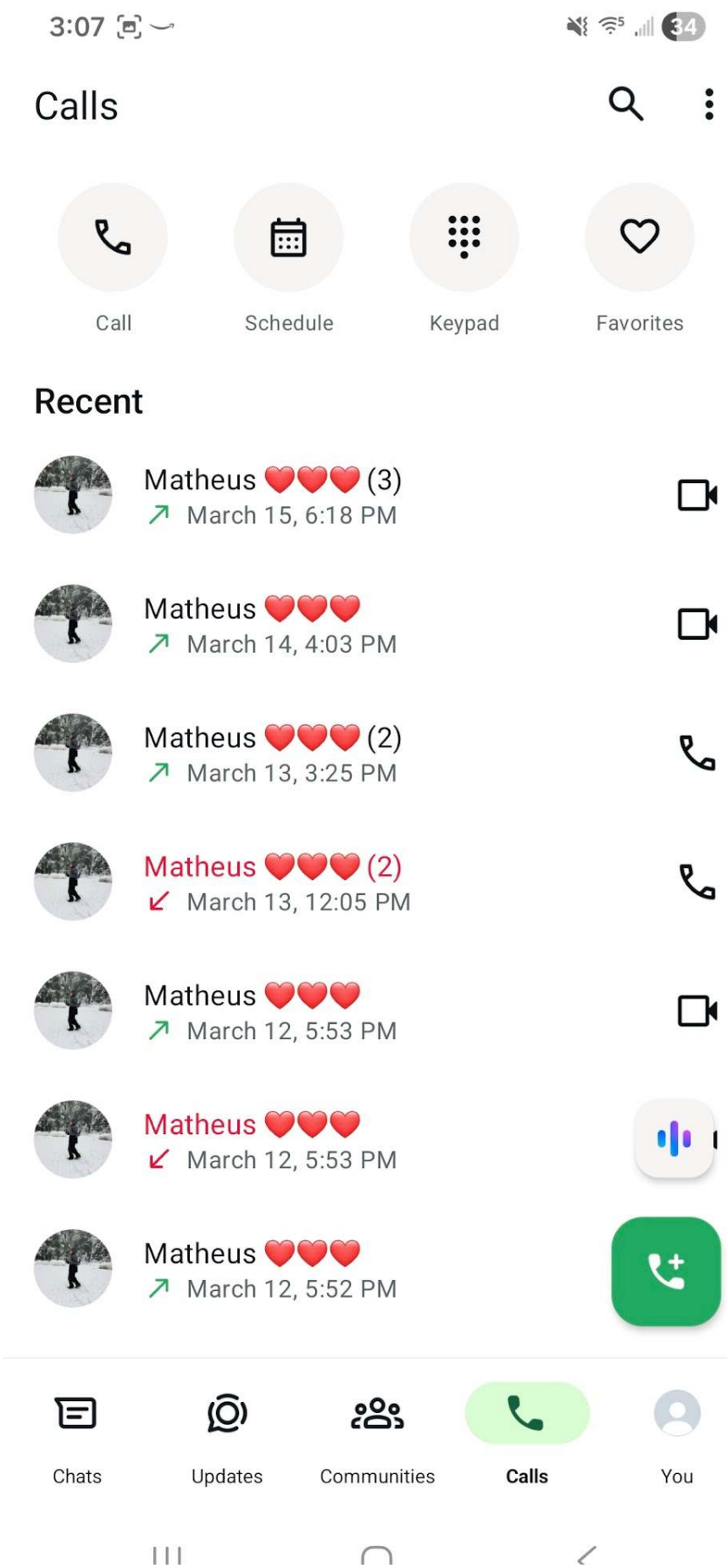

haleymae.63
love
haleymae.63
Because they love me and they feel bad t... · 21w
matheus_g46
What is this love · 21w
matheus_g46
I love you · 21w
matheus_g46
Never love · 21w
matheus_g46
Hii love · 21w
matheus_g46
Good morning love · 21w
matheus_g46
I'm sorry love · 22w
matheus_g46
Love · 22w
matheus_g46
Do you still love me? · 22w
haleymae.63
Good morning my love · 22w
haleymae.63
Its okay my love · 22w


haleymae.63
love
haleymae.63
... perfect and I love more than anything · 22w
haleymae.63
I'm sorry you got sick my love · 22w
matheus_g46
Yesss baby, I love you so much · 22w
haleymae.63
Do you still love me · 22w
haleymae.63
No worries my love · 22w
matheus_g46
Hi love · 22w
haleymae.63
Its okay my love · 22w
matheus_g46
I love youuu so much my love · 22w
haleymae.63
I love you so much and I hope you have ... · 22w
matheus_g46
I love you so much too love · 22w
haleymae.63
I love you so much baby · 22w
8:35 PM
3/18/2026

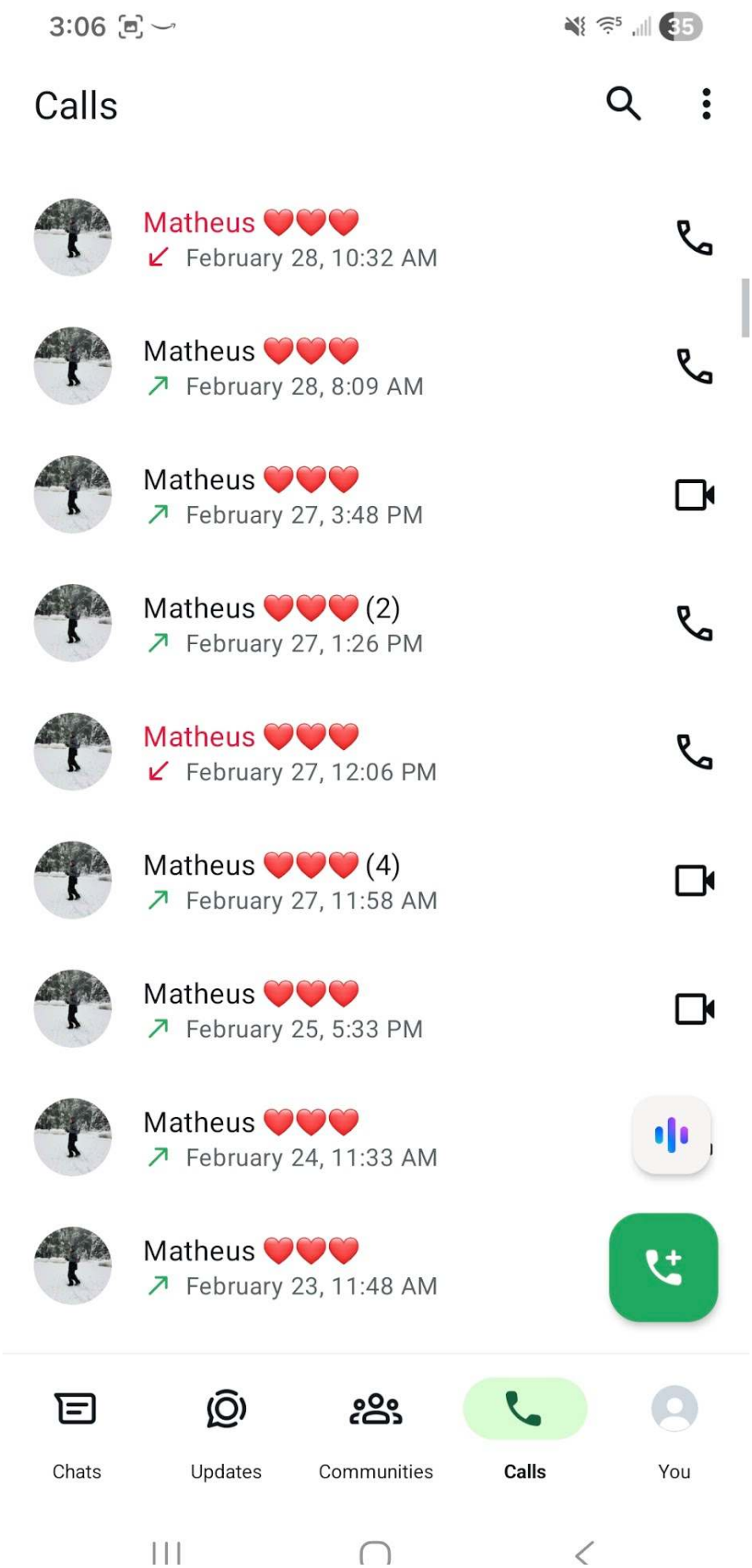

haleymae.63
love
haleymae.63
I love you goodnight · 22w
matheus_g46
Love u my baby · 22w
haleymae.63
I love you · 22w
haleymae.63
I love you more than anything and you a... · 22w
haleymae.63
I love you so much baby I just don't want... · 22w
matheus_g46
But i love you so muchhhhhh · 22w
haleymae.63
But I can't my love · 22w
matheus_g46
...e, yes I would love it very much · 22w
haleymae.63
... perfection my love it's okay to have a .... · 22w
matheus_g46
...o together, my love. Don't be mad at m... · 22w
haleymae.63
I love you too · 22w
Your
Send a mess
Send
8:36 PM
3/18/2026

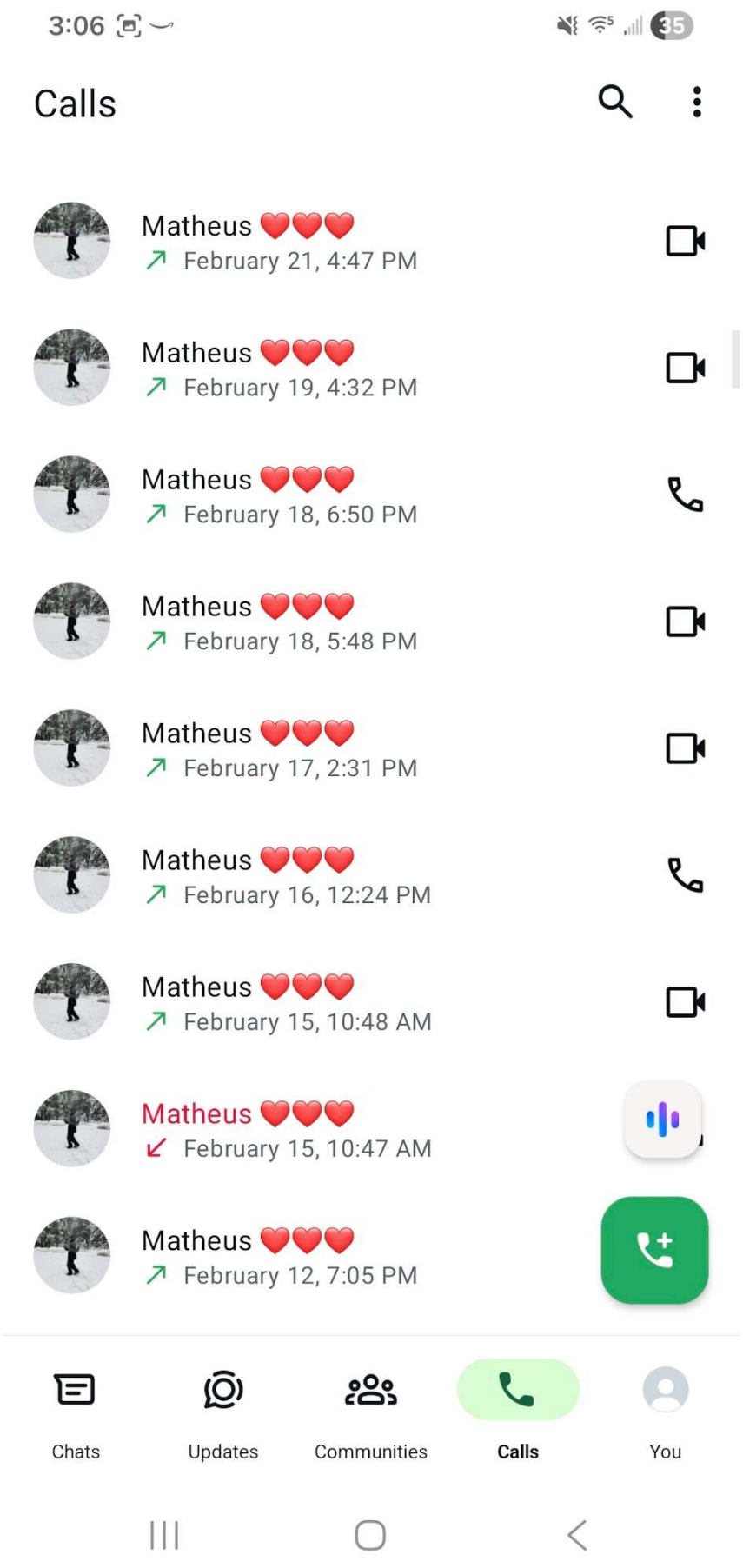

haleymae.63
love
matheus_g46
I'm sorry my love. I love you so much, un... · 22w
haleymae.63
Thank you my love · 22w
matheus_g46
I need to cut my hair still love · 22w
matheus_g46
Its ok love · 22w
haleymae.63
Good morning my love · 22w
matheus_g46
I love to do that · 22w
haleymae.63
Its almost over my love · 22w
matheus_g46
I love you baby zinha · 22w
haleymae.63
I love you sooooooooo much baby · 22w
haleymae.63
I know my love I was just saying if you w... · 22w
haleymae.63
I know you love me more than soccer.I'm... · 22w
Your
Send a mess
Send
8:36 PM
3/18/2026

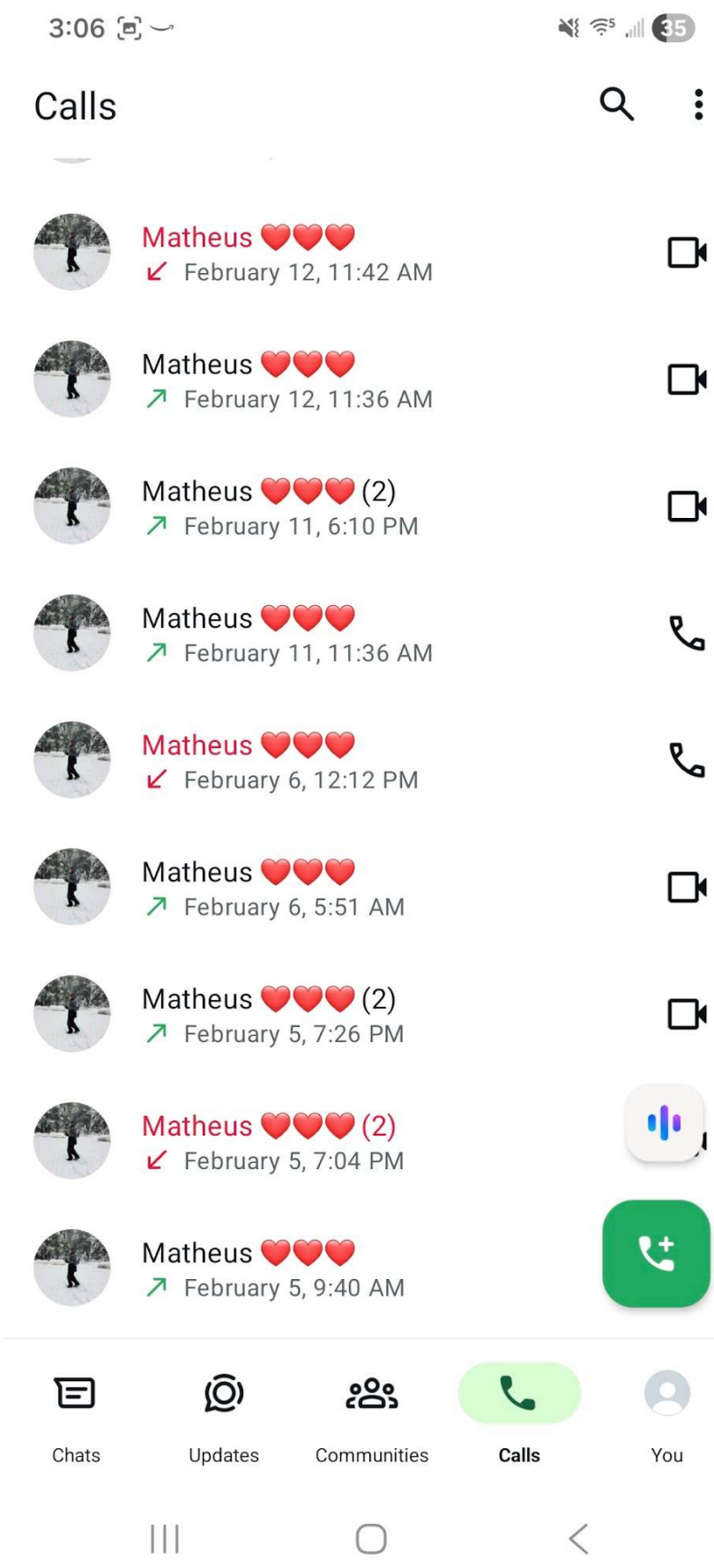

haleymae.63
love
matheus_g46
I love you baby zinha · 22w
haleymae.63
I love you sooooooooo much baby · 22w
haleymae.63
I know my love I was just saying if you w... · 22w
haleymae.63
I know you love me more than soccer.I'm... · 22w
haleymae.63
I love you baby · 22w
haleymae.63
Good morning my baby I love you too · 22w
haleymae.63
You love me · 22w
haleymae.63
I love you too my perfect baby · 22w
matheus_g46
Love you my cat · 22w
haleymae.63
Drive safe I love you · 23w
haleymae.63
I'll see you later my love · 23w
Your
Send a mess
Send
8:37 PM
3/18/2026

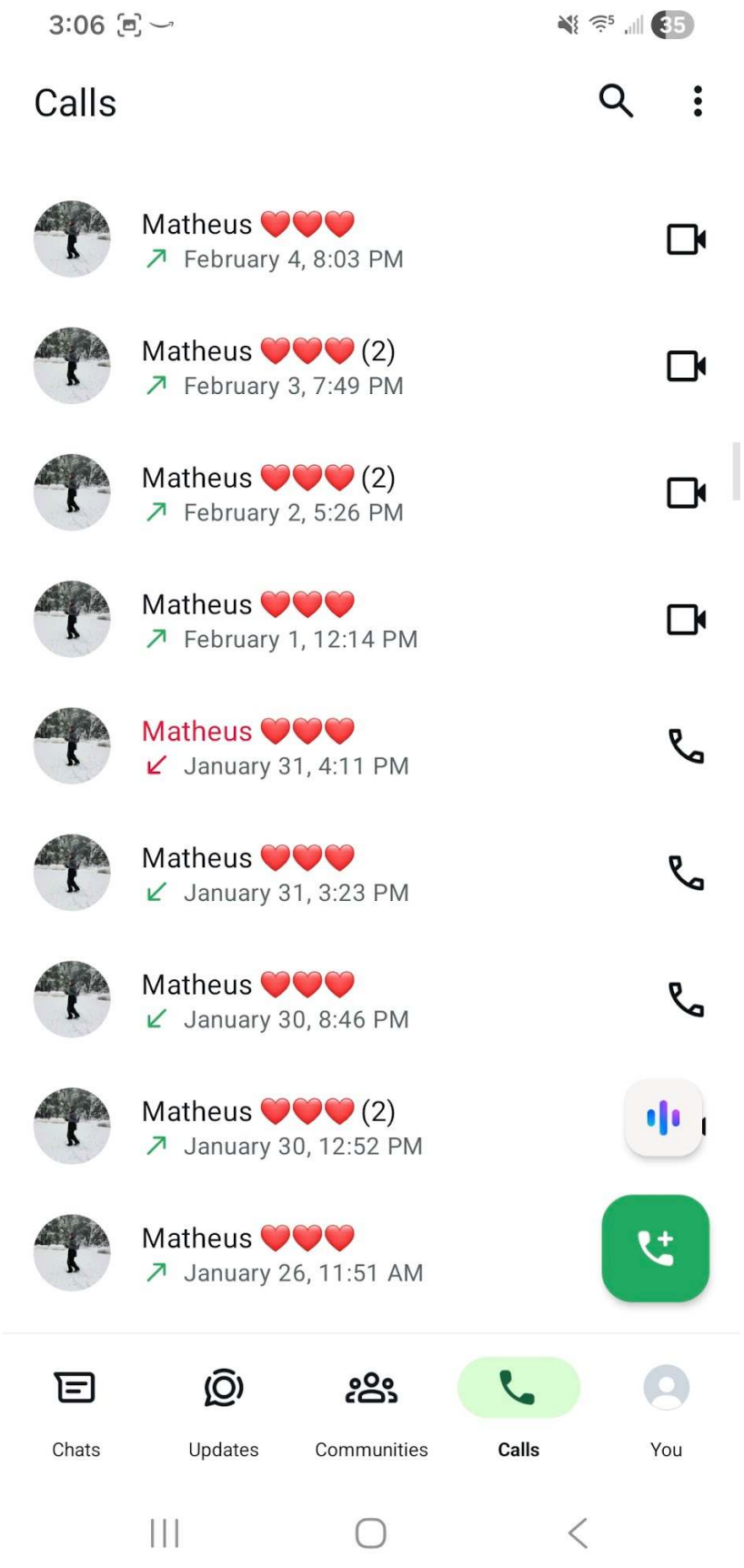

3:07
Calls
Call
Schedule
Keypad
Favorites
Recent
Matheus ❤️❤️❤️ (3)
March 15, 6:18 PM
Matheus ❤️❤️❤️
March 14, 4:03 PM
Matheus ❤️❤️❤️ (2)
March 13, 3:25 PM
Matheus ❤️❤️❤️ (2)
March 13, 12:05 PM
Matheus ❤️❤️❤️
March 12, 5:53 PM
Matheus ❤️❤️❤️
March 12, 5:53 PM
Matheus ❤️❤️❤️
March 12, 5:52 PM
Chats
Updates
Communities
Calls
You

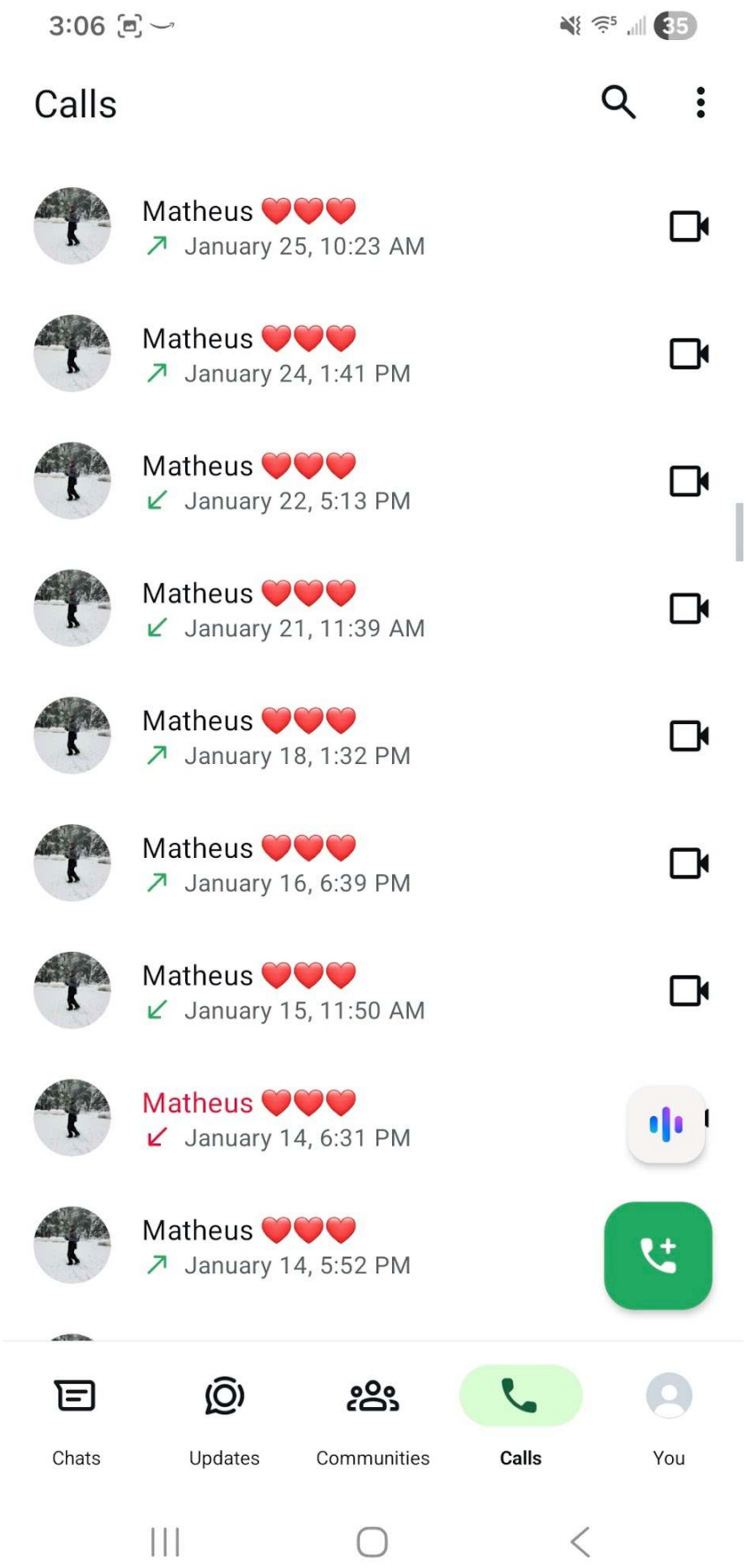

3:07
Calls
Matheus ❤️❤️❤️
March 12, 5:53 PM
Matheus ❤️❤️❤️
March 12, 5:52 PM
Matheus ❤️❤️❤️
March 7, 4:07 PM
Matheus ❤️❤️❤️
March 5, 3:14 PM
Matheus ❤️❤️❤️
March 4, 4:02 PM
Matheus ❤️❤️❤️ (2)
March 2, 6:51 PM
Matheus ❤️❤️❤️
March 1, 7:48 PM
Matheus ❤️❤️❤️
March 1, 6:28 PM
Matheus ❤️❤️❤️ (2)
February 28, 4:49 PM
Chats
Updates
Communities
Calls
You

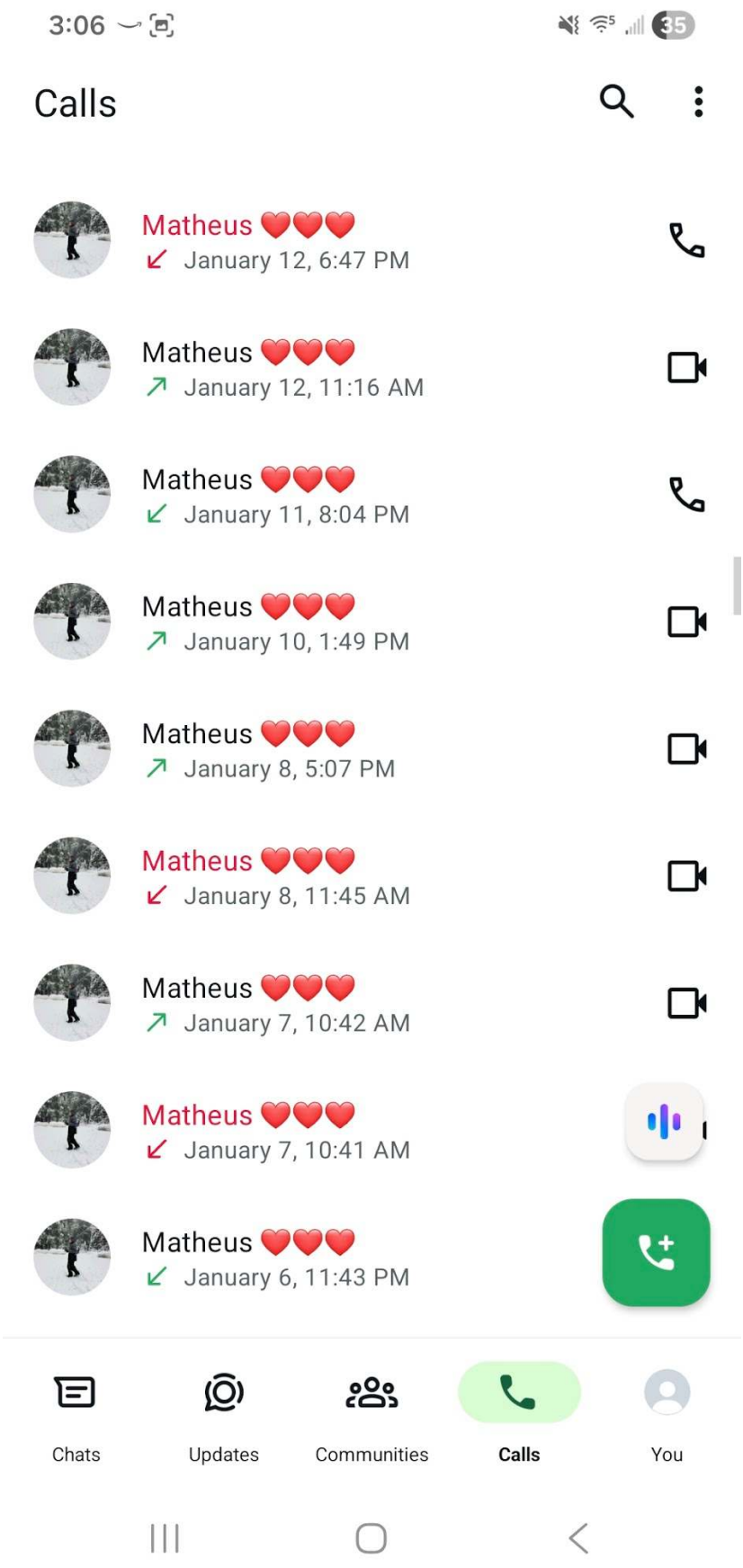

3:06
Calls
Matheus ❤️❤️❤️
February 28, 10:32 AM
Matheus ❤️❤️❤️
February 28, 8:09 AM
Matheus ❤️❤️❤️
February 27, 3:48 PM
Matheus ❤️❤️❤️ (2)
February 27, 1:26 PM
Matheus ❤️❤️❤️
February 27, 12:06 PM
Matheus ❤️❤️❤️ (4)
February 27, 11:58 AM
Matheus ❤️❤️❤️
February 25, 5:33 PM
Matheus ❤️❤️❤️
February 24, 11:33 AM
Matheus ❤️❤️❤️
February 23, 11:48 AM
Chats
Updates
Communities
Calls
You

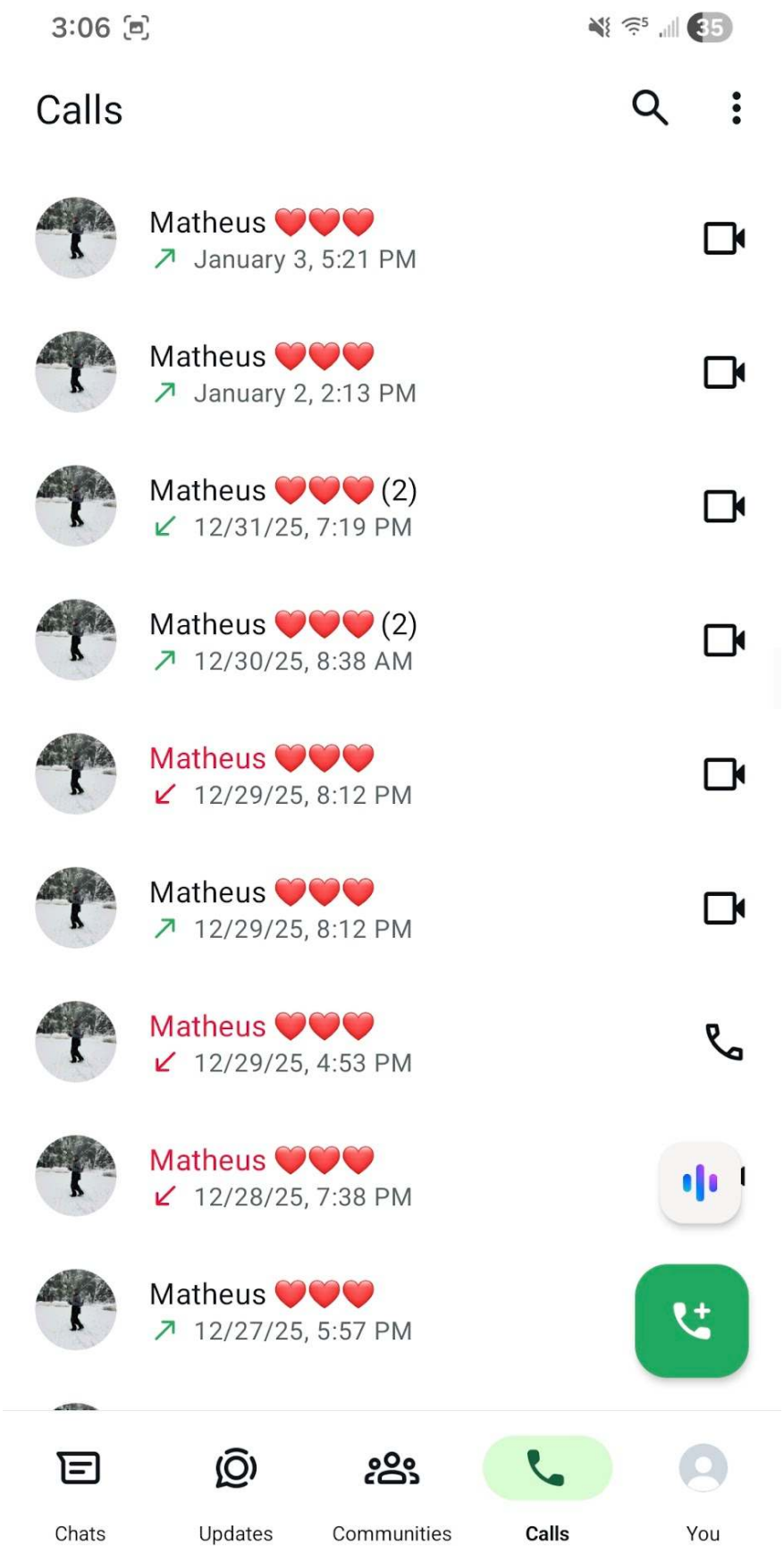

3:06
35
Calls
Matheus ❤️❤️❤️
February 21, 4:47 PM
Matheus ❤️❤️❤️
February 19, 4:32 PM
Matheus ❤️❤️❤️
February 18, 6:50 PM
Matheus ❤️❤️❤️
February 18, 5:48 PM
Matheus ❤️❤️❤️
February 17, 2:31 PM
Matheus ❤️❤️❤️
February 16, 12:24 PM
Matheus ❤️❤️❤️
February 15, 10:48 AM
Matheus ❤️❤️❤️
February 15, 10:47 AM
Matheus ❤️❤️❤️
February 12, 7:05 PM
Chats
Updates
Communities
Calls
You


3:06
Calls
Matheus ❤️❤️❤️
February 12, 11:42 AM
Matheus ❤️❤️❤️
February 12, 11:36 AM
Matheus ❤️❤️❤️ (2)
February 11, 6:10 PM
Matheus ❤️❤️❤️
February 11, 11:36 AM
Matheus ❤️❤️❤️
February 6, 12:12 PM
Matheus ❤️❤️❤️
February 6, 5:51 AM
Matheus ❤️❤️❤️ (2)
February 5, 7:26 PM
Matheus ❤️❤️❤️ (2)
February 5, 7:04 PM
Matheus ❤️❤️❤️
February 5, 9:40 AM
Chats
Updates
Communities
Calls
You

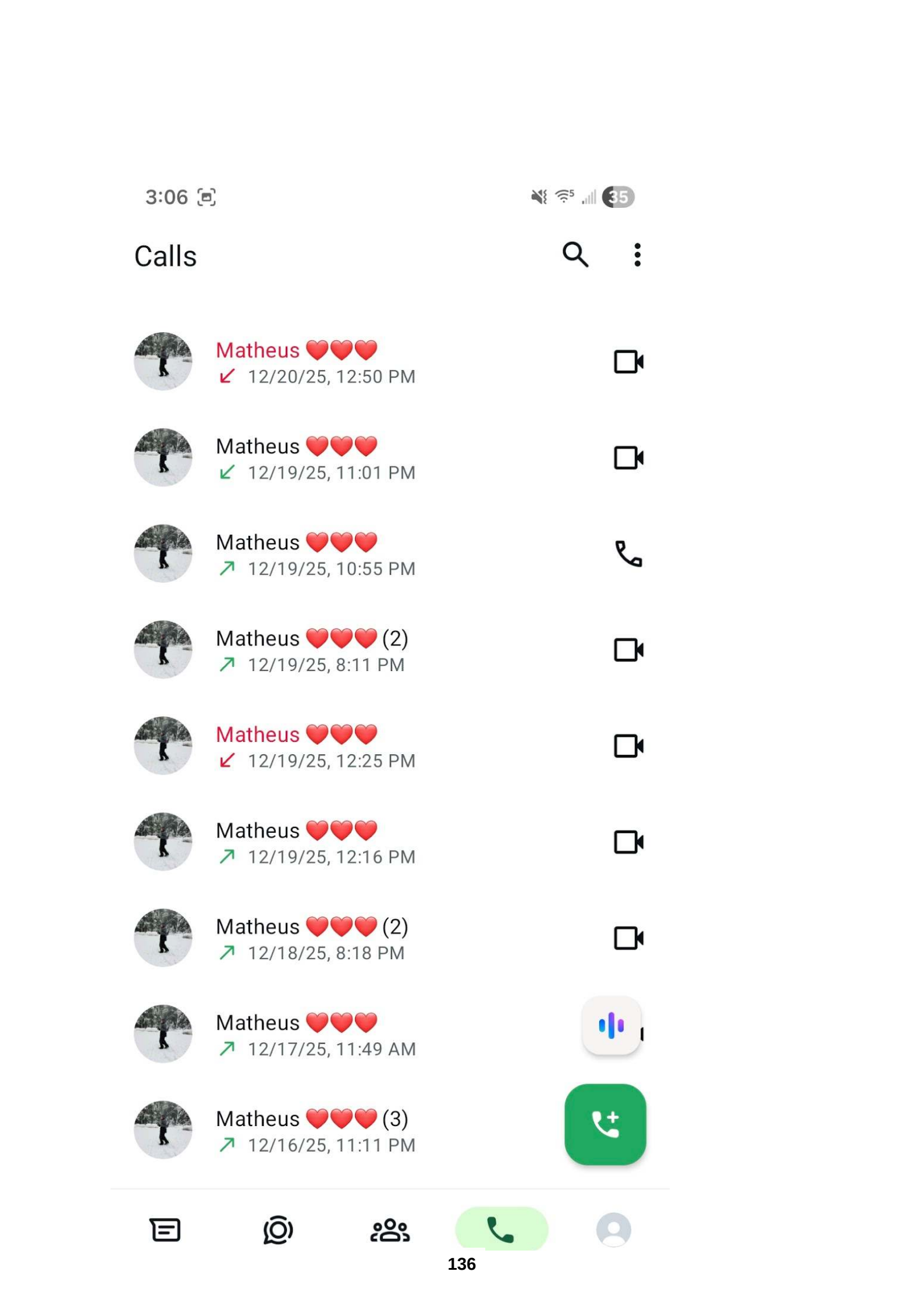

3:06
Calls
Matheus ❤️❤️❤️
February 4, 8:03 PM
Matheus ❤️❤️❤️ (2)
February 3, 7:49 PM
Matheus ❤️❤️❤️ (2)
February 2, 5:26 PM
Matheus ❤️❤️❤️
February 1, 12:14 PM
Matheus ❤️❤️❤️
January 31, 4:11 PM
Matheus ❤️❤️❤️
January 31, 3:23 PM
Matheus ❤️❤️❤️
January 30, 8:46 PM
Matheus ❤️❤️❤️ (2)
January 30, 12:52 PM
Matheus ❤️❤️❤️
January 26, 11:51 AM
Chats
Updates
Communities
Calls
You

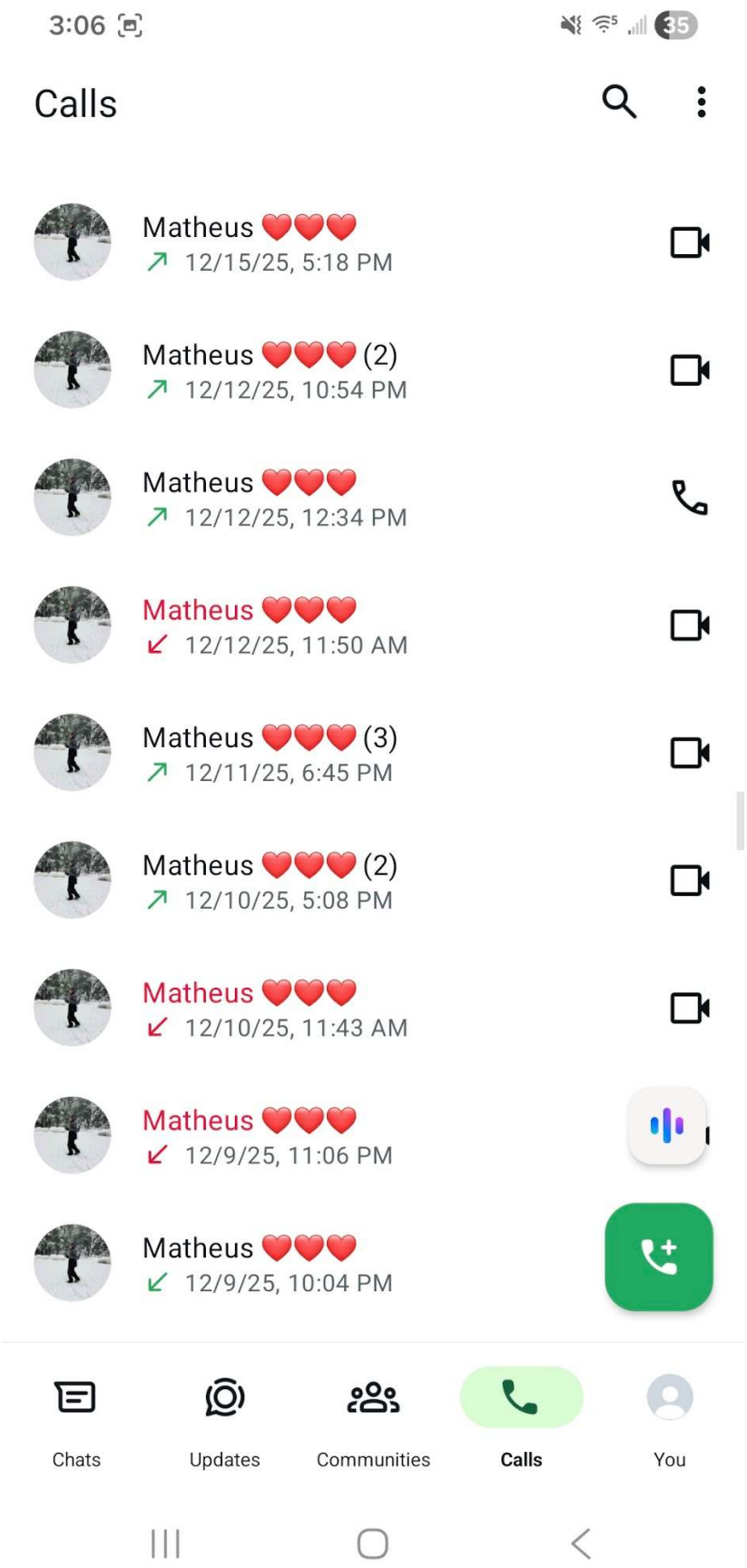

3:06
Calls
Matheus ❤️❤️❤️
January 25, 10:23 AM
Matheus ❤️❤️❤️
January 24, 1:41 PM
Matheus ❤️❤️❤️
January 22, 5:13 PM
Matheus ❤️❤️❤️
January 21, 11:39 AM
Matheus ❤️❤️❤️
January 18, 1:32 PM
Matheus ❤️❤️❤️
January 16, 6:39 PM
Matheus ❤️❤️❤️
January 15, 11:50 AM
Matheus ❤️❤️❤️
January 14, 6:31 PM
Matheus ❤️❤️❤️
January 14, 5:52 PM
Chats
Updates
Communities
Calls
You

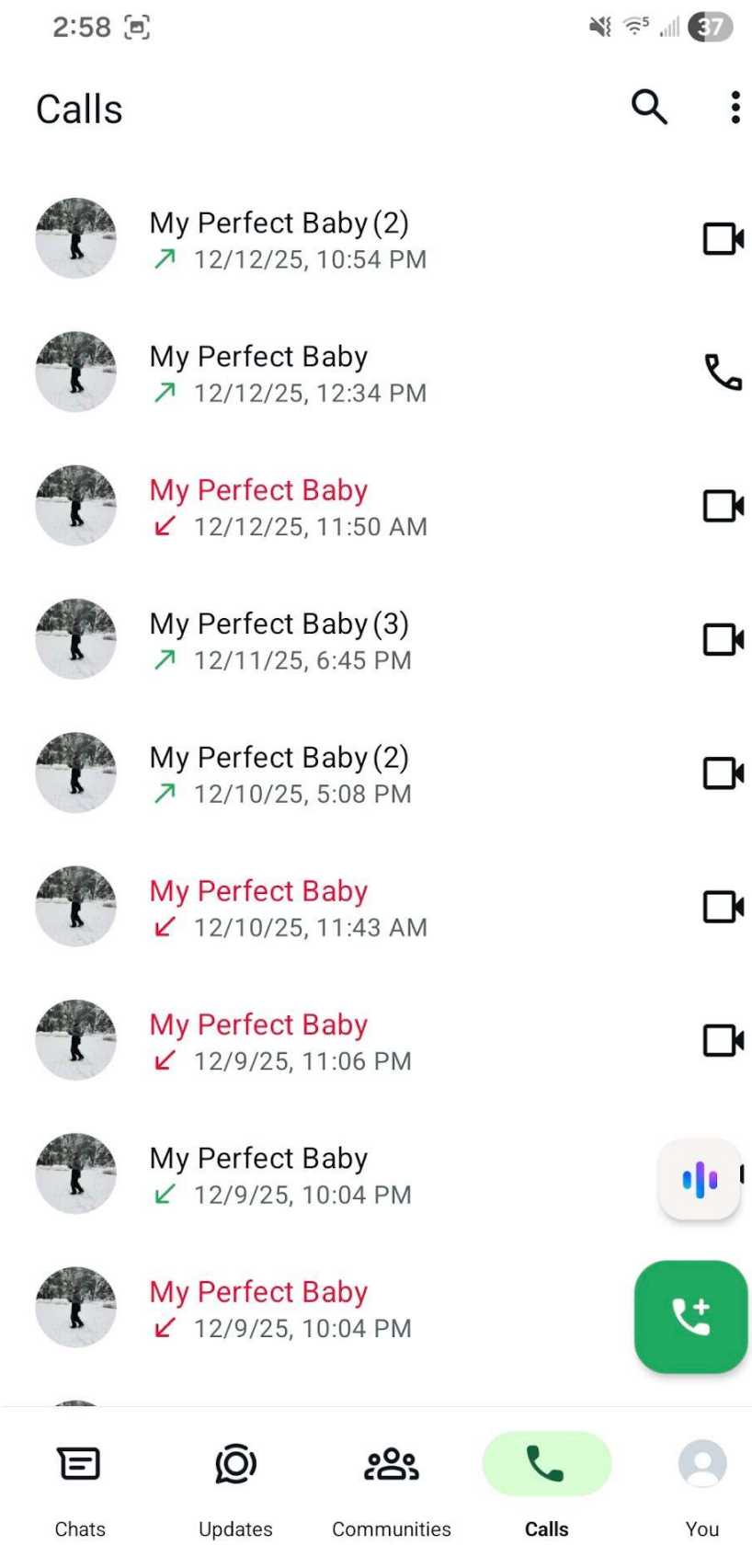

3:06
Calls
Matheus ❤️❤️❤️
January 12, 6:47 PM
Matheus ❤️❤️❤️
January 12, 11:16 AM
Matheus ❤️❤️❤️
January 11, 8:04 PM
Matheus ❤️❤️❤️
January 10, 1:49 PM
Matheus ❤️❤️❤️
January 8, 5:07 PM
Matheus ❤️❤️❤️
January 8, 11:45 AM
Matheus ❤️❤️❤️
January 7, 10:42 AM
Matheus ❤️❤️❤️
January 7, 10:41 AM
Matheus ❤️❤️❤️
January 6, 11:43 PM
Chats
Updates
Communities
Calls
You

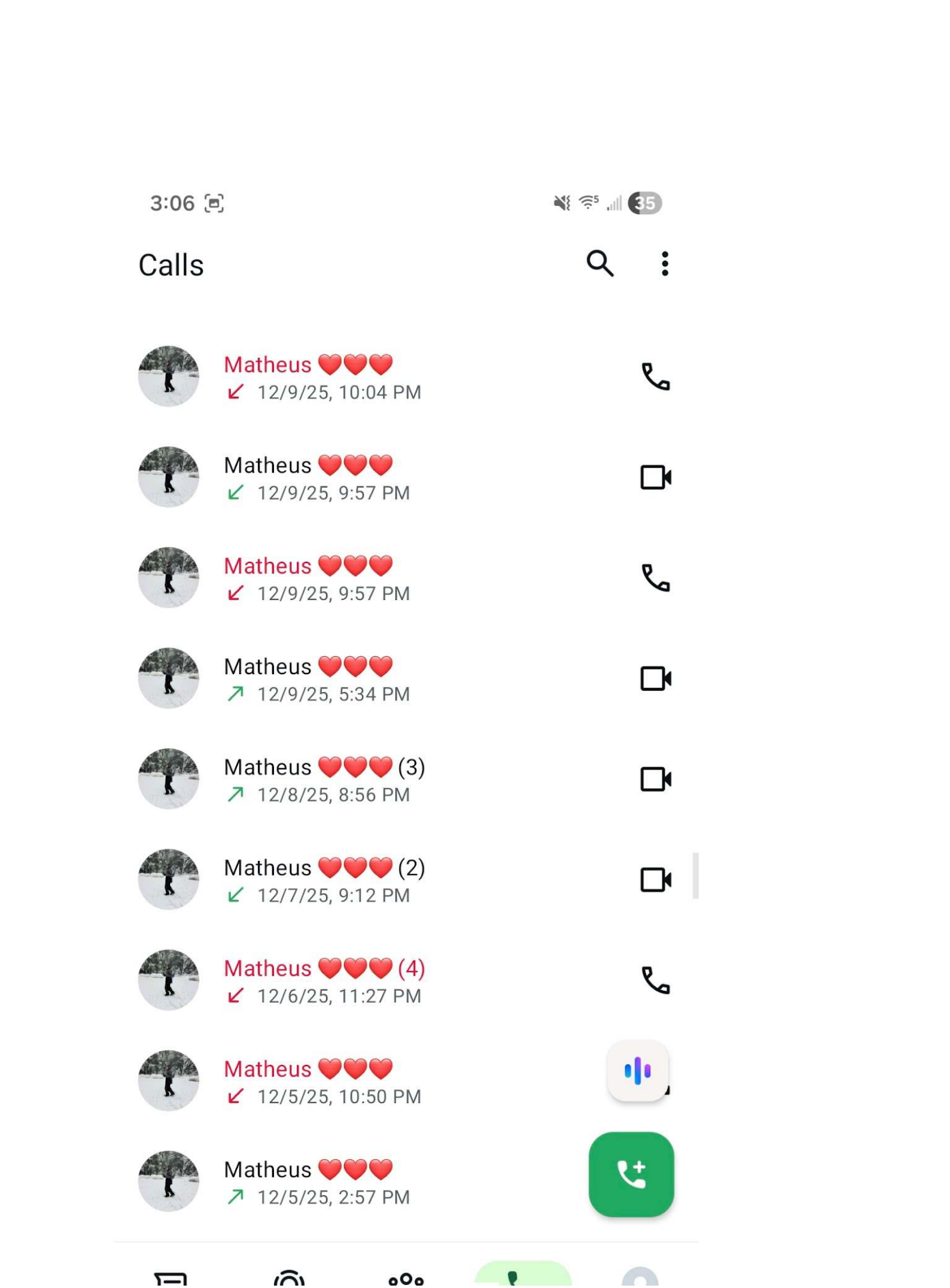

3:06
35
Calls
Matheus ❤️❤️❤️
January 3, 5:21 PM
Matheus ❤️❤️❤️
January 2, 2:13 PM
Matheus ❤️❤️❤️ (2)
12/31/25, 7:19 PM
Matheus ❤️❤️❤️ (2)
12/30/25, 8:38 AM
Matheus ❤️❤️❤️
12/29/25, 8:12 PM
Matheus ❤️❤️❤️
12/29/25, 8:12 PM
Matheus ❤️❤️❤️
12/29/25, 4:53 PM
Matheus ❤️❤️❤️
12/28/25, 7:38 PM
Matheus ❤️❤️❤️
12/27/25, 5:57 PM
Chats
Updates
Communities
Calls
You

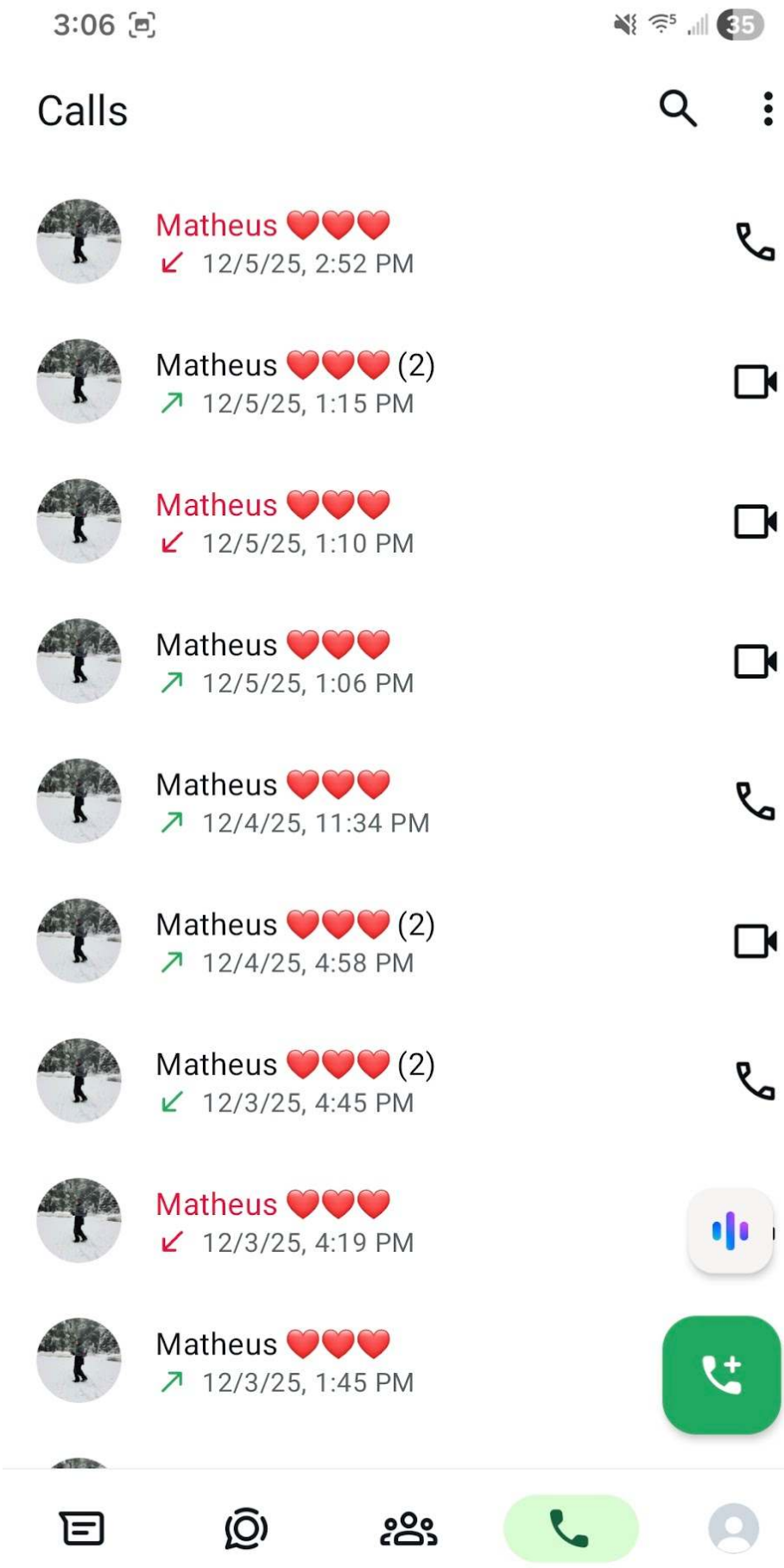

3:06
Calls
Matheus ❤️❤️❤️
12/26/25, 11:53 AM
Matheus ❤️❤️❤️
12/25/25, 1:23 PM
Matheus ❤️❤️❤️ (2)
12/25/25, 12:48 PM
Matheus ❤️❤️❤️
12/25/25, 12:21 PM
Matheus ❤️❤️❤️
12/24/25, 9:28 AM
Matheus ❤️❤️❤️
12/23/25, 1:04 PM
Matheus ❤️❤️❤️
12/22/25, 8:31 PM
Matheus ❤️❤️❤️
12/21/25, 11:59 AM
Matheus ❤️❤️❤️ (2)
12/20/25, 1:48 PM
Chats
Updates
Communities
Calls
You

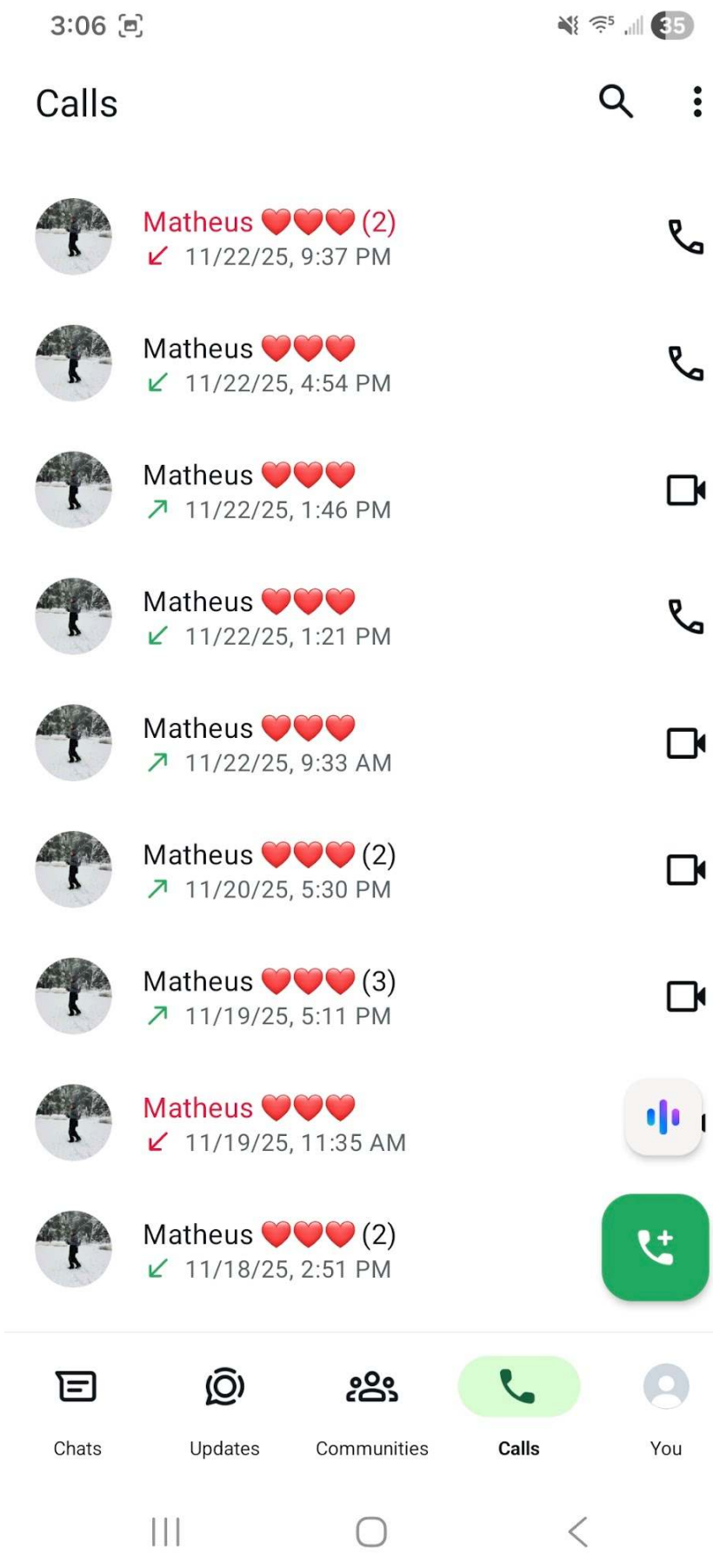

3:06
Calls
Matheus ❤️❤️❤️
12/20/25, 12:50 PM
Matheus ❤️❤️❤️
12/19/25, 11:01 PM
Matheus ❤️❤️❤️
12/19/25, 10:55 PM
Matheus ❤️❤️❤️ (2)
12/19/25, 8:11 PM
Matheus ❤️❤️❤️
12/19/25, 12:25 PM
Matheus ❤️❤️❤️
12/19/25, 12:16 PM
Matheus ❤️❤️❤️ (2)
12/18/25, 8:18 PM
Matheus ❤️❤️❤️
12/17/25, 11:49 AM
Matheus ❤️❤️❤️ (3)
12/16/25, 11:11 PM

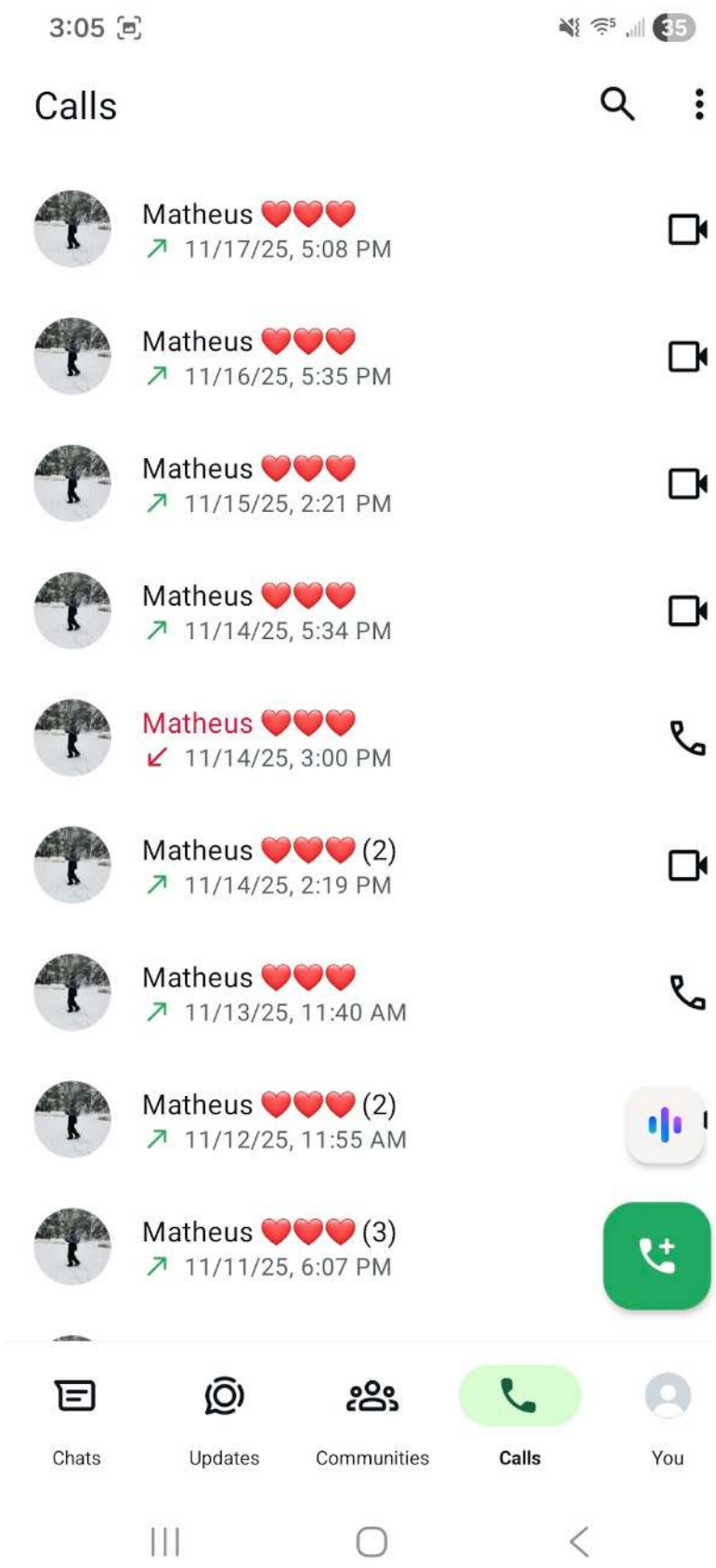

3:06
35
Calls
Matheus ❤️❤️❤️
12/15/25, 5:18 PM
Matheus ❤️❤️❤️ (2)
12/12/25, 10:54 PM
Matheus ❤️❤️❤️
12/12/25, 12:34 PM
Matheus ❤️❤️❤️
12/12/25, 11:50 AM
Matheus ❤️❤️❤️ (3)
12/11/25, 6:45 PM
Matheus ❤️❤️❤️ (2)
12/10/25, 5:08 PM
Matheus ❤️❤️❤️
12/10/25, 11:43 AM
Matheus ❤️❤️❤️
12/9/25, 11:06 PM
Matheus ❤️❤️❤️
12/9/25, 10:04 PM
Chats
Updates
Communities
Calls
You


2:58
37
Calls
My Perfect Baby (2)
12/12/25, 10:54 PM
My Perfect Baby
12/12/25, 12:34 PM
My Perfect Baby
12/12/25, 11:50 AM
My Perfect Baby (3)
12/11/25, 6:45 PM
My Perfect Baby (2)
12/10/25, 5:08 PM
My Perfect Baby
12/10/25, 11:43 AM
My Perfect Baby
12/9/25, 11:06 PM
My Perfect Baby
12/9/25, 10:04 PM
My Perfect Baby
12/9/25, 10:04 PM
Chats
Updates
Communities
Calls
You


3:06
Calls
Matheus ❤️❤️❤️
12/9/25, 10:04 PM
Matheus ❤️❤️❤️
12/9/25, 9:57 PM
Matheus ❤️❤️❤️
12/9/25, 9:57 PM
Matheus ❤️❤️❤️
12/9/25, 5:34 PM
Matheus ❤️❤️❤️ (3)
12/8/25, 8:56 PM
Matheus ❤️❤️❤️ (2)
12/7/25, 9:12 PM
Matheus ❤️❤️❤️ (4)
12/6/25, 11:27 PM
Matheus ❤️❤️❤️
12/5/25, 10:50 PM
Matheus ❤️❤️❤️
12/5/25, 2:57 PM


3:06
35
Calls
Matheus ❤️❤️❤️
12/5/25, 2:52 PM
Matheus ❤️❤️❤️ (2)
12/5/25, 1:15 PM
Matheus ❤️❤️❤️
12/5/25, 1:10 PM
Matheus ❤️❤️❤️
12/5/25, 1:06 PM
Matheus ❤️❤️❤️
12/4/25, 11:34 PM
Matheus ❤️❤️❤️ (2)
12/4/25, 4:58 PM
Matheus ❤️❤️❤️ (2)
12/3/25, 4:45 PM
Matheus ❤️❤️❤️
12/3/25, 4:19 PM
Matheus ❤️❤️❤️
12/3/25, 1:45 PM


3:06
35
Calls
Matheus ❤️❤️❤️ (2)
11/22/25, 9:37 PM
Matheus ❤️❤️❤️
11/22/25, 4:54 PM
Matheus ❤️❤️❤️
11/22/25, 1:46 PM
Matheus ❤️❤️❤️
11/22/25, 1:21 PM
Matheus ❤️❤️❤️
11/22/25, 9:33 AM
Matheus ❤️❤️❤️ (2)
11/20/25, 5:30 PM
Matheus ❤️❤️❤️ (3)
11/19/25, 5:11 PM
Matheus ❤️❤️❤️
11/19/25, 11:35 AM
Matheus ❤️❤️❤️ (2)
11/18/25, 2:51 PM
Chats
Updates
Communities
Calls
You


3:05
Calls
Matheus ❤️❤️❤️
11/17/25, 5:08 PM
Matheus ❤️❤️❤️
11/16/25, 5:35 PM
Matheus ❤️❤️❤️
11/15/25, 2:21 PM
Matheus ❤️❤️❤️
11/14/25, 5:34 PM
Matheus ❤️❤️❤️
11/14/25, 3:00 PM
Matheus ❤️❤️❤️ (2)
11/14/25, 2:19 PM
Matheus ❤️❤️❤️
11/13/25, 11:40 AM
Matheus ❤️❤️❤️ (2)
11/12/25, 11:55 AM
Matheus ❤️❤️❤️ (3)
11/11/25, 6:07 PM
Chats
Updates
Communities
Calls
You


3:05
35
Calls
Matheus ❤️❤️❤️
11/11/25, 12:08 PM
Matheus ❤️❤️❤️
11/10/25, 7:27 PM
Matheus ❤️❤️❤️ (2)
11/10/25, 5:16 PM
Matheus ❤️❤️❤️ (2)
11/9/25, 2:28 PM
Matheus ❤️❤️❤️
11/7/25, 6:42 PM
Matheus ❤️❤️❤️
11/6/25, 6:47 PM
Matheus ❤️❤️❤️
11/6/25, 6:45 PM
Matheus ❤️❤️❤️ (2)
11/5/25, 5:48 PM
Matheus ❤️❤️❤️ (2)
11/4/25, 5:22 PM
Chats
Updates
Communities
Calls
You


3:05
Calls
Matheus ❤️❤️❤️
10/29/25, 11:21 AM
Matheus ❤️❤️❤️
10/23/25, 6:26 PM
M
Matheus Goncales 🚶‍♀️
10/18/25, 11:03 PM
M
Matheus Goncales 🚶‍♀️
10/18/25, 4:44 PM
M
Matheus Goncales 🚶‍♀️
10/18/25, 4:11 PM
M
Matheus Goncales 🚶‍♀️
10/18/25, 4:07 PM
M
Matheus Goncales 🚶‍♀️
10/18/25, 1:23 PM
M
Matheus Goncales 🚶‍♀️
10/17/25, 6:50 PM
M
Matheus Goncales 🚶‍♀️
10/5/25, 11:34 PM
Chats
Updates
Communities
Calls
You

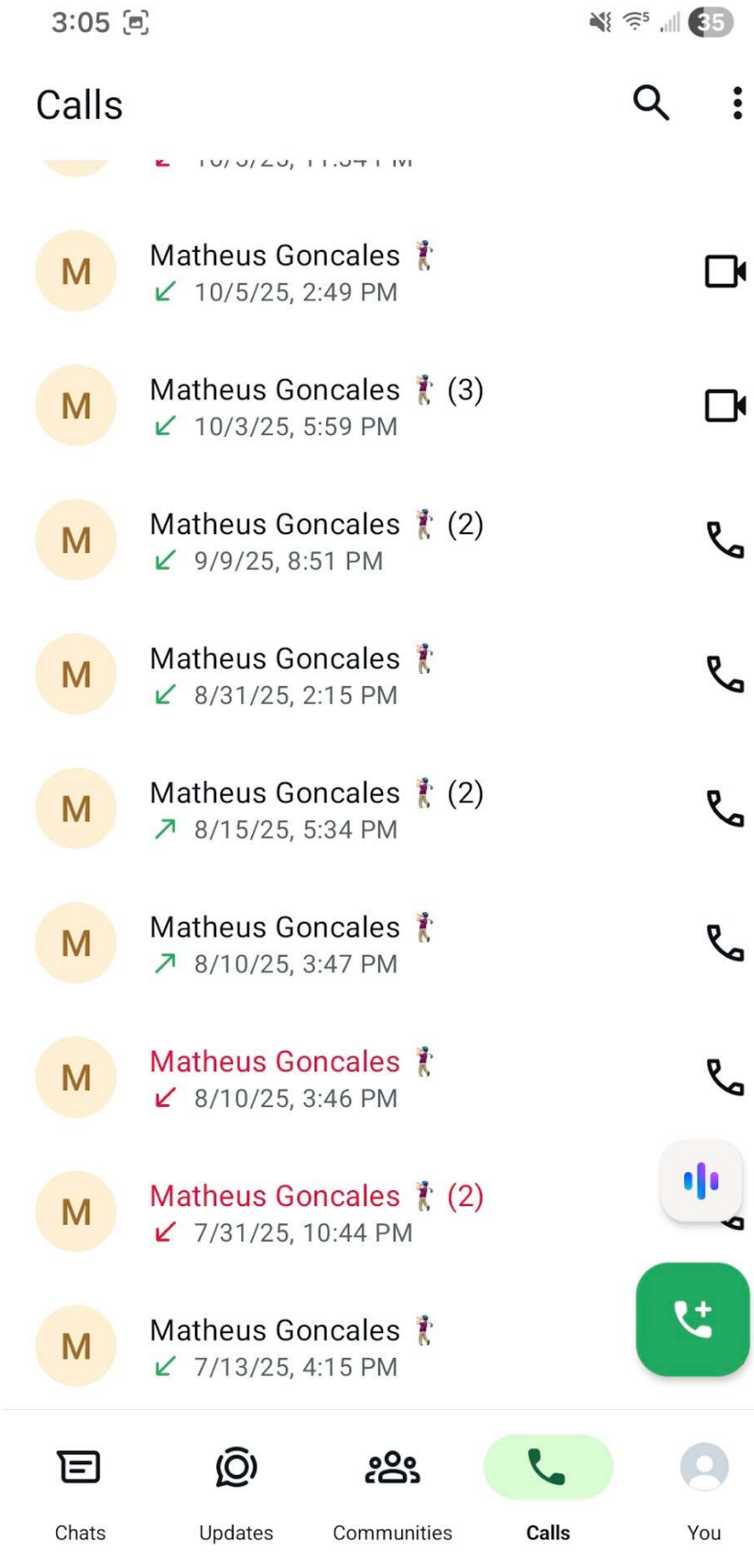

3:05
Calls
M
Matheus Goncales
10/5/25, 2:49 PM
M
Matheus Goncales (3)
10/3/25, 5:59 PM
M
Matheus Goncales (2)
9/9/25, 8:51 PM
M
Matheus Goncales
8/31/25, 2:15 PM
M
Matheus Goncales (2)
8/15/25, 5:34 PM
M
Matheus Goncales
8/10/25, 3:47 PM
M
Matheus Goncales
8/10/25, 3:46 PM
M
Matheus Goncales (2)
7/31/25, 10:44 PM
M
Matheus Goncales
7/13/25, 4:15 PM
Chats
Updates
Communities
Calls
You

Exhibit 6 - Evidence of Bona Fide Marriage: Letters of Support

Bruna dos Santos Gonçales
8760 W Patrick Ln #1128
Las Vegas, NV 89148

Date: April 9th 2026

To Whom It May Concern,

My name is Bruna dos Santos Gonçales, and I currently reside in Las Vegas, Nevada. I am writing this letter to confirm my knowledge of the relationship between my brother, Matheus, and his partner, Haley.

I have known Matheus since he was born, as he is my brother. I met Haley on June 14, 2025, during a Festa Junina gathering. Since then, I have had multiple opportunities to spend time with them as a couple, including trips to Las Vegas on November 26, 2025, and February 13, 2026. I will also be visiting them again on April 9, 2026, when I travel to San Francisco and spend time with them.

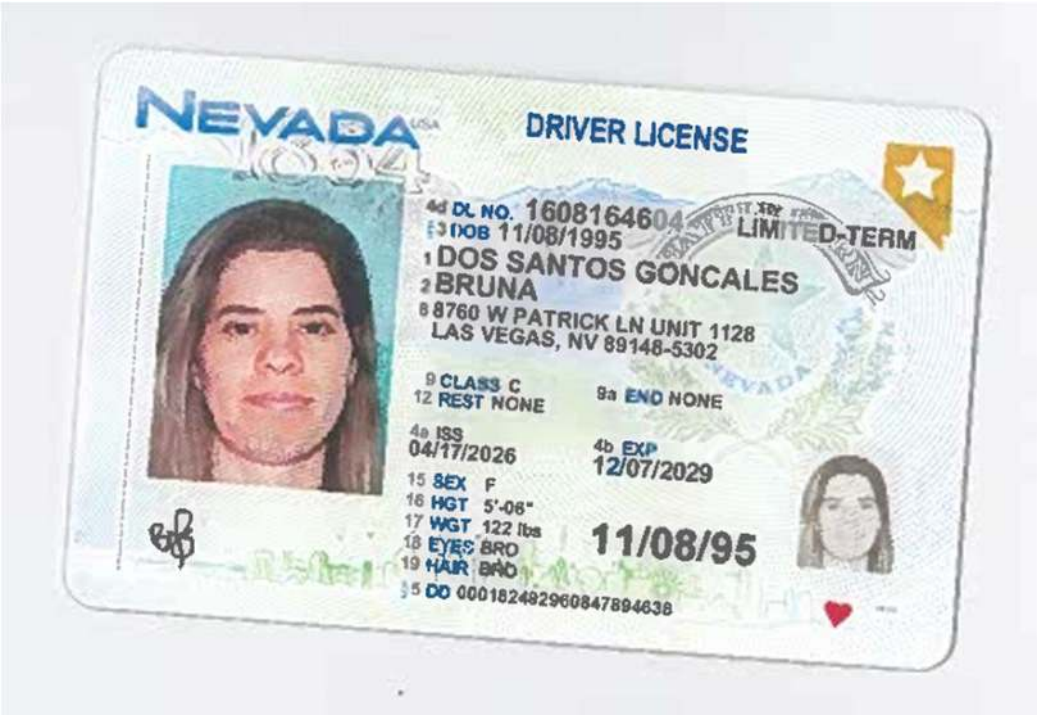
Throughout the time I have spent with them, I have witnessed a genuine and loving relationship. They treat each other with affection, respect, and care. For example, during a hiking trip we took together, I noticed how attentive Matheus was, consistently checking on Haley to make sure she was comfortable and doing well. This kind of natural care and concern for one another reflects the strength of their relationship.

Based on my personal experience and observations, I truly believe that their relationship is real and that their marriage is genuine and built on love and mutual respect.

Sincerely,

Bruna dos Santos Gonçales




NEVADA
DRIVER LICENSE
4d DL NO. 1608164604
LIMITED-TERM
3 DOB 11/08/1995
1 DOS SANTOS GONCALES
2 BRUNA
8 8760 W PATRICK LN UNIT 1128
LAS VEGAS, NV 89148-5302
9 CLASS C
12 REST NONE
9a END NONE
4a ISS
04/17/2026
4b EXP
12/07/2029
15 SEX F
16 HGT 5'-06"
17 WGT 122 lbs
18 EYES BRO
19 HAIR BRO
11/08/95
5 DD 000182492960847894638


DOB 11/08/1995
21
ISS 04/17/2026
CLASS: C-CARS/VANS/PICKUPS; MAY TOW A VEH < 10,000 LBS
ENDORSEMENTS: None
RESTRICTIONS: None
Card Version:
05/24/2021

Danilson Pereira Arruda
8760 W Patrick Ln #1128
Las Vegas, NV 89148

Date: April 9th 2026

To Whom It May Concern,

I am writing to share my personal knowledge of the relationship between Matheus and Hailey.

I have known Matheus since December 25, 2014, when I met him in Brazil, as he is my wife's brother. I later met Haley on May 10, 2025, during a farewell party for Rafa. I have also seen them together at a Festa Junina on June 14, 2025, and during a trip to Las Vegas on November 26, 2025.

In my experience being around them, their relationship appears genuine and stable. They interact in a natural and respectful way, and it is clear that they understand each other well. I have noticed that they communicate easily and support each other, which shows a strong foundation as a couple.

Based on what I have personally observed, I believe their relationship is real and that their marriage is genuine.

Sincerely,

Danilson Pereira Arruda




California USA DRIVER LICENSE
FEDERAL LIMITS APPLY
DL Y5653889
CLASS C
EXP 10/31/2027
END NONE
LN PEREIRA ARRUDA
FN DANILSON
381 W MIRAMONTE DR
MTN HOUSE, CA 95391
DOB 10/31/1990
RSTR NONE
10311990
SEX M
HAIR BRN
EYES HZL
HGT 5'-03"
WGT 235 lb
ISS 10/20/2022


CLASS: C - Veh w/GVWR ≤26000, No MC
ENDORSEMENTS: None
RESTRICTIONS: None

Emilia Bogetti
1629 Holly Dr #7
Tracy, CA, 95376
(209)-321-1869
emiliabogetti@gmail.com
5/23/2026

Affidavit of Support for Family-Based Petition

To Whom it May Concern,

My name is Emilia Bogetti and Haley and I have known each other since we were 8 years old and have been best friends since meeting in 3rd grade in 2008. We have always kept our lives very open with each other so when she told me she was bringing her boyfriend to meet us I was very excited. I first met Matheus On April 27th of 2025. Haley and Matheus picked me up from a wedding and we went out together to get to know one another. Matheus was very sweet on Haley from the get go and I have never seen Haley so happy. Since then they were always together, laughing, smiling, cooking etc.

We spent time together for the holidays and had a Friend's-Giving. Matheus was shy but talked with everyone. Matheus has always been very kind and seems genuine in his feelings for Haley. He has made it very clear that he loves her and would do just about anything for her. Later that night we learned that he had proposed to Haley. He bought her a beautiful ring that we all agreed was very much Haley's personality. We were all very excited and knew they were meant to be.

I had the privilege to be a part of Haley's wedding day on January 7th, 2026. They were very excited for the day, I even have pictures of Matheus walking up to her in front of the courthouse with the biggest smile on his face. I have always seen the love they have for each other and all they have done for each other. They bring out the best qualities in each other and based on what I have seen it is all genuine and real.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Please feel free to contact me if further information is needed.

Thank you,

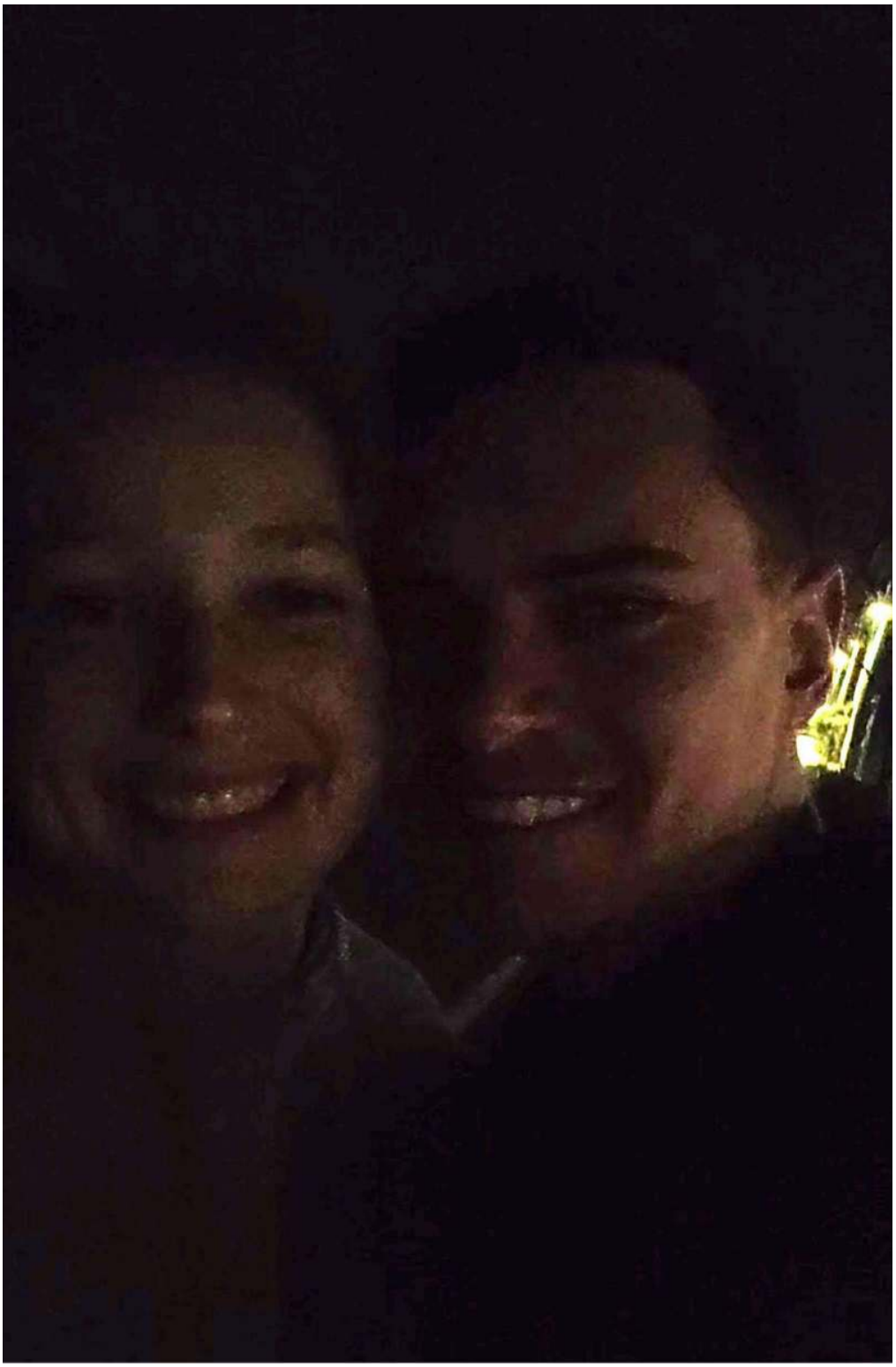


Emilia Bogetti


CALIFORNIA
DRIVER LICENSE
USA
CA
4d DLN Y8595870
4b EXP 05/05/2031
1 DOB 05/05/2000
1 BOGETTI
2 EMILIA BERNADETTE
8 310 LAGUNA DR
TRACY, CA 95376
9 CLASS C
9a END NONE
12 REST NONE
4a ISS 03/24/2026
5 DD 09/15/2021529RB/BBFD/31
15 SEX F
18 EYES HZL
16 HGT 5'-07"
19 HAIR BRN
17 WGT 250 lb

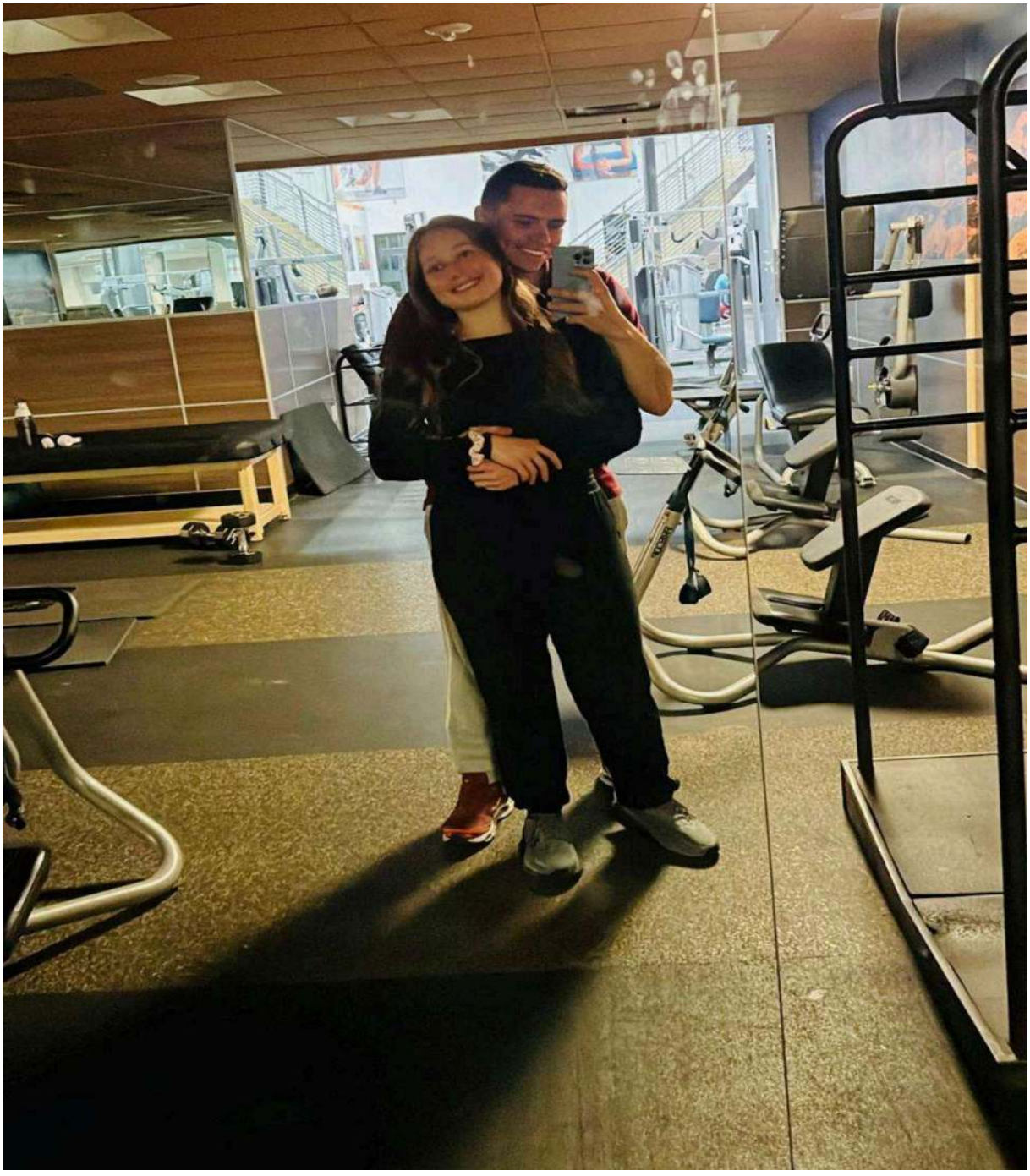

21 28084
Y8595870040401
Rev 05/20/2024
05/05/2000
CLASS: C - Veh w/GVWR ≤ 26000, No M/C
ENDORSEMENTS: None
RESTRICTIONS: None
05/05/00
This license is issued as a license to drive a motor vehicle; it does not establish eligibility for employment, voter registration, or public benefits.

Exhibit 7 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship



4/22/25

The first day we met. Matheus invited Haley to watch his soccer game in Walnut Creek and we stayed after in the parking lot talking for hours.



4/23/25

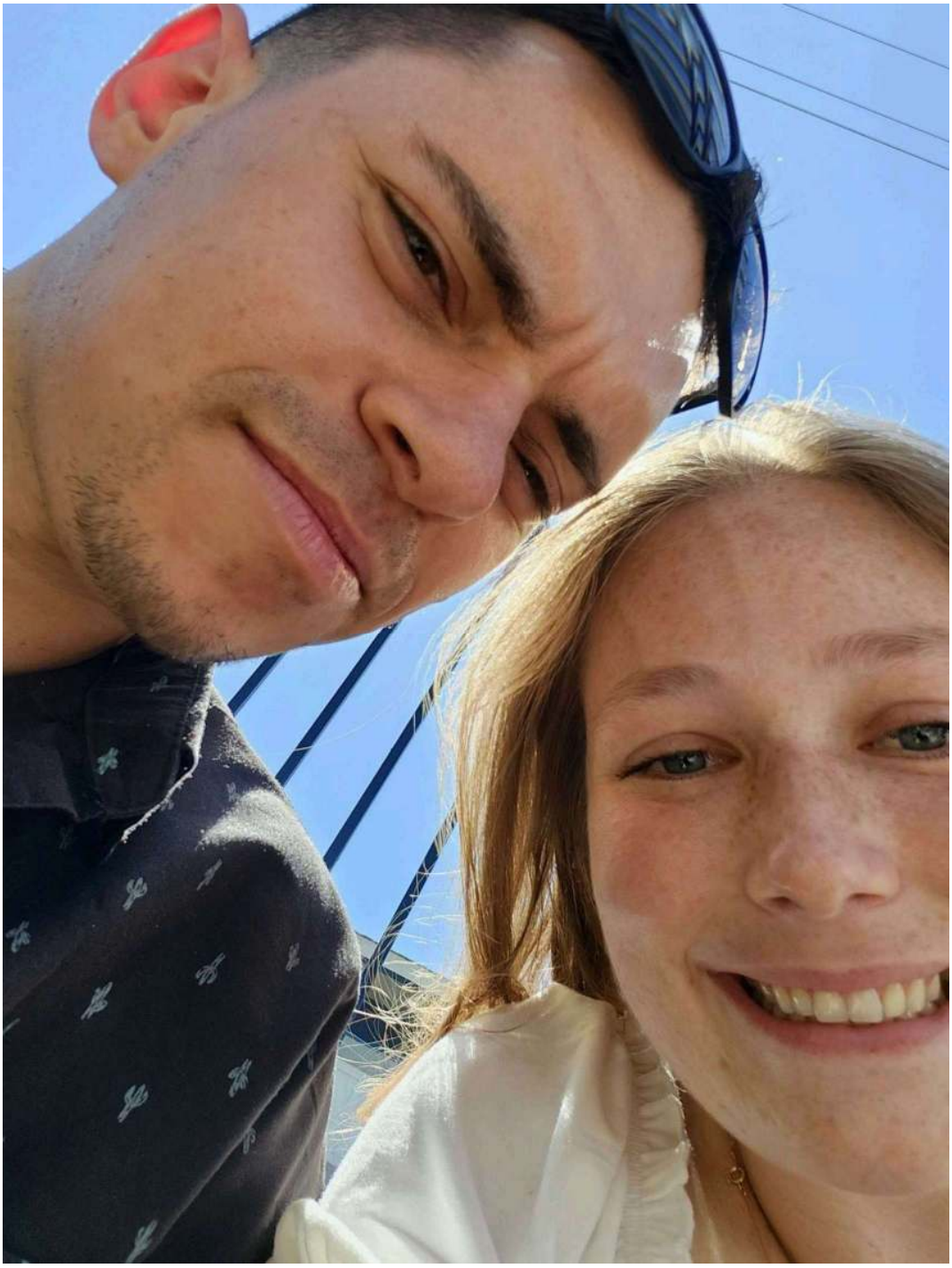
The day after we met in person, we went to the gym together.

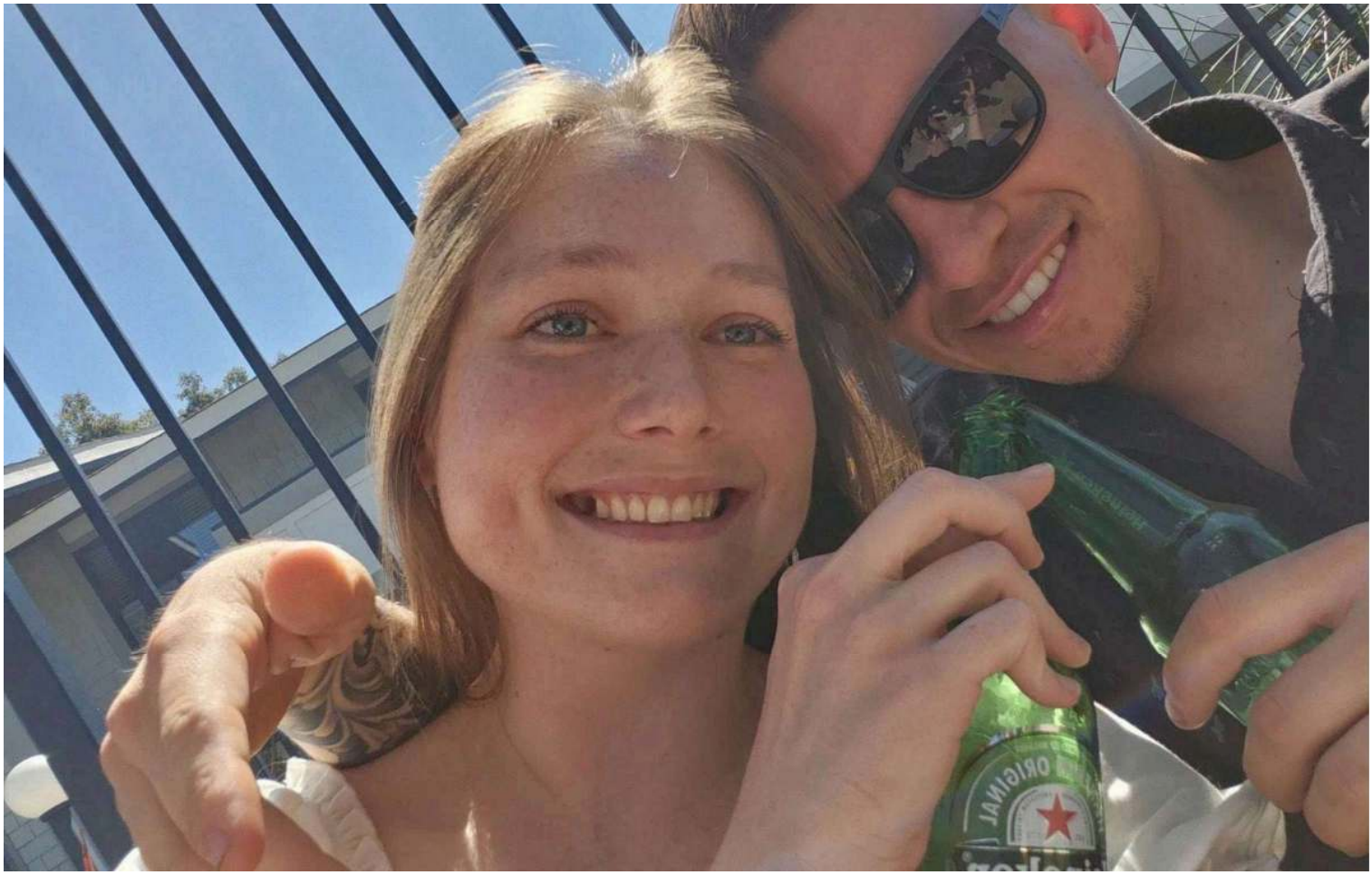




04/27/25

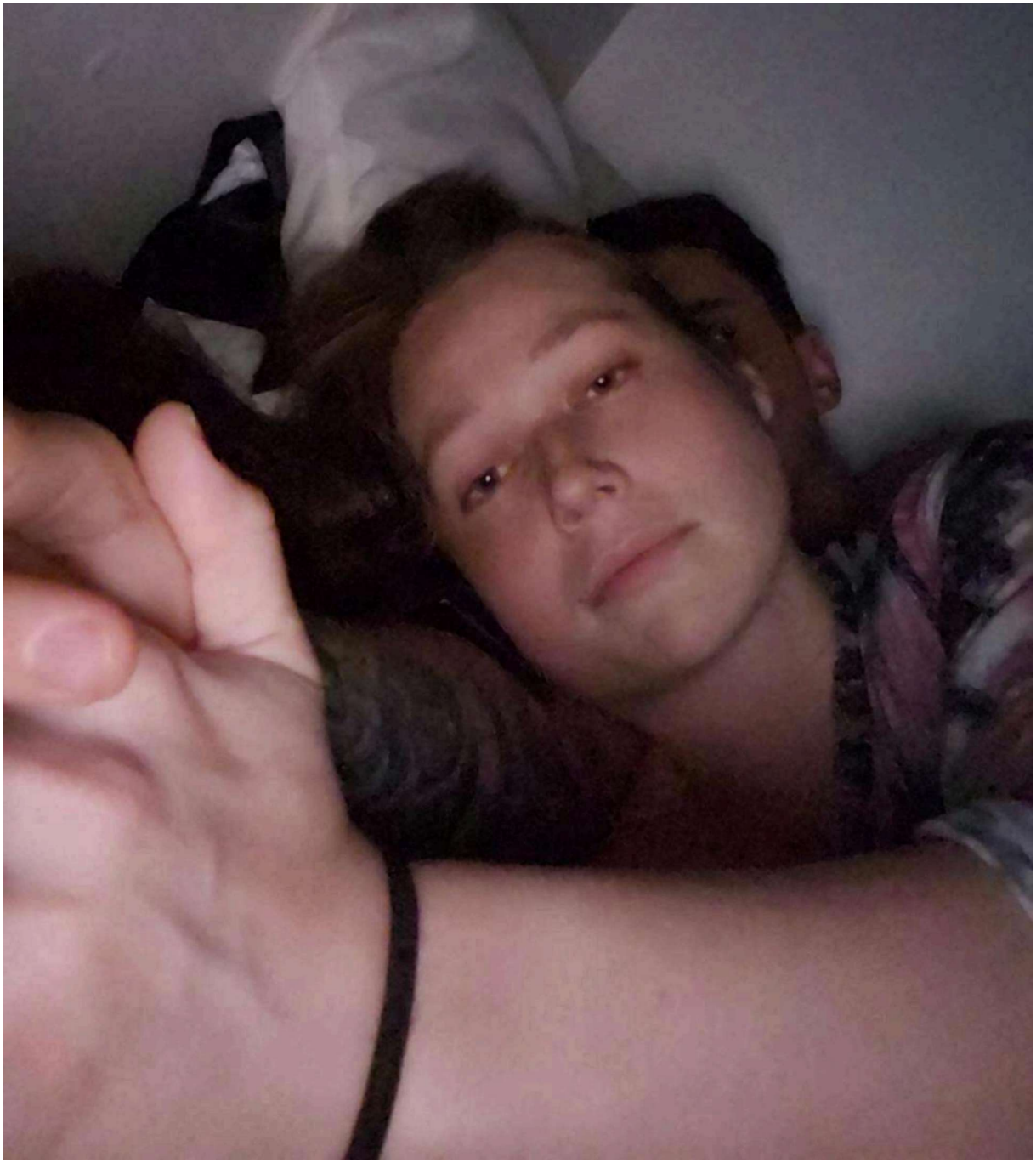
The first time Matheus met Haley's friends for a night out in Tracy CA.





5/10/25

The first time Haley met Matheus's friends at a pool party in Foster City CA.



5/14/25
Us laying down at Haley's old home in Hayward CA.



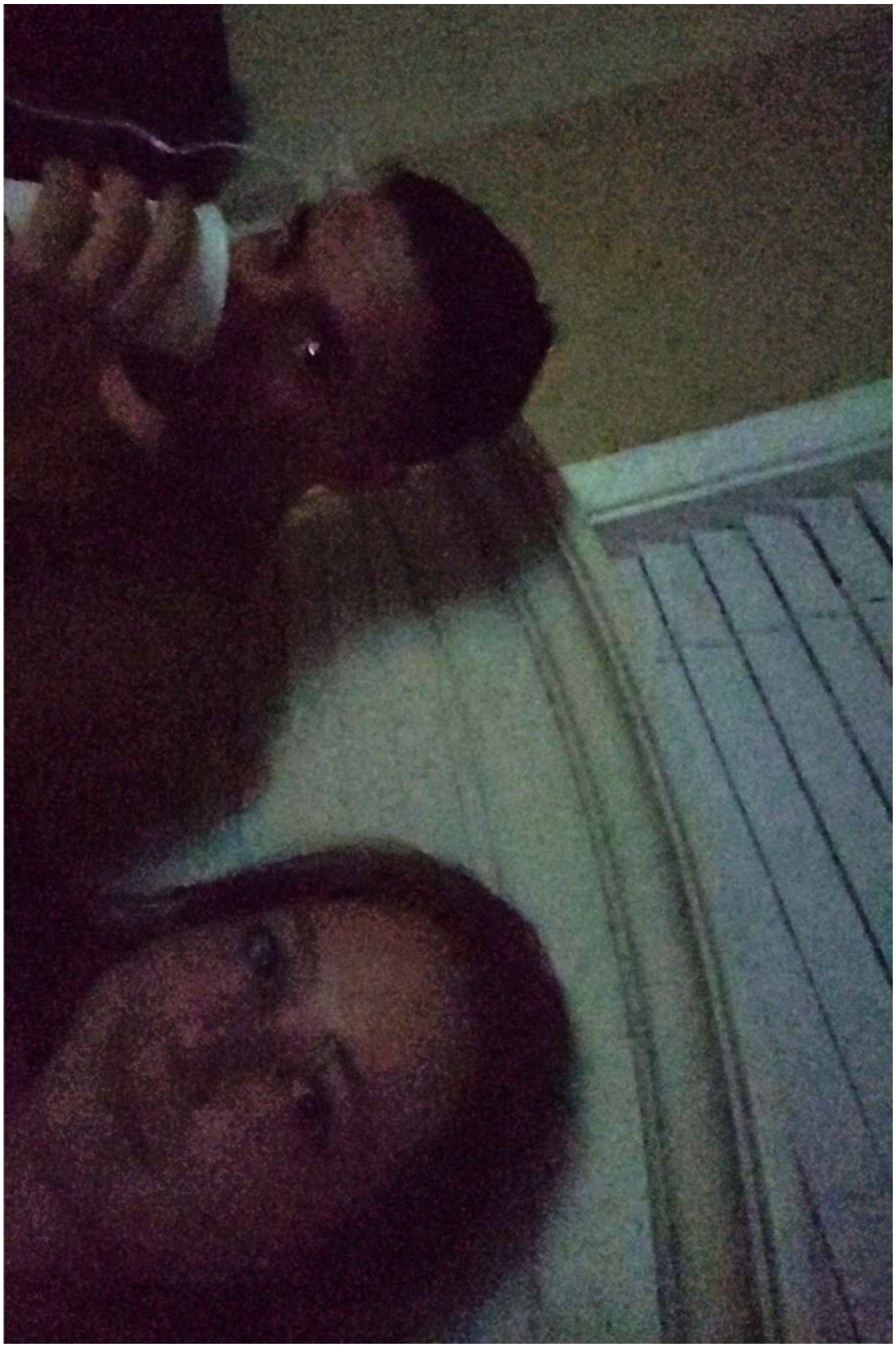


06/01/25
Matheus's first time at Haley's grandma's house in Fremont CA for Haley's birthday celebration.



06/06/25

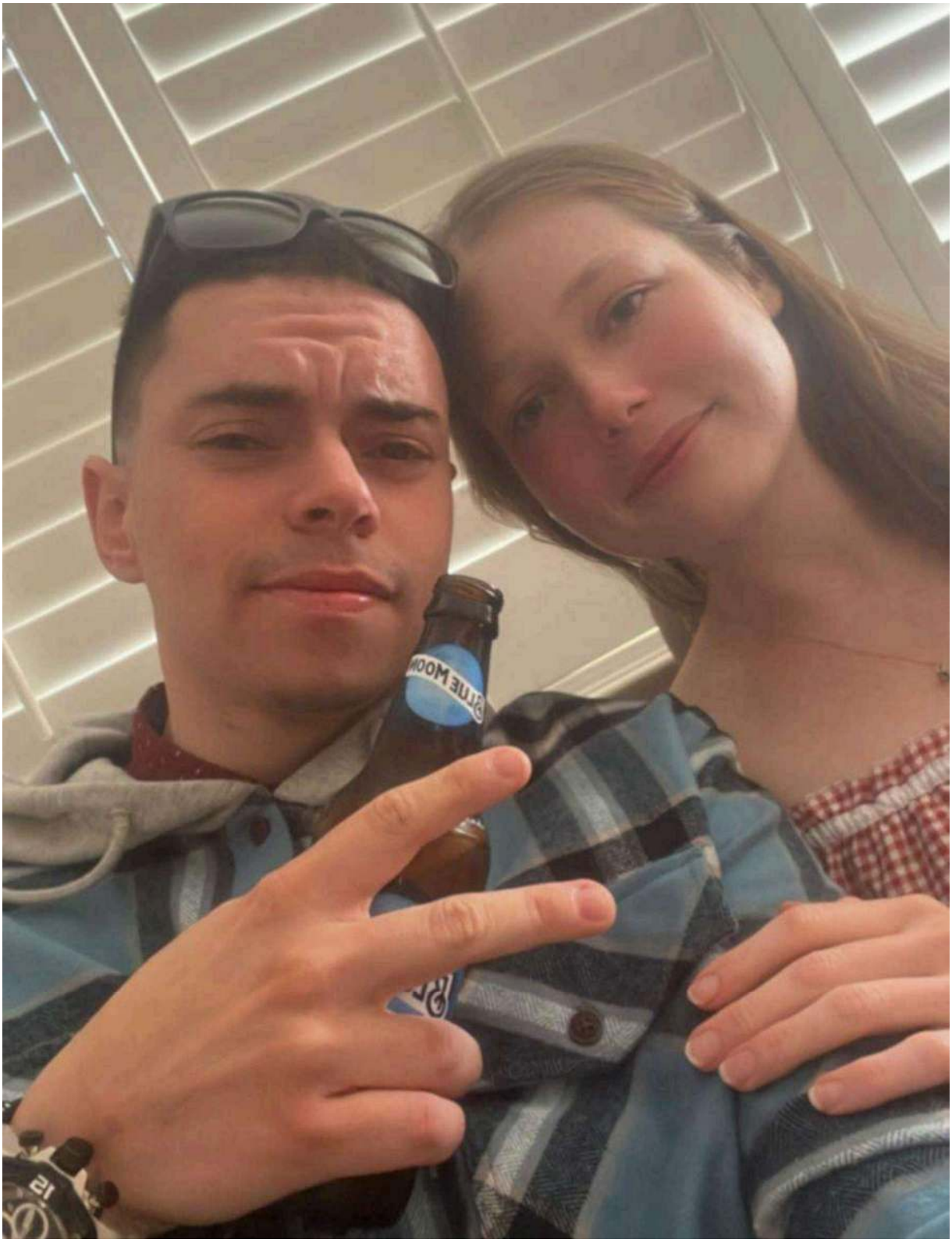
The Sushi boat Matheus got for Haley for her birthday.



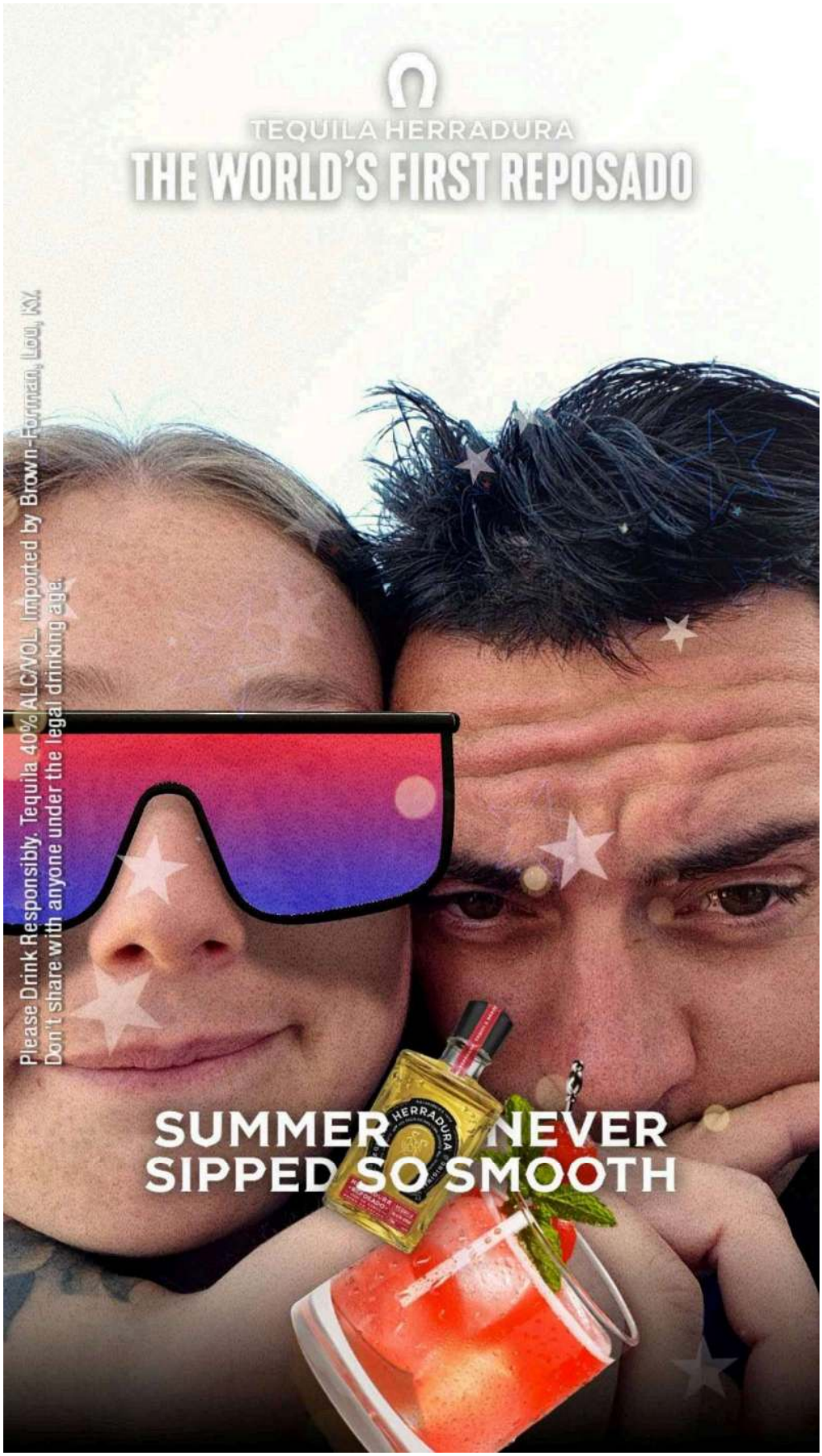
06/08/25
Us hanging out at Matheus's old house in Bay Point CA.

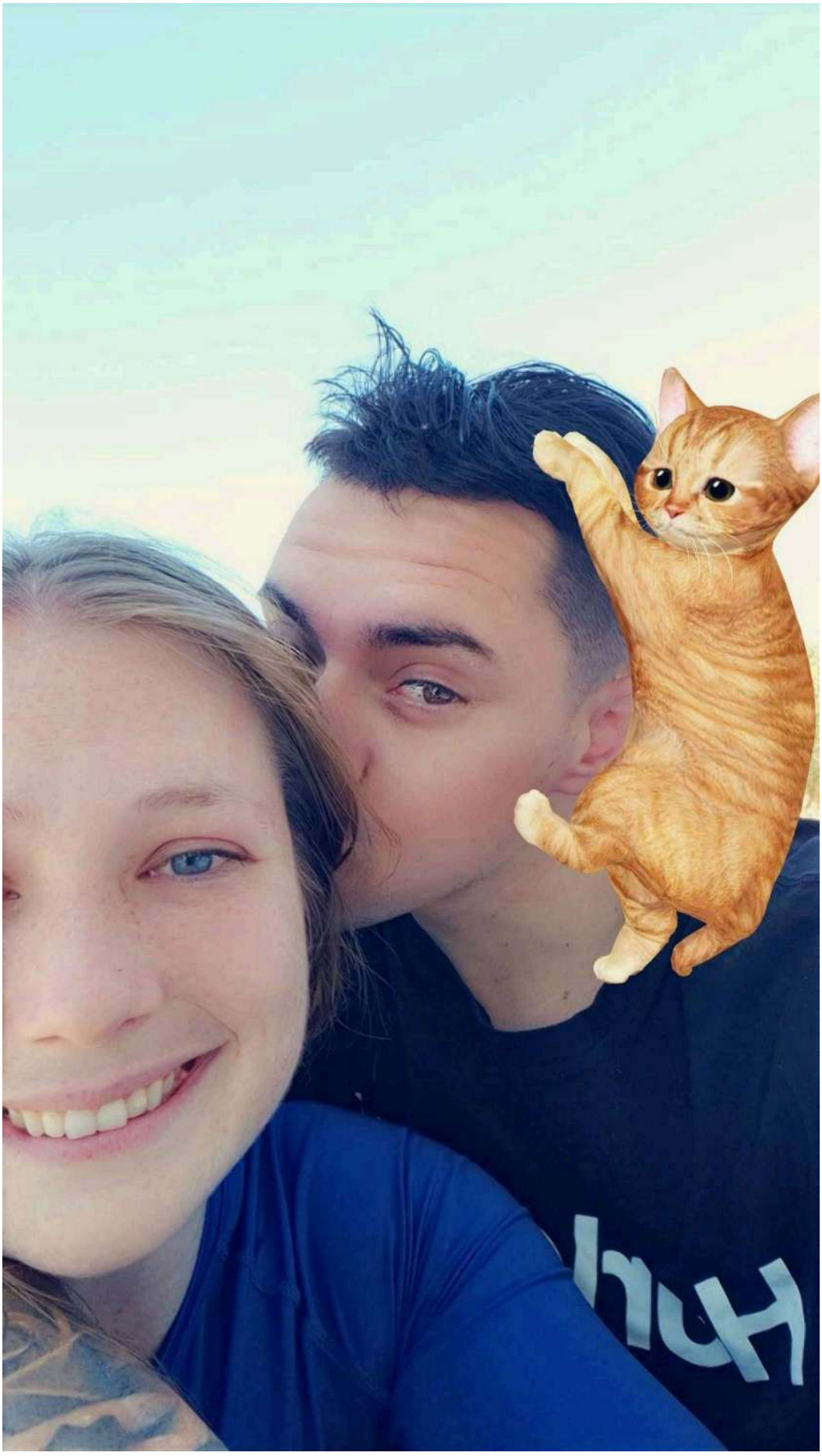

54
61

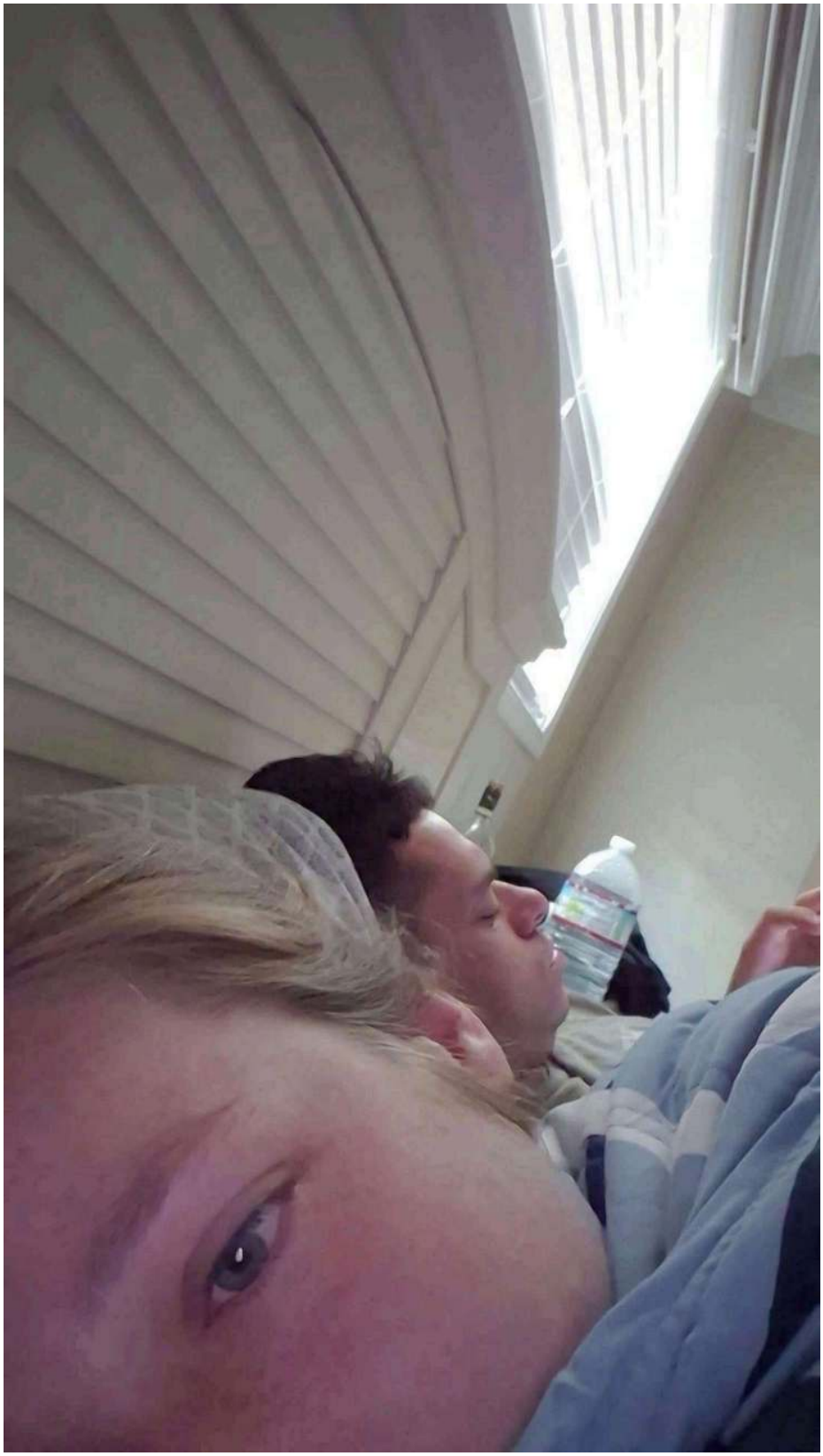




06/14/25
Us at Matheus's friend's Festa Junina party in Richmond CA.

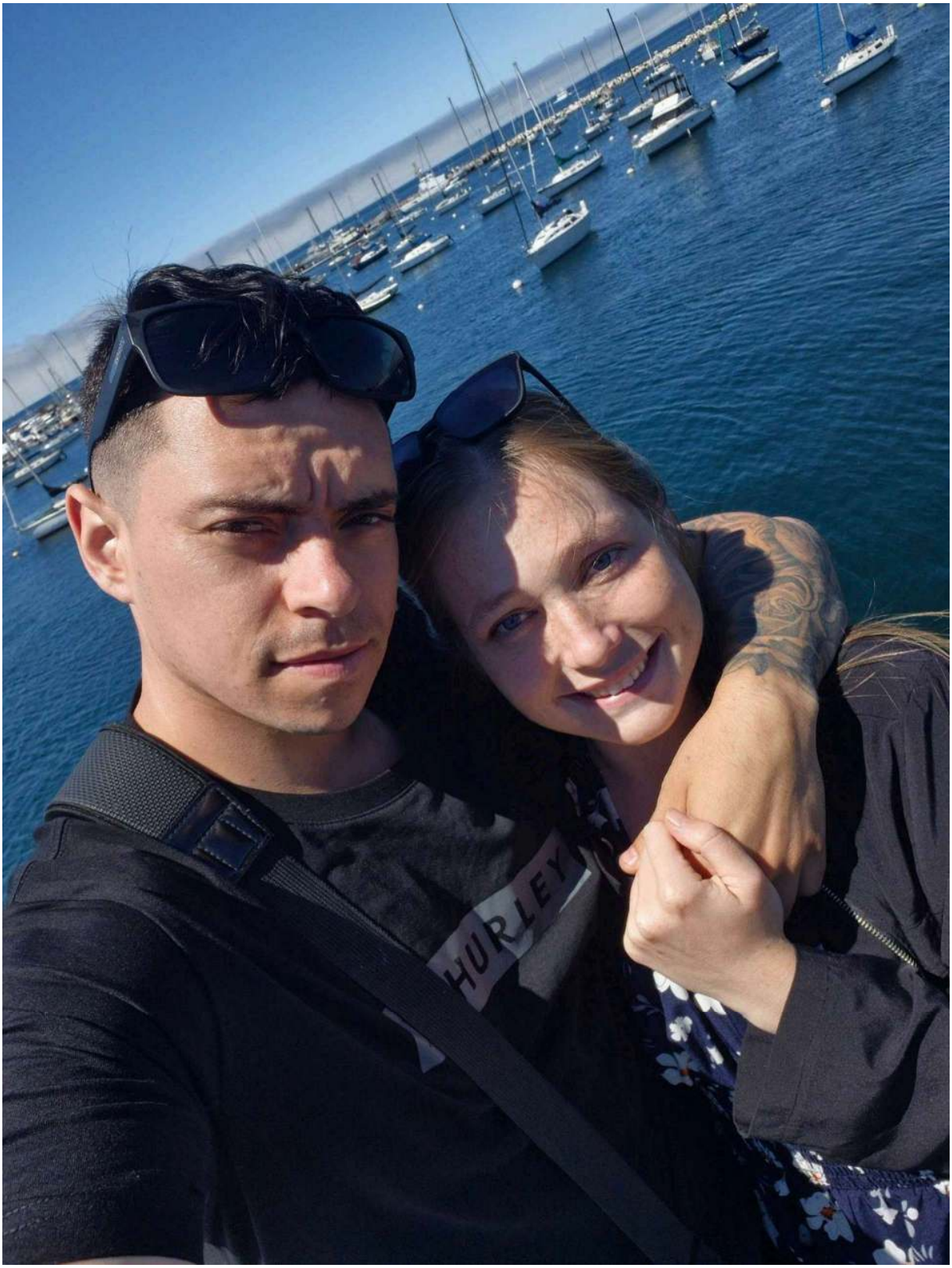

TEQUILA HERRADURA
THE WORLD'S FIRST REPOSADO
Please Drink Responsibly. Tequila 40% ALC/VOL. Imported by Brown-Forman, Louisville, KY.
Don't share with anyone under the legal drinking age.
SUMMER NEVER
SIPPED SO SMOOTH
HERRADURA

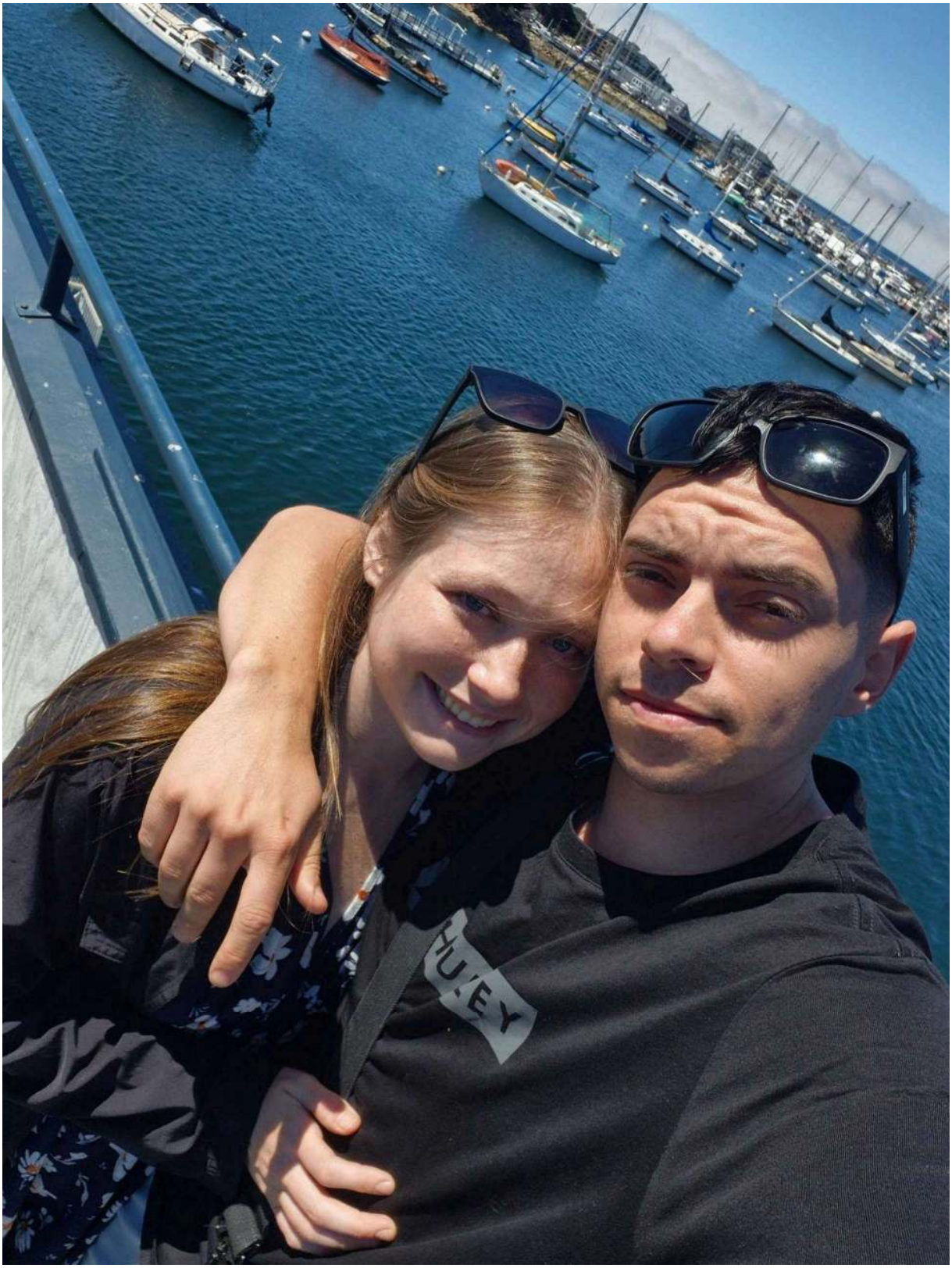




07/04/25-07/06/25

Us going on a camping trip for 4th of July at New Hogan Lake and us in bed once we got home on the 6th.


HURLEY

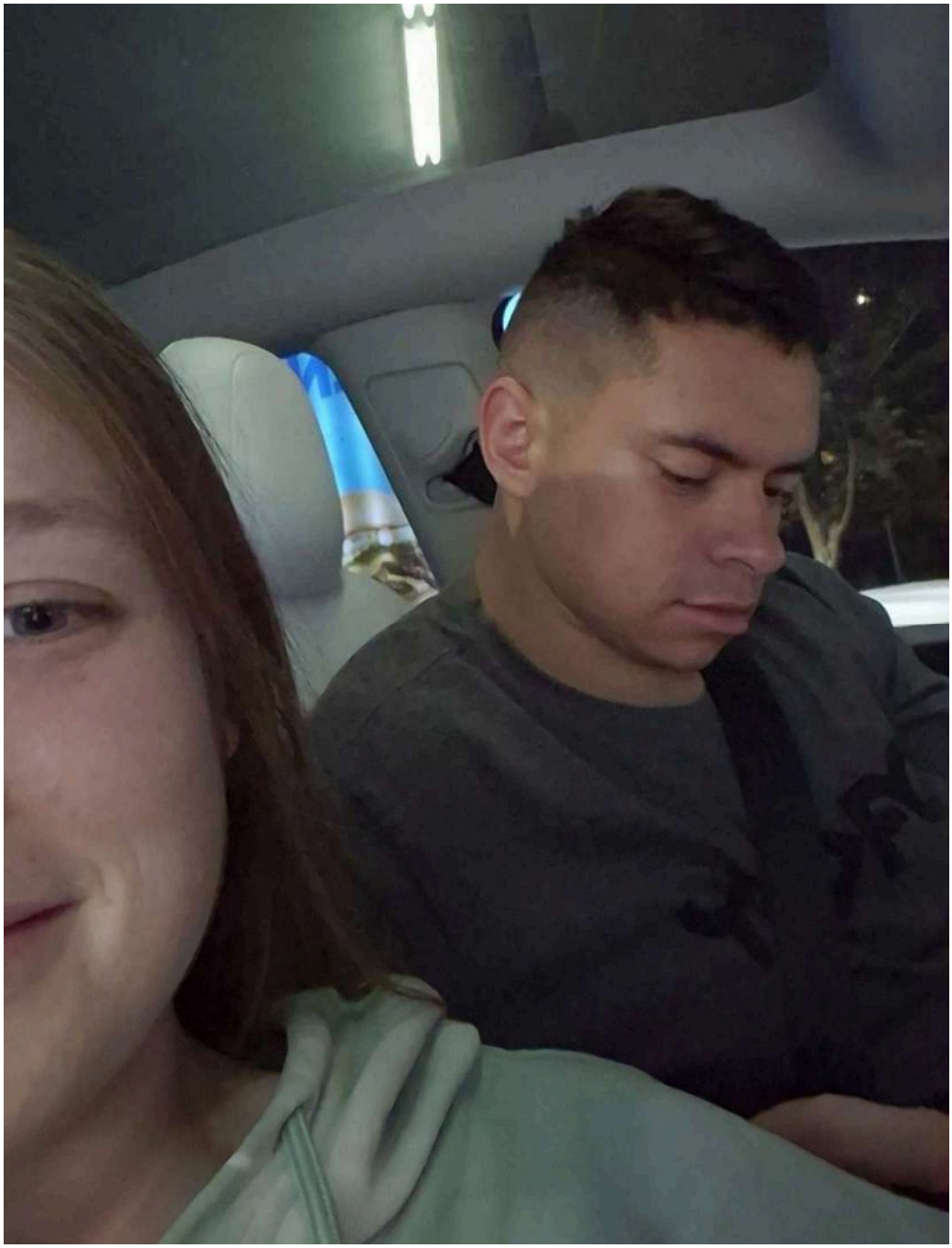


07/13/25
Our trip to Monterey for Matheus's birthday.



08/26/25

Us hanging out, driving somewhere.



08/29/25

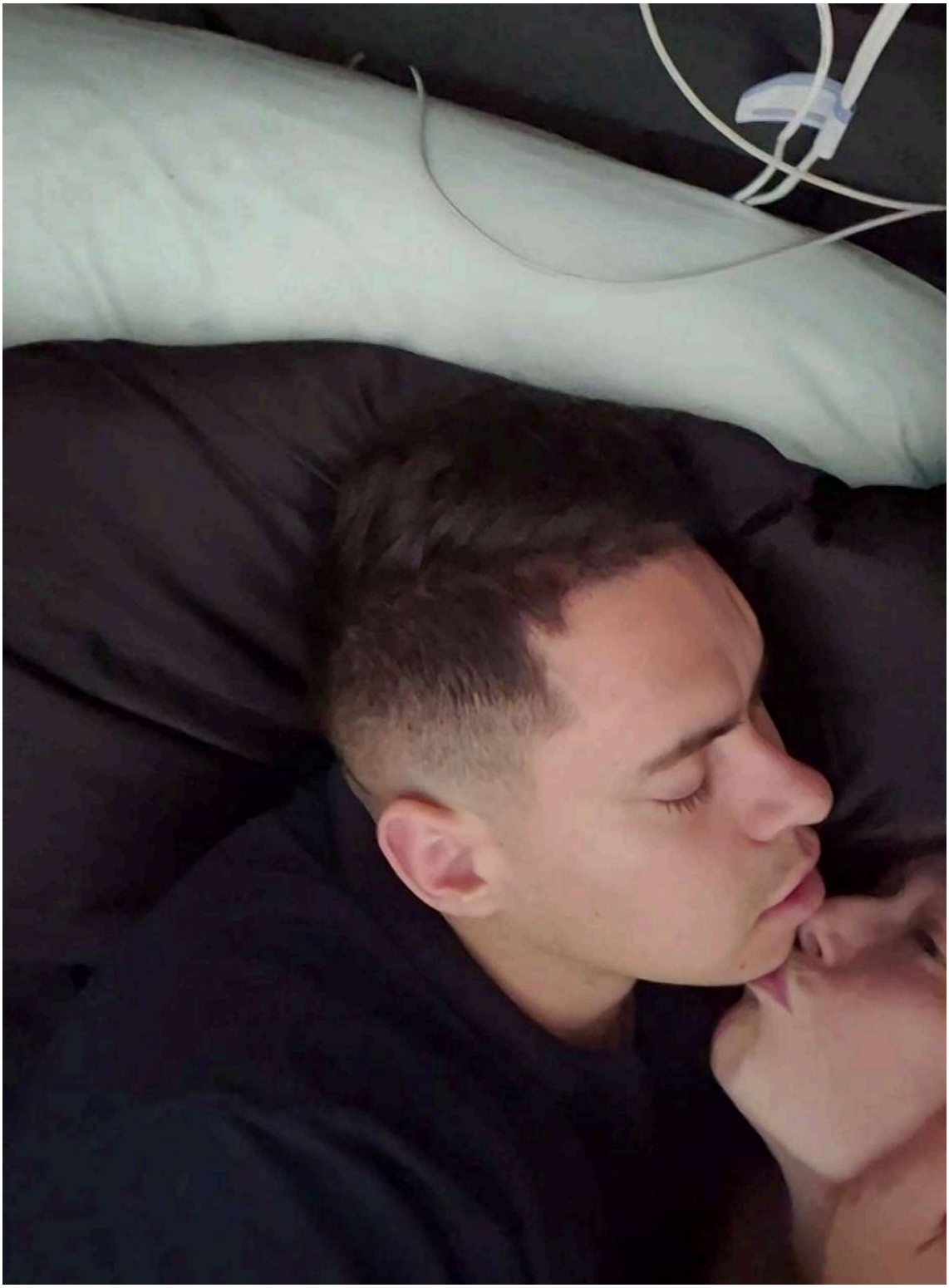
Us hanging out in the car.


PUMA
CRISP LIGHT

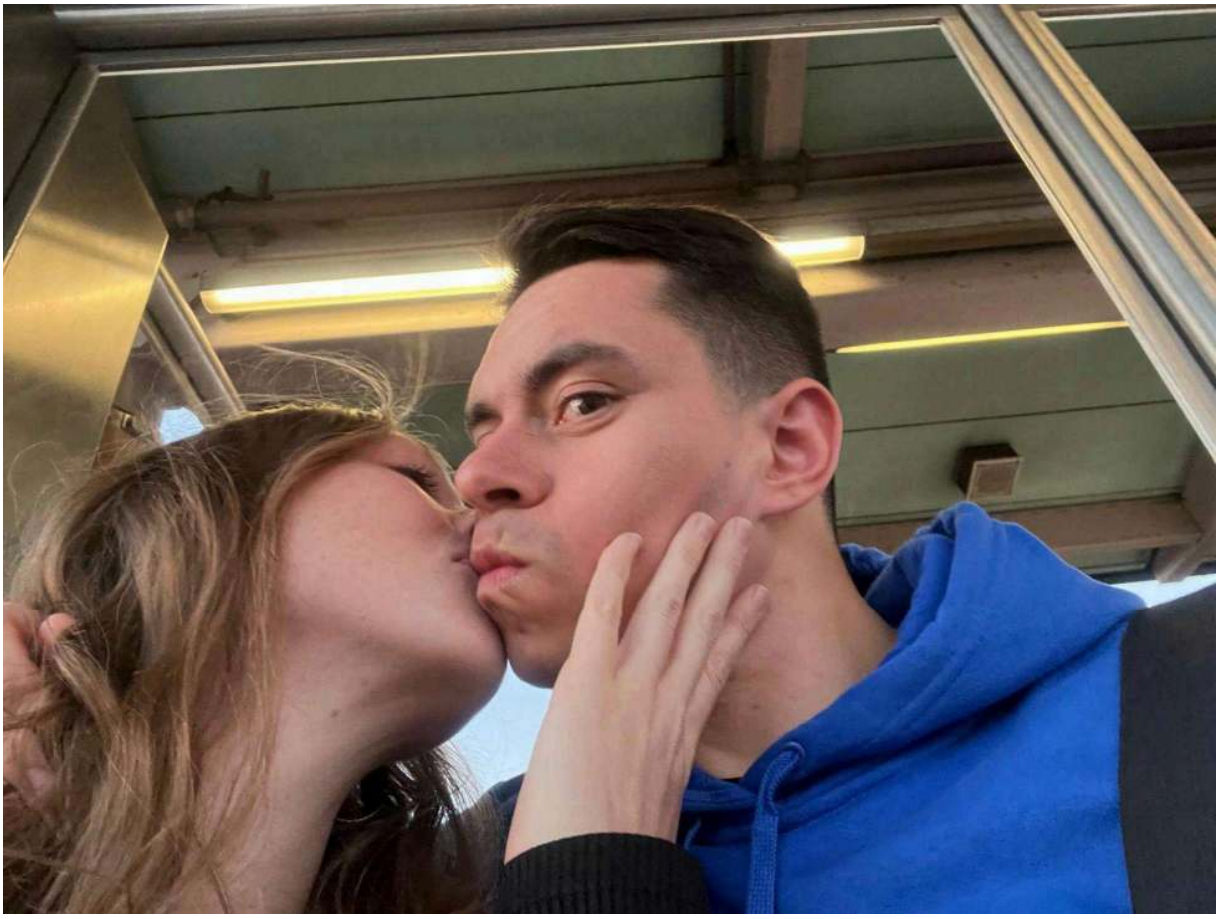


09/27/25

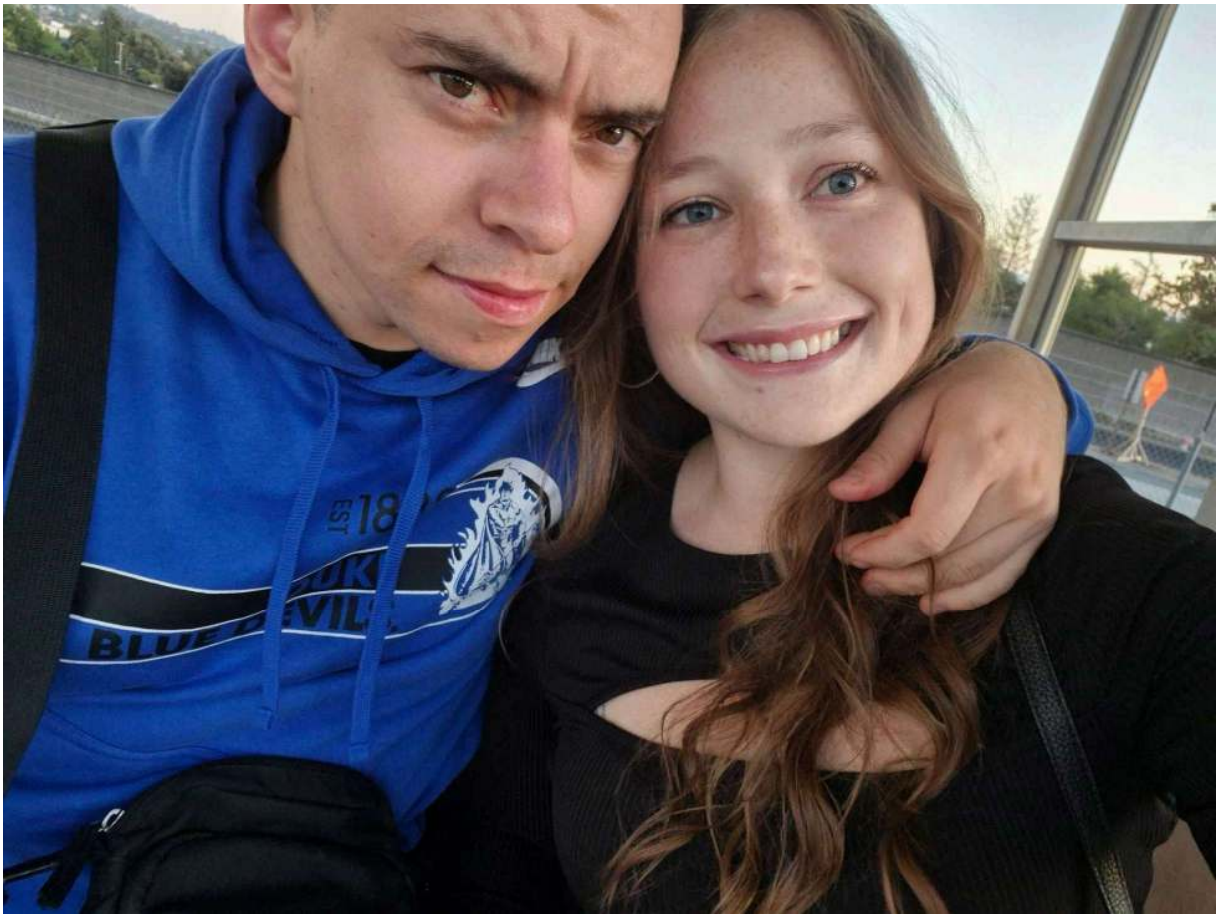
Haley teaching Matheus how to carve pumpkins for the first time at her old house in Hayward. The finished pumpkins Haley's on the left and Matheus's on the right.



09/28/25
Us in bed together with Matheus sleeping.

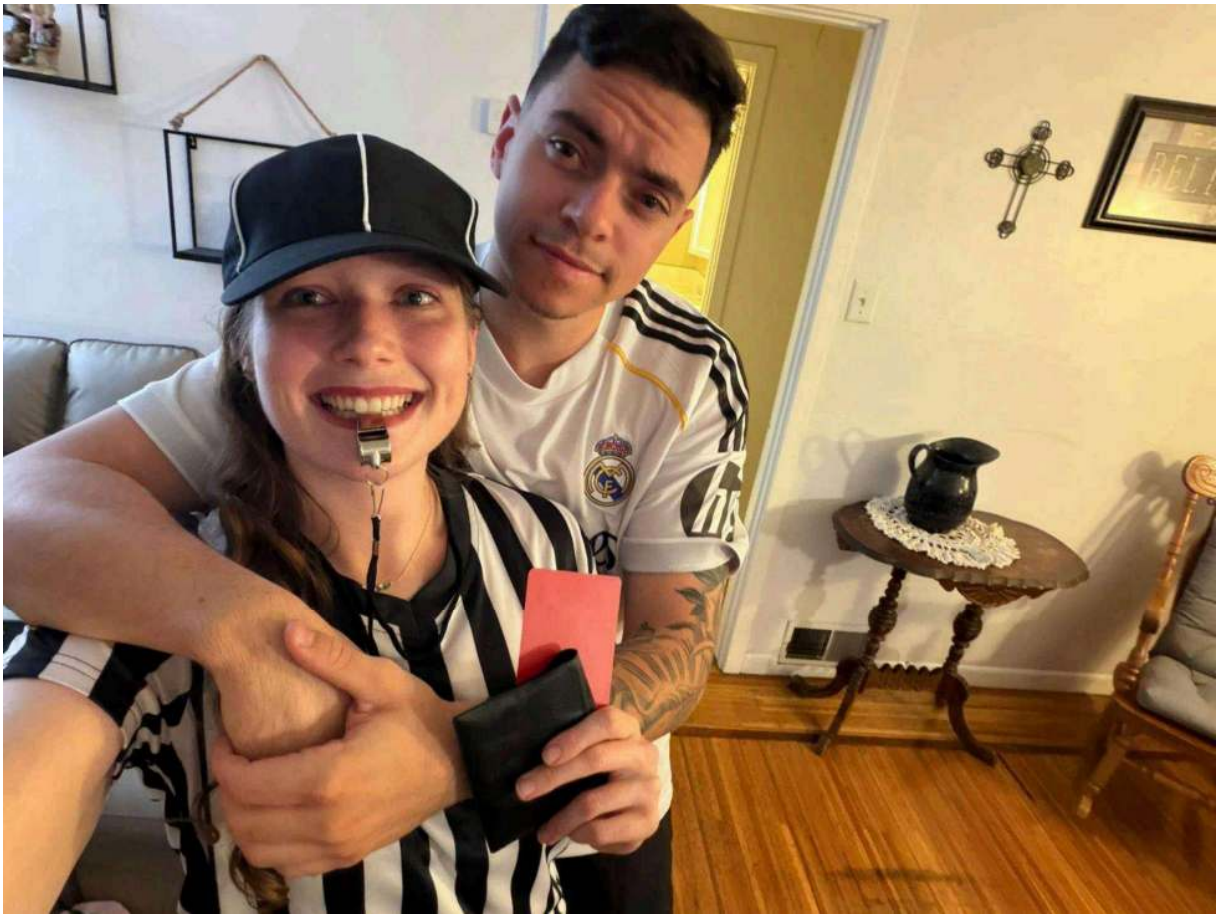




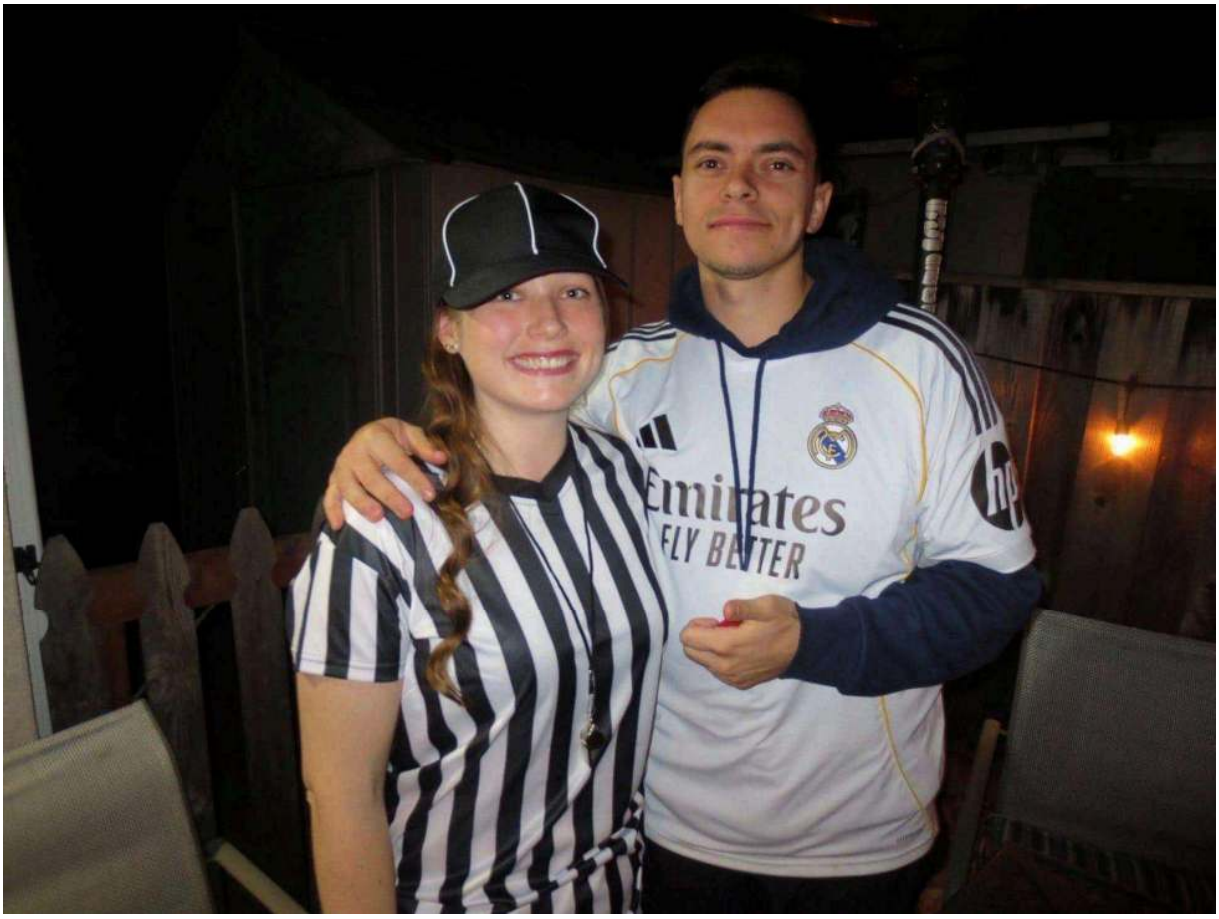


10/04/25

Us waiting for BART to go see our first concert together. We saw Matt Maeson at the Regency Ballroom in San Francisco CA.

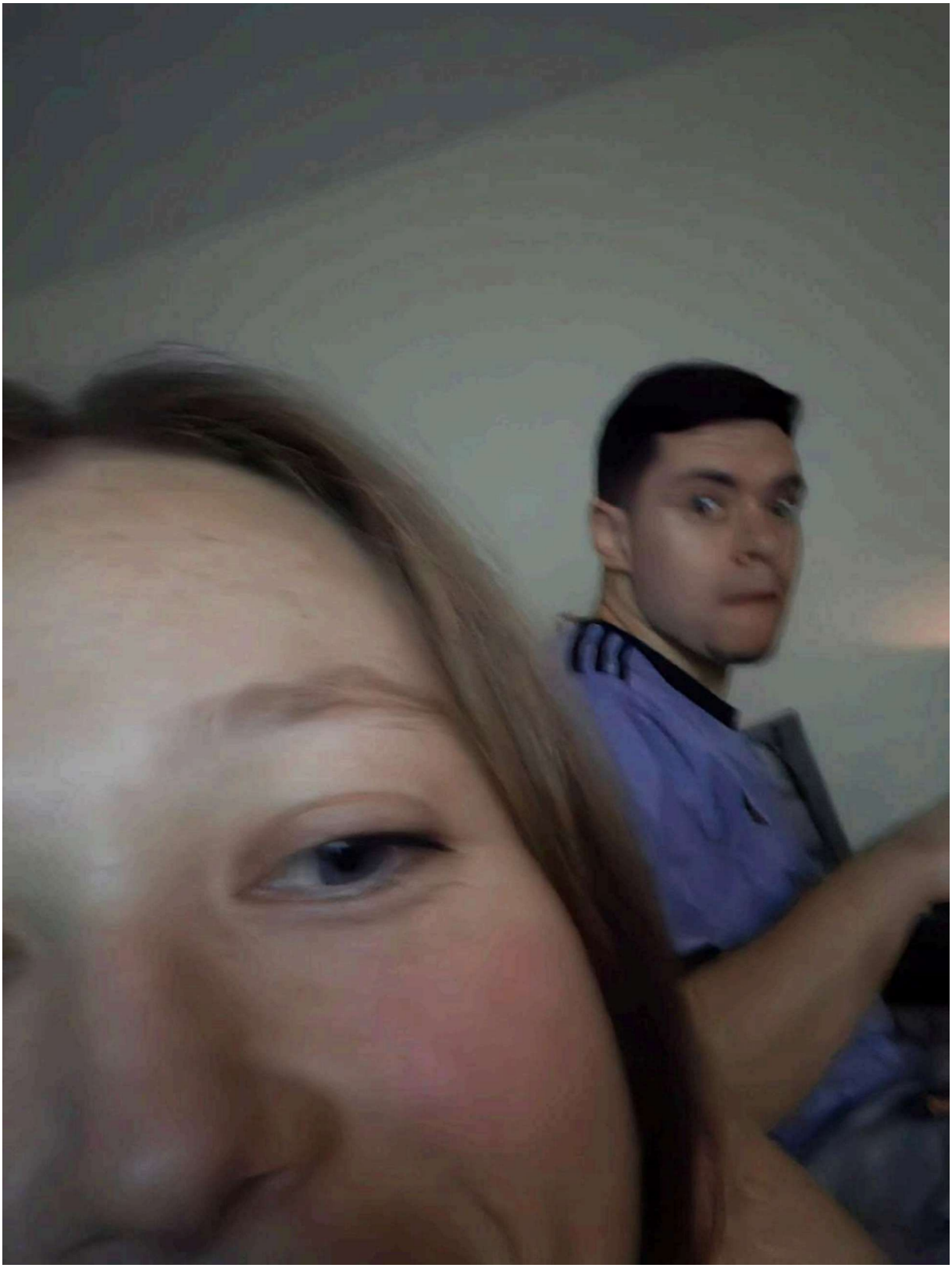






10/25/25

Us before and during Haley's family Halloween party in Fremont CA.

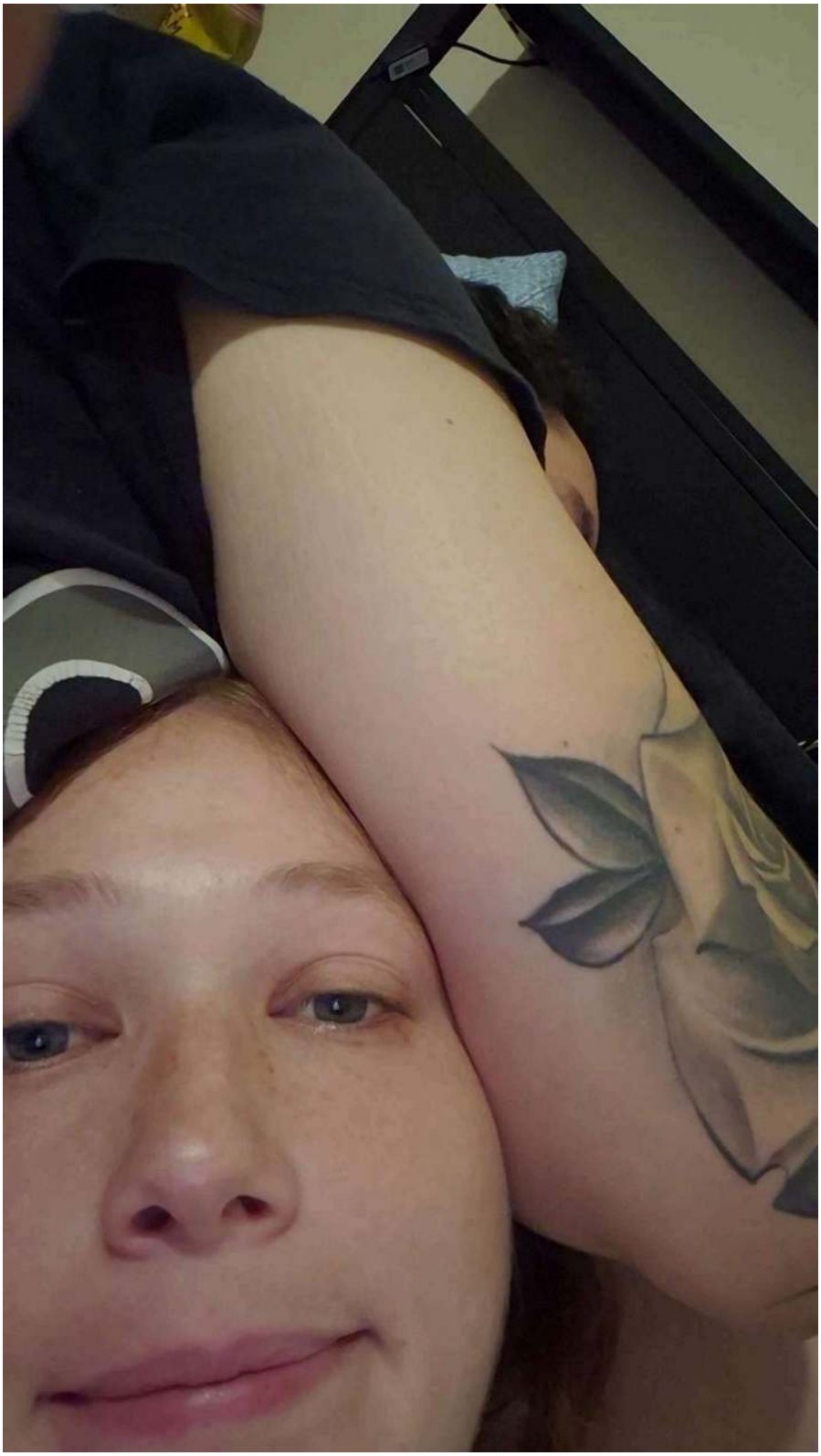


11/01/25
Us hanging out at Haley's old house in Hayward CA.

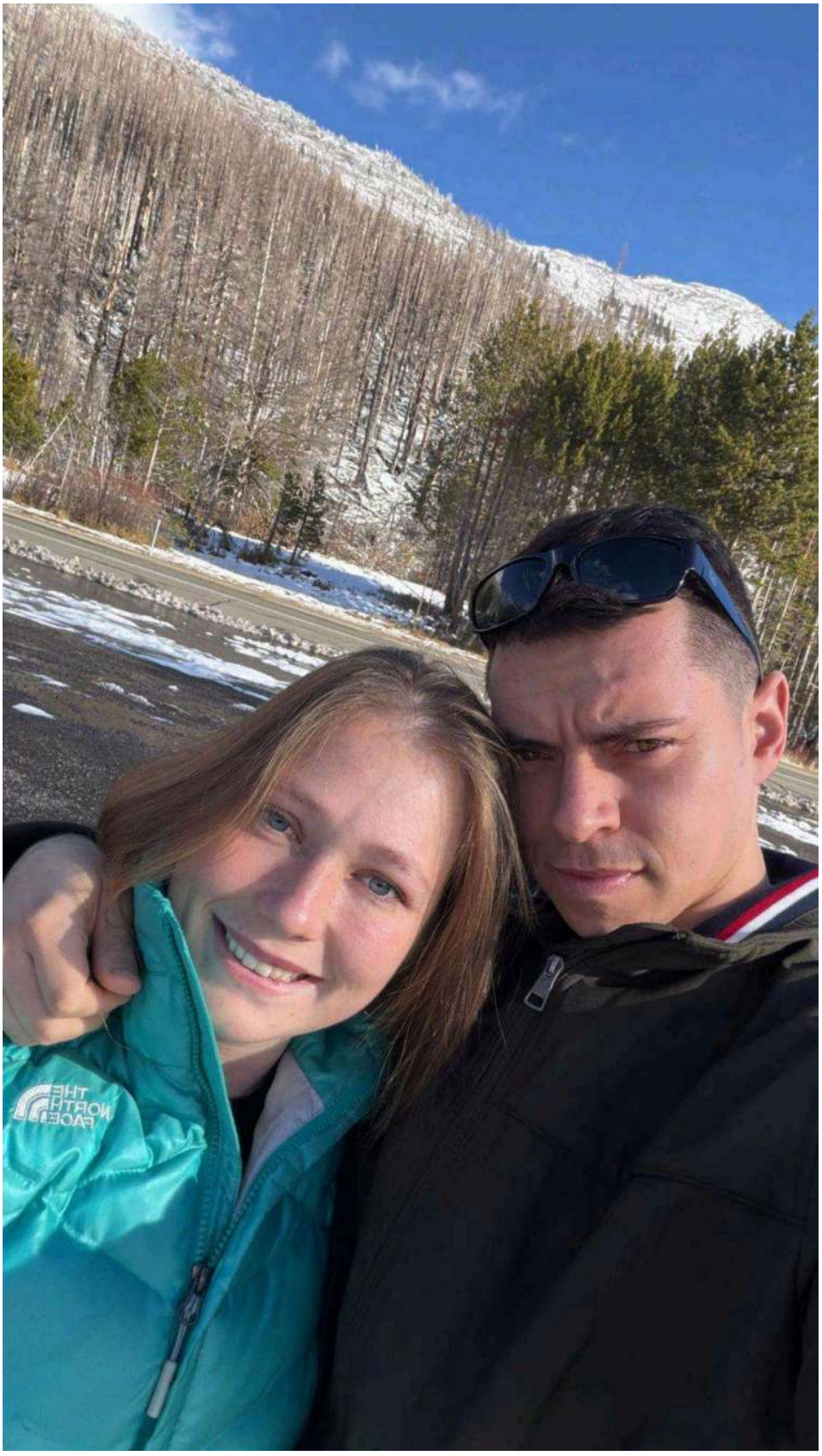


11/02/25

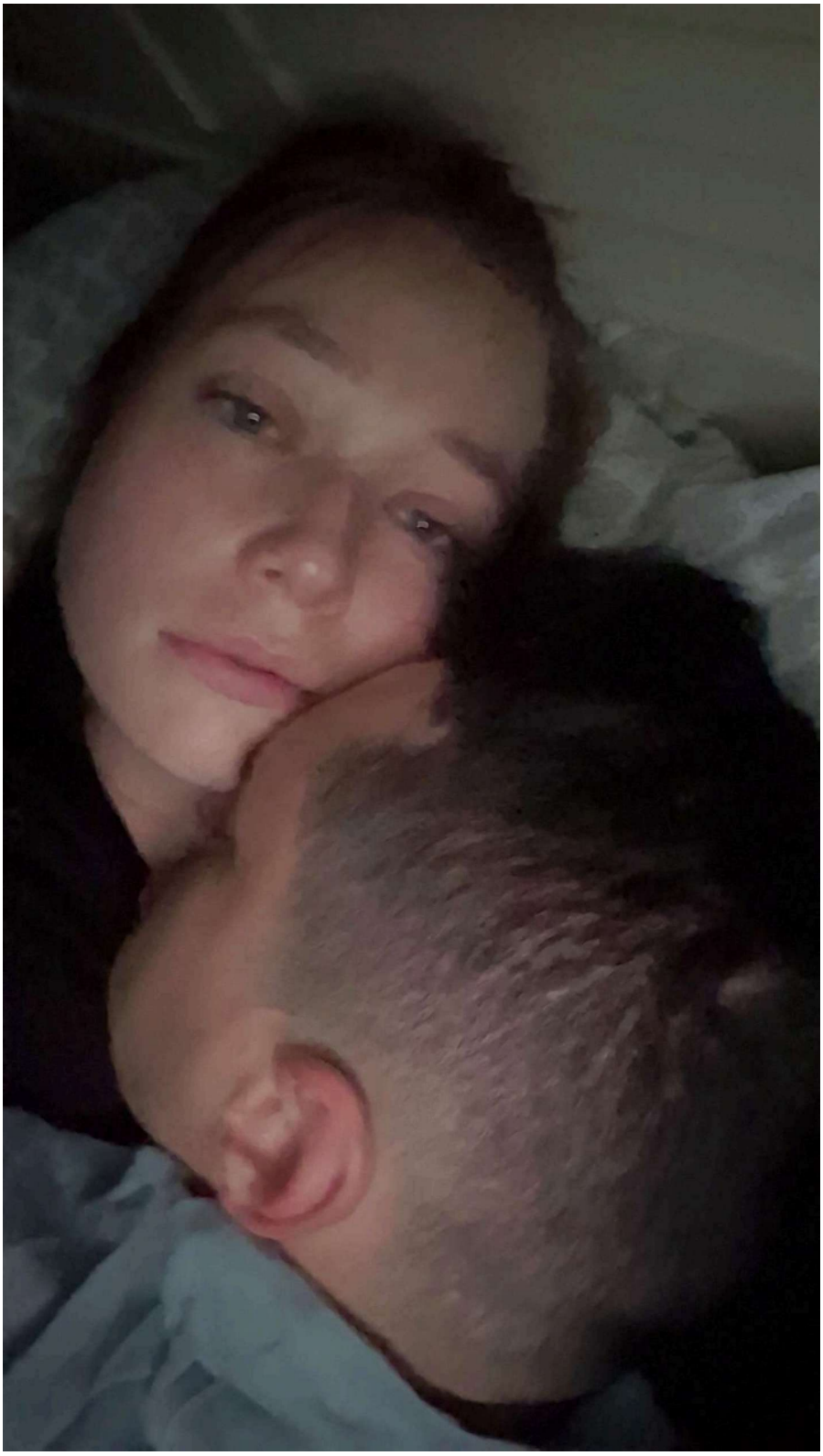
Breakfast at Haley's old house Matheus is drinking out of a coffee cup that has Haley and her childhood best friends on it.



11/02/25
Same day at night, hanging out in bed. Matheus sleeping.
26-30



11/21/25
Quick day trip to Tahoe to see the snow.

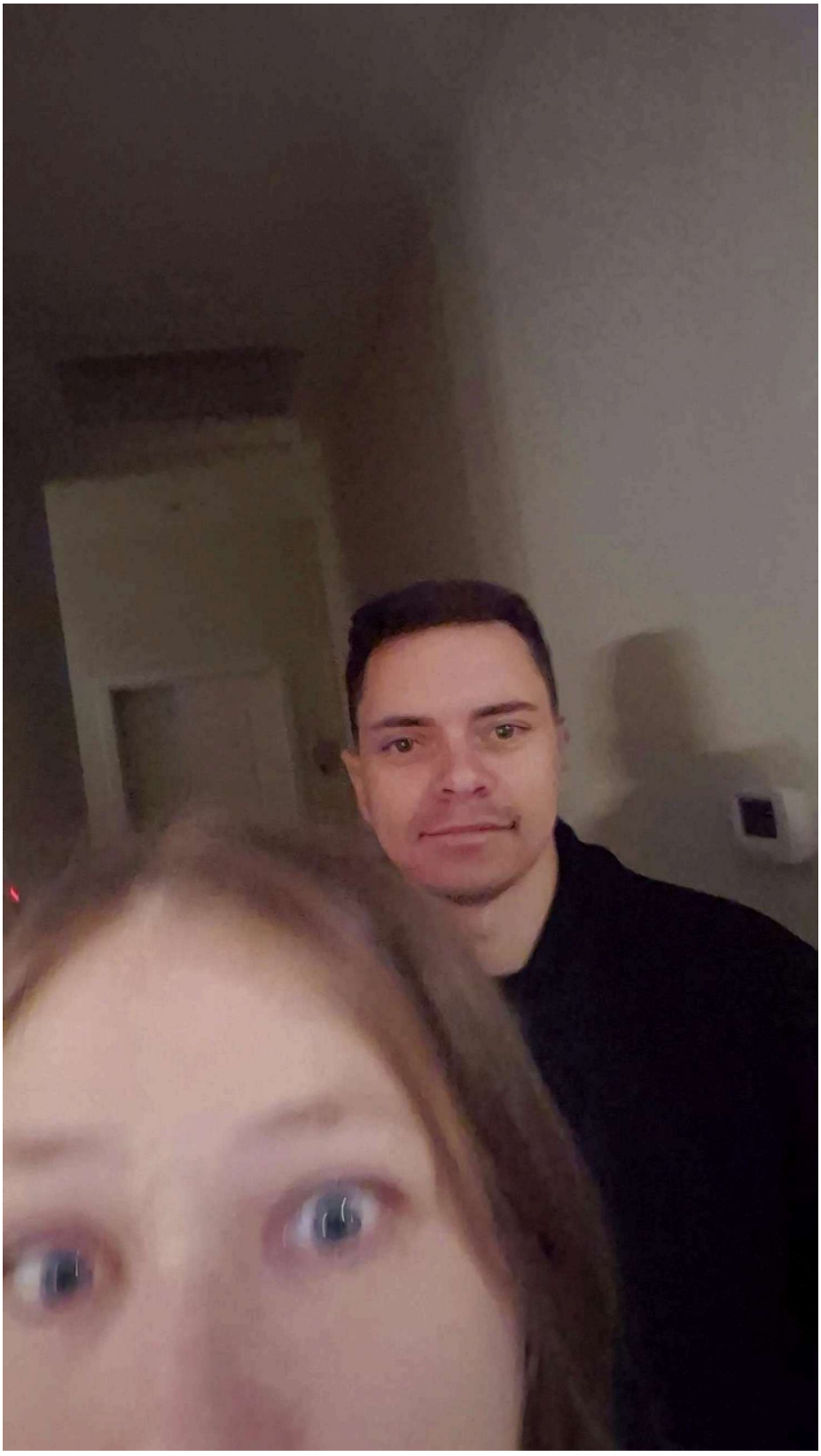


11/22/25

Us in bed at Matheus's old house in Bay Point the morning of Haley's friends giving and the day Matheus proposed.

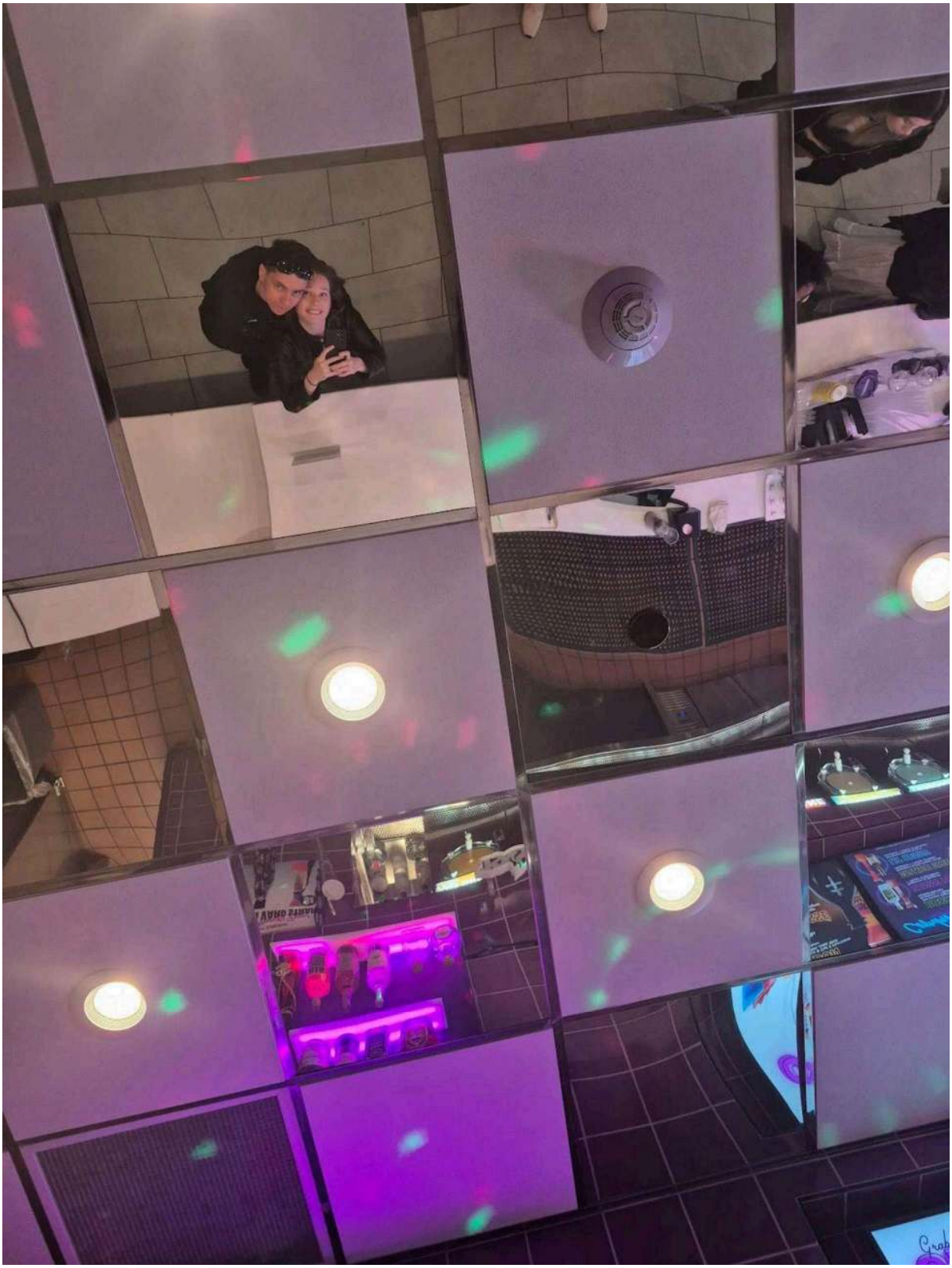


11/22/25
The beautiful ring Matheus proposed with.



11/25/25
Us at Haley's grandma's house in Paradise CA for Thanksgiving.

The 20 photos below are from our first trip to Las Vegas together to visit Matheus's sister and her husband for Thanksgivir. 11/26/2025 - 11/30/2025





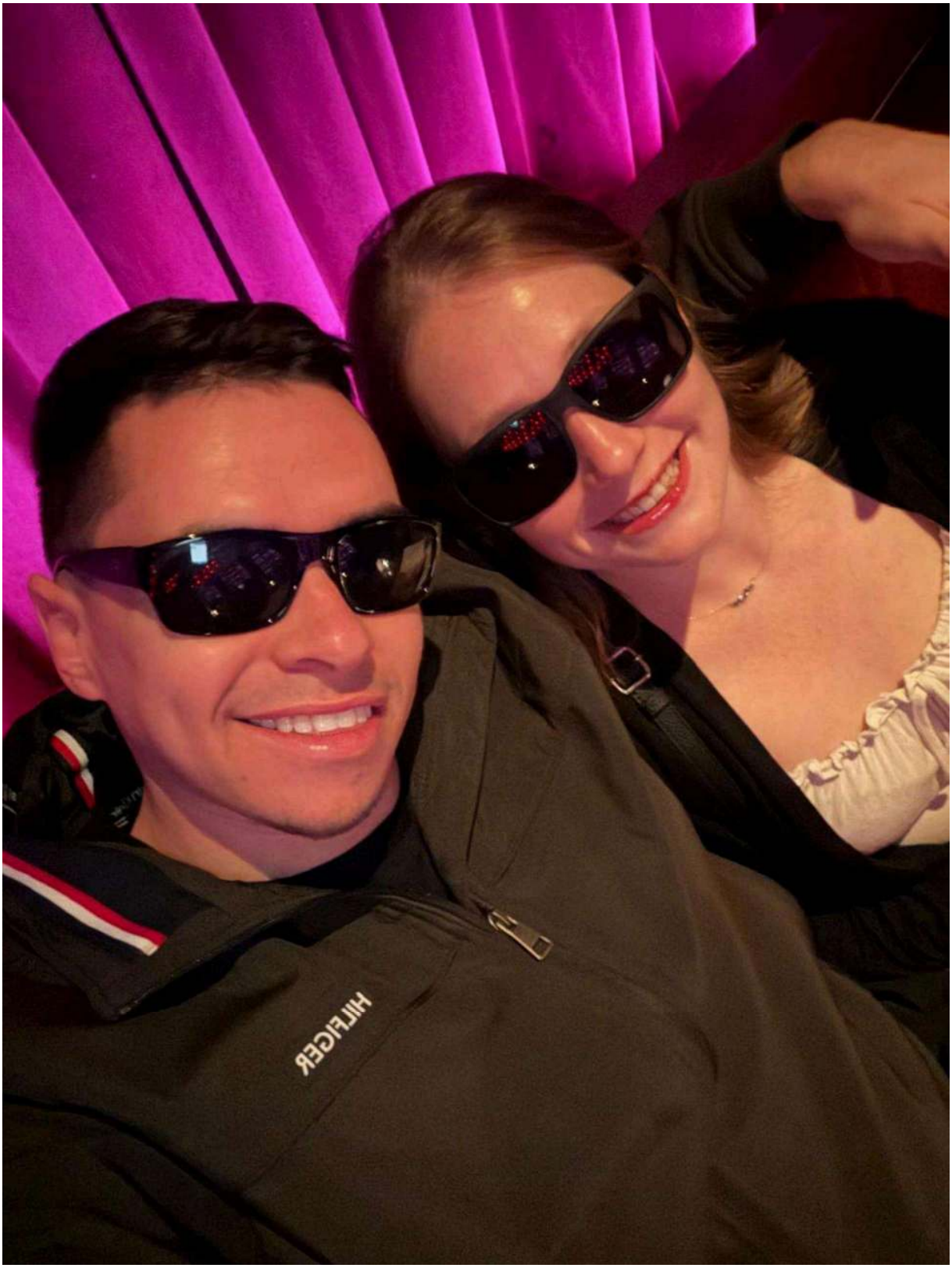

WELCOME
TO Fabulous
LAS VEGAS
NEVADA


ARIA


WELCOME
TO Fabulous
LAS VEGAS
NEVADA
YESCO

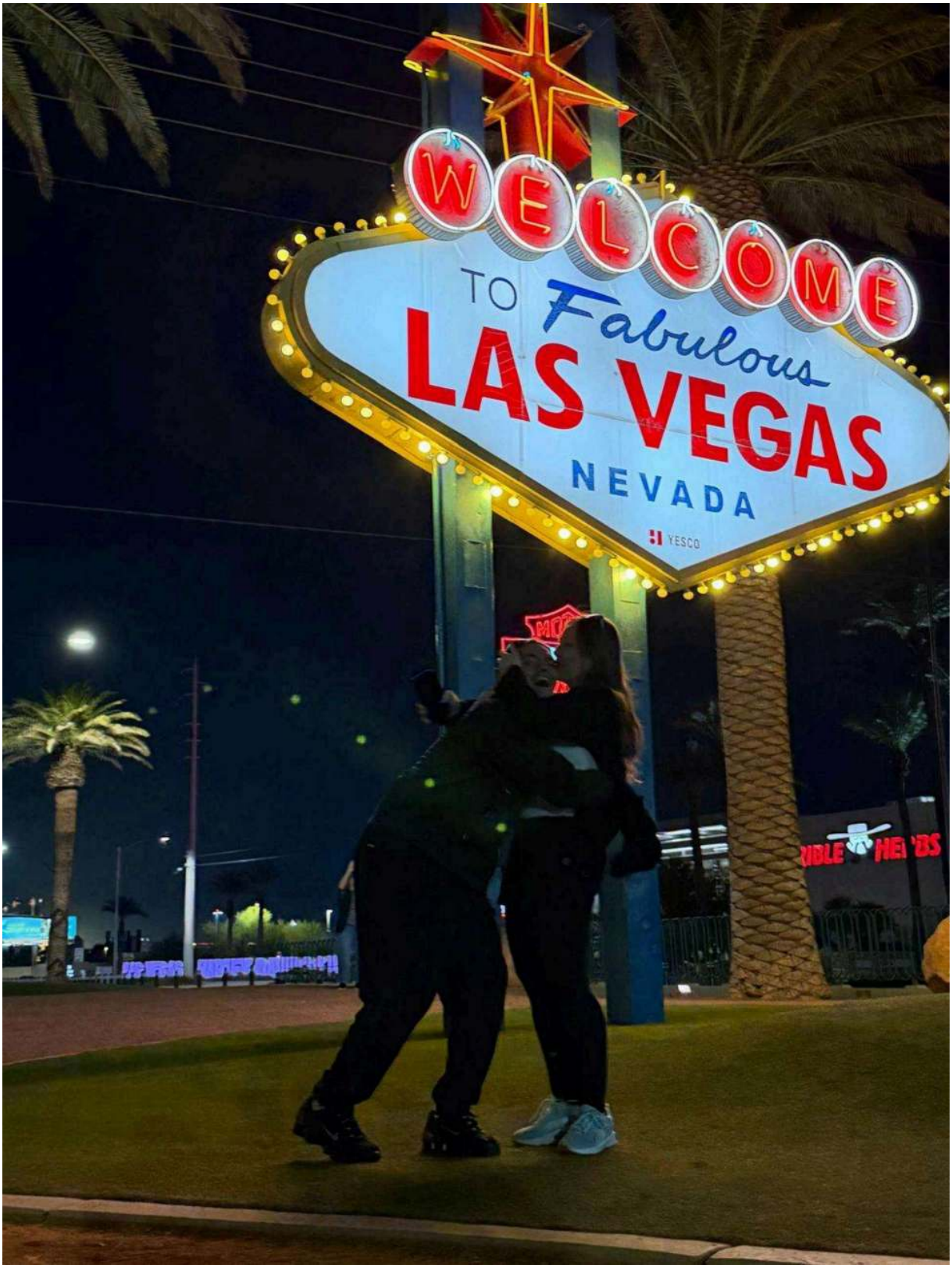

BREWDO



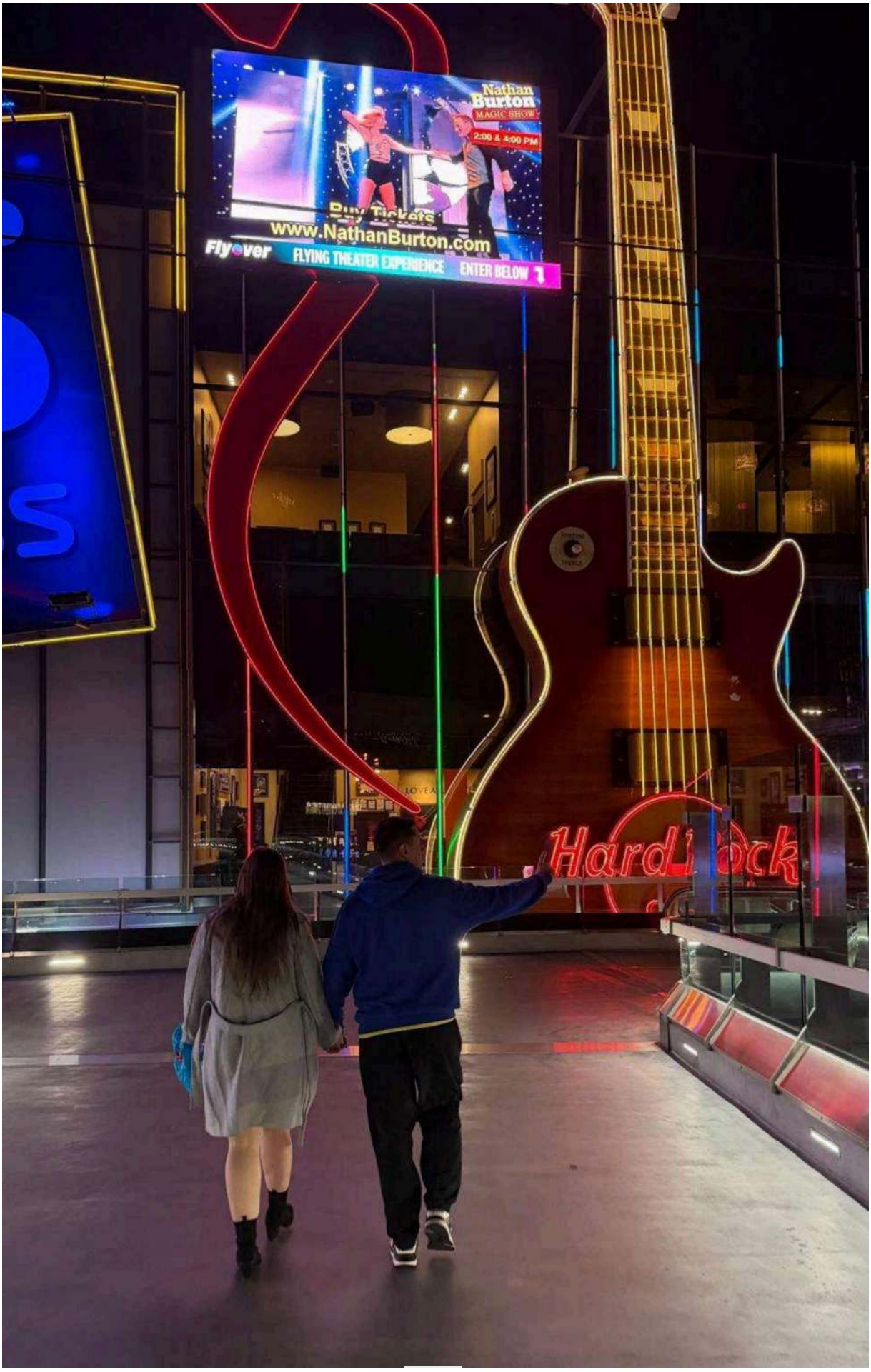

HILFIGER

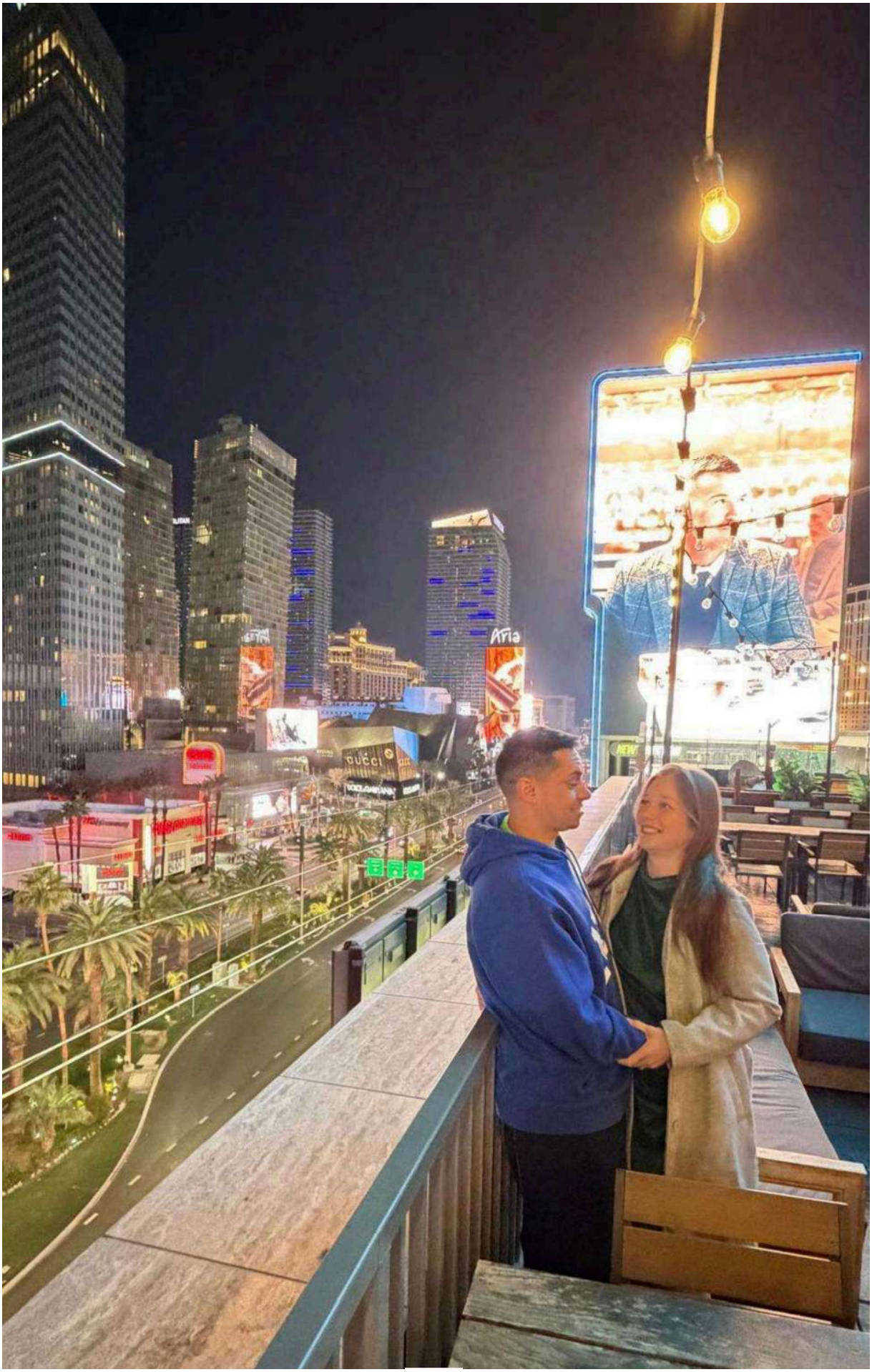


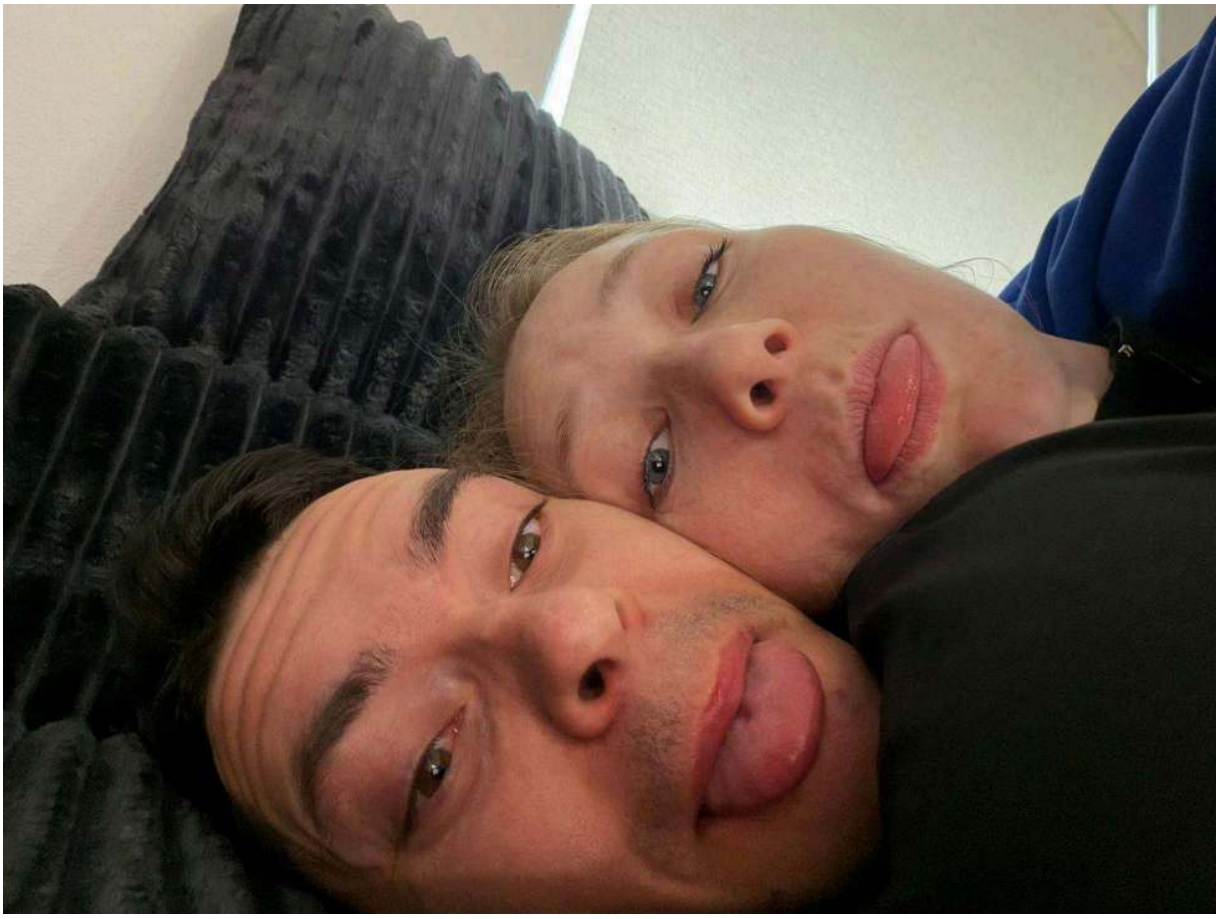

WELCOME
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LAS VEGAS
NEVADA

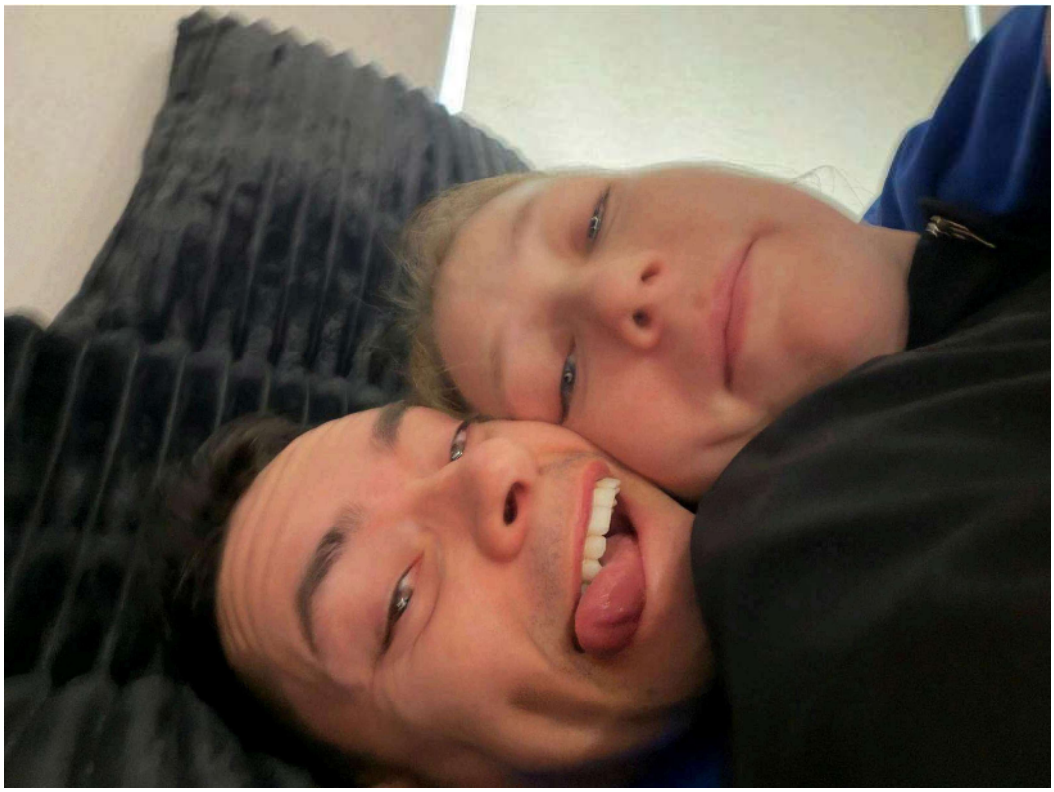

WELCOME
TO Fabulous
LAS VEGAS
NEVADA
YESCO


WELCOME
TO Fabulous
LAS VEGAS
NEVADA
YESCO


Nathan Burton
MAGIC SHOW
2:00 & 4:00 PM
www.NathanBurton.com
Fly over
FLYING THEATER EXPERIENCE
ENTER BELOW

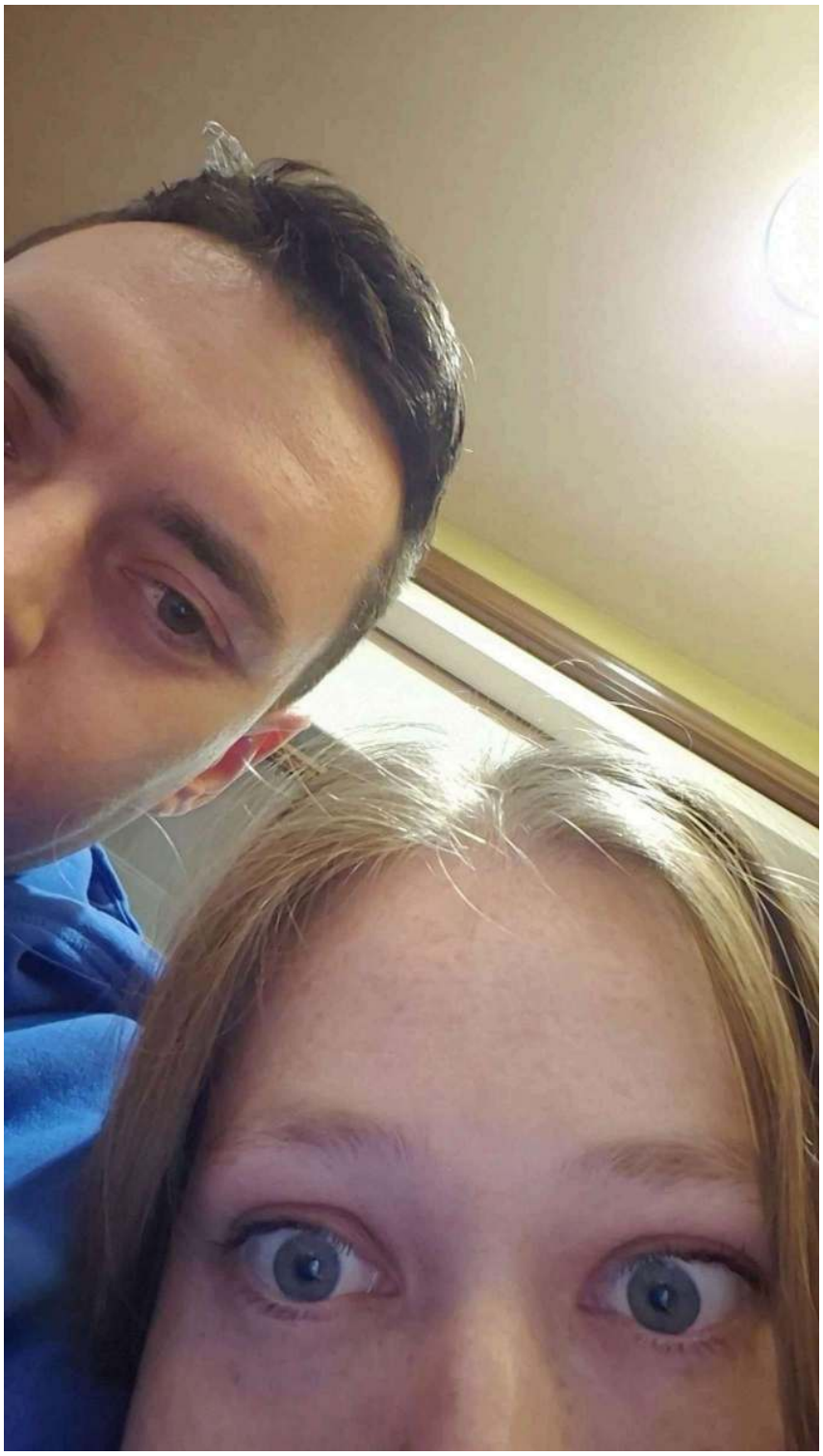

Aria
GUCCI





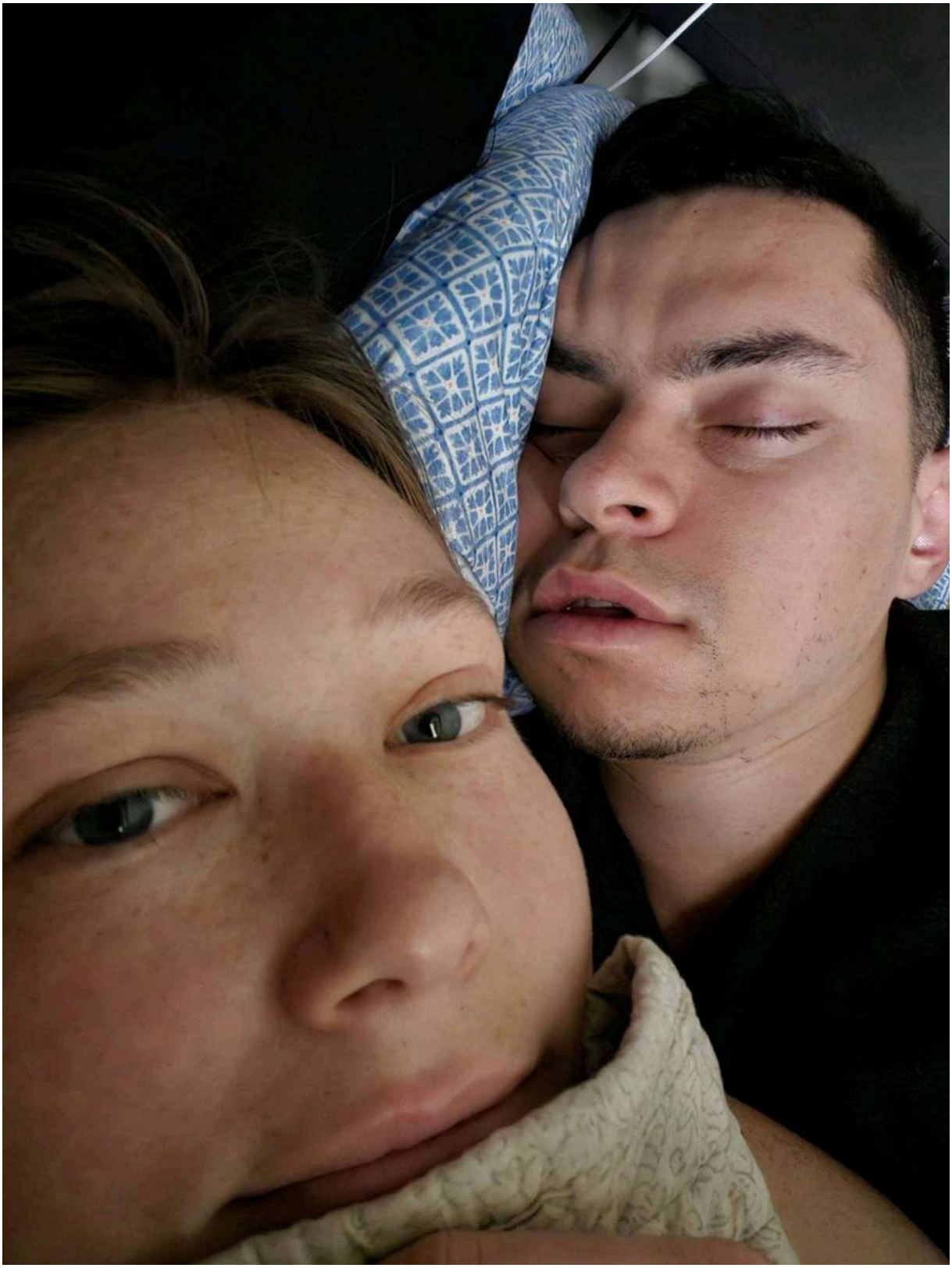


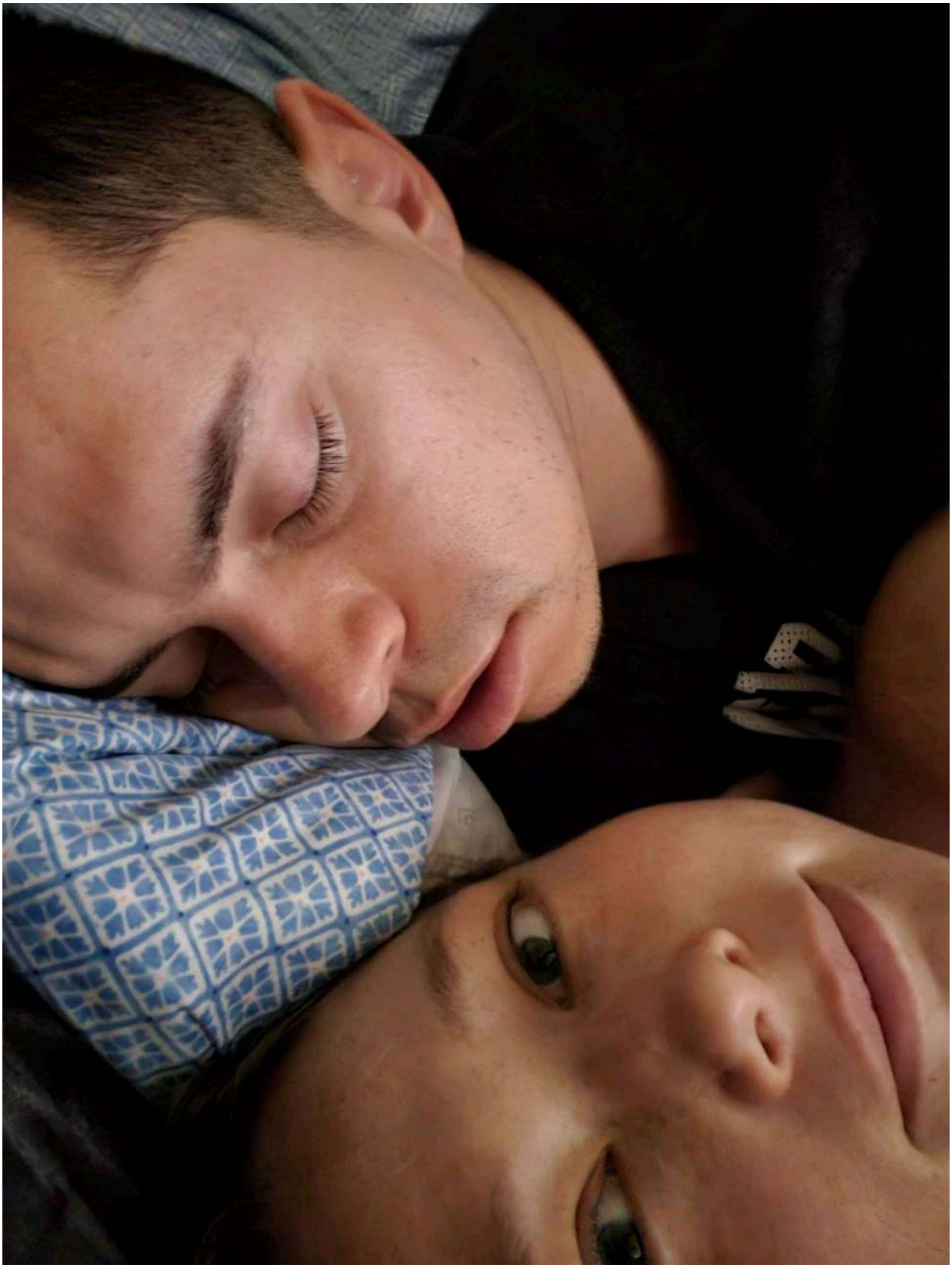






12/16/25
Us at Matheus's soccer championship that he won.





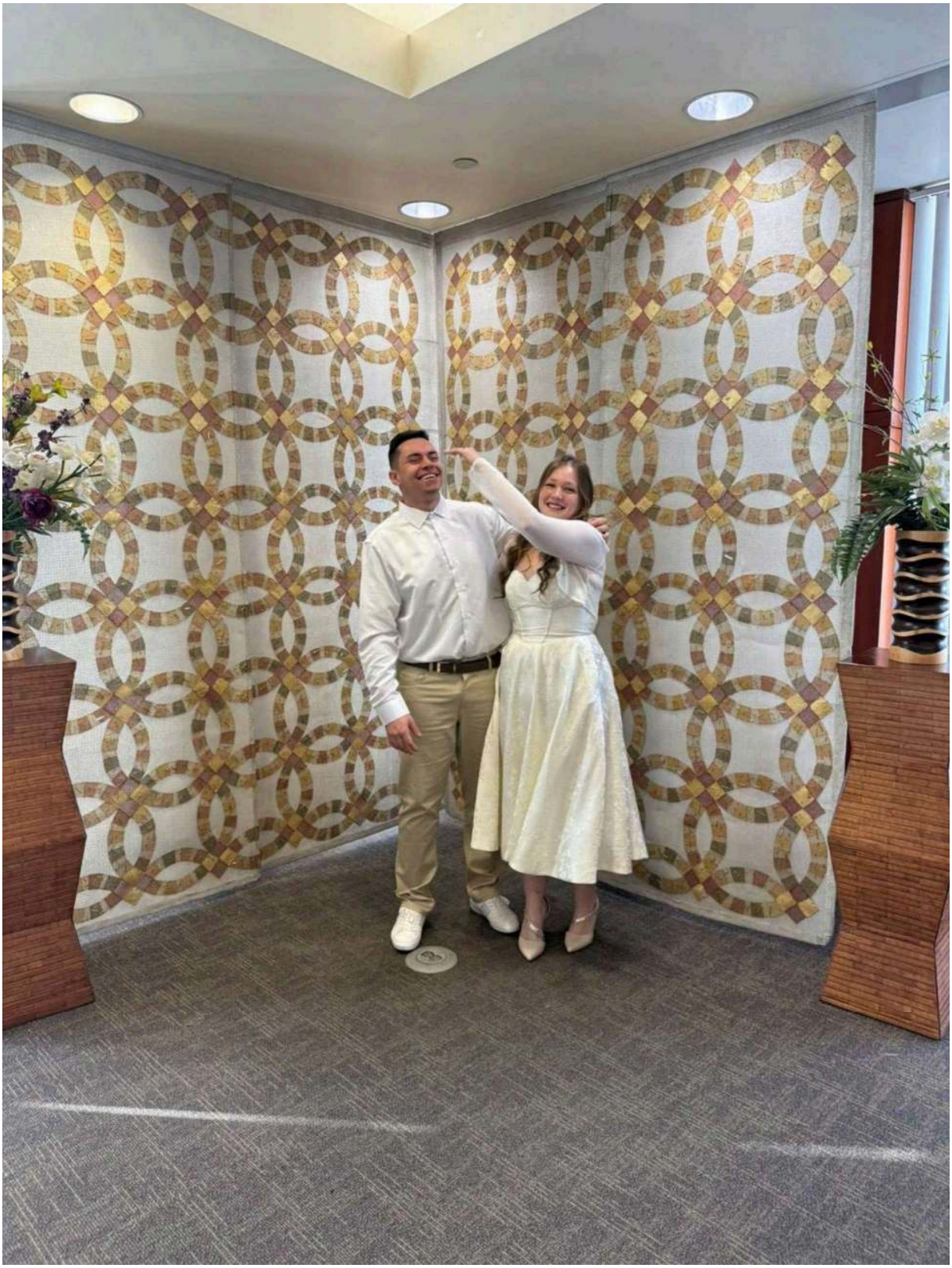
12/21/25
Us in bed, Matheus sleeping.



12/24/25

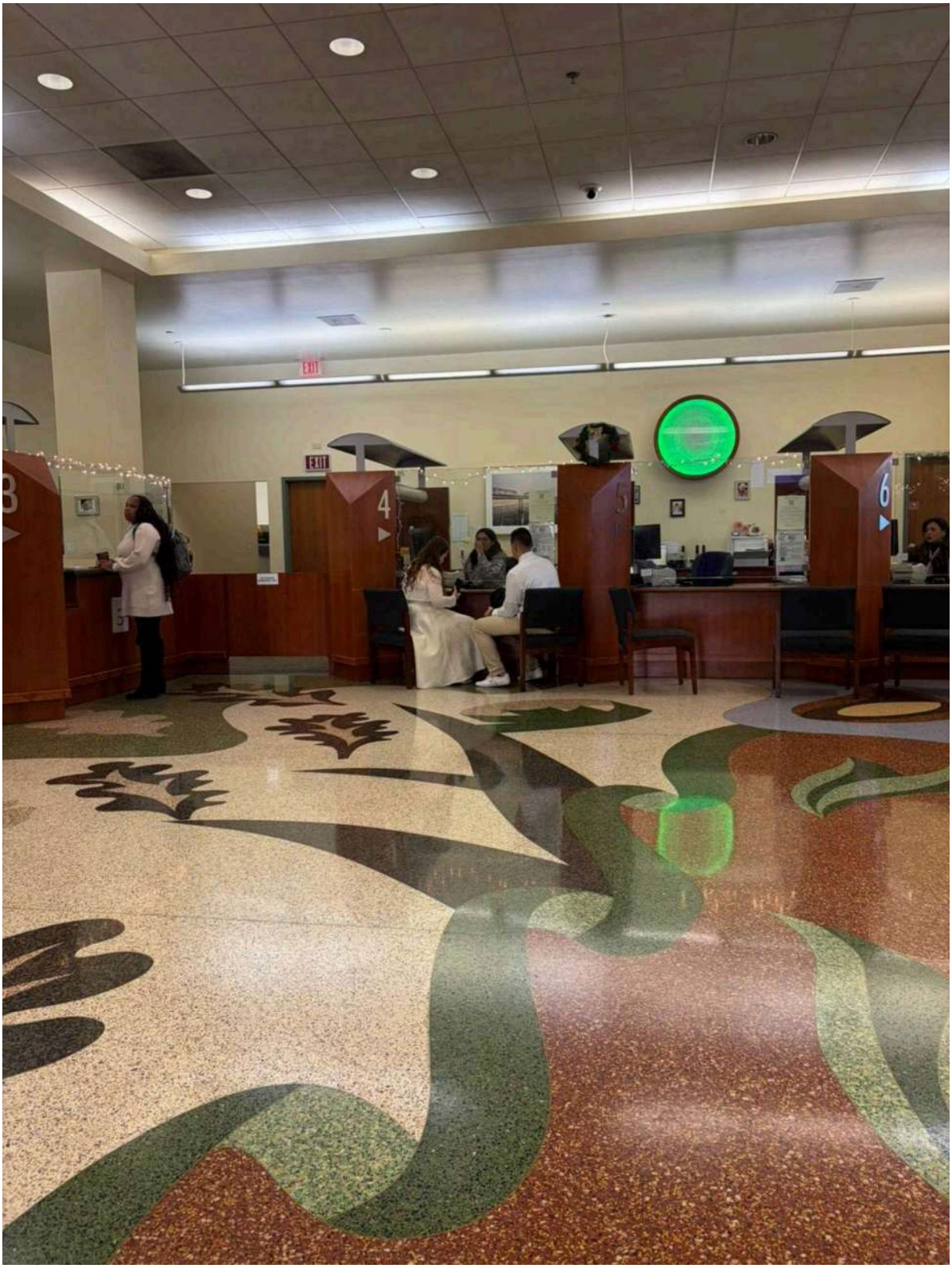
Matheus showing off his wedding ring at Haley's grandma's house for Haley's family's Christmas celebration.

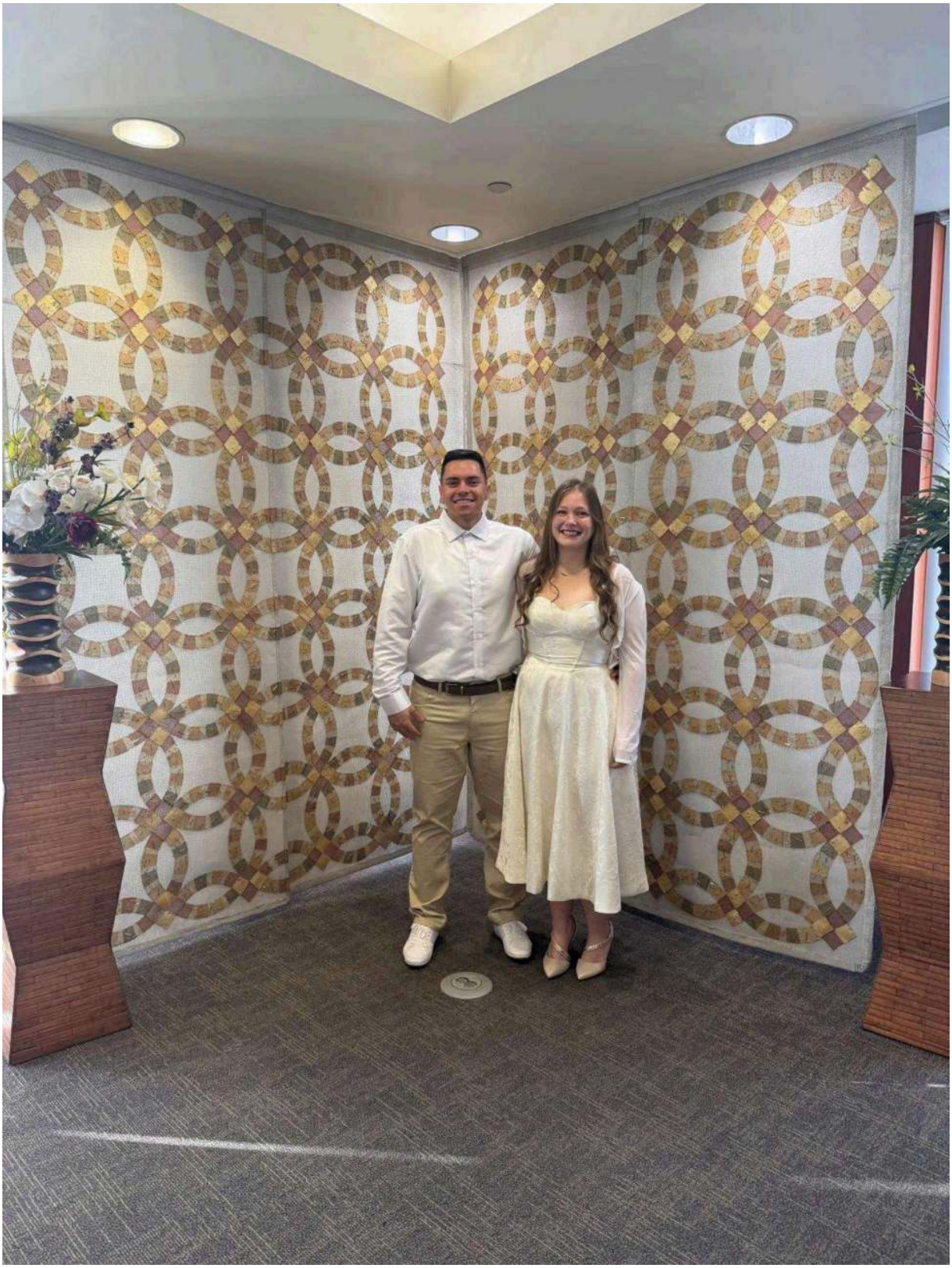
Photos of our Wedding!

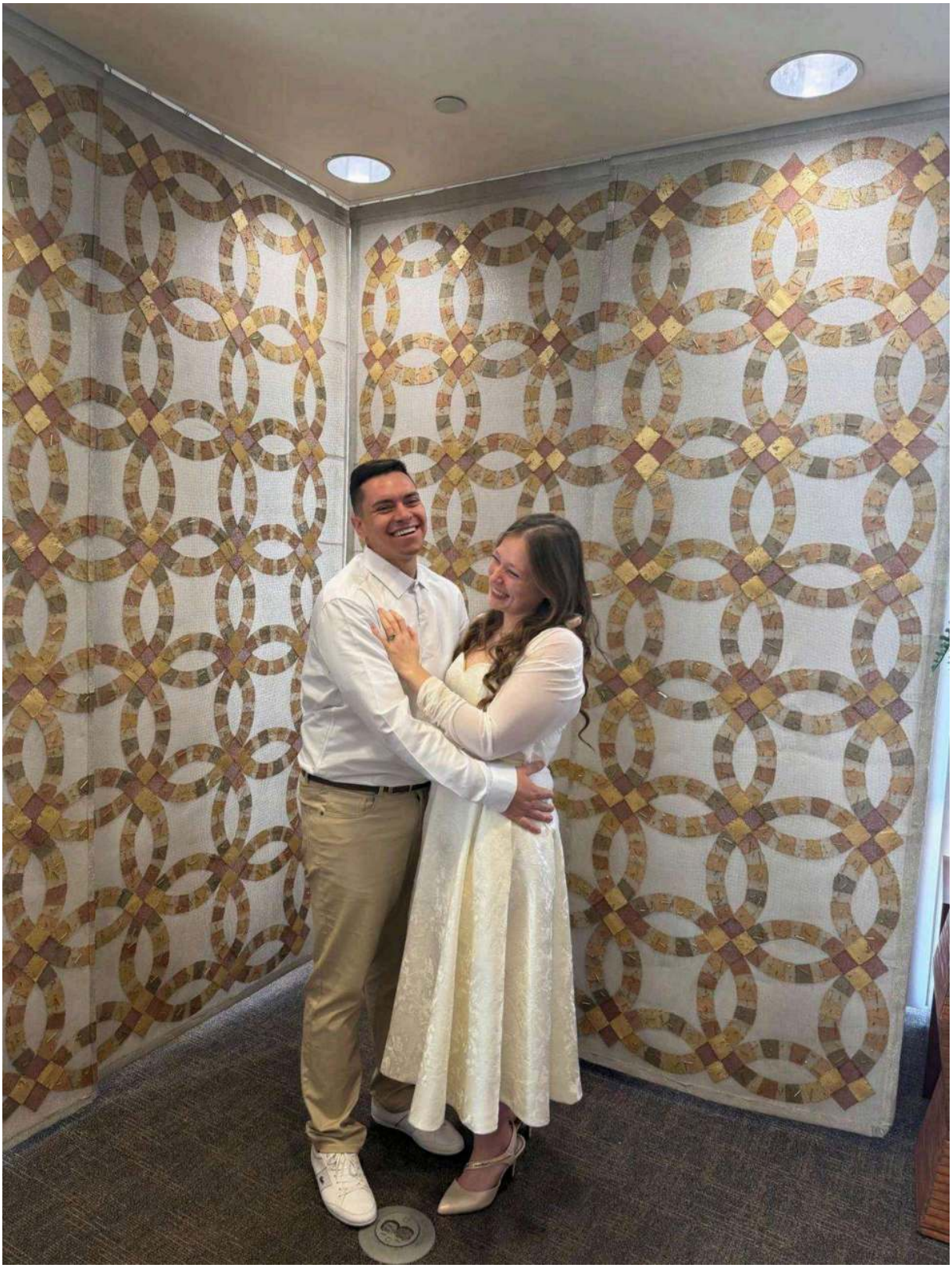


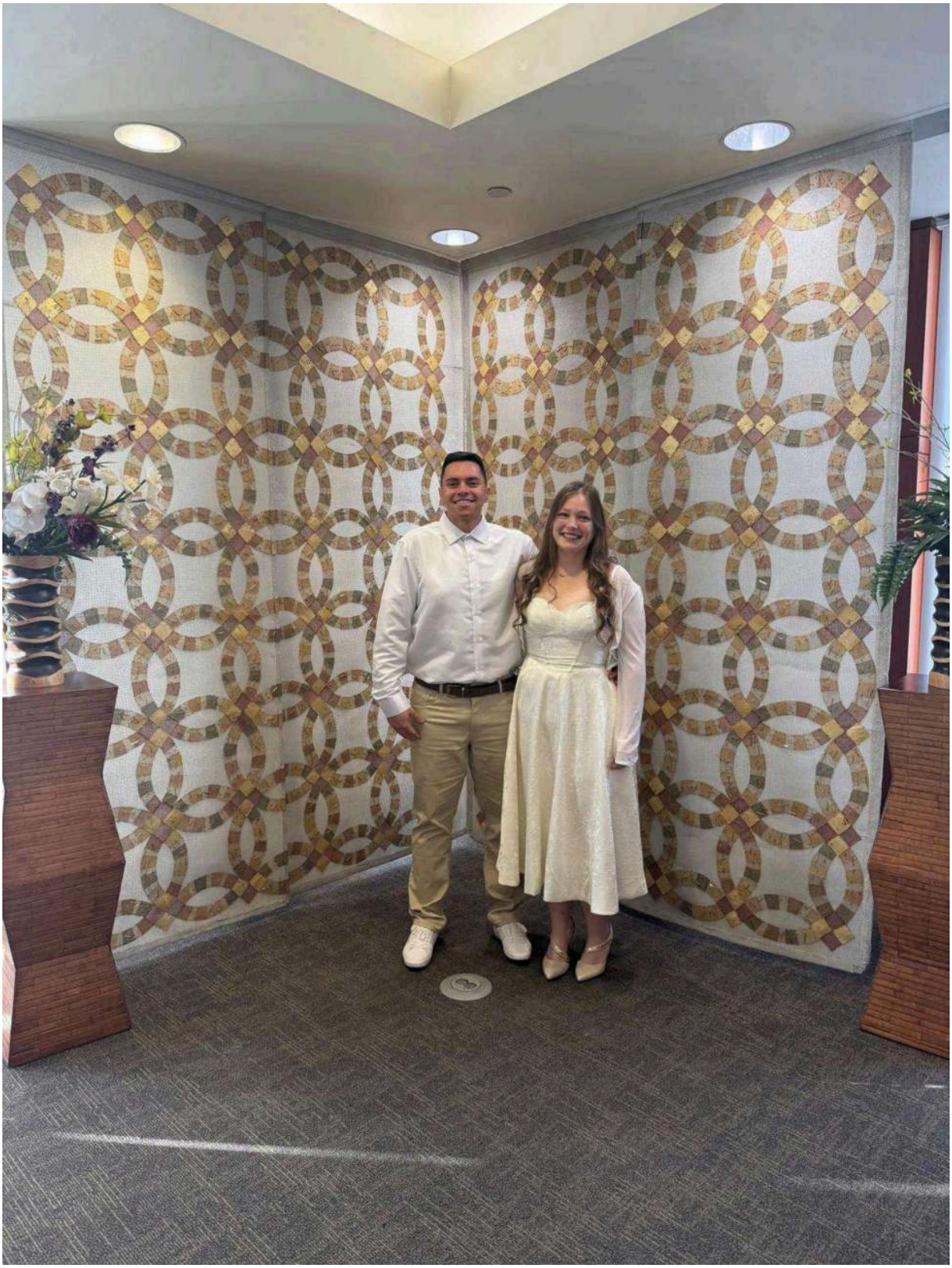


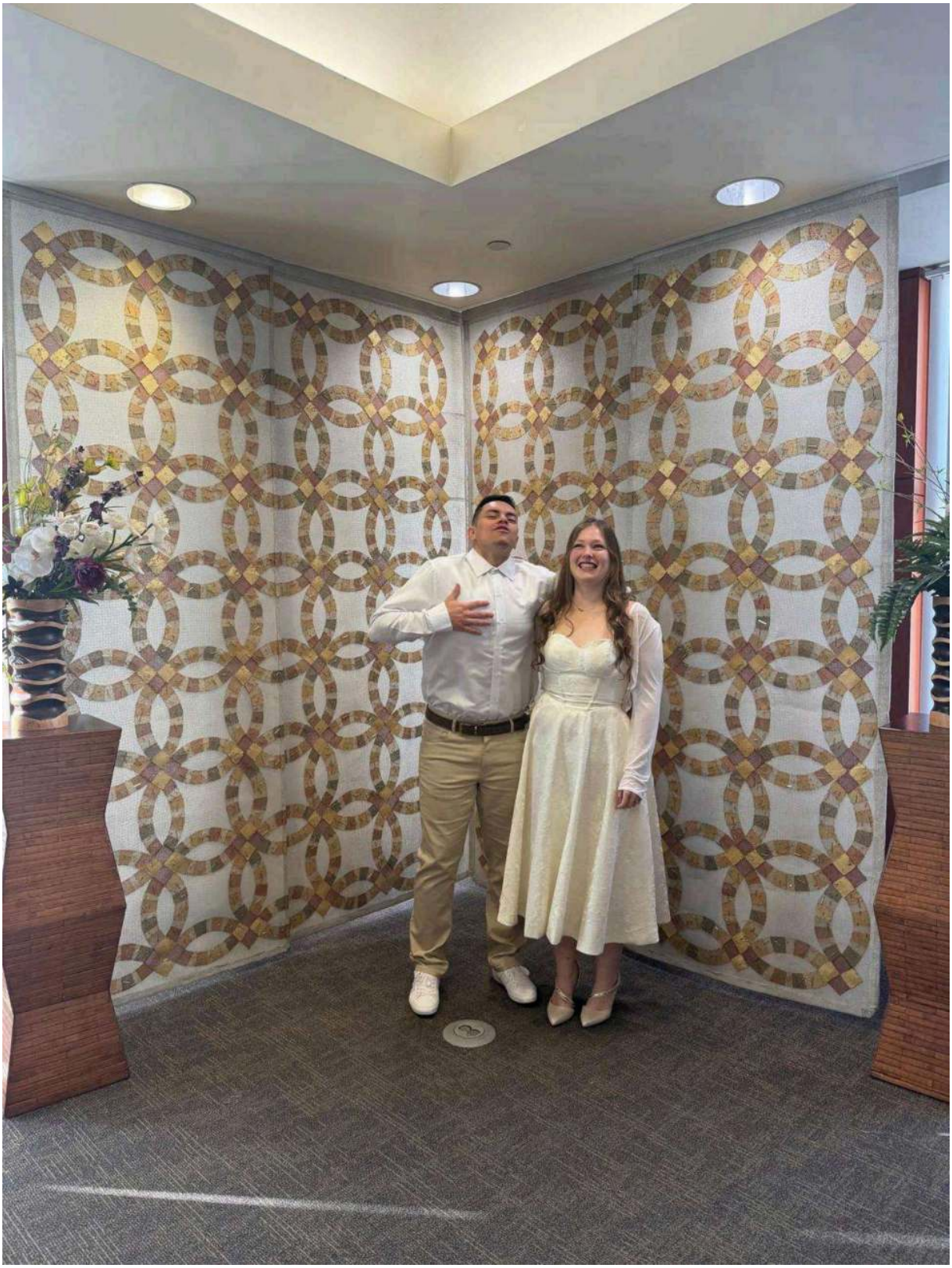



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EXIT
4
6





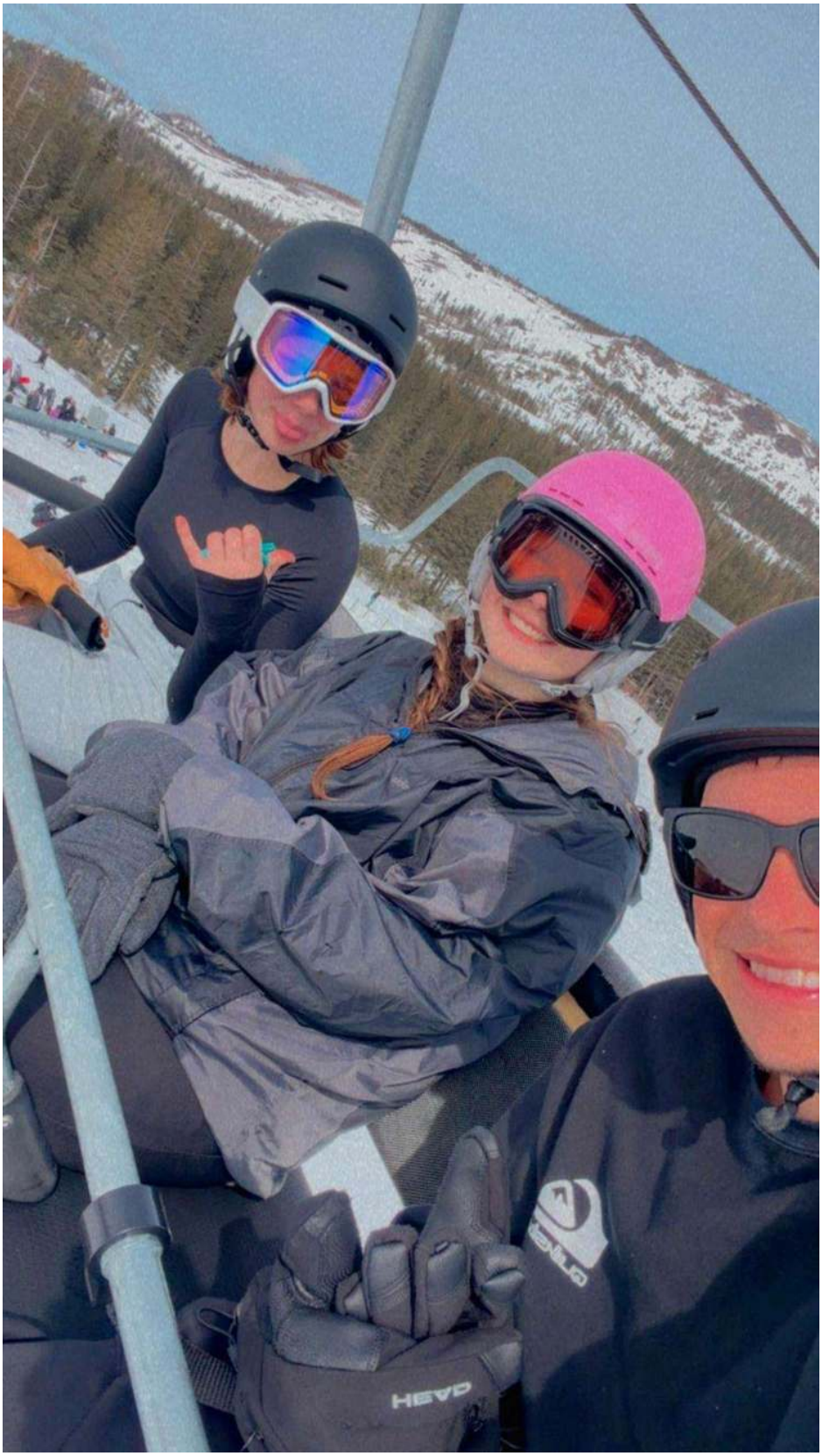




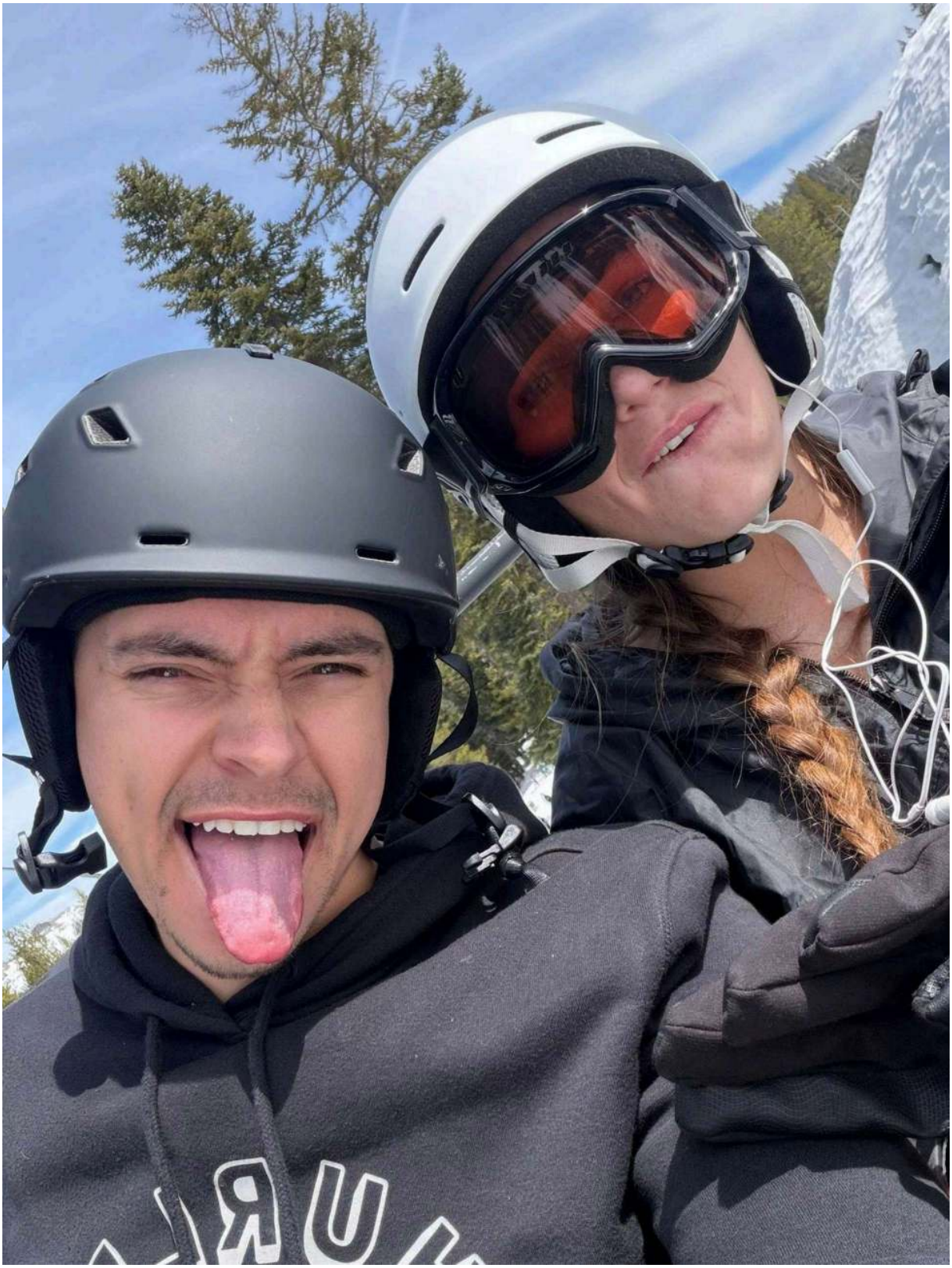
01/07/26

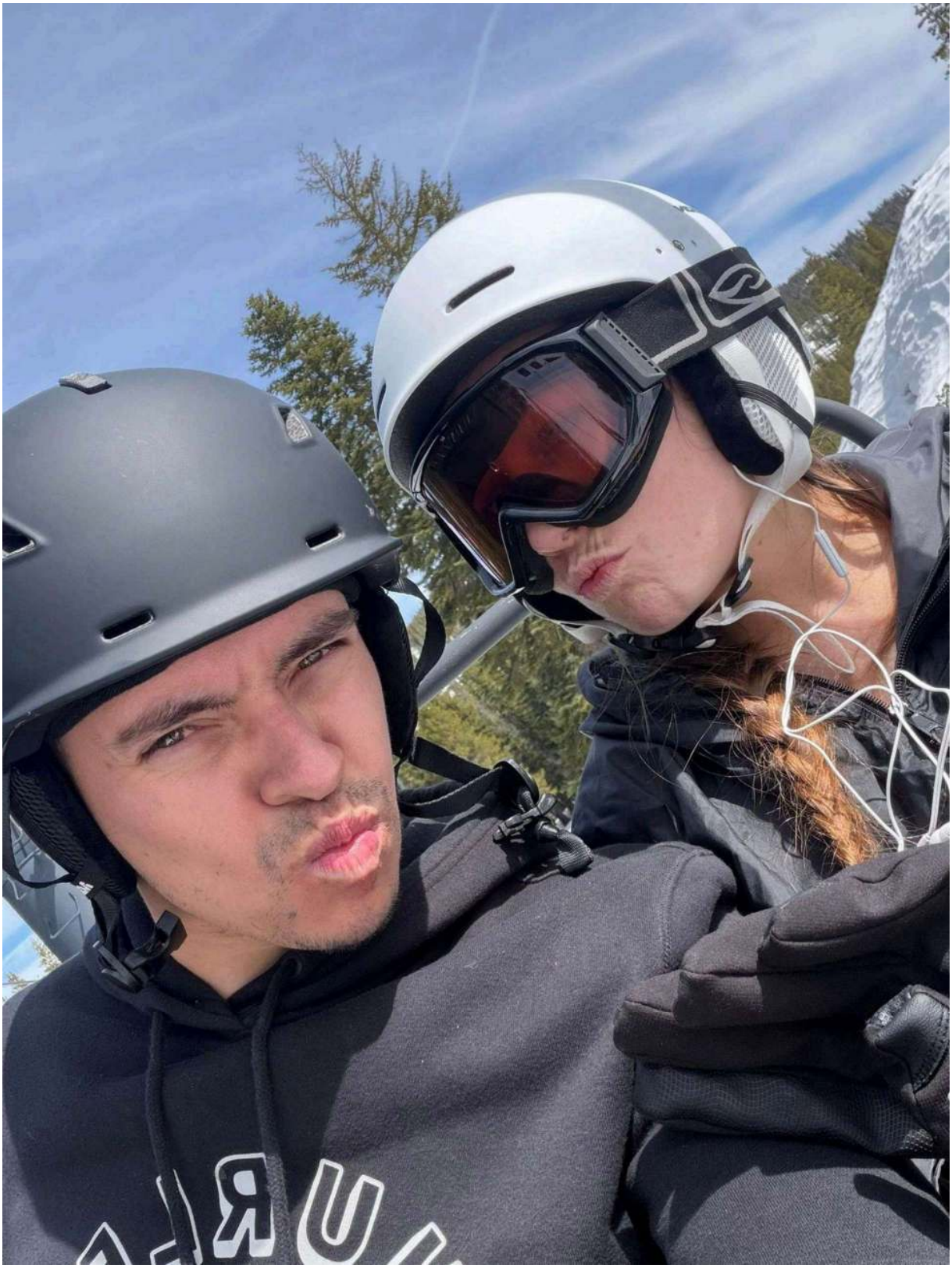
Our wedding day at the Alameda County Clerk's office in Oakland CA with Haley's friends who were our witnesses.





02/06/26
Snowboarding at Boreal in Tahoe CA with Haley's cousin Jessie.

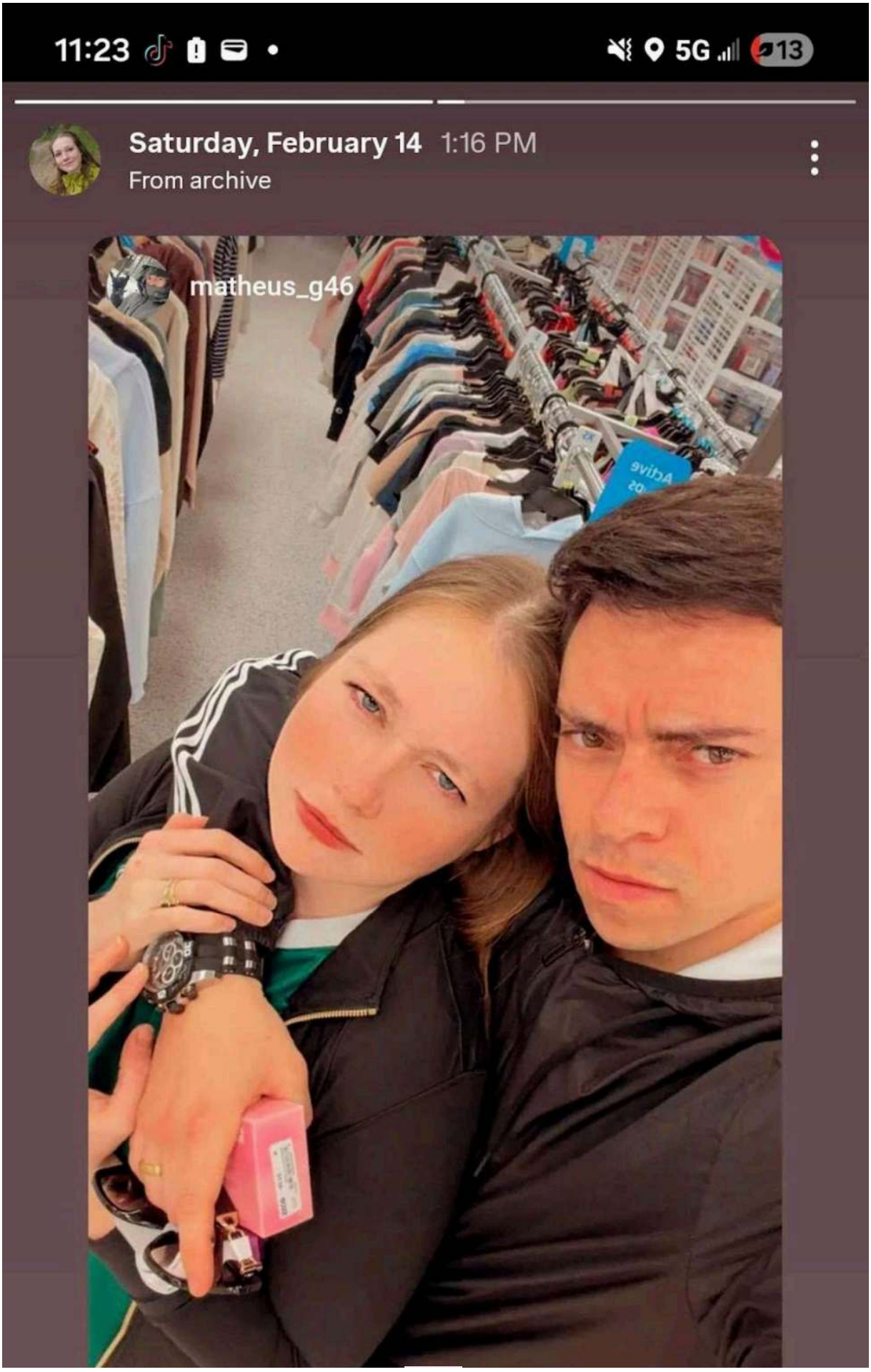


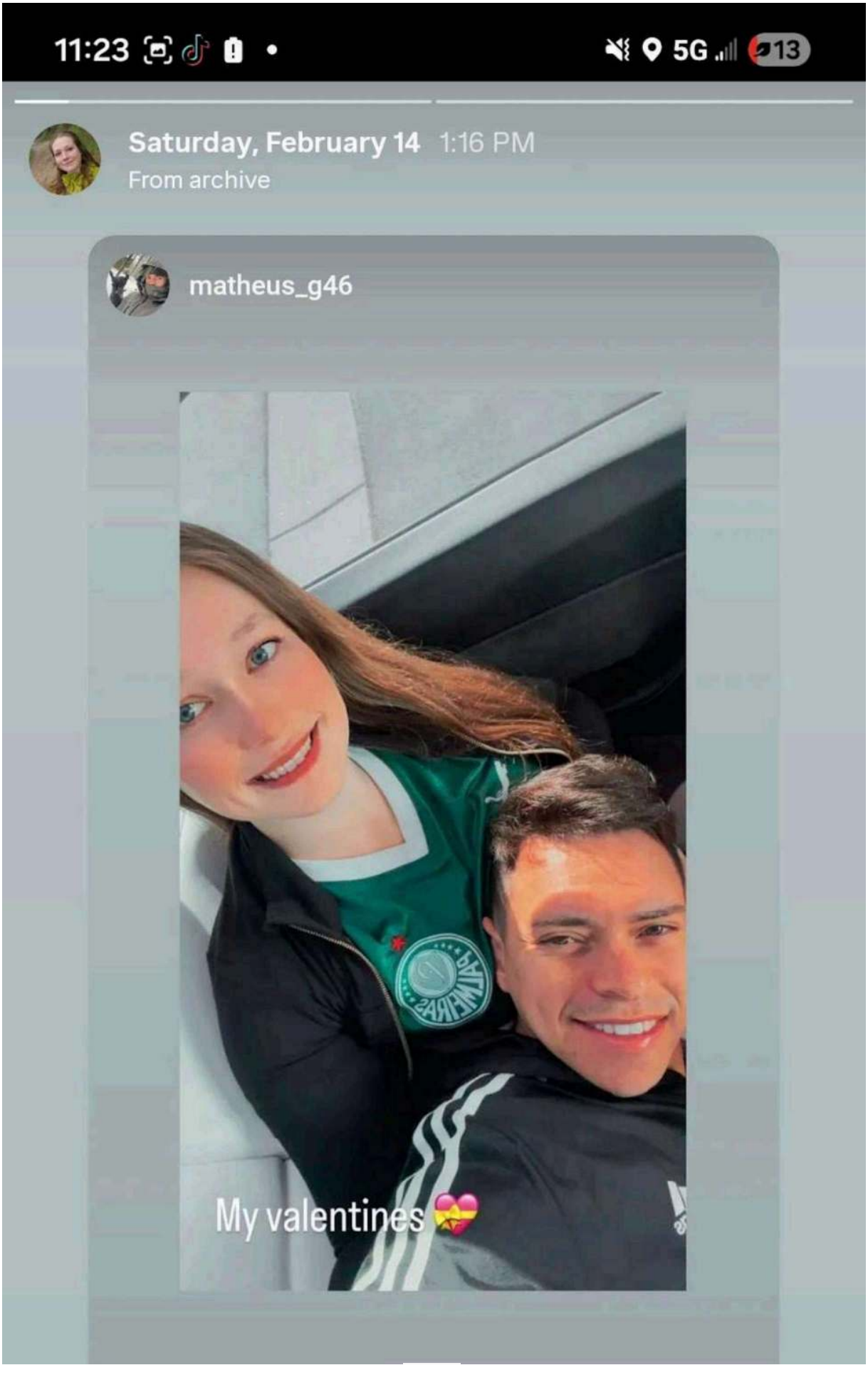




02/27/26
Snowboarding at Boreal in Tahoe CA.

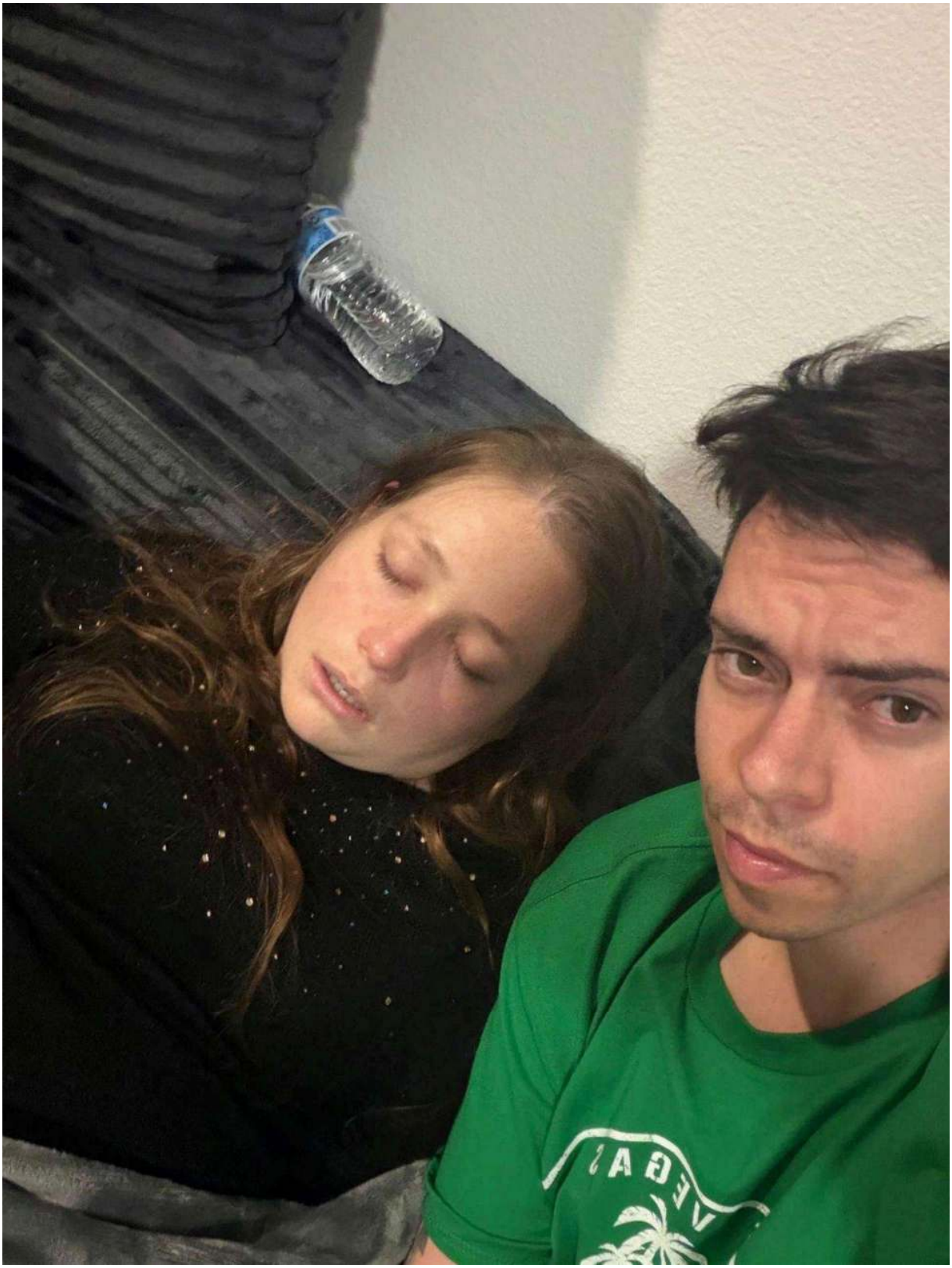
2/13/2026 - 02/16/2026 - The six photos below are from our second trip to Las Vegas to visit Matheus's sister and to celebrate Valentines day.

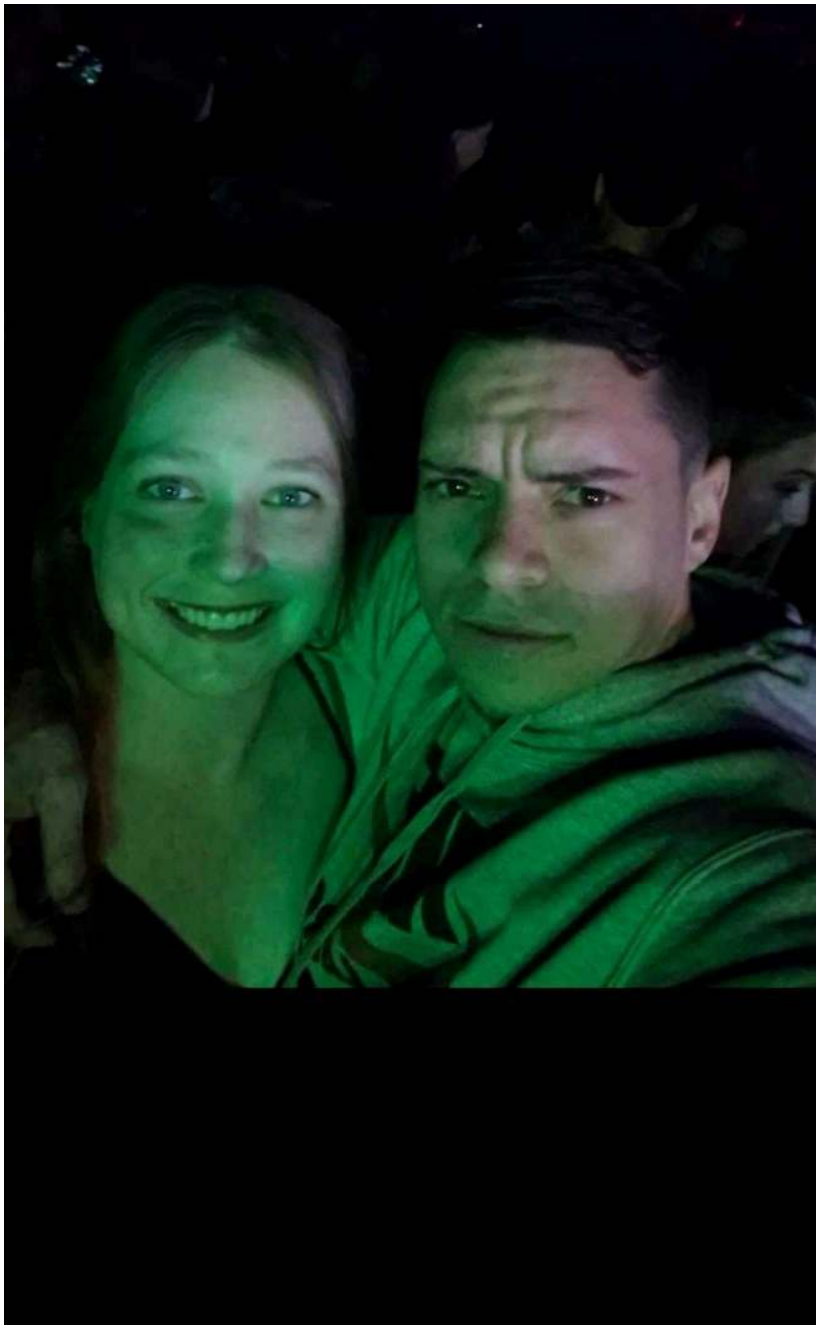


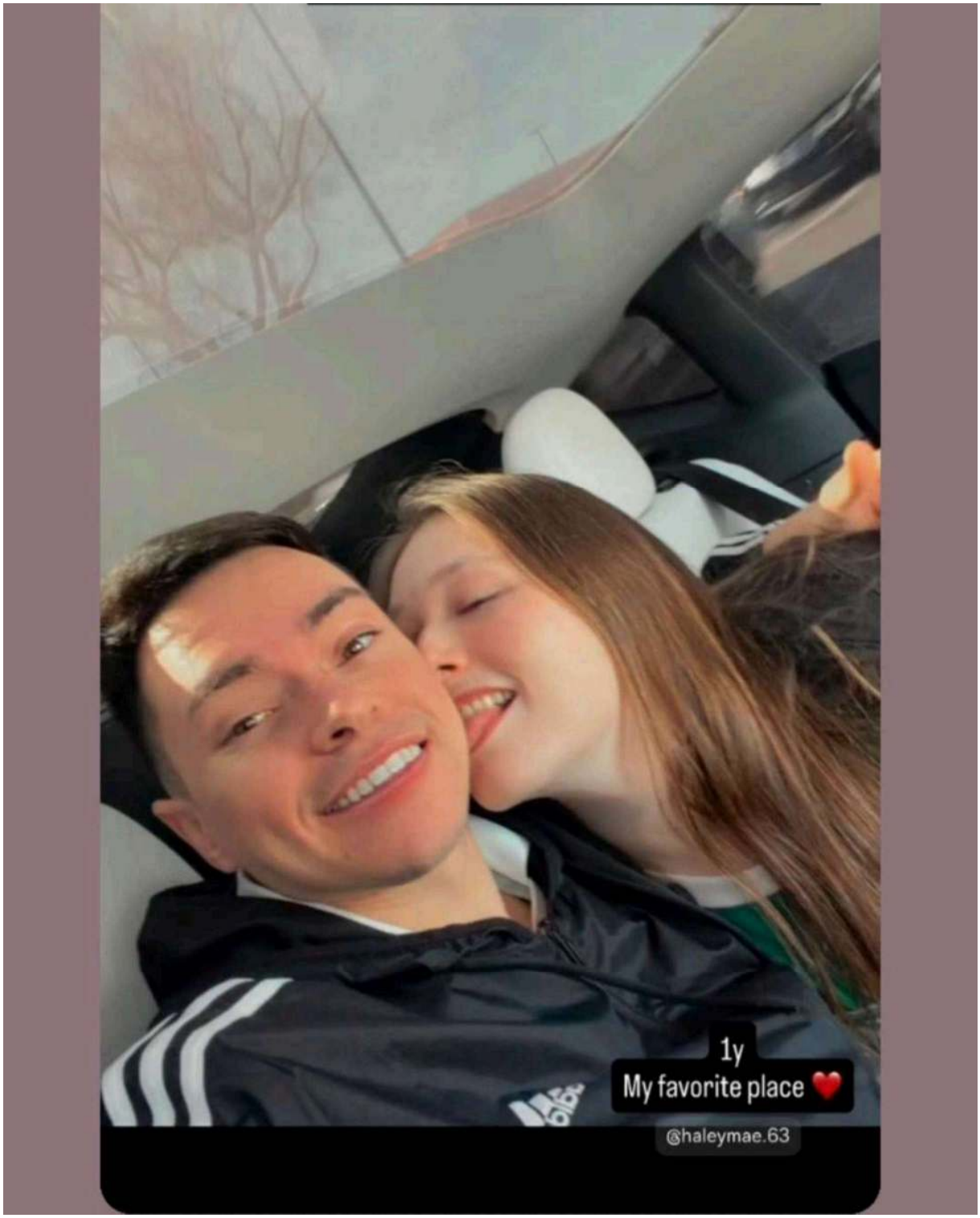

11:23
5G
13
Saturday, February 14 1:16 PM
From archive
matheus_g46
My valentines










1y
My favorite place ❤️
@haleymae.63

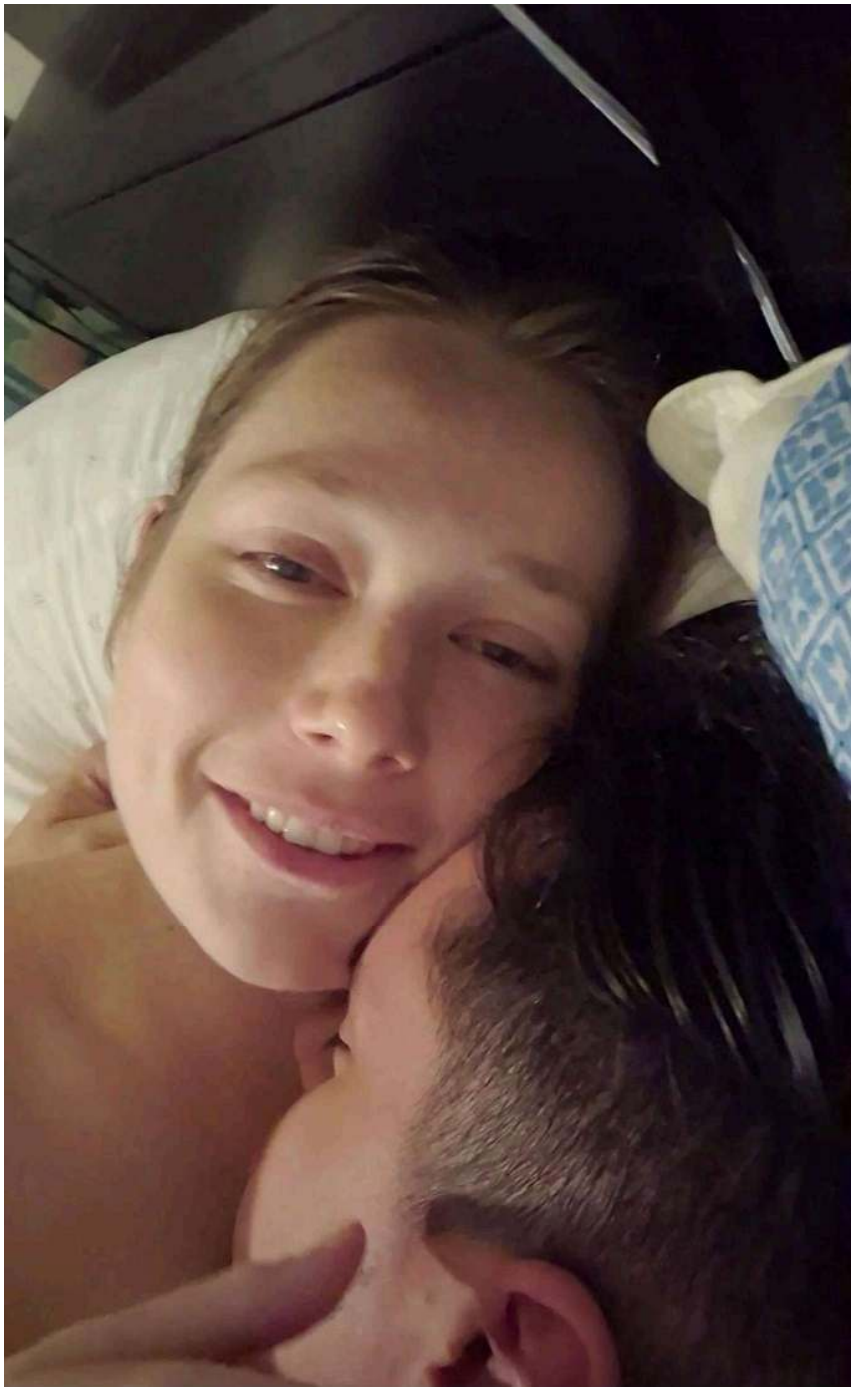


~03/21/26

A Polaroid photo of Haley’s grandpa, sister, Haley and Matheus taken at Haley’s grandparents' house in Fremont.



04/4/26
Us dying easter eggs. This egg has our initials.



4/20/26
Us in bed.



04/22/26

Our one-year anniversary Dinner at Forbes Mill Steakhouse in Danville, CA.



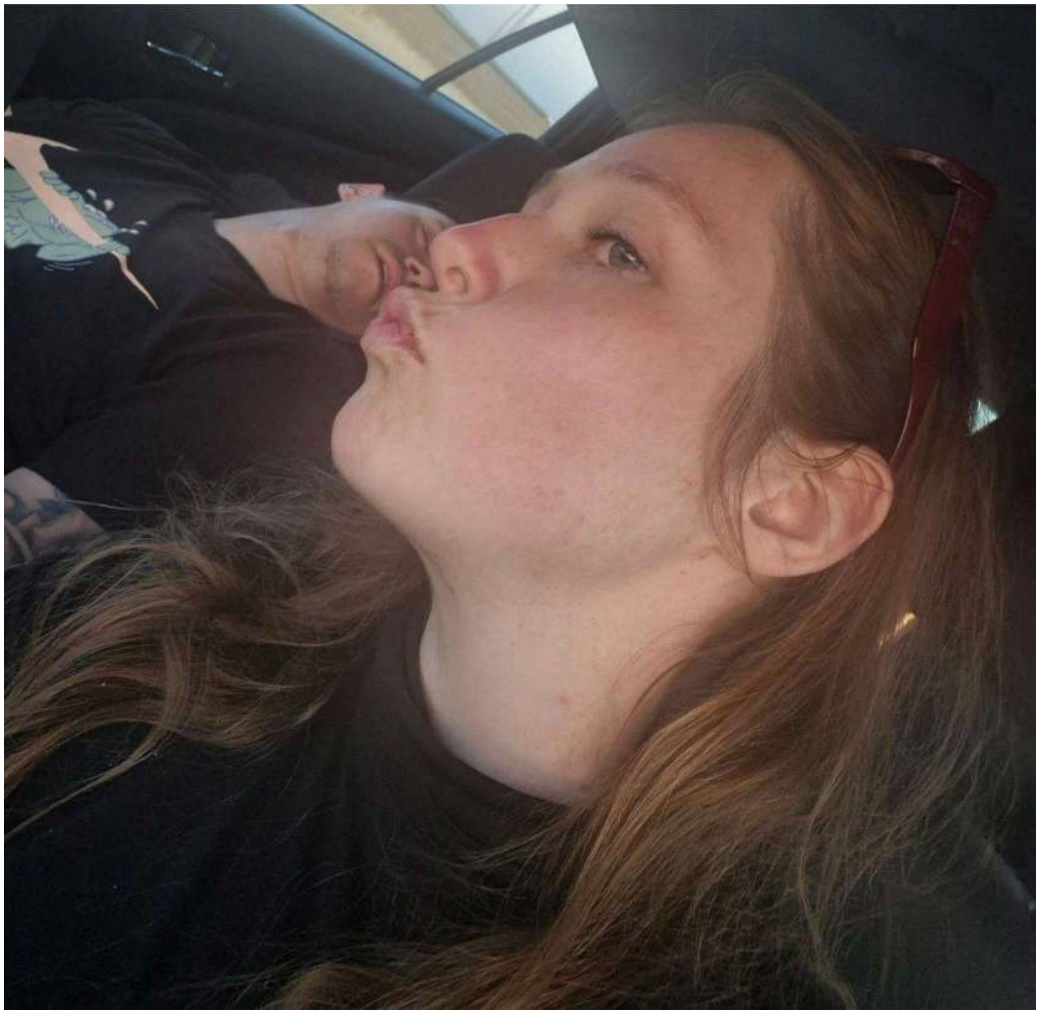


05/02/26
Us driving home from somewhere.

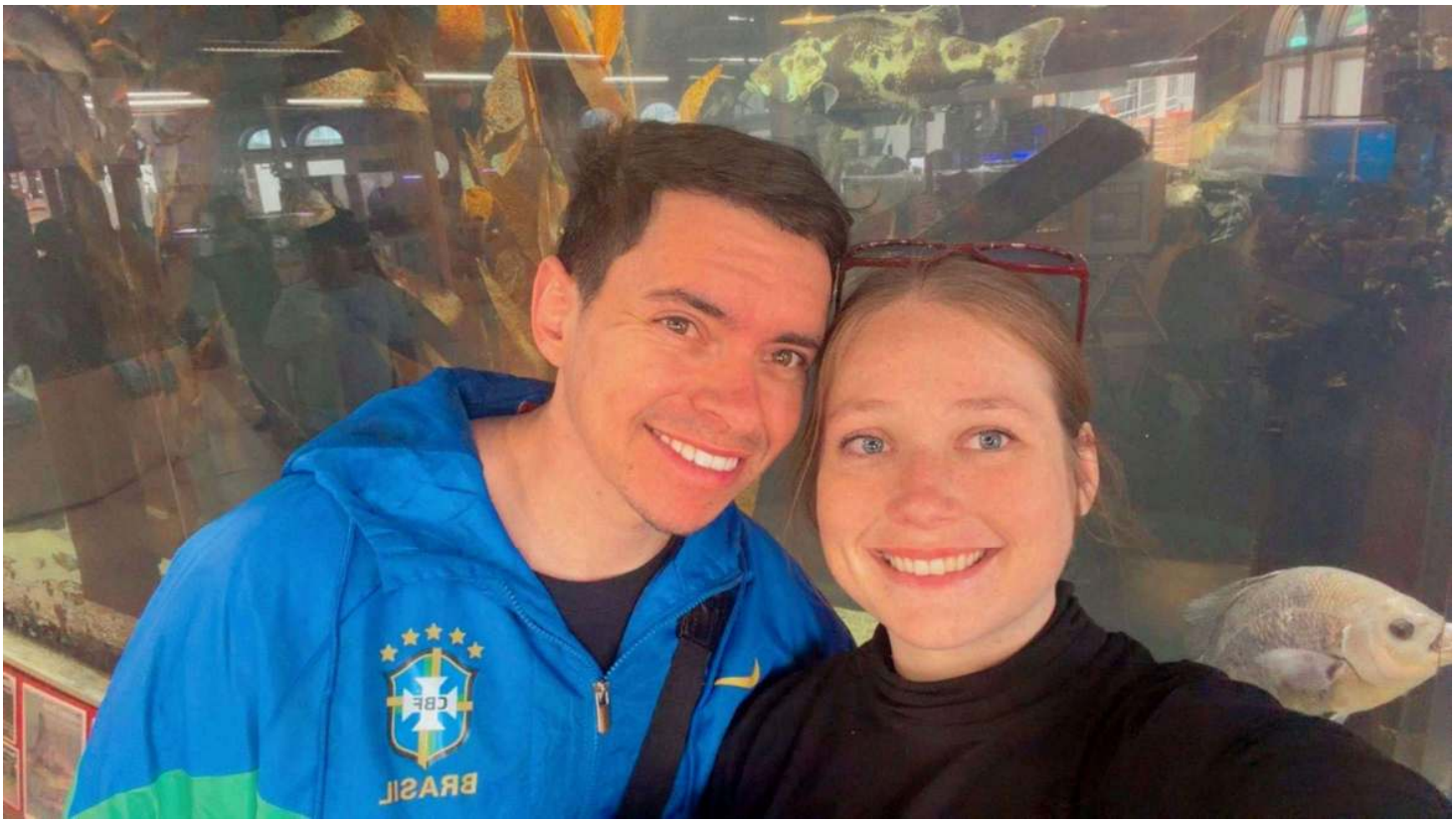


5/10/26
Us in bed.









05/16/26

Us at the Santa Monica Pier and driving home after Matheus tagged alone on a work trip with Haley to LA.

Exhibit 8 - Petitioner's Financial Information

Cash App Taxes

Haley’s 2025 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Haley Cabral

Cash App Taxes

Audit Defense Policy

Defense Code: CZZS-E7FA-2025

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2025 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: CZZS-E7FA-2025
    - The tax return year: 2025
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2026 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

Your Tax Year 2024 audit defense (Code = COKG-E5QQ-2024) has been extended until 04/15/2027.

Your Tax Year 2023 audit defense (Code = COVN-624A-2023) has been extended until 04/15/2027.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Haley Cabral

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 MM / DD / YYYY Spouse MM / DD / YYYY

☐ Other

Your first name and middle initial	Last name	Your social security number
HALEY M	CABRAL	6 1 9 1 9 8 9 0 7
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. **1649 B ST** 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. ☒

City, town, or post office. If you have a foreign address, also complete spaces below. **HAYWARD** State **CA** ZIP code **94541**

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				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

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

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	61564
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	61564
2a	Tax-exempt interest 2a	b Taxable interest	2b 89
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	61653
10	Adjustments to income from Schedule 1, line 26	10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	61653

Attach Sch. B if required.

Tax and Credits

11b	Amount from line 11a (adjusted gross income)	11b	61653
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		
e	**Standard deduction or itemized deductions** (from Schedule A)	12e	15750
13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
b	Additional deductions from Schedule 1-A, line 38	13b	253
14	Add lines 12e, 13a, and 13b	14	16003
15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	45650
16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	5243
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	5243
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	5243
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	5243

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.

Payments and Refundable Credits

25	Federal income tax withheld from:				
a	Form(s) W-2	25a	8348		
b	Form(s) 1099	25b			
c	Other forms (see instructions)	25c			
d	Add lines 25a through 25c			25d	8348
26	2025 estimated tax payments and amount applied from 2024 return			26	
	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	8348

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

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	3105
35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	3105
b	Routing number 1 2 1 0 4 2 8 8 2 c Type: ☒ Checking ☐ Savings		
d	Account number 8 6 7 3 3 6 0 6 5 0		
36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Direct deposit? See instructions.

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 **HEALTHCARE WORKER**	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.	Email address		

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

Paid Preparer Use Only

Preparer's name	Preparer's signature **SELF-PREPARED**	Date	PTIN	Check if: ☐ Self-employed
Firm's name			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
HALEY M CABRAL

Your social security number
619198907

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b			**1**	**61653**
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**	**61653**

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**	**61653**
9	Enter $150,000 ($300,000 if married filing jointly)			**9**	**150000**
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13			**10**	**-88347**
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**	**253**		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	**14b**			
c	Add lines 14a and 14b			**14c**	**253**
15	Enter the smaller of the amount on line 14c or $12,500 ($25,000 if married filing jointly)			**15**	**253**
16	Enter the amount from line 3			**16**	**61653**
17	Enter $150,000 ($300,000 if married filing jointly)			**17**	**150000**
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21			**18**	**-88347**
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**	**253**

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**	**61653**
32	Enter $75,000 ($150,000 if married filing jointly)	**32**	**75000**
33	Subtract line 32 from line 31. If zero or less, enter $6,000 on line 35	**33**	**-13347**
34	Multiply line 33 by 6% (0.06)	**34**	
35	Subtract line 34 from $6,000. If zero or less, enter -0-	**35**	**6000**
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**	**253**

SCHEDULE B (Form 1040)

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleB* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **08**

Name(s) shown on return
HALEY M CABRAL

Your social security number
619198907

Part I Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: **SOFI BANK**	1	**89**
2	Add the amounts on line 1	2	**89**
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	**0**
4	Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b	4	**89**

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer:	5	
6	Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b	6	**0**

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you (**a**) had over $1,500 of taxable interest or ordinary dividends; (**b**) had a foreign account; or (**c**) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

		Yes	No
7a	At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b	If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) is (are) located:		
8	During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		

TAXABLE YEAR

FORM

2025 California Resident Income Tax Return 540

619-19-8907 CABR 25
HALEY M CABRAL

1649 B ST
HAYWARD CA 94541

06-03-2000 CABRAL

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

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 = $ |

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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	61564 .00	
13	Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. . . 13		61653 .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		61653 .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		61653 .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		55947 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31		1889 .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		1736 .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		1736 .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: HALEY M CABRAL Your SSN or ITIN: 619198907

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	1736 .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	1736 .00

Payments

71	California income tax withheld. See instructions	71	1925 .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	1925 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 .00

If line 91 is zero, check if: ◉ ☐ No use tax is owed. ◉ ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● 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	1925 .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	1925 .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	189 .00

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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**	189 .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: HALEY M CABRAL Your SSN or ITIN: 619198907

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** 189 .00

Refund and Direct Deposit

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

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

● Routing number 121042882 ● Type [X] Checking [ ] Savings ● Account number 8673360650 ● **116** Direct deposit amount 189 .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: HALEY M CABRAL Your SSN or ITIN: 619198907

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

● 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)**

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

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: HALEY M CABRAL

SSN or ITIN: 619198907

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**	61564		
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**			
i Nontaxable combat pay election. See instructions. **1i**			
z Add line 1a through line 1i. **1z**	61564		
2 Taxable interest. **a** ____ **2b**	89		
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**			
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**			

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**	◉	◉	◉

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**	61653		

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**			

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**	◉ 61653	◉	◉

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**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **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**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
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**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 . . . . . **7**			
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**			

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**	◉	◉	◉
18 Total. Combine line 17 column A less column B plus column C . . . . . ◉ **18**			

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**

22 Add line 19 through line 21 . . . . . ◉ **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11b . . . . . ◉

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . ◉ **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . ◉ **25**

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . ◉ **26**

27 Other adjustments. See instructions. Specify. ◉ ◉ **27**

28 Combine line 26 and line 27. . . . . ◉ **28**

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**

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**

214
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HALEY M	CABRAL		619198907
If joint return, 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
1649 B ST			5104568464

City	State	ZIP code
HAYWARD	CA	94541

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 1 61653

2 Refund or no amount due. See instructions 2 189

3 Amount you owe. See instructions 3

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 189

9 Routing number 121042882

10 Account number 8673360650

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 my electronic return originator (ERO), transmitter, or intermediate service provider, 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 Franchise Tax Board (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 be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider 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. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8453 2025

Cash App Taxes

Haley's 2024 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Haley Cabral

Cash App Taxes

Audit Defense Policy

Defense Code: COKG-E5QQ-2024

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2024 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: COKG-E5QQ-2024
    - The tax return year: 2024
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2025 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

Your Tax Year 2023 audit defense (Code = COVN-624A-2023) has been extended until 04/15/2026.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Haley Cabral

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
HALEY M	CABRAL	619 198 907
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.	Presidential Election Campaign
23052 EDDY ST		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
City, town, or post office. If you have a foreign address, also complete spaces below. State: CA ZIP code: 94541		
Foreign country name / Foreign province/state/county / Foreign postal code		

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	44894
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	44894
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	590
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	45484
10	Adjustments to income from Schedule 1, line 26				10	42
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	45442
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	110
14	Add lines 12 and 13				14	14710
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	30732

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	3455
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	3455
	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	3455
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	84
	24	Add lines 22 and 23. This is your **total tax**	24	3539
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 5407		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	5407
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:		
	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	5407
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1868
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	1868
Direct deposit? See instructions.	b	Routing number 121042882 c Type: ☒ Checking ☐ Savings		
	d	Account number 867336065 0		
	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	
	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.)
		HEALTHCARE WORKER	
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.	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-PREPARED			☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 1 (Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2024

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR	**Your social security number**
HALEY M CABRAL	**619198907**

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions): _____				
3	Business income or (loss). Attach Schedule C			3	590
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualifed deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount: _____	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	590

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	42
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your **adjustments to income**. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	42

SCHEDULE 2 (Form 1040)
Department of the Treasury
Internal Revenue Service

Additional Taxes

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

OMB No. 1545-0074
2024
Attachment Sequence No. **02**

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

Your social security number
619198907

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	84
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5			
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6			
7	Total additional social security and Medicare tax. Add lines 5 and 6			7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☐			8	
9	Household employment taxes. Attach Schedule H			9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required			10	
11	Additional Medicare Tax. Attach Form 8959			11	
12	Net investment income tax. Attach Form 8960			12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12			13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares			14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over $150,000			15	
16	Recapture of low-income housing credit. Attach Form 8611			16	

(continued on page 2)

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount: _____	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount: _____ _____	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Recapture of net EPE from Form 4255, line 1d, column (l)			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, 18, and 19. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	**84**

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
HALEY M CABRAL	**619 19 8907**

A	Principal business or profession, including product or service (see instructions)	**B** Enter code from instructions
	COURIERS & MESSENGERS	**4 9 2 0 0 0**
C	Business name. If no separate business name, leave blank.	**D** Employer ID number (EIN) (see instr.)

E	Business address (including suite or room no.)	**23052 EDDY ST**
	City, town or post office, state, and ZIP code	**HAYWARD CA 94541**
F	Accounting method: **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other (specify)	
G	Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses	☐ Yes ☒ No
H	If you started or acquired this business during 2024, check here	☒
I	Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions	☐ Yes ☒ No
J	If "Yes," did you or will you file required Form(s) 1099?	☐ Yes ☒ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	590
2	Returns and allowances	2	0.00
3	Subtract line 2 from line 1	3	590
4	Cost of goods sold (from line 42)	4	0
5	**Gross profit.** Subtract line 4 from line 3	5	590
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	0.00
7	**Gross income.** Add lines 5 and 6	7	590

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

8	Advertising	8	0.00	18	Office expense (see instructions)	18	0.00
9	Car and truck expenses (see instructions)	9	0	19	Pension and profit-sharing plans	19	0.00
10	Commissions and fees	10	0.00	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	0.00	a	Vehicles, machinery, and equipment	20a	0.00
12	Depletion	12	0.00	b	Other business property	20b	0.00
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	0	21	Repairs and maintenance	21	0.00
				22	Supplies (not included in Part III)	22	0.00
				23	Taxes and licenses	23	0.00
				24	Travel and meals:		
14	Employee benefit programs (other than on line 19)	14	0.00	a	Travel	24a	0.00
				b	Deductible meals (see instructions)	24b	0
15	Insurance (other than health)	15	0.00	25	Utilities	25	0.00
16	Interest (see instructions):			26	Wages (less employment credits)	26	0.00
a	Mortgage (paid to banks, etc.)	16a	0.00	27a	Other expenses (from line 48)	27a	0
b	Other	16b	0.00	b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	0
17	Legal and professional services	17	0.00				

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	590
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	0
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	590
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0.00
36	Purchases less cost of items withdrawn for personal use	36	0.00
37	Cost of labor. Do not include any amounts paid to yourself	37	0.00
38	Materials and supplies	38	0.00
39	Other costs	39	0.00
40	Add lines 35 through 39	40	0
41	Inventory at end of year	41	0.00
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	0

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

43 When did you place your vehicle in service for business purposes? (month/day/year) ____/____/____

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 0 b Commuting (see instructions) 0 c Other 0

45 Was your vehicle available for personal use during off-duty hours? . . . . . ☐ Yes ☒ No

46 Do you (or your spouse) have another vehicle available for personal use? . . . . . ☐ Yes ☒ No

47a Do you have evidence to support your deduction? . . . . . ☐ Yes ☒ No

b If "Yes," is the evidence written? . . . . . ☐ Yes ☒ No

Part V Other Expenses. List below business expenses not included on lines 8–26, line 27b, or line 30.

48	**Total other expenses.** Enter here and on line 27a	0

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2024

Attachment Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)	Social security number of person with **self-employment** income
HALEY M CABRAL	**619198907**

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A		**1a**	0
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ		**1b**	(0)

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		**2**	590.00
3	Combine lines 1a, 1b, and 2		**3**	590
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		**4a**	545
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		**4b**	0
c	Combine lines 4a and 4b. If less than $400, **stop**; you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income**, enter -0- and continue		**4c**	545
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — **5a** 0			
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		**5b**	0
6	Add lines 4c and 5b		**6**	545
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024		**7**	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $168,600 or more, skip lines 8b through 10, and go to line 11 — **8a** 44894			
b	Unreported tips subject to social security tax from Form 4137, line 10 — **8b** 0			
c	Wages subject to social security tax from Form 8919, line 10 — **8c** 0			
d	Add lines 8a, 8b, and 8c		**8d**	44894
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		**9**	123706
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		**10**	68
11	Multiply line 6 by 2.9% (0.029)		**11**	16
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**, or **Form 1040-SS, Part I, line 3**		**12**	84
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** — **13** 42			

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $10,380, **or (b)** your net farm profits[2] were less than $7,493.

14	Maximum income for optional methods	**14**	6,920
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,920. Also, include this amount on line 4b above	**15**	**0**

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $7,493 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	**16**	**0**
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	**17**	**0**

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

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

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

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.

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

OMB No. 1545-2294

2024

Attachment Sequence No. **55**

Name(s) shown on return: **HALEY M CABRAL**

Your taxpayer identification number: **619198907**

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

Use this form if your taxable income, before your qualified business income deduction, is at or below $191,950 ($383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	HALEY M CABRAL	619198907	548
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	548		
3	Qualified business net (loss) carryforward from the prior year	3	( )		
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	548		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	110
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6			
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	( )		
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8			
9	REIT and PTP component. Multiply line 8 by 20% (0.20)			9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9			10	110
11	Taxable income before qualified business income deduction (see instructions)	11	30842		
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	30842		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	6168
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)			15	110
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	( )
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

See separate instructions.
Attach to Form 1040, 1040-SR, or 1041.
Go to *www.irs.gov/Form8582* for instructions and the latest information.

OMB No. 1545-1008

2024

Attachment Sequence No. **858**

Name(s) shown on return
HALEY M CABRAL

Identifying number
619198907

Part I 2024 Passive Activity Loss

Caution: Complete Parts IV and V before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see ***Special Allowance for Rental Real Estate Activities*** in the instructions.)

1a	Activities with net income (enter the amount from Part IV, column (a))	**1a**			
b	Activities with net loss (enter the amount from Part IV, column (b))	**1b**	( )		
c	Prior years' unallowed losses (enter the amount from Part IV, column (c))	**1c**	( )		
d	Combine lines 1a, 1b, and 1c			**1d**	

All Other Passive Activities

2a	Activities with net income (enter the amount from Part V, column (a))	**2a**	590		
b	Activities with net loss (enter the amount from Part V, column (b))	**2b**	( )		
c	Prior years' unallowed losses (enter the amount from Part V, column (c))	**2c**	( )		
d	Combine lines 2a, 2b, and 2c			**2d**	590
3	Combine lines 1d and 2d and subtract any prior year unallowed CRD. See instructions. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c or 2c. Report the losses on the forms and schedules normally used			**3**	590

If line 3 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2d is a loss (and line 1d is zero or more), skip Part II and go to line 10.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, **do not** complete Part II. Instead, go to line 10.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

4	Enter the **smaller** of the loss on line 1d or the loss on line 3			**4**	
5	Enter $150,000. If married filing separately, see instructions	**5**			
6	Enter modified adjusted gross income, but not less than zero. See instructions	**6**			
	Note: If line 6 is greater than or equal to line 5, skip lines 7 and 8 and enter -0- on line 9. Otherwise, go to line 7.				
7	Subtract line 6 from line 5	**7**			
8	Multiply line 7 by 50% (0.50). **Do not** enter more than $25,000. If married filing separately, see instructions			**8**	
9	Enter the **smaller** of line 4 or line 8. If line 3 includes any CRD, see instructions			**9**	

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	**10**	
11	**Total losses allowed from all passive activities for 2024.** Add lines 9 and 10. See instructions to find out how to report the losses on your tax return	**11**	

Part IV Complete This Part Before Part I, Lines 1a, 1b, and 1c. See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	**(b)** Net loss (line 1b)	**(c)** Unallowed loss (line 1c)	**(d)** Gain	**(e)** Loss
Total. Enter on Part I, lines 1a, 1b, and 1c					

Part V **Complete This Part Before Part I, Lines 2a, 2b, and 2c.** See instructions.

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 2a)	**(b)** Net loss (line 2b)	**(c)** Unallowed loss (line 2c)	**(d)** Gain	**(e)** Loss
	590			590	
Total. Enter on Part I, lines 2a, 2b, and 2c	590				

Part VI **Use This Part if an Amount Is Shown on Part II, Line 9.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Special allowance	**(d)** Subtract column (c) from column (a).
Total			1.00		

Part VII **Allocation of Unallowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Ratio	**(c)** Unallowed loss
Total			1.00	

Part VIII **Allowed Losses.** See instructions.

Name of activity	Form or schedule and line number to be reported on (see instructions)	**(a)** Loss	**(b)** Unallowed loss	**(c)** Allowed loss
Total				

Part IX **Activities With Losses Reported on Two or More Forms or Schedules.** See instructions.

Name of activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule . .					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total			**1.00**		

Form **8582** (2024)

TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

619-19-8907 CABR 24
HALEY M CABRAL

23052 EDDY ST
HAYWARD CA 94541

06-03-2000 CABRAL

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

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

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

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

City | State | ZIP code

Filing Status

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

1 X Single

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

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

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

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

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

Exemptions

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

			Whole dollars only
7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.	◉ 7	1 X $149 = ◉ $	149
8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	◉ 8	X $149 = ◉ $	
9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.	● 9	X $149 = ◉ $	

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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	44894 .00	
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13		45442 .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		45442 .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		45442 .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		39902 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31		978 .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		829 .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		829 .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: HALEY M CABRAL Your SSN or ITIN: 619198907

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	60 .00
47	Add line 40 through line 46. These are your total credits	47	60 .00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	769 .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	769 .00

Payments

71	California income tax withheld. See instructions	71	1022 .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	1022 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 .00

If line 91 is zero, check if: ◉ ☐ No use tax is owed. ◉ ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● 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	1022 .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	1022 .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	253 .00

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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**	253 .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

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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** 253 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number 121042882 ● Type [X] Checking [ ] Savings ● Account number 8673360650 ● **116** Direct deposit amount 253 .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 [X] No

Sign your tax return on Side 6

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name | Telephone Number

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: HALEY M CABRAL

SSN or ITIN: 619198907

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	44894		
b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f			
g Wages from federal Form 8919, line 6. . . . . 1g			
h Other earned income. See instructions 1h			
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	44894		
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	590		
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			

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	◉	◉	◉

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	45484		

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	42		
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			

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**	◉ 42	◉	◉
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 45442	◉	◉

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**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **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**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
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**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6. . . . . **7**			
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**			

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**	◉	◉	◉
18 Total. Combine line 17 column A less column B plus column C . . . . . ◉ **18**			

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**

22 Add line 19 through line 21 . . . . . ◉ **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . ◉

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . ◉ **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . ◉ **25**

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . ◉ **26**

27 Other adjustments. See instructions. Specify. ◉ ◉ **27**

28 Combine line 26 and line 27 . . . . . ◉ **28**

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**

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**

214
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HALEY M	CABRAL		619198907
If joint return, 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
23052 EDDY ST			5104568464

City	State	ZIP code
HAYWARD	CA	94541

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. 1 45442
2 Refund or no amount due. See instructions 2 253
3 Amount you owe. See instructions 3

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 253
9 Routing number 121042882
10 Account number 8673360650
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 my electronic return originator (ERO), transmitter, or intermediate service provider, 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 Franchise Tax Board (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 be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider 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. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If **I** am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer ☐ Check if self-employed ☐ ERO's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8453 2024

Cash App Taxes

Haley's 2023 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Haley Cabral

Cash App Taxes

Audit Defense Policy

Defense Code: COVN-624A-2023

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2023 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: COVN-624A-2023
    - The tax return year: 2023
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2024 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Haley Cabral

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
HALEY M	CABRAL	6 1 9 1 9 8 9 0 7
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.	Presidential Election Campaign
3632 ADAMS AVE		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

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
FREMONT	CA	94538

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

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	32062
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	32062

Attach Sch. B if required.

2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	32062
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	32062
12	**Standard deduction or itemized deductions** (from Schedule A)				12	13850
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	13850
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	18212

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	1967
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1967
	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	1967
	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	1967
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 3265		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	3265
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:		
	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	3265
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1298
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	1298
Direct deposit? See instructions.	b	Routing number 1 2 1 0 4 2 8 8 2 c Type: ☑ Checking ☐ Savings		
	d	Account number 8 6 7 3 3 6 0 6 5 0		
	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.)
		HEALTHCARE WORKER	
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.	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-PREPARED			☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return 540

619-19-8907 CABR 23
HALEY M CABRAL

3632 ADAMS AVE
FREMONT CA 94538

06-03-2000 CABRAL

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

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 = ◉ $ |

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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	32062	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13	32062	.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	32062	.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	32062	.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	26699	.00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31	470	.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	326	.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	326	.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: HALEY M CABRAL Your SSN or ITIN: 619198907

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	326 .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	326 .00

Payments

71	California income tax withheld. See instructions	71	650 .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	650 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions 91 .00

If line 91 is zero, check if: ◉ ☐ No use tax is owed. ◉ ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. ● 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	650 .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	650 .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	324 .00

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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**	324 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	◉	**100**	.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	**400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
	California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
	California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
	State Parks Protection Fund/Parks Pass Purchase	**423**	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
	Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110	Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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** 324 .00

Refund and Direct Deposit

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

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

● Routing number 121042882 ● Type [X] Checking [ ] Savings ● Account number 8673360650 ● **116** Direct deposit amount 324 .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 [X] No

Sign your tax return on Side 6

Your name: HALEY M CABRAL Your SSN or ITIN: 619198907

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

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name

Telephone Number

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: HALEY M CABRAL

SSN or ITIN: 619198907

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	32062		
b Household employee wages not reported on federal Form(s) W-2 . . . . . 1b			
c Tip income not reported on line 1a 1c			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions 1d			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . 1e			
f Employer-provided adoption benefits from federal Form 8839, line 29 . . . . . 1f			
g Wages from federal Form 8919, line 6. . . . . 1g			
h Other earned income. See instructions 1h			
i Nontaxable combat pay election. See instructions. 1i			
z Add line 1a through line 1i. 1z	32062		
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			

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	◉	◉	◉

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	32062		

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			

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**	◉ 32062	◉	◉

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**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **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**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
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**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6. . . . . **7**			
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**			

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**	◉	◉	◉

18 Total. Combine line 17 column A less column B plus column C . . . . . ◉ **18** _____

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** _____

22 Add line 19 through line 21 . . . . . ◉ **22** _____

23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . ◉ _____

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 . . . . . ◉ **24** _____

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 . . . . . ◉ **25** _____

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . ◉ **26** _____

27 Other adjustments. See instructions. Specify. ◉ _____ ◉ **27** _____

28 Combine line 26 and line 27 . . . . . ◉ **28** _____

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** _____

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** _____

214

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HALEY M	CABRAL		619198907
If joint return, 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
3632 ADAMS AVE			5104568464

City	State	ZIP code
FREMONT	CA	94538

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. 1 32062

2 Refund or no amount due. See instructions 2 324

3 Amount you owe. See instructions 3

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 324

9 Routing number 121042882

10 Account number 8673360650

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 my electronic return originator (ERO), transmitter, or intermediate service provider, 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 Franchise Tax Board (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 be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider 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. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If **I** am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶	Date	Check if also paid preparer ☐	Check if self-employed ☐	ERO's PTIN

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN
	ZIP code

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶	Date	Check if self-employed ☐	Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶	Firm's FEIN
	ZIP code

For Privacy Notice, get FTB 1131 EN-SP.

FTB 8453 2023

This copy does not include information in the grayed out fields, such as state and local tax information.

☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX6476		**1** Wages, tips, other compensation $56,904.00	**2** Federal income tax withheld $8,347.00
c Employer's name, address, and ZIP code CYNTHIA LAGASCA-IGNACIO DDS INC 8265 VILLAGE PKWY SUITE A, DUBLIN, CA 94568		**3** Social security wages $56,904.00	**4** Social security tax withheld $3,528.00
		5 Medicare wages and tips $56,904.00	**6** Medicare tax withheld $825.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY M CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10134D

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https://www.irs.gov/payments/online-account-for-individuals-frequently-asked-questions#ird

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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX6436		**1** Wages, tips, other compensation $4,658.00	**2** Federal income tax withheld $0.00
c Employer's name, address, and ZIP code MB2 PAYROLL PROCESSOR LLC 2403 LACY LN, CARROLLTON, TX 75006		**3** Social security wages $4,751.00	**4** Social security tax withheld $294.00
		5 Medicare wages and tips $4,751.00	**6** Medicare tax withheld $68.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY M CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☒ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service
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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX7218		**1** Wages, tips, other compensation $837.00	**2** Federal income tax withheld $0.00
c Employer's name, address, and ZIP code MICHAEL SUH DDS DENTAL PRACTICE PC 33800 ALVARADO NILES R SUITE 7, UNION CITY, CA 94587		**3** Social security wages $837.00	**4** Social security tax withheld $51.00
		5 Medicare wages and tips $837.00	**6** Medicare tax withheld $12.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2024**

Department of the Treasury—Internal Revenue Service
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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX6476		**1** Wages, tips, other compensation $44,055.00	**2** Federal income tax withheld $5,407.00
c Employer's name, address, and ZIP code CYNTHIA LAGASCA-IGNACIO DDS INC 8265 VILLAGE PKWY SUITE A, DUBLIN, CA 94568		**3** Social security wages $44,055.00	**4** Social security tax withheld $2,731.00
		5 Medicare wages and tips $44,055.00	**6** Medicare tax withheld $638.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY M CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2024**

Department of the Treasury—Internal Revenue Service
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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX8107		**1** Wages, tips, other compensation $4,975.00	**2** Federal income tax withheld $223.00
c Employer's name, address, and ZIP code ALMA RODRIGUEZ 3037 HOPYARD RD STE F, PLEASANTON, CA 94588		**3** Social security wages $4,975.00	**4** Social security tax withheld $308.00
		5 Medicare wages and tips $4,975.00	**6** Medicare tax withheld $72.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY M CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2023**

Department of the Treasury—Internal Revenue Service
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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX6476		**1** Wages, tips, other compensation $15,698.00	**2** Federal income tax withheld $2,179.00
c Employer's name, address, and ZIP code CYNTHIA LAGASCA IGNACIO DDS INC 8265 VILLAGE PKWY STE A, DUBLIN, CA 94568		**3** Social security wages $15,698.00	**4** Social security tax withheld $973.00
		5 Medicare wages and tips $15,698.00	**6** Medicare tax withheld $227.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 3632 ADAMS AVE FREMONT, CA 94538-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2023**

Department of the Treasury—Internal Revenue Service
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☐ CORRECTED	a Employee's social security number XXX-XX-8907	OMB No. 1545-0029	
b Employer identification number (EIN) XXXXX2349		**1** Wages, tips, other compensation $11,387.00	**2** Federal income tax withheld $862.00
c Employer's name, address, and ZIP code RACHELLE CARWIN 4771 CROW CANYON RD, CASTRO VALLEY, CA 94583		**3** Social security wages $11,387.00	**4** Social security tax withheld $706.00
		5 Medicare wages and tips $11,387.00	**6** Medicare tax withheld $165.00
		7 Social security tips $0.00	**8** Allocated tips $0.00
d Control number		**9**	**10** Dependent care benefits $0.00
e Employee's first name and initial Last name Suff. HALEY CABRAL		**11** Nonqualified plans	**12a** See instructions for box 12
		13 Statutory employee ☐ Retirement plan ☐ Third Party sick pay ☐	**12b**
f Employee's address and ZIP code 4771 CROW CANYON RD CASTRO VALLEY, CA 94583-0000		**14** Other	**12c**
			12d

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

Form W-2 Wage and Tax Statement **2023**

Department of the Treasury—Internal Revenue Service
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Exhibit 9 - Haley Mae Goncales's Paystubs

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Earnings Statement

Pay period: Feb 21, 2026 - Mar 6, 2026 Pay Day: Mar 11, 2026
Haley Cabral's bank account (. . . 0650): $1,766.10 SoFi Savings (. . . 6010): $240.83

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$0.00
Regular Hours | Patient Coordinator	$39.00	73.567	$2,869.11	$10,575.60
Overtime | Patient Coordinator ¶	$58.50 †	0.533	$31.18	$953.43
Paid Holidays				$824.00
Time Off				$370.50
Federal Overtime				$0.00
Bonus			$0.00	$1,200.00
Totals		**74.1**	**$2,900.29**	**$13,923.53**
Federal Tax Deductible Earnings§				
Overtime (qualified)	$0.00	0.0	$0.00	$69.46

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$467.42	$2,266.70
Social Security	$176.72	$847.76
Medicare	$41.33	$198.27
CA State Income Tax	$120.84	$623.15
CA SDI	$37.05	$177.76

Employer Tax

Company Tax	Current	Year To Date
Social Security	$176.72	$847.76
Medicare	$41.33	$198.27
FUTA	$0.00	$42.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$250.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,900.29	$13,923.53
Pre-Tax Deductions/Contributions	$50.00	$250.00
Taxes	$843.36	$4,113.64
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$2,006.93	$9,559.89
Total Reimbursements	$0.00	$0.00
Check Amount	$2,006.93	$9,559.89
Total Hours Worked	74.1	343.75

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.61
Remaining Time Off Balance	31.89

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

§ Federal Tax Deductible Earnings can be used to calculate tax deductions against your individual income taxes.

¶ Overtime calculations may look different because prior payrolls, such as bonuses or off-cycle pay, can affect the overtime rate. Learn more

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Earnings Statement

Pay period: Mar 7, 2026 - Mar 20, 2026 Pay Day: Mar 25, 2026
Haley Cabral's bank account (. . . 0650): $1,729.21 SoFi Savings (. . . 6010): $235.80

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
4520 Wagon Trail Way
Antioch, CA 94531

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant	$32.00	9.5	$304.00	$304.00
Regular Hours | Patient Coordinator	$39.00	66.234	$2,583.13	$13,158.73
Overtime | Dental Assistant ¶	$50.33 †	0.1	$5.03	$5.03
Overtime | Patient Coordinator ¶	$58.35 †	0.883	$51.52	$1,004.95
Paid Holidays				$824.00
Time Off				$370.50
Federal Overtime				$0.00
Bonus			$0.00	$1,200.00
Totals		**76.717**	**$2,943.68**	**$16,867.21**
Federal Tax Deductible Earnings§				
Overtime (qualified)	$0.00	0.0	$0.00	$69.46

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$453.83	$2,720.53
Social Security	$179.41	$1,027.17
Medicare	$41.95	$240.22
CA State Income Tax	$115.86	$739.01
CA SDI	$37.62	$215.38

Employer Tax

Company Tax	Current	Year To Date
Social Security	$179.41	$1,027.17
Medicare	$41.95	$240.22
FUTA	$0.00	$42.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$300.00
401K	401(k)	$100.00	$100.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,943.68	$16,867.21
Pre-Tax Deductions/Contributions	$150.00	$400.00
Taxes	$828.67	$4,942.31
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,965.01	$11,524.90
Total Reimbursements	$0.00	$0.00
Check Amount	$1,965.01	$11,524.90
Total Hours Worked	76.717	420.47

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.68
Remaining Time Off Balance	34.57

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

§ Federal Tax Deductible Earnings can be used to calculate tax deductions against your individual income taxes.

¶ Overtime calculations may look different because prior payrolls, such as bonuses or off-cycle pay, can affect the overtime rate. Learn more

gusto + dentaledgers

Earnings Statement

Pay period: Feb 7, 2026 - Feb 20, 2026 Pay Day: Feb 25, 2026
Haley Cabral's bank account (. . . 0650): $1,748.62 SoFi Savings (. . . 6010): $238.44

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$0.00
Regular Hours | Patient Coordinator	$39.00	54.916	$2,141.72	$7,706.49
Overtime | Patient Coordinator ¶	$58.50 †	0.717	$41.94	$922.25
Paid Holidays	$39.00	8.0	$312.00	$824.00
Time Off	$39.00	9.5	$370.50	$370.50
Federal Overtime				$0.00
Bonus			$0.00	$1,200.00
Totals		**73.133**	**$2,866.16**	**$11,023.24**
Federal Tax Deductible Earnings§				
Overtime (qualified)	$0.00	0.0	$0.00	$69.46

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$459.22	$1,799.28
Social Security	$174.60	$671.04
Medicare	$40.84	$156.94
CA State Income Tax	$117.83	$502.31
CA SDI	$36.61	$140.71

Employer Tax

Company Tax	Current	Year To Date
Social Security	$174.60	$671.04
Medicare	$40.84	$156.94
FUTA	$0.00	$42.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$200.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,866.16	$11,023.24
Pre-Tax Deductions/Contributions	$50.00	$200.00
Taxes	$829.10	$3,270.28
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,987.06	$7,552.96
Total Reimbursements	$0.00	$0.00
Check Amount	$1,987.06	$7,552.96
Total Hours Worked	55.633	269.65

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
going out of town (2/17/2026)	-9.50
Hours accrued this period	+1.95
Remaining Time Off Balance	29.28

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

§ Federal Tax Deductible Earnings can be used to calculate tax deductions against your individual income taxes.

¶ Overtime calculations may look different because prior payrolls, such as bonuses or off-cycle pay, can affect the overtime rate. Learn more

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Earnings Statement

Pay period: Jan 24, 2026 - Feb 6, 2026 Pay Day: Feb 11, 2026
Haley Cabral's bank account (. . . 0650): $1,443.87 SoFi Savings (. . . 6010): $196.89

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$0.00
Regular Hours | Patient Coordinator	$32.00	70.466	$2,254.91	$5,564.77
Overtime | Patient Coordinator ¶	$51.00 †	0.55	$28.05	$880.31
Paid Holidays				$512.00
Federal Overtime				$0.00
Bonus			$0.00	$1,200.00
Totals		**71.016**	**$2,282.96**	**$8,157.08**
Federal Tax Deductible Earnings§				
Overtime (qualified)	$0.00	0.0	$0.00	$69.46

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$321.44	$1,340.06
Social Security	$138.44	$496.44
Medicare	$32.38	$116.10
CA State Income Tax	$70.91	$384.48
CA SDI	$29.03	$104.10

Employer Tax

Company Tax	Current	Year To Date
Social Security	$138.44	$496.44
Medicare	$32.38	$116.10
FUTA	$7.36	$42.00
CA SUI	$19.61	$112.00
CA ETT	$1.22	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$150.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,282.96	$8,157.08
Pre-Tax Deductions/Contributions	$50.00	$150.00
Taxes	$592.20	$2,441.18
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,640.76	$5,565.90
Total Reimbursements	$0.00	$0.00
Check Amount	$1,640.76	$5,565.90
Total Hours Worked	71.016	206.02

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.50
Remaining Time Off Balance	36.83

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

§ Federal Tax Deductible Earnings can be used to calculate tax deductions against your individual income taxes.

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Earnings Statement

Pay period: Dec 27, 2025 - Jan 9, 2026 Pay Day: Jan 14, 2026
Haley Cabral's bank account (. . . 0650): $841.01 SoFi Savings (. . . 6010): $114.68

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$0.00
Regular Hours | Patient Coordinator	$32.00	30.283	$969.06	$969.06
Overtime | Patient Coordinator ¶	$48.00 †	0.033	$1.58	$1.58
Paid Holidays	$32.00	8.0	$256.00	$256.00
Totals		**38.316**	**$1,226.64**	**$1,226.64**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$99.27	$99.27
Social Security	$72.95	$72.95
Medicare	$17.06	$17.06
CA State Income Tax	$16.37	$16.37
CA SDI	$15.30	$15.30

Employer Tax

Company Tax	Current	Year To Date
Social Security	$72.95	$72.95
Medicare	$17.06	$17.06
FUTA	$7.06	$7.06
CA SUI	$18.83	$18.83
CA ETT	$1.18	$1.18

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$50.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$1,226.64	$1,226.64
Pre-Tax Deductions/Contributions	$50.00	$50.00
Taxes	$220.95	$220.95
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$955.69	$955.69
Total Reimbursements	$0.00	$0.00
Check Amount	$955.69	$955.69
Total Hours Worked	30.316	38.32

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+1.07
Remaining Time Off Balance	31.74

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Jan 10, 2026 - Jan 23, 2026 Pay Day: Jan 28, 2026
Haley Cabral's bank account (. . . 0650): $2,613.12 SoFi Savings (. . . 6010): $356.33

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$0.00
Regular Hours | Patient Coordinator	$32.00	73.15	$2,340.80	$3,309.86
Overtime | Patient Coordinator ¶	$54.77 †	15.533	$850.68	$852.26
Paid Holidays	$32.00	8.0	$256.00	$512.00
Federal Overtime				$0.00
Bonus			$1,200.00	$1,200.00
Totals		**96.683**	**$4,647.48**	**$5,874.12**
Federal Tax Deductible Earnings§				
Overtime (qualified)	$16.00	4.3415	$69.46	$69.46

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$919.35	$1,018.62
Social Security	$285.05	$358.00
Medicare	$66.66	$83.72
CA State Income Tax	$297.20	$313.57
CA SDI	$59.77	$75.07

Employer Tax

Company Tax	Current	Year To Date
Social Security	$285.05	$358.00
Medicare	$66.66	$83.72
FUTA	$27.58	$34.64
CA SUI	$73.56	$92.39
CA ETT	$4.60	$5.78

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$50.00	$100.00

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$4,647.48	$5,874.12
Pre-Tax Deductions/Contributions	$50.00	$100.00
Taxes	$1,628.03	$1,848.98
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$2,969.45	$3,925.14
Total Reimbursements	$0.00	$0.00
Check Amount	$2,969.45	$3,925.14
Total Hours Worked	88.683	135.0

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.59
Remaining Time Off Balance	34.33

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Nov 15, 2025 - Nov 28, 2025 Pay Day: Dec 3, 2025
Haley Cabral's bank account (. . . 0650): $1,291.06 SoFi Savings (. . . 6010): $176.05

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant				$1,098.90
Regular Hours | Patient Coordinator	$32.00	44.733	$1,431.46	$28,206.32
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶				$382.00
Paid Holidays				$593.28
Paid Holidays	$32.00	8.0	$256.00	$1,024.00
Time Off	$32.00	8.0	$256.00	$1,776.00
Sick				$395.52
Sick	$32.00	2.0	$64.00	$304.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$2,300.00
Totals		**62.733**	**$2,007.46**	**$53,562.72**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$271.91	$7,732.00
Social Security	$122.08	$3,263.66
Medicare	$28.56	$763.28
CA State Income Tax	$55.71	$1,791.91
CA SDI	$23.63	$631.68

Employer Tax

Company Tax	Current	Year To Date
Social Security	$122.08	$3,263.66
Medicare	$28.56	$763.28
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$923.04

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,007.46	$53,562.72
Pre-Tax Deductions/Contributions	$38.46	$923.04
Taxes	$501.89	$14,182.53
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,467.11	$38,457.15
Total Reimbursements	$0.00	$0.00
Check Amount	$1,467.11	$38,457.15
Total Hours Worked	44.733	1658.94

Sick Policy

Description	Hours
Dr's appt (11/18/2025)	-2.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Going to Paradise (11/25/2025)	-8.00
Hours accrued this period	+1.59
Remaining Time Off Balance	26.21

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Nov 29, 2025 - Dec 12, 2025 Pay Day: Dec 17, 2025
Haley Cabral's bank account (. . . 0650): $1,404.54 SoFi Savings (. . . 6010): $191.52

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$1,098.90
Regular Hours | Patient Coordinator	$32.00	68.85	$2,203.20	$30,409.52
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	0.216	$10.37	$392.37
Paid Holidays				$593.28
Paid Holidays				$1,024.00
Time Off				$1,776.00
Sick				$395.52
Sick				$304.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$2,300.00
Totals		**69.066**	**$2,213.57**	**$55,776.29**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$317.25	$8,049.25
Social Security	$134.86	$3,398.52
Medicare	$31.53	$794.81
CA State Income Tax	$69.31	$1,861.22
CA SDI	$26.10	$657.78

Employer Tax

Company Tax	Current	Year To Date
Social Security	$134.86	$3,398.52
Medicare	$31.53	$794.81
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$961.50

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,213.57	$55,776.29
Pre-Tax Deductions/Contributions	$38.46	$961.50
Taxes	$579.05	$14,761.58
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,596.06	$40,053.21
Total Reimbursements	$0.00	$0.00
Check Amount	$1,596.06	$40,053.21
Total Hours Worked	69.066	1728.01

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.44
Remaining Time Off Balance	28.65

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Dec 13, 2025 - Dec 26, 2025 Pay Day: Dec 31, 2025
Haley Cabral's bank account (. . . 0650): $1,357.56 SoFi Savings (. . . 6010): $185.12

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$1,098.90
Regular Hours | Patient Coordinator	$32.00	57.083	$1,826.66	$32,236.18
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	0.95	$45.60	$437.97
Paid Holidays				$593.28
Paid Holidays	$32.00	8.0	$256.00	$1,280.00
Time Off				$1,776.00
Sick				$395.52
Sick				$304.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$2,300.00
Totals		**66.033**	**$2,128.26**	**$57,904.55**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$298.49	$8,347.74
Social Security	$129.56	$3,528.08
Medicare	$30.31	$825.12
CA State Income Tax	$63.68	$1,924.90
CA SDI	$25.08	$682.86

Employer Tax

Company Tax	Current	Year To Date
Social Security	$129.56	$3,528.08
Medicare	$30.31	$825.12
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$999.96

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,128.26	$57,904.55
Pre-Tax Deductions/Contributions	$38.46	$999.96
Taxes	$547.12	$15,308.70
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,542.68	$41,595.89
Total Reimbursements	$0.00	$0.00
Check Amount	$1,542.68	$41,595.89
Total Hours Worked	58.033	1794.04

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.02
Remaining Time Off Balance	30.67

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Oct 18, 2025 - Oct 31, 2025 Pay Day: Nov 5, 2025
Haley Cabral's bank account (. . . 0650): $1,566.43 SoFi Savings (. . . 6010): $213.60

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$1,098.90
Regular Hours | Patient Coordinator	$32.00	78.05	$2,497.60	$24,394.06
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	0.433	$20.78	$367.60
Paid Holidays				$593.28
Paid Holidays				$768.00
Time Off				$1,520.00
Sick				$395.52
Sick				$240.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$1,500.00
Totals		**78.483**	**$2,518.38**	**$48,360.06**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$388.39	$6,925.26
Social Security	$153.75	$2,945.86
Medicare	$35.96	$688.95
CA State Income Tax	$92.03	$1,573.06
CA SDI	$29.76	$570.17

Employer Tax

Company Tax	Current	Year To Date
Social Security	$153.75	$2,945.86
Medicare	$35.96	$688.95
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$846.12

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,518.38	$48,360.06
Pre-Tax Deductions/Contributions	$38.46	$846.12
Taxes	$699.89	$12,703.30
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,780.03	$34,810.64
Total Reimbursements	$0.00	$0.00
Check Amount	$1,780.03	$34,810.64
Total Hours Worked	78.483	1531.51

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	40.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.77
Remaining Time Off Balance	29.98

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Bonus Payroll
Nov 6, 2025 - Nov 6, 2025 Pay Day: Nov 6, 2025 Check: $471.36

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$1,098.90
Regular Hours | Patient Coordinator	$32.00	0.0	$0.00	$24,394.06
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶				$367.60
Paid Holidays				$593.28
Paid Holidays				$768.00
Time Off				$1,520.00
Sick				$395.52
Sick				$240.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$800.00	$2,300.00
Totals		**0.0**	**$800.00**	**$49,160.06**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$176.00	$7,101.26
Social Security	$49.60	$2,995.46
Medicare	$11.60	$700.55
CA State Income Tax	$81.84	$1,654.90
CA SDI	$9.60	$579.77

Employer Tax

Company Tax	Current	Year To Date
Social Security	$49.60	$2,995.46
Medicare	$11.60	$700.55
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$0.00	$846.12

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$800.00	$49,160.06
Pre-Tax Deductions/Contributions	$0.00	$846.12
Taxes	$328.64	$13,031.94
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$471.36	$35,282.00
Total Reimbursements	$0.00	$0.00
Check Amount	$471.36	$35,282.00
Total Hours Worked	0.0	1531.51

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	38.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Time Off Balance	30.67

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

† Overtime calculations for multiple pay rates are complex. You can learn more about how Gusto calculates overtime at https://support.gusto.com/hc/en-us/articles/215885327

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Earnings Statement

Pay period: Nov 1, 2025 - Nov 14, 2025 Pay Day: Nov 19, 2025
Haley Cabral's bank account (. . . 0650): $1,503.08 SoFi Savings (. . . 6010): $204.96

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	0.0	$0.00	$1,098.90
Regular Hours | Patient Coordinator	$32.00	74.4	$2,380.80	$26,774.86
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	0.3	$14.40	$382.00
Paid Holidays				$593.28
Paid Holidays				$768.00
Time Off				$1,520.00
Sick				$395.52
Sick				$240.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$2,300.00
Totals		**74.7**	**$2,395.20**	**$51,555.26**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$358.83	$7,460.09
Social Security	$146.12	$3,141.58
Medicare	$34.17	$734.72
CA State Income Tax	$81.30	$1,736.20
CA SDI	$28.28	$608.05

Employer Tax

Company Tax	Current	Year To Date
Social Security	$146.12	$3,141.58
Medicare	$34.17	$734.72
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$884.58

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,395.20	$51,555.26
Pre-Tax Deductions/Contributions	$38.46	$884.58
Taxes	$648.70	$13,680.64
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,708.04	$36,990.04
Total Reimbursements	$0.00	$0.00
Check Amount	$1,708.04	$36,990.04
Total Hours Worked	74.7	1606.21

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	40.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.64
Remaining Time Off Balance	32.62

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

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Earnings Statement

Pay period: Sep 20, 2025 - Oct 3, 2025 Pay Day: Oct 8, 2025
Haley Cabral's bank account (. . . 0650): $1,416.26 SoFi Savings (. . . 6010): $193.12

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant				$933.04
Regular Hours | Patient Coordinator	$32.00	68.816	$2,202.11	$19,639.41
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	0.6831	$32.79	$296.42
Paid Holidays				$593.28
Paid Holidays				$768.00
Time Off				$1,520.00
Sick				$395.52
Sick				$240.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$1,500.00
Totals		**69.4991**	**$2,234.90**	**$43,368.37**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$321.95	$6,159.29
Social Security	$136.18	$2,641.15
Medicare	$31.85	$617.69
CA State Income Tax	$70.72	$1,392.97
CA SDI	$26.36	$511.19

Employer Tax

Company Tax	Current	Year To Date
Social Security	$136.18	$2,641.15
Medicare	$31.85	$617.69
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$769.20

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,234.90	$43,368.37
Pre-Tax Deductions/Contributions	$38.46	$769.20
Taxes	$587.06	$11,322.29
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,609.38	$31,276.88
Total Reimbursements	$0.00	$0.00
Check Amount	$1,609.38	$31,276.88
Total Hours Worked	69.4991	1376.26

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	40.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.44
Remaining Time Off Balance	24.53

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

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Earnings Statement

Pay period: Oct 4, 2025 - Oct 17, 2025 Pay Day: Oct 22, 2025
Haley Cabral's bank account (. . . 0650): $1,543.29 SoFi Savings (. . . 6010): $210.44

Company

Cynthia Lagasca-Ignacio DDS, Inc.
8265 Village Pkwy
Suite A
Dublin, CA 94568
925-833-0500

Employee

Haley Goncales
XXX-XX-8907
3632 Adams Ave
Fremont, CA 94538

Employee Gross Earnings

Description	Rate	Hours	Current	Year To Date
Regular Hours | Dental Assistant				$17,246.58
Regular Hours | Dental Assistant	$32.00	5.183	$165.86	$1,098.90
Regular Hours | Patient Coordinator	$32.00	70.533	$2,257.05	$21,896.46
Overtime | Dental Assistant ¶				$228.12
Overtime | Dental Assistant ¶				$8.00
Overtime | Patient Coordinator ¶	$48.00 †	1.05	$50.40	$346.82
Paid Holidays				$593.28
Paid Holidays				$768.00
Time Off				$1,520.00
Sick				$395.52
Sick				$240.00
Full-Time Vacation (Unpaid)				$0.00
Bonus			$0.00	$1,500.00
Totals		**76.766**	**$2,473.31**	**$45,841.68**

Employee Taxes Withheld

Employee Tax	Current	Year To Date
Federal Income Tax	$377.58	$6,536.87
Social Security	$150.96	$2,792.11
Medicare	$35.30	$652.99
CA State Income Tax	$88.06	$1,481.03
CA SDI	$29.22	$540.41

Employer Tax

Company Tax	Current	Year To Date
Social Security	$150.96	$2,792.11
Medicare	$35.30	$652.99
FUTA	$0.00	$126.00
CA SUI	$0.00	$112.00
CA ETT	$0.00	$7.00

Employee Deductions

Description	Type	Current	Year To Date
FSA	Health FSA	$38.46	$807.66

Employer Contributions

Description	Type	Current	Year To Date
None	–	$0.00	$0.00

Summary

Description	Current	Year To Date
Gross Earnings	$2,473.31	$45,841.68
Pre-Tax Deductions/Contributions	$38.46	$807.66
Taxes	$681.12	$12,003.41
Post-Tax Deductions/Contributions	$0.00	$0.00
Net Pay	$1,753.73	$33,030.61
Total Reimbursements	$0.00	$0.00
Check Amount	$1,753.73	$33,030.61
Total Hours Worked	76.766	1453.03

Sick Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00
Remaining Sick Balance	40.00

Time Off Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	+2.68
Remaining Time Off Balance	27.21

Full-Time Vacation (Unpaid) Policy

Description	Hours
Hours used this period	0.00
Remaining Time Off	Unlimited

Bereavement Policy

Description	Hours
Hours used this period	0.00
Hours accrued this period	0.00

Remaining Bereavement Balance	24.00

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