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) Jordan	Middle Name (if any) Taylor	Family Name (Last Name) ALLEN

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

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

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

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Joice	Middle Name (if any) Amaral	Family Name (Last Name) ALLEN
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: Jordan Taylor Allen;
Beneficiary: Joice Amaral Allen (Spouse) - A-220-620-896;

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of the Petitioner and Beneficiary, **Joice Amaral Allen**, who is currently the beneficiary of a pending U nonimmigrant status petition (Form I-918) with an issued Bona Fide Determination.

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

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

- **Joice Amaral Allen's 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. Jordan Taylor Allen's Identification Documents
- Jordan Taylor Allen's Birth Certificate with English Translation;
- Jordan Taylor Allen's Valid Passport;
- Jordan Taylor Allen's Driver License;

II. Joice Amaral Allen's Identification Documents:
- Joice Amaral Allen's Birth Certificate with English Translation;
- Joice Amaral Allen's Valid Passport;
- Joice Amaral Allen's Copy of I-94;
- Joice Amaral Allen's Driver License;
- Joice Amaral Allen's Expired Passport;

III. Jordan Taylor Allen and Joice Amaral Allen's Marriage Certificate;

IV. Evidence of Bona Fide Marriage - Shared Finances
- Joint San Diego County Credit Union Account;
- Joice Amaral Allen's Bank Card Showing Jordan Taylor Allen's Company name;

V. **Evidence of Bona Fide Marriage - Shared Residence**

- Joint Residence Service Verification for SDG&E customer;
- Joint Bank Account Wells Fargo - Relationship Change Application;
- Joice Amaral Allen's DMV Letter Showing Residence at 4954 Del Monte Ave;
- Joice Amaral Allen's South Bay Expressway Bill Showing Residence at 4954 Del Monte Ave;
- Jordan Taylor Allen's Letter from Wells Fargo Showing Residence at 4954 Del Monte Ave;
- Joice Amaral Allen's Letter from Wells Fargo Showing Residence at 4954 Del Monte Ave;
- Joice Amaral Allen's San Diego County Credit Union Letter Showing Residence at 4954 Del Monte Ave;
- Jordan Taylor Allen's San Diego County Credit Union Letter Showing Residence at 4954 Del Monte Ave;

VI. **Evidence of Bona Fide Marriage - Relationship History**

- Jordan Taylor Allen's Personal Declaration;
- Joice Amaral Allen's Personal Declaration;
- Joice Amaral Allen's and Jordan Taylor Allen's Boarding Passes showing their Trips Together;
- Joice Amaral Allen's and Jordan Taylor Allen's Wedding Ring Receipt;
- Cards from Family and Friends sent to Joice Amaral Allen and Jordan Taylor Allen;

Photographic Evidence of Relationship

- Photos of the Couple Together;
- Photos of the couple's wedding ceremony;

VII. **Evidence of Bona Fide Marriage - Letters of Support**

- Letter of Support Delivered by Jean-Louis Richiardone;
- Letter of Support Delivered by Justin Morris;
- Letter of Support Delivered by Gregory T. Allen;
- Letter of Support Delivered by Christine Kinsella;
- Letter of Support Delivered by Robert Geekie;
- Letter of Support Delivered by Therese Noël Allen;
- Letter of Support Delivered by Annely Allen;

VIII. **Evidence of Jordan Taylor Allen's Dissolution of Prior Marriage**

- Jordan Taylor Allen's Marriage Dissolution Decree with Paloma Dinamarco Lima Ugliano;
- Jordan Taylor Allen's Marriage Dissolution Decree with Maring Chieko Higa;

IX. **Petitioner's Financial Information**

- Jordan Taylor Allen's IRS Federal Income Tax Return - 2025;
- Jordan Taylor Allen's IRS Federal Income Tax Return - 2024;
- Jordan Taylor Allen's IRS Federal Income Tax Return - 2023;

- Jordan Taylor Allen's IRS Federal Income Tax Return - 2022;

X. Joice Amaral Allen's USCIS Notices I-918 and I-765;

- Joice Amaral Allen's Form I-797C, Notice of Action: Form I-918 Receipt Notice (Receipt: EAC2203650571);
- Joice Amaral Allen's Form I-797, Notice of Action: Form I-918 Bona Fide Determination Notice (Receipt: EAC2203650571);
- Joice Amaral Allen's Form I-797C, Notice of Action: Form I-765 Receipt Notice (Receipt: EAC2203650589);
- Joice Amaral Allen's Form I-797, Notice of Action: Form I-765 Approval Notice (Receipt: EAC2203650589);

XI. Joice Amaral Allen's Photo 2x2;

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

Sincerely,



_____ Date: 10/26/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

JORDAN TALYOR ALLEN'S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169
(USPS ZIP Code Lookup)

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N / A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): ALLEN

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

6.c. Middle Name: Taylor

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

8582325753

11. Mobile Telephone Number (if any)

8582325753

12. Email Address (if any)

jordanallentcm@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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



2.b. Date of Signature (mm/dd/yyyy) 10/01/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 10/01/2026

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): ALLEN

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

1.c. Middle Name: Taylor

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		
Remarks		

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

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)
   ► 612182795

Your Full Name

4.a. Family Name (Last Name): ALLEN
4.b. Given Name (First Name): Jordan
4.c. Middle Name: Taylor

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

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information

6. City/Town/Village of Birth: San Diego

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 08/16/1981

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: 4954 Del Monte Avenue

12.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

12.c. City or Town: San Diego

12.d. State: CA **12.e.** ZIP Code: 92107

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 12/2011

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

Physical Address 2

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

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: N/A

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

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: N/A

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

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

Your Marital Information

16. How many times have you been married? ▶ 3

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 05/16/2025

Place of Your Current Marriage (if married)

19.a. City or Town: San Diego

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): ALLEN

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

20.c. Middle Name: Amaral

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

Spouse 2

22.a. Family Name (Last Name): UGLIANO

22.b. Given Name (First Name): Paloma

22.c. Middle Name: Dinamarco Lima

23. Date Marriage Ended (mm/dd/yyyy): 12/22/2022

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

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

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

24.c. Middle Name: Thomas

25. Date of Birth (mm/dd/yyyy): 03/31/1953

26. Sex ☒ Male ☐ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Calsbad

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

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

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

30.c. Middle Name: Therese Gipson

31. Date of Birth (mm/dd/yyyy): 03/02/1954

32. Sex ☐ Male ☒ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: San Diego

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

MOTORPOINT ACUPUNCTURE Inc.

43.a. Street Number and Name 4954 Del Monte avenue

43.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

43.c. City or Town San Diego

43.d. State CA **43.e.** ZIP Code 92107

43.f. Province N/A

43.g. Postal Code N/A

43.h. Country

USA

44. Your Occupation

Acupuncturist

45.a. Date From (mm/dd/yyyy) 09/20/2012

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

Employer 2

46. Name of Employer/Company

Akeso Occupational Health

47.a. Street Number and Name 3156 Vista Way

47.b. ☐ Apt. ☒ Ste. ☐ Flr. 150

47.c. City or Town Oceanside

47.d. State CA **47.e.** ZIP Code 92056

47.f. Province N/A

47.g. Postal Code N/A

47.h. Country

USA

48. Your Occupation

Acupuncturist

49.a. Date From (mm/dd/yyyy) 08/14/2022

49.b. Date To (mm/dd/yyyy) 11/25/2025

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 5

4. Weight Pounds 1 4 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-** 220620896

2. USCIS Online Account Number (if any)

► N/A

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

► 848816158

Beneficiary's Full Name

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

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

4.c. Middle Name: Amaral

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): AMARAL

5.b. Given Name (First Name): Joice Cristina

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Sao Bento do Sul

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 11/28/1990

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: 4954 Del Monte Avenue

11.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

11.c. City or Town: San Diego

11.d. State: CA **11.e.** ZIP Code: 92107

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: San Diego

12.d. State: CA **12.e.** ZIP Code: 92107

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): 16196749488

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

16196749488

16. Email Address (if any)

joyallendesigner@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

▶ 1

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

05/16/2025

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: San Diego

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): ALLEN

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

21.c. Middle Name: Taylor

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): ALLEN

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

25.c. Middle Name: Taylor

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 08/16/1981

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): F1 - STUDENT - ACADEMIC

46.b. Form I-94 Arrival-Departure Record Number: ▶ 36477126 7A4

46.c. Date of Arrival (mm/dd/yyyy): 01/18/2025

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: D/S

47. Passport Number: YC425326

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 06/22/2027

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 - Graphic Designer

51.b. Street Number and Name: 4954 Del Monte avenue

51.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

51.d. City or Town: San Diego

51.e. State: CA **51.f.** ZIP Code: 92107

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 05/20/2025

Additional Information About Beneficiary

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

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town: N/A

55.b. State: N/A

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

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

59.a. Street Number and Name: 4954 Del Monte Avenue

59.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

59.c. City or Town: San Diego

59.d. State: CA **59.e.** ZIP Code: 92107

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 05/16/2025

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

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

61.a. City or Town: San Diego

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): LIMA UGLIANO

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

2.c. Middle Name: Dinamarco

3.a. City or Town: San Diego

3.b. State: CA

4. Date Filed (mm/dd/yyyy): 02/24/2017

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

2. ☐ At my request, the preparer named in **Part 8.**, N/A, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 8582325753

4. Petitioner's Mobile Telephone Number (if any): 8582325753

5. Petitioner's Email Address (if any): jordanallentcm@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): 10/01/2026

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)
N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

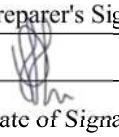
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

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) 01/10/2026

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): ALLEN

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

1.c. Middle Name: Taylor

2. A-Number (if any) ► A- N/A

3.a. Page Number: 3 **3.b.** Part Number: 2 **3.c.** Item Number: 20.a.

3.d.
Last Name: HIGA
Given Name: Maring
Middle Name: Chieko
Date Marriage Ended: 12/19/2014

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

4.d.
Name of Employer/Company: Concentra
Address: 5575 Ruffin Rd, Ste 100, San Diego, CA 92123, USA

Occupation: Acupuncturist
From: 02/12/2018
To: 06/21/2026

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

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

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
4954 Del Monte Avenue

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92107

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
08/16/1981

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 1 2 1 8 2 7 9 5

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)
ALLEN	Joice	Amaral

2. Current Mailing Address

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

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 11/28/1990

5. Alien Registration Number (A-Number) (if any): ► A-220620896

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

7. Daytime Telephone Number: 6196749488

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

5. If you have any other dependents, enter the number here. (**NOTE:** Enter "0" if you already counted your other dependents in **Item Number 1.**) **0**

6. If you have sponsored any other persons on Form I-864 or Form I-864EZ who are now lawful permanent residents and you are still obligated to support, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **1**

7. If you have siblings, parents, or adult children with the same principal residence who are combining their income with yours by submitting Form I-864A, enter the number here. (**NOTE:** Enter "0" if you already counted these persons in **Item Number 1.**) **0**

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

Household Size: **4**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☐ Employed as a/an **N/A**

2. Name of Employer 1 **N/A**

3. Name of Employer 2 (if applicable) **N/A**

4. ☒ Self-Employed as a/an (Occupation) **Acupuncturist - Motorpoint Acupucture INC**

5. ☐ Retired Since (mm/dd/yyyy) **N/A**

6. ☐ Unemployed Since (mm/dd/yyyy) **N/A**

7. My current individual annual income is: $ **45,670.00**

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.) $ 45,670.00

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	$ 45,828
16.b. 2nd Most Recent	2024	$ 14,602
16.c. 3rd Most Recent	2023	$ 15,157

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

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:** $ N/A

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

Total Value of Assets

10.	Add together **Item Numbers 4.**, **5.**, and **9.** and enter the number here.	**TOTAL:** $ N/A

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number

`8582325753`

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

`8582325753`

5. Sponsor's Email Address (if any)

`JordanAllenTCM@gmail.com`

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

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature ➡ [signature] Date of Signature (mm/dd/yyyy) 10/01/2026

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

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

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name): N/A
   Interpreter's Given Name (First Name): N/A
2. Interpreter's Business or Organization Name: N/A

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

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

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

Preparer's Full Name

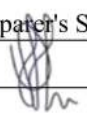
1. Preparer's Family Name (Last Name): HAVERROTH SILVA
   Preparer's Given Name (First Name): Otavio
2. Preparer's Business or Organization Name: HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number: 5102419336
4. Preparer's Mobile Telephone Number (if any): 5102419336
5. Preparer's Email Address (if any): otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature: 
   Date of Signature (mm/dd/yyyy): 10/01/2026

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): ALLEN | Given Name (First Name): Jordan | Middle Name (if applicable): Taylor

2. A-Number (if any) ► **A-** N/A

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

N/A

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

JOICE AMARAL ALLEN'S SIGNED FORMS

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

3.d. State: CA **3.e.** ZIP Code: 92169
(USPS ZIP Code Lookup)

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

1.c. I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, 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-485 I-130A 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): ALLEN

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

6.c. Middle Name: Amaral

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- 2 2 0 6 2 0 8 9 6

Client's Contact Information

10. Daytime Telephone Number

6196749488

11. Mobile Telephone Number (if any)

6196749488

12. Email Address (if any)

Joyallendesigner@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

➡ Todd Arnold Allen

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 10/01/2026

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): ALLEN

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

1.c. Middle Name: Amaral

2.a. Page Number: 2 **2.b.** Part Number: 3 **2.c.** Item Number: 6.A.

2.d.
Other names used:
Family Name: AMARAL
Given Name: Joice Cristina
Middle Name: 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-** 220620896

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

Your Full Name

3.a. Family Name (Last Name): ALLEN

3.b. Given Name (First Name): Joice

3.c. Middle Name: Amaral

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: 4954 Del Monte Avenue

4.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

4.c. City or Town: San Diego

4.d. State: CA **4.e.** ZIP Code: 92107

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 05/16/2025

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

Physical Address 2

6.a. Street Number and Name: 3810 Wabash Ave

6.b. ☒ Apt. ☐ Ste. ☐ Flr. 306

6.c. City or Town: San Diego

6.d. State: CA **6.e.** ZIP Code: 92104

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 09/28/2024

7.b. Date To (mm/dd/yyyy): 05/16/2025

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Palmeiras 295

8.b. ☒ Apt. ☐ Ste. ☐ Flr. 83

8.c. City or Town: Curitiba

8.d. Province: Parana

8.e. Postal Code: 81620110

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy): 08/2008

9.b. Date To (mm/dd/yyyy): 07/2015

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name): BORGES DO AMARAL NETO

10.b. Given Name (First Name): Belizario

10.c. Middle Name: N/A

11. Date of Birth (mm/dd/yyyy): 04/04/1966

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth: Cianorte

14. Country of Birth: Brazil

15. City/Town/Village of Residence: São Bento do Sul

16. Country of Residence: Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name): DA SILVA AMARAL

17.b. Given Name (First Name): Maria Aparecida

17.c. Middle Name: N/A

18. Date of Birth (mm/dd/yyyy): 05/07/1968

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth: Canoinhas

21. Country of Birth: Brazil

22. City/Town/Village of Residence: São Bento do Sul

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: Sterne, Kessler, Goldstein & Fox

2.a. Street Number and Name: 1101 K St NW

2.b. ☐ Apt. ☐ Ste. ☒ Flr. 10

2.c. City or Town: Washington

2.d. State: DC **2.e.** ZIP Code: 20005

2.f. Province: N/A

2.g. Postal Code: N/A

2.h. Country: USA

3. Your Occupation: Designer

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

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

Employer 2

5. Name of Employer/Company: PCAOB- Public Company Accounting Oversight Board

6.a. Street Number and Name: 1666 K Street NW

6.b. ☐ Apt. ☒ Ste. ☐ Flr. 300

6.c. City or Town: Washington

6.d. State: DC **6.e.** ZIP Code: 20006-2803

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

Part 2. Information About Your Employment (continued)

7. Your Occupation: Graphic Designer Intership

8.a. Date From (mm/dd/yyyy): 01/17/2025

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

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company: N/A

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: N/A

3. Your Occupation: N/A

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

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

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

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

Spouse Beneficiary's Statement

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

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

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

2. ☒ At my request, the preparer name in **Part 6.**, 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: 6196749488

4. Spouse Beneficiary's Mobile Telephone Number (if any): 6196749488

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

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink) ➡ Joill Amaral Allen

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

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: 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 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)
N/A

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

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. 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 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.

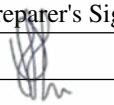
NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this form, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

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) 01/10/2026

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): ALLEN

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

1.c. Middle Name: Amaral

2. A-Number (if any) ► A-2 2 0 6 2 0 8 9 6

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

3.d.
Address: 4424 44st, Apt. 149
City: San Diego
State: CA Zip Code: 92115
Country: USA

From: 04/2023
To: 07/2024

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

4.d.
Address: 5061 Keeney Street
City: La Mesa
State: CA Zip Code: 91942
Country: USA

From: 08/2022
To: 03/2023

5.a. Page Number: 1 **5.b.** Part Number: 1 **5.c.** Item Number: 4.a.

5.d.
Address: 20 Claremont Street
City: Stamford
State: CT Zip Code: 06902
Country: USA

From: 10/2019
To: 07/2022

6.a. Page Number: 2 **6.b.** Part Number: 2 **6.c.** Item Number: 1

6.d.
Employer: San Diego State University
Address: 5500 Campanile Dr
City: San Diego
State: CA Zip Code: 92182
Occupation: Graphic Designer
Internship

From: August, 17, 2024
To: May, 15, 2025

7.a. Page Number: 2 **7.b.** Part Number: 2 **7.c.** Item Number: 1

7.d.
Employer: Billi Paes
Address: Rua Peroba do Campo 22
City: Fazenda Rio Grande
Province: Parana
Postal Code: 83824-000
Country: Brazil

Occupatuon: Accountant – Remote

From: August 1, 2015

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

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

► **START HERE - Type or print in black ink.** A-Number ► **A-** 220620896

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)
ALLEN	Joice	Amaral

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)
AMARAL	Joice Cristina	N/A
N/A	N/A	N/A

3. Date of Birth (mm/dd/yyyy) 11/28/1990

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

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

N/A
N/A

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- 2 2 0 6 2 0 8 9 6

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

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

N/A

N/A

6. Sex ☐ Male ☒ Female

7. Place of Birth

City or Town of Birth: Sao Bento do Sul

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

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: YC425326

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 06/22/2027

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): P6842722

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 01/07/2022

Place and Date of Last Arrival into the United States

City or Town: Los Angeles

State: CA

Date of Last Arrival (mm/dd/yyyy): 01/18/2025

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):
Student

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

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

☐ Other:
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): AMARAL

Given Name (First Name): Joice

Form I-94 Arrival/Departure Record Number ► 3 6 4 7 7 1 2 6 7 A 4

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

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): F-1

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): Joice Amaral Allen

Street Number and Name: 4954 Del Monte Avenue

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92107

Date You First Resided at This Address (mm/dd/yyyy): 05/16/2025

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

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

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

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

Prior Address

In Care Of Name (if any)

Joice Amaral Allen

Street Number and Name: 3810 Wabash Ave | Apt. Ste. Flr. ☒ Apt ☐ Ste ☐ Flr | Number: 306

City or Town: San Diego | State: CA | ZIP Code: 92104

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

Dates of Residence

From (mm/dd/yyyy): 08/2024 To (mm/dd/yyyy): 05/16/2025

Most Recent Address Outside the United States

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

Street Number and Name: Rua Palmeiras 295 | Apt. Ste. Flr. ☒ Apt ☐ Ste ☐ Flr | Number: 83

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

Province: Paraná | Postal Code: 81620-110 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 08/2008 To (mm/dd/yyyy): 07/2015

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). ► 8 4 8 8 1 6 1 5 8

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

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

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

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

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

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

☐ Other Eligibility

N/A

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town: 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): Sterne, Kessler, Goldstein & Fox

Name of Employer, Company, or School: Sterne, Kessler, Goldstein & Fox

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

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name: 1101 K Street NW | Apt. Ste. Flr.: ☐ ☐ ☒ | Number: 10th

City or Town: Washington | State: DC | ZIP Code: 20005

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

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy): 11/11/2025 | 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): BORGES DO AMARAL NETO | Given Name (First Name): Belizario | 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): 04/04/1966

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DA SILVA AMARAL	Maria 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)
DA SILVA	Maria Aparecida	N/A

7. Date of Birth (mm/dd/yyyy) 05/07/1968

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)
ALLEN	Jordan	Taylor

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

► A- N / A

6. Current Spouse's Date of Birth (mm/dd/yyyy) 08/16/1981

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name: 4954 Del Monte Ave

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92107

Province: N/A

Postal Code: N/A

Country: USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: San Diego

State or Province: California

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 05/16/2025

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): N/A

Given Name (First Name): N/A

Middle Name (if applicable): N/A

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

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

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

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

16. Place of Marriage to Prior Spouse

City or Town: N/A

State or Province: N/A

Country: N/A

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: N/A

State or Province: N/A

Country: N/A

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

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

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

Part 7. Information About Your Children

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

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

1

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

2. Child 1

Current Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALLEN	Ryu	Andre

A-Number (if any) ► A- N / A

Date of Birth (mm/dd/yyyy) 11/08/2010

Country of Birth

USA

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

Stepchild

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 7 **4.** Weight Pounds 1 4 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

Ceu de San Diego

3. City or Town

San Diego

State or Province

California

Country

USA

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

Legitimate Religious Church: religious services, prayers, community gatherings, spiritual studies and volunteer activities.

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

Legitimate church regular member and volunteer;

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) 09/03/2022 To (mm/dd/yyyy) PRESENT

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 64.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 64.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and complete **Item Numbers 57. - 64.**"

NOTE: For more information, see **Part 9. General Eligibility and Inadmissibility Grounds, *Public Charge*** section of these Instructions.

56. I am exempt from the public charge ground of inadmissibility because I am a/an (select **only one** box):

- ☐ VAWA Self-Petitioner (Form I-360)
- ☐ Special Immigrant Juvenile (Form I-360)
- ☐ Certain Afghan or Iraqi National (Form I-360 or Form DS-157)
- ☐ Asylee (Form I-589 or Form I-730)
- ☐ Refugee (Form I-590 or Form I-730)
- ☐ Victim of Qualifying Criminal Activity (U Nonimmigrant) under INA section 245(m) (Form I-918, Form I-918A, or Form I-929)
- ☐ Any category other than INA section 245(m), but you are in valid U nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if, at the time of the adjudication of Form I-485, you are still in valid U nonimmigrant status. If, at the time of adjudication of Form I-485, you are no longer in valid U nonimmigrant status, you will be subject to the public charge ground of inadmissibility.)
- ☐ Human Trafficking Victim (T nonimmigrant) under INA section 245(l) (Form I-914 or Form I-914A)
- ☐ Any category other than INA section 245(l), but you either have a pending application for T nonimmigrant status (Form I-914) that sets forth a prima facie case for eligibility or are in valid T nonimmigrant status at the time you file your application for adjustment of status. (This exemption only applies if your Form I-914 is still pending and deemed to be prima facie eligible or you are in valid T nonimmigrant status when we adjudicate your adjustment of status application.)
- ☐ Cuban Adjustment Act
- ☐ Cuban Adjustment Act for Battered Spouses and Children
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act
- ☐ Dependent Status under the Haitian Refugee Immigrant Fairness Act for Battered Spouses and Children
- ☐ Cuban and Haitian Entrants Applying for Adjustment of Status under section 202 of the Immigration Reform and Control Act of 1986
- ☐ A Lautenberg Parolee
- ☐ National of Vietnam, Cambodia, or Laos Applying under the Foreign Operations, Export Financing, and Related Programs
- ☐ Continuous Residence in the United States Since Before January 1, 1972 ("Registry")
- ☐ Amerasian Homecoming Act
- ☐ Polish or Hungarian Parolee
- ☐ Nicaraguans and Other Central Americans under section 203 of the Nicaraguan Adjustment and Central American Relief Act (NACARA)
- ☐ American Indian Born in Canada (INA section 289) or the Texas Band of Kickapoo Indians of the Kickapoo Tribe of Oklahoma, Public Law 97-429 (Jan. 8, 1983)
- ☐ Section 7611 of the National Defense Authorization Act for Fiscal Year 2020 (Liberian Refugee Immigration Fairness)

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

☐ Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64**.

If you selected "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 64.**" in **Item Number 56.**, complete **Item Numbers 57. - 64.** below. If you selected an exempt category in **Item Number 56.,** go to **Item Number 65.** If you need extra space to complete this section, use the space provided in **Part 14. Additional Information**.

57. Describe your family status (for example, your household size). 3

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

61. What is the highest level of education you have completed?

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

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

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

☐ Doctorate degree

62. List your skills (for example, certifications, licenses, skills obtained through work experience, and educational certificates).

List of Certifications
CPR/First Aid Graphic design; branding and visual identity; Adobe Creative Cloud
(Photoshop, Illustrator, InDesign, After Effects, Lightroom); typography; print and
digital design; packaging design; illustration; project coordination; client
communication; marketing; Microsoft Office; fluent in English and Portuguese.

63. Have you ever received any means-tested public benefit? ☐ Yes ☒ No

Part 9. General Eligibility and Inadmissibility Grounds (continued)

64. If your answer to **Item Number 63.** is "Yes," list the specific means-tested public benefit(s) you received, the start and end dates of each period of receipt, the dollar amount of benefits received (if applicable), and the reason you received the benefit.

Means-Tested Public Benefit Received	Start Date	End Date	Dollar Amount (if applicable)	Reason

Illegal Entries and Other Immigration Violations

65. Have you **EVER** failed or refused to attend or to remain in attendance at any removal proceeding filed against you on or after April 1, 1997? ☐ Yes ☒ No

NOTE: If your answer to **Item Number 65.** is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

66. Have you **EVER** submitted altered, fraudulent, or counterfeit documentation to any U.S. Government official to obtain or attempt to obtain any immigration benefit, including a visa or entry into the United States? ☐ Yes ☒ No

67. Have you **EVER** lied about, concealed, or misrepresented any information on an application or petition to obtain a visa, other documentation required for entry into the United States, admission to the United States, or any other kind of immigration benefit? ☐ Yes ☒ No

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

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

70. Have you **EVER** knowingly encouraged, induced, assisted, abetted, or aided any alien to enter or to try to enter the United States illegally (alien smuggling)? ☐ Yes ☒ No

71. Are you under a final order of civil penalty for violating INA section 274C for use of fraudulent documents? ☐ Yes ☒ No

Removal, Unlawful Presence, or Illegal Reentry After Previous Immigration Violations

72. Have you **EVER** been excluded, deported, or removed from the United States or have you ever departed the United States on your own after having been ordered excluded, deported, or removed from the United States? ☐ Yes ☒ No

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

74. Since April 1, 1997, have you been unlawfully present in the United States? You were unlawfully present in the United States if you were present in the United States after the expiration of the period of stay authorized by the Department of Homeland Security (DHS) Secretary or were present in the United States without being admitted or paroled. ☒ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 74.**, give the dates of unlawful presence in the space provided in **Part 14. Additional Information**.

Part 9. General Eligibility and Inadmissibility Grounds (continued)

75. If you answered "Yes" to **Item Number 74.**, was a severe form of trafficking in persons at least one central reason for your unlawful presence in the United States? ☐ Yes ☒ No

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

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

76.a. Having been unlawfully present in the United States for more than one year in the aggregate on or after April 1, 1997? You were unlawfully present in the United States for more than one year in the aggregate if you count all of the days during all of your stays that you were present in the United States after the expiration of the period of stay authorized by the DHS Secretary or were present in the United States without being admitted or paroled. ☐ Yes ☒ No

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

Miscellaneous Conduct

77. Do you plan to practice polygamy in the United States? ☐ Yes ☒ No

78. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? ☐ Yes ☒ No

79. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? ☐ Yes ☒ No

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

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

Have you **EVER:**

82.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? ☐ Yes ☒ No

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

82.c. Been convicted of desertion from the U.S. armed forces? ☐ Yes ☒ No

83. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? ☐ Yes ☒ No

84. If you answered "Yes" to **Item Number 83.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

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
   6196749488
2. Applicant's Mobile Telephone Number (if any)
   6196749488
3. Applicant's Email Address (if any)
   joyallendesigner@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature ➡ Joill Amarel Allen
   Date of Signature (mm/dd/yyyy) 10/01/26

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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and 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
   N/A
   Date of Signature (mm/dd/yyyy)
   N/A

Part 12. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
10/01/2026

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

Part 13. Signature at Interview

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

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALLEN	Joice	Amaral

2.

Page Number	Part Number	Item Number
3	1	14

The applicant has a pending Form I-918, Petition for U Nonimmigrant Status, filed under Receipt Number EAC2203650571 on 11/02/2021. This application is currently pending with USCIS.

3.

Page Number	Part Number	Item Number
4	1	18

4424 44th St, Apt. 149, San Diego, CA 92115, USA From: 04/2023 - To: 07/2024
5061 Keeney Street, La Mesa, CA 91942, USA From: 08/2022 - To: 03/2023
20 Claremont Street, Stamford, CT 06902, USA From: 10/2019 - To: 07/2022

4.

Page Number	Part Number	Item Number
8	4	7

PCAOB- Public Company Accounting Oversight Board
Address: 1666 K Street NW, Suite 300, Washington, DC 20006-2803
Occupation: Graphic Designer Intership
From: January 17, 2025 To: May 15, 2025

5.

Page Number	Part Number	Item Number
8	4	7

San Diego State University
Address: 5500 Campanile Dr, San Diego, CA 92182
Occupation: Graphic Designer Internship
From: August 17, 2024 To: May 15, 2025

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): ALLEN | Given Name (First Name): Joice | Middle Name (if applicable): Amaral

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

NewSchool of Architecture & Design
Address: 1249 F Street, San Diego, CA 92101
Occupation: Student
From: October 3, 2022 To: May 10, 2023

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

Norwalk Community College
Address: 188 Richards Ave, Norwalk, CT 06854
Occupation: Student
From: August 20, 2017 To: May 28, 2022

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

Billi Paes
Address: Rua Peroba do Campo 22 City: Fazenda Rio Grande
Province: Parana Postal Code: 83824-000 Country: Brazil
Occupation: Accountant - Remote

From: August 1, 2015 To: August, 2024

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

The applicant worked in the United States without authorization. She worked remotely for a company located in Brazil.

Part 14. Additional Information

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

1.

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
ALLEN	Joice	Amaral

2.

Page Number	Part Number	Item Number
14	9	13

The applicant last entered the United States on January 18, 2025, as an F-1 student (visa valid from January 7, 2022, to January 2, 2026). The applicant successfully completed her degree requirements and graduated on May 17, 2025. Following graduation, the applicant remained in the United States past the end of her authorized F-1 status/grace period.

3.

Page Number	Part Number	Item Number
14	9	18

The applicant is not in removal proceedings, she has a pending Form I-918, Petition for U Nonimmigrant Status, filed under Receipt Number EAC2203650571 on 11/02/2021. This application is currently pending with USCIS.

4.

Page Number	Part Number	Item Number
20	9	74

The applicant last entered the United States on January 18, 2025, as an F-1 student. She completed her degree and graduated on May 17, 2025. The applicant is unlawfully present in the United States since July 22, 2025 following the expiration of her authorized status upon graduation.

5.

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

N/A

Application For Employment Authorization

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

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

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

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

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

1.c. Middle Name: Amaral

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): AMARAL

2.b. Given Name (First Name): Joice Cristina

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

(USPS ZIP Code Lookup)

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

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

U.S. Physical Address

7.a. Street Number and Name: 4954 Del Monte Avenue

7.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

7.c. City or Town: San Diego

7.d. State: CA **7.e.** ZIP Code: 92107

Other Information

8. Alien Registration Number (A-Number) (if any)
► A- 2 2 0 6 2 0 8 9 6

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).
► 8 4 8 8 1 6 1 5 8

Your Country or Countries of Citizenship or Nationality

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

14.a. Country
Brazil

14.b. Country
Germany

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 Bento do Sul

15.b. State/Province of Birth

Parana

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 11/28/1990

Information About Your Last Arrival in the United States

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

► 3 6 4 7 7 1 2 6 7 A 4

18. Passport Number of Your Most Recently Issued Passport

YC425326

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 06/22/2027

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 01/18/2025

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)

F-1 Student

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

Adjustment of Status Pending - Form I-485

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

► N- 0025770272

Information About Your Eligibility Category

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

(C) (9) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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

☐ Yes ☐ No

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

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

► N/A

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

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

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

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

Applicant's Statement

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

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

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

N/A

, 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

(619) 674-9488

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

(619) 674-9488

5. Applicant's Email Address (if any)

Joyallendesigner@gmail.com

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

Applicant's Certification

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

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

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

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

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

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

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

Applicant's Signature

7.a. Applicant's Signature

➡ Joel Amaral Allen

7.b. Date of Signature (mm/dd/yyyy) 10/01/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

3.d. State: 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 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: N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

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

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

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature

8.b. Date of Signature (mm/dd/yyyy) 10/01/2026

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): ALLEN

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

1.c. Middle Name: Amaral

2. A-Number (if any) ► A- 220620896

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

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Exhibit 1 - Jordan Taylor Allen's Identification Documents

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA

8009 021498

STATE BIRTH CERTIFICATE NUMBER — LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1A. NAME OF CHILD—FIRST	1B. MIDDLE	1C. LAST
Jordan	Taylor	Allen

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH—MONTH, DAY, YEAR	4B. HOUR (24 HOUR CLOCK TIME)
Male	-------	----------	August 16, 1981	03:16

5A. PLACE OF BIRTH—NAME OF HOSPITAL	5B. STREET ADDRESS (STREET, NUMBER, OR LOCATION)
Donald N. Sharp Memorial Comm. Hosp.	7901 Frost Street
5C. CITY OR TOWN	**5D. COUNTY**
San Diego 92123	San Diego

6A. NAME OF FATHER—FIRST	6B. MIDDLE	6C. LAST	7. STATE OF BIRTH	8. AGE OF FATHER
Gregory	Thomas	Allen	CA	28

9A. BIRTH NAME OF MOTHER—FIRST	9B. MIDDLE	9C. LAST	10. STATE OF BIRTH	11. AGE OF MOTHER
Marie	Therese	Gipson	MO	27

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	12A. PARENT OR OTHER INFORMANT—SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	► Marie Allen	Mother	8-17-81
I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.	13A. PHYSICIAN OR OTHER ATTENDANT—SIGNATURE—DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	► [signature]	C-29041	8/20/81
14.	13D. TYPED NAME AND ADDRESS		
	► Patrick Clark, M.D. 6108 Regents Rd. San Diego, CA		
15. DEATH—ENTER DATE OF DEATH	16. LOCAL REGISTRAR—SIGNATURE		17. DATE ACCEPTED FOR REGISTRATION
	Donald G. Ramos, M.D.		SEP 15 1981

COUNTY OF SAN DIEGO-DEPT. OF HEALTH SERVICES 1700 PACIFIC HWY
THIS IS TO CERTIFY THAT IF BEARING THE OFFICIAL SEAL OF THE
SAN DIEGO DEPT. OF HEALTH SERVICES, THIS IS A TRUE COPY OF THE
ORIGINAL DOCUMENT FILED.
FEE PAID: $3.00
DATE ISSUED: JAN 08 1982

Donald G. Ramos, M.D.
REGISTRAR OF VITAL STATISTICS

NOTICE OF REGISTRATION OF BIRTH

BIRTH CERT. NO	NAME OF CHILD AS SHOWN ON CERTIFICATE	DATE OF BIRTH
B 21498	ALLEN JORDAN TAYLOR	08/16/81

This is to notify you that the ORIGINAL CERTIFICATE OF BIRTH for the child named above has been legally filed in the

-- BUREAU OF RECORDS AND STATISTICS
COUNTY OF SAN DIEGO
DEPARTMENT OF HEALTH SERVICES
1700 PACIFIC HIGHWAY
SAN DIEGO, CALIFORNIA 92101
TEL: 236-2296

JORDAN ALLEN
5574 NORWICH ST
SAN DIEGO CA 92117

5-6-1960

A CERTIFIED COPY of the ORIGINAL CERTIFICATE OF BIRTH may be obtained by returning both this notice and attached application to above address.

DO NOT DETACH

VS 5 (6/79)

IMPORTANT: THIS NOTICE MUST BE RETURNED WITH COMPLETED APPLICATION WHEN ORDERING CERTIFICATES.

*

1-3.00
1-7-82
BH

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.

A70627337

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

Endorsements / Mentions Spéciales / Anotaciones



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
P	USA	A70627337

USA



Surname/Nom/Apellidos
ALLEN

Given names/Prénoms/Nombres
JORDAN TAYLOR

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
16 AUG 1981

Sex/Sexe/Sexo
M

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

Date of issue/Date de délivrance/Fecha de expedición
11 JUL 2025

Date of expiration/Date d'expiration/Fecha de caducidad
10 JUL 2035

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE



P<USAALLEN<<JORDAN<TAYLOR<<<<<<<<<<<<<<<<<<<<

A70627337 3USA8108164M3507108762153015<091372

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.



T<<SAMPLE<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<<

IMPORTANT TRAVEL AND SAFETY DATA

travel.state.gov/new

Scan for important passport information and travel requirements.

IF YOUR PASSPORT EXPIRES WITHIN SIX MONTHS OF YOUR DATE OF DEPARTURE, YOU MAY BE DENIED ENTRY INTO SOME COUNTRIES.

It is recommended to renew your passport at least one year prior to the expiration date of the passport.

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

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

This passport is not valid unless signed by the bearer in the area designated on page three.

A7062737

IMPORTANT INFORMATION

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

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

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

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

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

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

IMPORTANT INFORMATION

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

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

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

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

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

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

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

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

We have a great dream. It started way back in 1776,

Visas



and God grant that America will be true to her dream.
Martin Luther King, Jr.

Visas



IN CONGRESS, JULY 4, 1776.

...Declaration of the thirteen united States of America

10

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

11

Visas

Visas





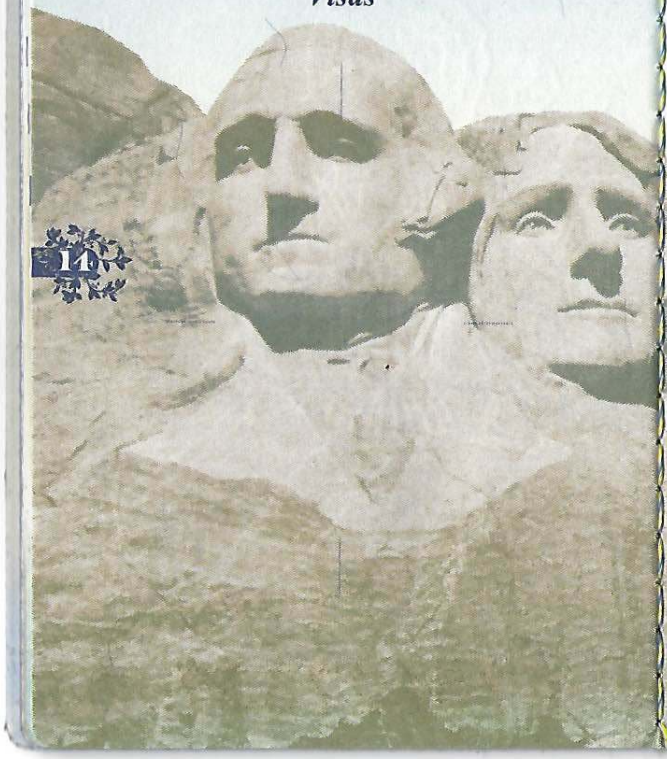



12
This is a new nation, based on a mighty
Visas
12
A7062737
continent, of boundless possibilities.
Theodore Roosevelt
13
Visas
13
A7062737

14

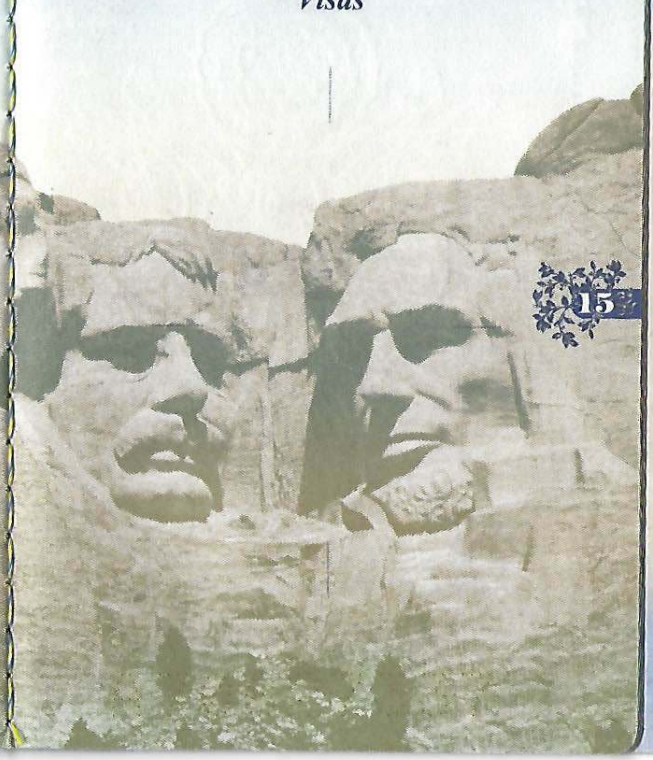
Let us raise a standard to which the wise and honest can repair...
George Washington

Visas



15

Visas



16

The principle of free governments
It is bedded in it,

Visas



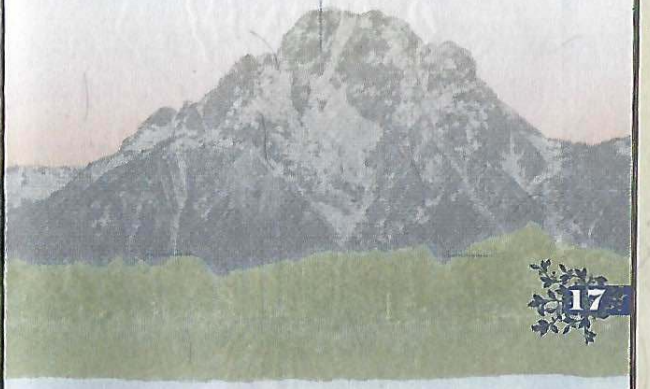
16

A706273337

17

adheres to the American soil.
immovable as its mountains.
Daniel Webster

Visas



17

A706273337

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

Visas

Visas



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

Lyndon B. Johnson

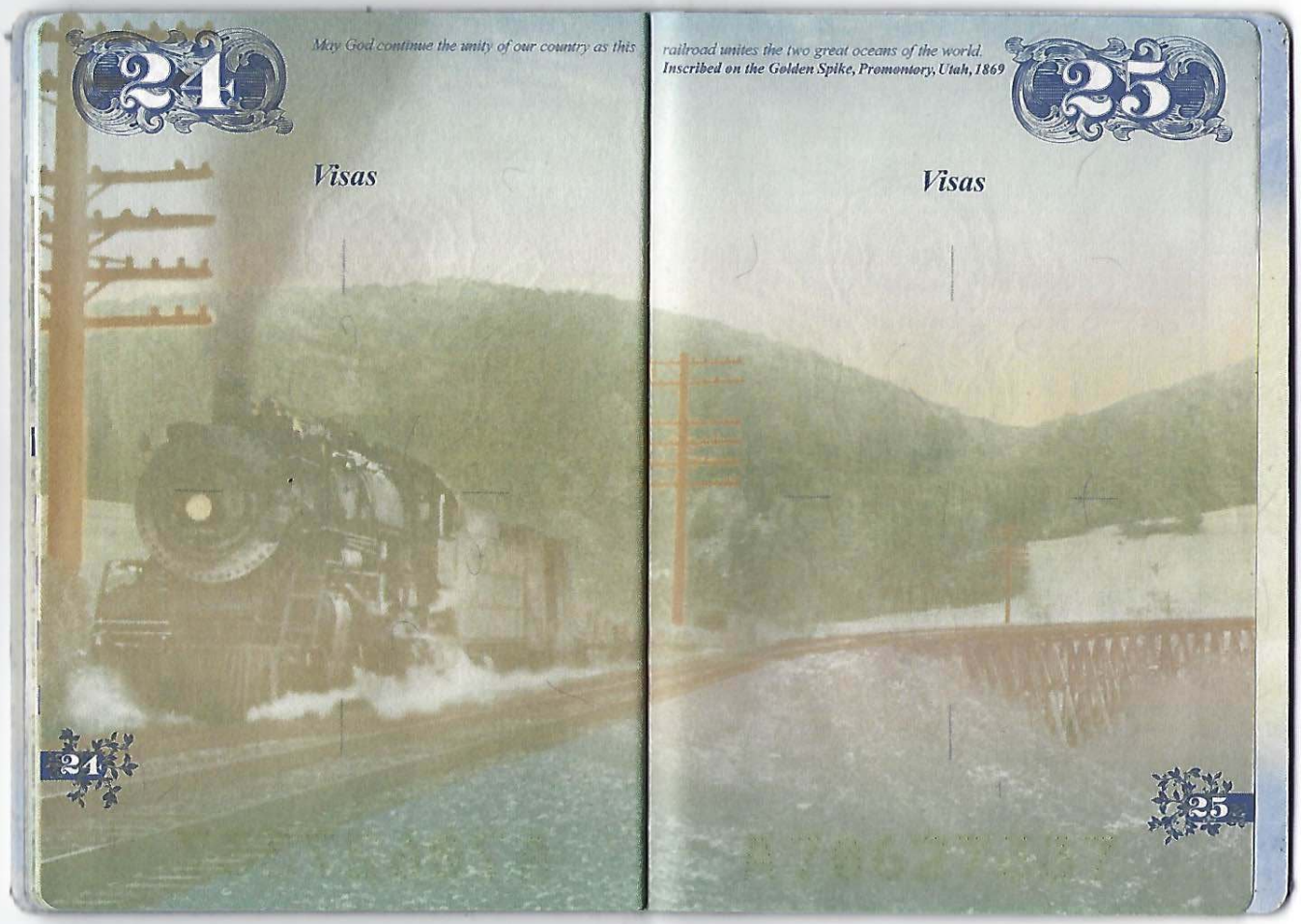
Visas

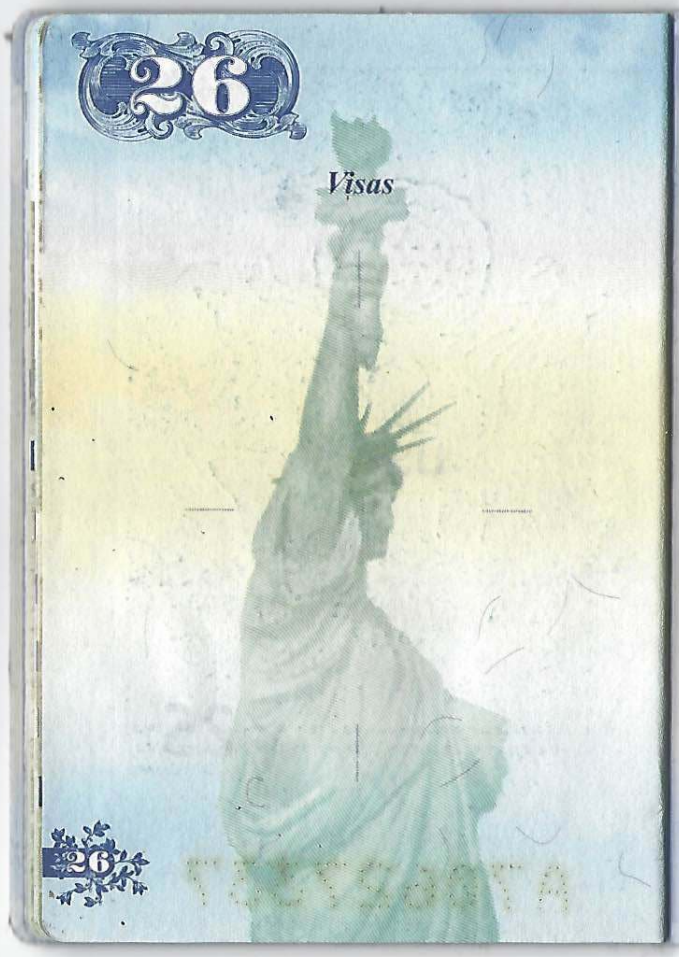


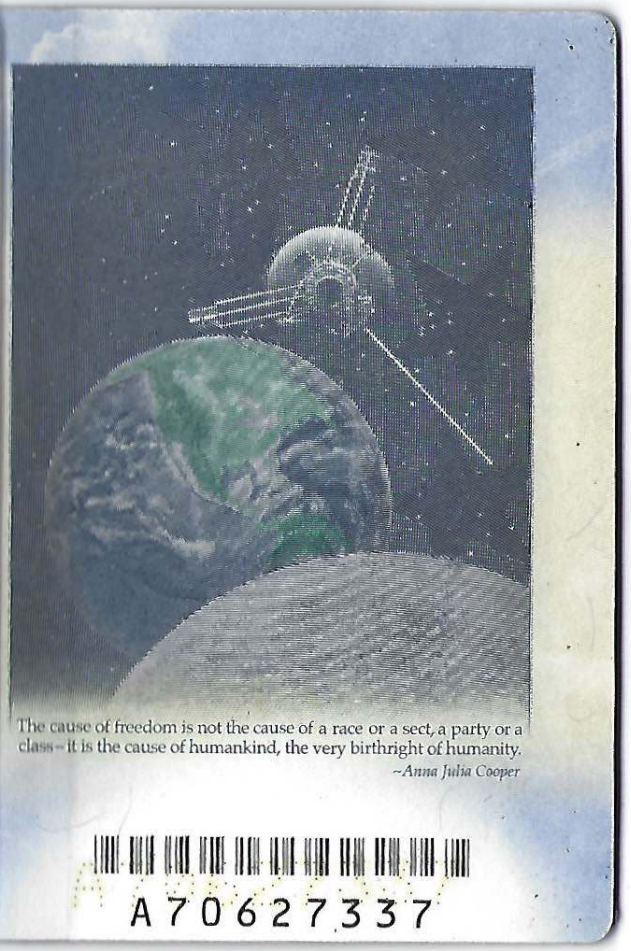
Visas




22
Every generation has the obligation
to look out from a higher
Visas
22
A706273337
to free men's minds for a look at new worlds...
plateau than the last generation.
Ellison S. Onizuka
23
Visas
23
A706273337


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





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

A70627337


CALIFORNIA
USA
DRIVER LICENSE
CA
4d DLN B6403437
4b EXP 08/16/2030
3 DOB 08/16/1981
1 ALLEN
2 JORDAN TAYLOR
8 4954 DEL MONTE AVE
SAN DIEGO, CA 92107
9 CLASS CM1
9a END NONE
12 REST NONE
4a ISS 01/28/2026
5 DD E06/27/2025519OD/BBFD/30
15 SEX M
18 EYES BLU
16 HGT 5'-05"
19 HAIR BLN
17 WGT 135 lb



21 26028
B64034370401

Rev 05/20/2024
08/16/1981

CLASS: Class C & M1-Veh w/GVWR ≤ 26000; No A; 2whl M/C, Mtr-drvn Cycle, Scooter
ENDORSEMENTS: None
RESTRICTIONS: None

08/16/81

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 - Joice Amaral Allen's Identification Documents

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

CIVIL REGISTRY OFFICE AND OTHER SERVICES

Judicial District - City - District of São Bento do Sul
State of Santa Catarina
RUA JORGE LACERDA, 254 • ROOM 3 • PHONE, 33-1610

Rafaela Hümmelgen
Deputy Registrar

Mafalda Treml Hümmelgen
_____ **Registrar**

Lourdy Moreira de Souza
Sworn Clerk

BIRTH No. 18.251

MAFALDA TREML HÜMMELGEN, Peace Clerk and Civil Registrar

I CERTIFY that on pages 230 of book A. -N: -23- of birth records, there is an entry for JOICE CRISTINA AMARAL - born on November twenty-eighth, , nineteen ninety - (11/28/1990) at 11:40 PM , at Sagrada Família Maternity Hospital, at Rua Henrique Schwarz No. 10, in this city , female , daughter of BELIZARIO BORGES DO AMARAL NETO and MARIA APARECIDA DA SILVA, - Paternal grandparents are Flávio Borges do Amaral and Maria Verginia Figueiredo Amaral and maternal are Eugenio da Silva and Edvig Joanna da Silva. -

- The parents - made the declaration before the witnesses named in the entry drawn up today. -

Notes - none -

The above is true and I certify.

MAFALDA TREML HÜMMELGEN
Civil Registrar
Titles and Documents
CPF 633. *[unreadable]*
Rafaela Hümmelgen
Deputy Registrar
Lourdy Moreira de Souza
Sworn Clerk
São Bento de Sul - Santa Catarina

São Bento do Sul, January 10, 19 91.

-----//Signature//----
Registrar

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



_____ Date: August 10, 2026.

CARTÓRIO DO REGISTRO CIVIL E ANEXOS

Comarca - Município - Distrito de São Bento do Sul
Estado de Santa Catarina
RUA JORGE LACERDA, 254 - SALA 3 - FONE, 33-1610

Mafalda Treml Hümmelgen
Oficial

Rafaela Hümmelgen
Oficial Maior

Lourdy Moreira de Souza
Escrevente Juramentada

NASCIMENTO N. 18.251

MAFALDA TREML HÜMMELGEN, Escrivã de Paz e Oficial do Registro Civil

Certifico que à fls. 230 do livro A.-N: -23- de registro de nascimentos, consta o assento de JOICE CRISTINA AMARAL - nascida em vinte e oito de novembro de mil novecentos e noventa - (28-11-1990) às 23,40 horas, na Maternidade Sagrada Família, à Rua Henrique Schwarz, nº10, nesta cidade, - do sexo feminino, filha de BELIZARIO BORGES DO AMARAL NETO e MARIA APARECIDA DA SILVA, - sendo avós paternos Flávio Borges do Amaral e Maria Verginia Figueiredo Amaral e maternos Eugenio da Silva e Edvig Joanna da Silva.-

Declarou - os pais - perante testemunhas constantes do assento lavrado hoje.-

Observações - nenhuma -

O referido é verdade e dou fé.

São Bento do Sul, em 10 de janeiro de 1991.

Oficial

MAFALDA TREML HÜMMELGEN
Oficial do Registro Civil
Títulos e Documentos
CPF 683.857.589-00
Rafaela Hümmelgen
Oficial Maior
Lourdy Moreira de Souza
Escrevente Juramentada
São Bento do Sul - Sta Catarina

YC425326

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT



REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YC425326

SOBRENOME / SURNAME
AMARAL

NOME / GIVEN NAMES
JOICE CRISTINA

NACIONALIDADE / NATIONALITY
BRASILEIRA

DATA DE NASCIMENTO / DATE OF BIRTH
28 NOV/NOV 1990

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH
SÃO BENTO DO SUL, SC, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
23 JUN/JUN 2017

AUTORIDADE / AUTHORITY
NOVA YORK CG

VÁLIDO ATÉ / DATE OF EXPIRY
22 JUN/JUN 2027

P<BRAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<<<<<
YC425326<2BRA9011285F2706225<<<<<<<<<<<<<<08

BRA

CASA DA MOEDA DO BRASIL

BRA

826153MM

CONSULADO-GERAL DO BRASIL EM NOVA YORK

120

CONCEDIDO EM SUBSTITUIÇÃO AO PASSAPORTE FG174695.

BRASIL

PAGOU
RS-Ouro 120.00
US$ 120.00
TEC 1.01.01.000.000

YC425326

23 JUN/JUN 2017
GUILHERME MOURA ROCHA DE SOUZA PINTO
VICE-CÔNSUL

4

INFORMAÇÕES PARA O TITULAR

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

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

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

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

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

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

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

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

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

5

VISTOS 6 VISAS

VISTOS 7 VISAS


DEPARTMENT OF HOMELAND SECURITY-U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
JAN 02 2019
JAN 7 2018
JAN 13 2020
AUG 14 2017
JUL 28 2019
VISTOS VISAS
VISA
UNITED STATES OF AMERICA
Issuing Post Name
RIO DE JANEIRO
Control Number
20172058160007
Surname
AMARAL
Given Name
JOICE CRISTINA
Visa Type /Class
R F1
Passport Number
YC425326
Sex
F
Birth Date
28NOV1990
Nationality
BRZL
Entries
M
Issue Date
25JUL2017
Expiration Date
24JUL2021
0110
Annotation
N0025770272
NORWALK COMMUNITY COLLEGE
M4450392
**
VNUSAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<<<
YC425326<2BRA9011285F2107246F1RDJ199HD432359


VISTOS 10 VISAS
VISTOS 11 VISAS

DEPARTMENT OF HOMELAND SECURITY · U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
LAX
27 JAN 18 2025 7258
Class
Until
F1
D/S

VISTOS 13 VISAS

VISA

UNITED STATES OF AMERICA



Issuing Post Name
RECIFE

Control Number
20220035950001

Surname
AMARAL

Given Name
JOICE CRISTINA

Visa Type /Class
R F1

Passport Number
YC425326

Sex
F

Birth Date
28NOV1990

Nationality
BRZL

Entries
M

Issue Date
07JAN2022

Expiration Date
02JAN2026

1010

Annotation
N0025770272
NORWALK COMMUNITY COLLEGE

P6842722

**

VNUSAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<<<<<
YC425326<2BRA9011285F2601021F1RCFOJ371432351

VISTOS 14 VISAS

VISTOS 15 VISAS

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
LAX
JAN 06 2023
F1
D/S
VISTOS / VISAS
VISTOS / VISAS
MÉXICO


VISTOS 18 VISAS
VISTOS 19 VISAS


VISTOS 20 VISAS
VISTOS 21 VISAS



VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS 26 VISAS

VISTOS 27 VISAS


VISTOS 28 VISAS
VISTOS 29 VISAS



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

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

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

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

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

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

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

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

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

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

For: **JOICE AMARAL**



Most Recent I-94

Admission (I-94) Record Number : 364771267A4
Arrival/Issuance Date : 2025 January 18
Class of Admission : F1
Admit Until Date : D/S
Details provided on the I-94 Information form:

Last/Surname :	**AMARAL**
First (Given) Name :	**JOICE**
Birth Date :	**1990 November 28**
Document Number :	**YC425326**
Country of Citizenship :	**BRAZIL**

Get Travel History

▶ **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. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).**

▶ **If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.**

▶ **Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.**

OMB No. 1651-0111
Expiration Date: 04/30/2024

For inquiries or questions regarding your I-94, please click here

Accessibility | Privacy Policy


CALIFORNIA
DRIVER LICENSE
CA
LIMITED-TERM
ALLEN
JOICE AMARAL
SAN DIEGO CA 92147
CLASS C
NONE
CORRLENS
11/28/1990


11/28/90


607/180 (1) RCT
Amaral Joice Cristine
AA065NMZK
15.06.29 - 10/00
FG174695
MERCOSUL
REPÚBLICA FEDERATIVA
DO BRASIL
PASSAPORTE

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.

CANCELADO

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

1

FG174695

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

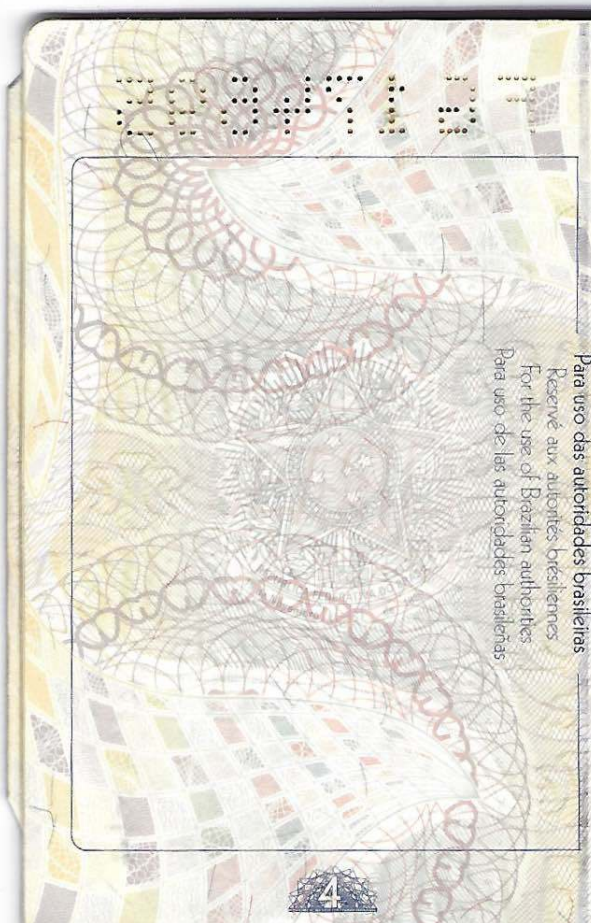
PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FG174695

SOBRENOME / SURNAME: AMARAL
NOME / GIVEN NAMES: JOICE CRISTINA
NACIONALIDADE / NATIONALITY: BRASILEIRA
DATA DE NASCIMENTO / DATE OF BIRTH: 28/Nov/1990
IDENTIDADE Nº / PERSONAL No.:
SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: SÃO BENTO DO SUL/SC
DATA DE EXPEDIÇÃO / DATE OF ISSUE: 13/Jun/2012
AUTORIDADE / AUTHORITY: SR/DPF/PR
VALIDADE / DATE OF EXPIRY: 12/Jun/2017



P<BRAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<<<<
FG174695<9BRA9011285F1706125<<<<<<<<<<<<<<06



Para uso das autoridades brasileiras

Réservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

PASSAPORTE

INFORMAÇÕES PARA O TITULAR

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

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

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

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

O cidadão brasileiro que possua outra nacionalidade não poderá reclamar proteção consular ou diplomática brasileira no país de sua outra nacionalidade.

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

19 06 14 48
ORLY
C 172
VISTOS 6 VISAS
VISTOS 7 VISAS


29.06.14 48
ORLY
C 132
VISTOS VISAS
ADMITTED
MIA
NOV 22 2012
Class
Until
VISA
UNITED STATES OF AMERICA
Issuing Post Name
SAO PAULO
Control Number
20122573780004
Surname
AMARAL
Given Name
JOICE CRISTINA
Visa Type /Class
R B1/B2
Passport Number
FG174695
Sex
F
Birth Date
28NOV1990
Nationality
BRZL
Entries
M
Issue Date
14SEP2012
Expiration Date
12SEP2022
0101
Annotation
F9284736
**
VNUSAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<
FG174695<9BRA9011285F2209128B3SPL1FON0532346

VISTOS VISAS

DEPARTMENT OF HOMELAND SECURITY • U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
NYC
JUL 13 2015
Until J-1
D/S

VISA

UNITED STATES OF AMERICA



Issuing Post Name
RIO DE JANEIRO

Control Number
20151806070001

Surname
AMARAL

Given Name
JOICE CRISTINA

Visa Type /Class
R J1

Passport Number	Sex	Birth Date	Nationality
FG174695	F	28NOV1990	BRZL

Entries	Issue Date	Expiration Date	
M	30JUN2015	28JUN2016	1001

Annotation
N0013506585 P-4-10181 K1759944
CULTURAL CARE, INC. D/B/A CULTURAL CARE
13-JUL-2015 TO 13-JUL-2016
BEARER IS NOT SUBJECT TO 212(E)

**

VNUSAAMARAL<<JOICE<CRISTINA<<<<<<<<<<<<<<<<<<<<
FG174695<9BRA9011285F1606281J1RDJ12IOQ532341

VISTOS 12 VISAS

VISTOS 13 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
29 JUIN 2014
SORTIE
VISTOS 31 VISAS

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

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

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

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

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

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

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

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

CANCELADO

Este passaporte contém um dispositivo eletrônico sensível. Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade excessiva, campos eletromagnéticos intensos ou substâncias químicas.

NÃO GRAMPEAR NESTA PÁGINA

Ce passeport contient un dispositif électronique sensible. Ne pas plier, perforer ou exposer ce document à des températures élevées, à l'humidité excessive, aux champs électromagnétiques intenses ou à des substances chimiques.

NE PAS AGRAFER SUR CETTE PAGE

This passport contains a sensitive electronic device. Do not bend, perforate or expose this document to high temperatures, excessive moisture, intense electromagnetic fields or chemical substances.

DO NOT STAPLE ON THIS PAGE

Este pasaporte contiene un dispositivo electrónico sensible. No doble, perfore ni exponga este documento a altas temperaturas, humedad excesiva, campos electromagnéticos intensos o a substancias químicas.

NO GRAPAR EN ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CANCELADO

CASA DA MOEDA DO BRASIL

Exhibit 3 - Joice Amaral Allen's and Jordan Taylor Allen's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

JORDAN Z. MARKS
ASSESSOR/RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

4202537007404

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

STATE FILE NUMBER | LOCAL REGISTRATION NUMBER

FIRST PERSON DATA ☒ Groom ☐ Bride

1A FIRST NAME	1B MIDDLE	1C CURRENT LAST	1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
JORDAN	TAYLOR	ALLEN	–

2 DATE OF BIRTH (MM/DD/CCYY)	3 STATE/COUNTRY OF BIRTH	4 #PREV MARRIAGES/SRDP	5A LAST MARRIAGE/SRDP ENDED BY	5B DATE ENDED (MM/DD/CCYY)
08/16/1981	CA	02	☐ DEATH ☒ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A	12/22/2022

6 ADDRESS	7 CITY	8 STATE/COUNTRY	9 ZIP CODE
4954 DEL MONTE AVE	SAN DIEGO	CA	92107

10A FULL BIRTH NAME OF FATHER/PARENT	10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
GREGORY THOMAS ALLEN	CA

11A FULL BIRTH NAME OF MOTHER/PARENT	11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
MARIE THERESE GIPSON	MO

SECOND PERSON DATA ☐ Groom ☒ Bride

12A FIRST NAME	12B MIDDLE	12C CURRENT LAST	12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
JOICE	CRISTINA	AMARAL	–

13 DATE OF BIRTH (MM/DD/CCYY)	14 STATE/COUNTRY OF BIRTH	15 # PREV MARRIAGES/SRDP	16A LAST MARRIAGE/SRDP ENDED BY	16B DATE ENDED (MM/DD/CCYY)
11/28/1990	BRAZIL	00	☐ DEATH ☐ DISSO ☐ ANNULMENT ☐ TERM SRDP ☒ N/A	–

17 ADDRESS	18 CITY	19 STATE/COUNTRY	20 ZIP CODE
4954 DEL MONTE AVE	SAN DIEGO	CA	92107

21A FULL BIRTH NAME OF FATHER/PARENT	21B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
BELIZARIO BORGES DO AMARAL NETO	BRAZIL

22A FULL BIRTH NAME OF MOTHER/PARENT	22B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
MARIA APARECIDA DA SILVA	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
▶	▶

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
05/16/2025	08/14/2025	JORDAN Z MARKS	BY ▶ XOCHITL JIMENEZ

25E MARRIAGE LICENSE NUMBER	25F COUNTY OF ISSUE	25G RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS)
2025-009043	SAN DIEGO	San Diego County Clerk, 1600 Pacific Hwy Ste 273, San Diego, CA 92101-2422

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A SIGNATURE OF WITNESS	26B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	GREGORY ALLEN

26C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
3050 GREENWICH ST, CARLSBAD, CA 92010

27A SIGNATURE OF WITNESS	27B NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
	GRACE ALLEN

27C ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
2146 EL PASILLO, SPRING VALLEY, CA 91977

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
05/16/2025	SAN DIEGO	SAN DIEGO

29A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B RELIGIOUS DENOMINATION (IF CLERGY)
▶	–

29C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D OFFICIAL TITLE
Kassandra Saucedo	DEPUTY MARRIAGE COMMISSIONER

29E ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
1600 PACIFIC HWY STE 260, SAN DIEGO, CA 92101

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
–	–	–

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
JOICE	AMARAL	ALLEN

LOCAL REGISTRAR

32A NAME OF LOCAL REGISTRAR	32B SIGNATURE OF CLERK OR DEPUTY CLERK	32C DATE ACCEPTED FOR REGISTRATION
JORDAN Z. MARKS, Recorder/County Clerk	BY ▶	MAY 19 2025

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Jun 02, 2025

JORDAN Z. MARKS
Assessor/Recorder/County Clerk

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

005954794

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Evidence of Bona Fide Marriage - Shared Finances

San Diego County Credit Union
P.O. Box 269040 San Diego, CA 92196-9040
(877) 732-2848 sdccu.com

Account Number	Statement Period	Page
XXXXXX4154	07/01/26 - 07/31/26	1 of 2

Account Balance Summary	
Total Checking Accounts	$ 2,109.22
Total Savings Accounts	1,113.43
Total Loans	0.00

Jordan Taylor Allen
Joice Amaral Allen
4954 Del Monte Ave
San Diego CA 92107-3209

What's New



Checking - 90: FREE Checking with eStatements

Beginning Balance	Total Deposits/Credits	Total Withdrawals/Debits	Ending Balance	Year-To-Date Dividends
$2,109.22	$2,100.00	$2,100.00	$2,109.22	$0.00

Posting Date	Trans. Date	Withdrawal	Deposit	Balance	Transaction Description
07/21/26	07/21/26	$ 2,100.00	$	$ 9.22	Check 3066
07/31/26	07/31/26		2,100.00	2,109.22	By Check

Checks Paid:

*Indicates check or share draft out of sequence.
EIndicates check converted to electronic payment by payee. **No image available.**

Check #	Date Paid	Amount	Check #	Date Paid	Amount	Check #	Date Paid	Amount	Check #	Date Paid	Amount
3066	07/21/26	$ 2,100.00									

Savings - 01: Money Market

Beginning Balance	Total Deposits/Credits	Total Withdrawals/Debits	Ending Balance	Year-To-Date Dividends
$1,112.38	$0.05	$0.00	$1,112.43	$0.33

Posting Date	Trans. Date	Withdrawal	Deposit	Balance	Transaction Description
07/31/26	07/31/26	$	$ 0.05	$ 1,112.43	Dividend 0.050% Annual Percentage Yield Earned 0.05% 07/01/26 to 07/31/26

Reporting Information for Year 2026

Total Dividends Paid Year-To-Date[1]: $0.33 Total Interest Charge Paid Year-To-Date: $0.00

[1]Excluding IRA Funds.

THE FOLLOWING DISCLOSURES APPLY TO CONSUMER ACCOUNTS ONLY.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC TRANSFERS

Telephone us at (877) 732-2848 or Write us at PO Box 261209, San Diego, CA 92196-1209 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

(1) Tell us your name and SDCCU® account number.
(2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
(3) Tell us the dollar amount of the suspected error.

We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

WHAT TO DO IF YOU THINK YOU FIND A MISTAKE ON YOUR STATEMENT REGARDING YOUR OPEN END LOAN

If you think there is an error on your statement, write to us at: San Diego County Credit Union, PO Box 261209, San Diego, CA 92196-1209. In your letter, give us the following information:

- **Account information:** Your name and SDCCU account number.
- **Dollar amount:** The dollar amount of suspected error.
- **Description of Problem:** If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.

You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us, but if you do, we are not required to investigate any potential errors and you may have to pay the amount in question.
While we investigate whether or not there has been an error, the following are true:

- We cannot try to collect the amount in question, or report you as delinquent on that amount.
- The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
- While you do not have to pay the amount in question, you are responsible for the remainder of your balance.
- We can apply any unpaid amount against your credit limit.

FINANCE CHARGE CALCULATION

FINANCE CHARGES for Open End Loans are computed by multiplying the unpaid balance of the loan by a daily periodic rate and multiplying the result by the number of days since the last payment. However, when advances are added to the loan, the finance charge is computed on the unpaid balance from the date of last payment to the date of the additional advance, then on the total unpaid balance to the date of payment. The unpaid balance is the amount of the loan outstanding and unpaid at the time each transaction is entered on the account.

IF THE MATTER IS NOT RESOLVED TO YOUR SATISFACTION, OR IF YOU NOTICE ANY ALTERATIONS OR IRREGULARITIES TO YOUR STATEMENT OR ACCOUNT, PLEASE NOTIFY THE SUPERVISORY COMMITTEE AT THE FOLLOWING ADDRESS:

Supervisory Committee, San Diego County Credit Union, PO Box 261209, San Diego, CA 92196-1209.

PRIVACY NOTICE

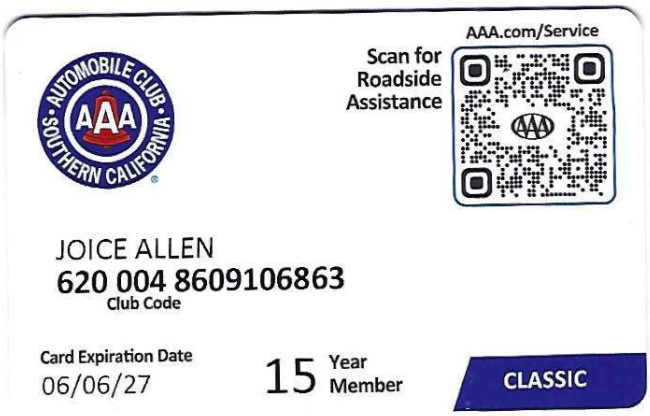
Federal law requires us to tell you how we collect, share and protect your personal information. Our privacy policy has not changed and you may review our policy and practices with respect to your personal information at sdccu.com/privacy or we will mail you a free copy upon request if you call us at (877) 732-2848.

Federally insured by NCUA
Equal Housing Opportunity








AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA
AAA
AAA.com/Service
Scan for Roadside Assistance
JOICE ALLEN
620 004 8609106863
Club Code
Card Expiration Date
06/06/27
15 Year Member
CLASSIC


San Diego County Credit Union
sdccu.com
DEBIT CARD
4235 6801 0709 2049
GOOD THRU 11/28
JOICE A ALLEN
DEBIT
VISA


Southwest
Rapid Rewards
Premier Business
JOICE ALLEN
MOTORPOINT ACUPUNCTURE INC
VISA
Signature

Exhibit 5 - Evidence of Bona Fide Marriage - Shared Residence

August 11, 2026

RE: Service Verification for SDG&E customer **** 08874

To whom it may concern:

In response to a request from our customer JORDAN ALLEN, we are providing you with the following SDG&E service address verification for the customer. Please be informed that this is proprietary and confidential information and shall not be disclosed, published, used for other contact purposes, or revealed to any third party whatsoever except with specific prior written authorization of customer or SDG&E.

SDG&E Account Name:	JORDAN ALLEN
Service Address:	4954 DEL MONTE AVE SAN DIEGO, CA 92107-3209
Date Service Established:	11-20-2012
Date Service Discontinued:	Account is still Active
Account Co-Applicant:	JOICE ALLEN
Date Co-Applicant Established:	07-02-2025

We hope this information will be helpful to you. Please feel free to call our Customer Contact Center at 1-800-411-SDGE(7343) for more information.

Sincerely
San Diego Gas & Electric

Consumer Deposit Account

Relationship Change Application

WELLS FARGO

Host Status:
Host Update Successful

Banker Name:	Officer/Portfolio Number:	Date:
YUDITH VALDES ROJAS	C1206	08/20/2026

Banker Phone:	Branch Number:	Banker AU:	Banker MAC:
619/226-1538	04518	0000846	E2927-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Account Information

Product Name:	Minor:	COID:	Product:	Account Number:
Wells Fargo Everyday Checking		221	DDA	9913624608

Related Customers

Customer 1 Name:	Customer Number (ECN):	Account Relationship Status:
JOICE AMARAL ALLEN	179987831628719	CHANGED
Current Account Relationship: Sole Owner	**NEW Account Relationship:** Primary Joint Owner (or)	
Customer 2 Name: JORDAN T ALLEN	**Customer Number (ECN):** 508291070051219	**Account Relationship Status:** NEW
Current Account Relationship: None	**NEW Account Relationship:** Secondary Joint Owner (or)	

Checking/Savings Statement Mailing Information

Customer(s) Listed on Statement:	Statement Mailing Address:	
JOICE AMARAL ALLEN	4954 DEL MONTE AVE	
JORDAN T ALLEN	Address Line 2:	
	City: SAN DIEGO	State: CA
	ZIP/Postal Code: 92107-3209	Country: US

Customer Copy

Customer 1 Information

Customer Name: JOICE AMARAL ALLEN			Street Address: 4954 DEL MONTE AVE
Account Relationship: Primary Joint Owner (or)			Address Line 2:
Taxpayer Identification Number (TIN): 848-81-6158	TIN Type: SSN	Date of Birth: 11/28/1990	Address Line 3:
Primary ID Type: DLIC	Primary ID Description: W8596998		City: SAN DIEGO / State: CA
Primary ID St/Ctry/Prov: CA	Primary ID Issue Date: 06/22/2026	Primary ID Expiration Date: 11/28/2027	ZIP/Postal Code: 92107-3209 / Country: US
Secondary ID Type: OTHR	Secondary ID Description: SSN 6158		Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID State/Country:	Secondary ID Issue Date: 05/06/2026	Secondary ID Expiration Date:	
Check Reporting: NO RESPONSE			Home Phone: 619/674-9488 / Business Phone:
Country of Citizenship: BR	Permanent U.S. Resident: YES	Country of Permanent Residence: US	

Customer 2 Information

Customer Name: JORDAN T ALLEN			Street Address: 4954 DEL MONTE AVE
Account Relationship: Secondary Joint Owner (or)			Address Line 2:
Taxpayer Identification Number (TIN): 612-18-2795	TIN Type: SSN	Date of Birth: 08/16/1981	Address Line 3:
Primary ID Type: DLIC	Primary ID Description: B6403437		City: SAN DIEGO / State: CA
Primary ID St/Ctry/Prov: CA	Primary ID Issue Date: 01/28/2026	Primary ID Expiration Date: 08/16/2030	ZIP/Postal Code: 92107-3209 / Country: US
Secondary ID Type: OTHR CC	Secondary ID Description: SOUTHWESTWEST VISA 0709		Directional Address: *(Document when no physical residence, business or alternate street address.)*
Secondary ID State/Country:	Secondary ID Issue Date:	Secondary ID Expiration Date: 12/30/2028	
Check Reporting: NO RECORD			Home Phone: 858/232-5753 / Business Phone: 858/232-5753
Country of Citizenship: US		Country of Permanent Residence: US	

Customer Copy

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:	Taxpayer Identification Number (TIN):	Customer Number (ECN):
JOICE AMARAL ALLEN	848-81-6158	179987831628719

TIN Certification Signature

[redacted]

☐ Submit manually
☐ Signature not required

Date: 08/20/2026

Customer Signatures - New/Remaining Account Owner Relationships

Everything I have stated in this application is correct. You are authorized to make any inquires that you consider appropriate to determine if you should open the account. This may include ordering a credit report or other report (i.e. information from any motor vehicle department or other state agency) on me. I have received a copy of the applicable account agreement and privacy brochure and agree to be bound by them. **I also agree to the terms of the dispute resolution program described in the account agreement Service Agreement and Product Guide. Under this program our disputes will be decided before one or more neutral persons in an arbitration proceeding and not by a jury trial or a trial before a judge.**

New/Remaining Customer 1 Name	Customer Number (ECN):
JOICE AMARAL ALLEN	179987831628719

New/Remaining Customer 1 Signature

[redacted]

☐ Submit manually
☐ Signature not required

Date: 08/20/2026

New/Remaining Customer 2 Name	Customer Number (ECN):
JORDAN T ALLEN	508291070051219

New/Remaining Customer 2 Signature

[redacted]

☐ Submit manually
☐ Signature not required

Date: 08/20/2026

Customer Copy

STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

THIS VALIDATED REGISTRATION CARD OR A FACSIMILE COPY IS TO BE KEPT WITH THE VEHICLE FOR WHICH IT IS ISSUED. THIS REQUIREMENT DOES NOT APPLY WHEN THE VEHICLE IS LEFT UNATTENDED. IT NEED NOT BE DISPLAYED. PRESENT IT TO ANY PEACE OFFICER UPON DEMAND. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, USE THIS FORM TO PAY YOUR RENEWAL FEES OR NOTIFY THE DEPARTMENT OF MOTOR VEHICLES OF THE PLANNED NON-OPERATIONAL STATUS (PNO) OF A STORED VEHICLE. RENEWAL FEES MUST BE PAID ON OR BEFORE THE REGISTRATION EXPIRATION DATE OR PENALTIES WILL BE DUE PURSUANT TO CALIFORNIA VEHICLE CODE SECTIONS 9552 - 9554.

EVIDENCE OF LIABILITY INSURANCE FROM YOUR INSURANCE COMPANY MUST BE PROVIDED TO THE DEPARTMENT WITH THE PAYMENT OF RENEWAL FEES. EVIDENCE OF LIABILITY INSURANCE IS NOT REQUIRED WITH REGISTRATION RENEWAL OF OFF-HIGHWAY VEHICLES, TRAILERS, VESSELS, OR IF YOU FILE A PNO ON THE VEHICLE.

WHEN WRITING TO DMV, ALWAYS GIVE YOUR FULL NAME, PRESENT ADDRESS, AND THE VEHICLE MAKE, LICENSE, AND IDENTIFICATION NUMBERS.

********** DO NOT DETACH - REGISTERED OWNER INFORMATION **********

STATE OF CALIFORNIA
DMV
Department of Motor Vehicles

REGISTRATION CARD VALID FROM: 06/15/2025 TO: 06/16/2026

MAKE	YR MODEL	YR 1ST SOLD	VLF CLASS	*YR	TYPE VEH	TYPE LIC	LICENSE NUMBER
MAZD	2018	0000	FH	2022	130	11	9TZM227

BODY TYPE MODEL	MP	MO	VEHICLE ID NUMBER
HB	G	GF	3MZBN1M39JM267072

TYPE VEHICLE USE	DATE ISSUED	CC/ALCO	DT FEE RECVD	PIC	STICKER ISSUED
AUTOMOBILE	06/18/25	37	06/18/25	5	D4423073

REGISTERED OWNER
ALLEN JOICE AMARAL
4954 DEL MONTE AVE

SAN DIEGO
CA 92107

LIENHOLDER

AMOUNT PAID
$ 312.00

AMOUNT DUE	AMOUNT RECVD	
$ 312.00	CASH :	
	CHCK :	
	CRDT :	312.00

B01 613 B0 0031200 0018 CS B01 061825 11 9TZM227 072

South Bay Expressway The 125 Toll Road | I-15 Express Lanes

SANDAG CUSTOMER SERVICE CENTER
1129 LA MEDIA ROAD
SAN DIEGO, CA 92154

SDH0501A 2879 1 AB 0.641
7000005812 00.0013.0020 2879/1

JOICE AMARAL ALLEN
4954 DEL MONTE AVE
SAN DIEGO CA 92107-3209

Notice of Toll Evasion – Payment Request

Notice Number	Notice Date
9942798836	05/01/2026
Vehicle Plate / State 9TZM227/CA	**Make:**MAZD **Year:**18 **Model:**HB
Location see attached	**Time** see attached
Toll see attached	**Penalty** see attached
TOTAL DUE $47.00	**DUE DATE** 05/24/2026
Amount Due $107.00 If not paid by 05/24/2026.	

Dear JOICE AMARAL ALLEN,

Our records indicate that on the date, time, and location shown above, the vehicle listed did not pay the required toll and no valid transponder reading was detected. California's Street and Highway Code §30843 and the California Vehicle Code §23302 and §23302.5 require that tolls be paid and also specify that fines or penalties may be charged if the proper toll is not paid. To avoid additional fines or penalties, please pay the amount indicated prior to the due date listed. Payment may be sent either through the mail using the coupon below or paid online at SANDAG.org/FasTrak.

Now that you have discovered and appreciate the time-saving benefits of SANDAG roadways, we encourage you to become a FasTrak® customer. Opening an account is easy; just call us at (888) 889-1515 or visit SANDAG.org/FasTrak. If you would like to get your transponder right away, please visit our Customer Service Center at 1129 La Media Road, San Diego, CA 92154. **If you currently have an active FasTrak account, please complete the appropriate section on the reverse side of this notice.**

IF YOU BELIEVE THAT YOU HAVE RECEIVED THIS NOTICE IN ERROR AND WANT TO CONTEST THIS VIOLATION, please return the completed Affidavit of Non-liability/Administrative Review Request Form on the reverse side of this notice to SANDAG Customer Service Center, 1129 La Media Road, San Diego, CA 92154 within twenty-one (21) days from the Notice Date. In such case, an investigation will be conducted, the results of which will be mailed to the contesting person. If the contesting person is not satisfied with the results of the investigation, the person may, within fifteen (15) days of the mailing of the results of the investigation, deposit the amount of the toll evasion penalty with SANDAG and request an administrative review. In such a case, an administrative hearing will occur within ninety (90) days following receipt of such request. A contesting person may appeal any final decision of the administrative hearing officer within twenty (20) days after the mailing of the final decision (California Vehicle Code §40254, §40255, and §40256).

Failure to respond to this notice either by sending payment or the completed Affidavit of Non-liability/Administrative Review Request will result in an increase in fees being added and also may result in referral of the amount due to a collection agency and/or withholding of your vehicle registration by the Department of Motor Vehicles (California Vehicle Code §4770 and §40267) until payment is made in full. In accordance with the laws in the state of California, your dispute must be MAILED to us.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

South Bay Expressway The 125 Toll Road | I-15 Express Lanes

Notification Number 9942798836
Amount Due by 05/24/2026 $47.00

Amount Enclosed $ _____

Pay online and pay on time!
Visit SANDAG.org/FasTrak

Make checks payable to:
SANDAG
P.O. BOX 511270
Los Angeles, CA 90051-7825

DO NOT MAIL CASH

99427988361009045997350000004700 4

Affidavit of Non-liability/Administrative Review Request

Violation Notice Date: 05/01/2026

Notice Number:	License Plate:	State:	Issued To:
9942798836	9TZM227	CA	JOICE AMARAL ALLEN

[ ] I am an existing SANDAG FasTrak® Account Holder:

My FasTrak Account No. is: _____ **Transponder No.:** _____ **Name:** _____

I understand that I am personally liable for the toll amount per this notice.

[ ] Please add this license plate to my FasTrak account **OR**

[ ] I temporarily used this vehicle on SANDAG roadways between _____ [start date] and _____ [end date]

If your license plate is already listed on your account, please contact the SANDAG Customer Service Center at (888) 889-1515 to update your account information.

Print Name _____ **Signature** _____ **Phone** _____ **Date** _____

FasTrak customer from a different toll agency: Please contact your toll agency to add your license plate to your account, update your account information, and obtain an account verification letter which should accompany your request.

Riverside Express	91 Express Lanes	The Toll Roads	Bay Area Toll Bridges	Metro Express Lanes
Corona, CA	Corona, CA	Irvine, CA	San Francisco, CA	Gardena, CA
(855) 951-1500	(800) 600-9191	(800) 378-8725	(877) 229-8655	(877) 224-6511

Affidavit of Non-liability:

Our records indicate that a vehicle registered to you did not pay the proper toll at the location and date/time described on the attached Notice of the Toll Violation. Under California Vehicle Code §40254, the registered owner of the vehicle is responsible for all toll evasion violations committed with that vehicle. If you did not own this vehicle on the violation date, complete the declaration below and return it within twenty-one (21) days from the date of this notice to avoid additional fines and penalties.

The undersigned declares that the vehicle bearing the license plate number above was not owned by me on the violation date for the following reason (Please check appropriate reason):

[ ] Sold **[ ] Leased** **[ ] Rented** **[ ] Stolen**

The name and address of the responsible party is:

Name _____ Driver License Number _____ State _____

Address _____ City _____ State _____ ZIP Code _____

Date of theft, sale, or execution of lease/rental agreement _____

I declare under the penalty of perjury that the foregoing is true and correct.

Print Name _____ **Signature** _____ **Phone** _____ **Date** _____

Note: Proof of a bona fide sale or transfer of the vehicle, or a proof of written rental/lease agreement with a bona fide renting or leasing company, or a copy of a police report or insurance claim must be provided. Failure to provide or accurately complete the above information, as well as lack of verification of such by DMV, will result in this declaration being disregarded.

Emergency Provider Exclusion:

[ ] This vehicle was responding to an emergency: Please attach documentary evidence in support of the claim that this vehicle was responding to an emergency at the date and time of this violation.

If the noted vehicle is an emergency vehicle using SANDAG roadways for an emergency, then the owner may apply for forgiveness of the toll and violation fees for their emergency trip on SANDAG roadways. To apply, the emergency provider must provide documentary evidence of the emergency within sixty (60) days.

Request for Administrative Review:

I am not in agreement that I owe the amount associated with the violation stated herein and I request an administrative review of the documents. I have attached a written explanation of the circumstances which I believe constitutes my defense against liability of the violation.

Print Name _____ **Signature** _____ **Phone** _____ **Date** _____

The result of the Administrative Investigation/Review will be mailed to you via first class mail. If the investigation indicates that you remain liable for the violation, and you still desire to contest the Notice, you will have fifteen (15) days from the date the results of the investigation were mailed to pay the amount due in full with SANDAG and request a hearing.

Start using your new card today

WELLS FARGO

CWFGR26082044PER0001 / 00000932 / 00000932 / 1000.20.1
JORDAN T ALLEN
4954 DEL MONTE AVE
SAN DIEGO CA 92107-3209

This card is linked to your account ending in 4608

Thank you for banking with us.

Activate in the mobile app today!

Scan code with your mobile phone
Visit wellsfargo.com/activatecard
Call 1-877-294-6933
Use at any Wells Fargo ATM

The daily limits for your card:

- Purchase limit(1): $5,000
- ATM withdrawal limit(2): $1,010



Note: If you received this card in error, please notify us and destroy the card.

Ways and places to tap

Tap for ATM Access

Access a Wells Fargo ATM by tapping with your contactless debit card or debit card in your digital wallet(3).

Digital wallet

Add your card to your digital wallet(4) and use it to pay in stores, in apps, or online.

...with a new look*

Clean front

Your card information is now on the back of the card, leaving a clean front design.

Easier-to-read back

Find your information quickly with larger fonts and clearer organization. Plus, your card no longer requires your signature.

Learn more at **wellsfargo.com/mobile/tap-access**.

See reverse for more »

QC3777

*Not available on all products

C0000030045:C30045:Dup

2460

Start using your new card today

CWFGR26081895PRI0001 / 00000171 / 00000171 / 1000.20.4
JOICE AMARAL ALLEN
4954 DEL MONTE AVE
SAN DIEGO CA 92107-3209

This card is linked to your account ending in 4608

Thank you for banking with us.

Activate in the mobile app today!

Scan code with your mobile phone
Visit wellsfargo.com/activatecard
Call 1-877-294-6933
Use at any Wells Fargo ATM

The daily limits for your card:

- Purchase limit(1): $8,000
- ATM withdrawal limit(2): $1,010



please notify us and destroy the card.

Ways and places to tap

Tap for ATM Access

Access a Wells Fargo ATM by tapping with your contactless debit card or debit card in your digital wallet(3).

Digital wallet

Add your card to your digital wallet(4) and use it to pay in stores, in apps, or online.

...with a new look*

Clean front

Your card information is now on the back of the card, leaving a clean front design.

Easier-to-read back

Find your information quickly with larger fonts and clearer organization. Plus, your card no longer requires your signature.

Learn more at **wellsfargo.com/mobile/tap-access**.

See reverse for more »

QC3777

*Not available on all products
C0000030045:C30045:Dup

4436

San Diego County Credit Union®

Here's Your New Chip-Enhanced Visa® Card

Enjoy all the benefits of your new card:

- Accepted at over 28 million Visa merchants worldwide
- Review transactions online at **sdccu.com**
- Withdraw cash anywhere you see these symbols:

VISA STAR CO-OP

0000218

JOICE C AMARAL
4954 DEL MONTE AVE
SAN DIEGO CA 92107-3209

1051034010503218

0000218 1003 0000226

3821 6800 0100 075 QC6388 16

0000000000 0107092049 22

Visit **sdccu.com**/activate

to activate your new SDCCU® card(s) or call (800) 278-4443. Be sure to sign the back of your card(s) - your card(s) must be signed to be valid.

Welcome to your new chip-enhanced SDCCU® Visa

Your chip-enhanced card includes all of the benefits of a standard SDCCU card, plus:

- Exceptional acceptance and security benefits at no additional cost to you
- Comprehensive security and protection benefits you've come to expect from your SDCCU Visa
- See reverse for Frequently Asked Questions on your new chip card

(877) 732-2848

Federally insured by NCUA

sdccu.com®

QC638

San Diego County Credit Union

Here's Your New Chip-Enhanced Visa® Card

Enjoy all the benefits of your new card:

- Accepted at over 28 million Visa merchants worldwide
- Review transactions online at **sdccu.com**
- Withdraw cash anywhere you see these symbols:

VISA STAR CO-OP

0000217

JORDAN T ALLEN
4954 DEL MONTE AVE
SAN DIEGO CA 92107-3209

1051034010403217

0000217 1003 0000225

3821 6800 0100 075 QC6388 16

Visit **sdccu.com**/activate to activate your new SDCCU® card(s) or call (800) 278-4443. Be sure to sign the back of your card(s) - your card(s) must be signed to be valid

0000000000 0107092007 22

Welcome to your new chip-enhanced SDCCU® Visa

Your chip-enhanced card includes all of the benefits of a standard SDCCU card, plus:

- Exceptional acceptance and security benefits at no additional cost to you
- Comprehensive security and protection benefits you've come to expect from your SDCCU Visa
- See reverse for Frequently Asked Questions on your new chip card

(877) 732-2848

Federally insured by NCUA

sdccu.com®

QC638

Exhibit 6 - Evidence of Bona Fide Marriage - Relationship History

AFFIDAVIT OF Jordan Taylor Allen

In Support of the Immigration Application of My Wife, Joice Allen

I, **Jordan Taylor Allen**, being duly sworn, declare as follows:

To Whom It May Concern,

I am the husband of **Joice Allen**. I am submitting this affidavit in support of her immigration application and to describe, in my own words, how we met, how our relationship developed, why I chose to marry her, and the life we have built and continue to build together.

I first saw Joice, whom most people know her as, Joy- at church events. She was part of a group of younger Brazilian women who had recently arrived in the United States. I remember noticing her because she stood out to me. She was tall, beautiful, and had long, red, curly hair. At that point in my life, however, I was discouraged by previous relationships that had not worked out. I was reluctant to pursue a romantic relationship with someone within my own spiritual and social community because I did not want another relationship that would end badly or create complications within my community, which is important to me. I also knew that I eventually did want a marriage and to share my life, community and friends with this person. I was prepping the flower bed, so to speak, and not wanting to make a mess of it. So, although I noticed Joice, I kept to myself and did not pursue her.

I was at a social gathering at Fiesta Island, and Joice approached me with a Brazilian friend of hers who had been getting acupuncture treatments from me and needed a translator to communicate with me. Joice spoke on her friend's behalf and enthusiastically told me how great the treatments were and how much her friend had benefited from them. I remember being struck by how friendly, positive, complimentary, and outgoing Joice was, while also being unsure how to interpret it. I wondered whether Joice was interested in me, whether her friend was interested in me, or whether Joice was simply a very friendly Brazilian woman who was genuinely just telling me about the treatments and that she appreciated them. I did not want to misunderstand the situation and embarrass myself. At this point I still did not want to pursue a romantic relationship unless I believed it had a good chance of becoming something serious.

Months later, some friends of mine were going to a Brazilian dance class, and I decided to go as well. We took some photographs afterwards, and that was the end of the interaction as far as I knew.

Joice later saw these pictures through a mutual friend and decided to reach out to me by text. This was the beginning of us talking.

I don't remember the exact sequence of every early interaction, but around this time Joice also asked me for acupuncture. I treated her and thought she might need further treatments. I had also learned that she was a graphic designer.

I liked Joy, I liked being around her and her comfortable and friendly nature. I wanted to spend more time with her, and to get to know her better, and at the same time I did not want to form a patient-practitioner relationship. I had some graphic design work that I wanted done and knew that, as a full-time student, she might not have much money for additional treatments. I suggested that we trade graphic design work for acupuncture treatments.

She accepted immediately.

This gave us a practical reason to communicate and spend time together without having to be open with the fact that I was interested and curious about her in a relationship sense. We began texting about branding and logo ideas. Those conversations became more personal, and we eventually planned to go on a hike together.

I was getting to know Joice without pressure to decide whether this was going to become a romantic relationship. I would simply observe who she was as a person. I kept liking what I saw.

I found her physically attractive, and I became increasingly attracted to her personality and, as I got to know her better, her character.

Around this time, Joice told me that she needed to move and did not have a truck, nor much help, so I offered to borrow a truck from a friend and help her move.

During the move, I accidentally backed my friend's truck, with the open tailgate, into a metal bollard in the driveway of her new apartment complex. I bent the tailgate.

Joice felt terrible that I would have to pay to repair something that had happened while I was helping her and offered to pay for the damage. I declined because it was my mistake and responsibility. I did, however, accept her company when I went to the junkyard to purchase a replacement tailgate.

By this point, I had spent enough time with Joice to feel that I had a good understanding of her character. I had begun to believe that she was someone I could take seriously, and that there was real potential for us to build a life together.

Even before we became a couple, there were qualities in Joice that I respected deeply.

Joice was responsible, focused, and exceptionally hardworking. She maintained a full-time school schedule while earning a 3.8 GPA. She graduated cum laude from San Diego State University with a bachelor's degree in graphic design and was also on the Dean's List, all while simultaneously juggling work, internships, and the regular responsibilities of adult life. I was never a particularly strong student academically, so I found her ability to maintain that level of performance while balancing so many responsibilities very impressive.

I saw that Joice took her responsibilities seriously. Whenever she worked somewhere, she gave the work her full effort. She took pride in this and the results showed it. I have seen past employers and colleagues value her prompt, high-quality work, sharp mind, and positive nature—and want her back because she is an asset to any team she joins.

Another thing I noticed about Joice was her character. She did not publicly participate in drama or gossip. When someone had wronged her or when there were interpersonal conflicts around her, I saw that she did not publicly speak negatively about them or air their dirty laundry. She has told me many times, in one form or another, that she is always going to try her best. I have seen her live that way.

But the most important thing I saw was how she interacted with my son, Ryu.

The first time Joice came to my home, we were not yet a couple. She was looking for a new apartment, and we were friends who were getting to know one another. Joice sat at the dinner table and had a totally comfortable and friendly conversation with Ryu while I was moving around the house doing other things. I listened to them talking.

For me, hearing that interaction was significant.

Some people say that the way to a man's heart is through his stomach. For me, the softest place in my heart has been my desire to have a family and, particularly, to have someone who genuinely wants to be part of my son's life.

Caring for Ryu is a major responsibility. I have always carried a fear that someday someone I love might decide that the responsibilities of my life—including Ryu—are too much and that they do not want to be part of it.

I believe that I cannot ask someone to want to be part of our family. They have to genuinely want it themselves.

Watching Joice naturally develop a loving and caring relationship with Ryu was one of the things that convinced me that she was the person I wanted to marry.

After we became a couple, I began going to Joice's home regularly after work, particularly on nights when I did not have my son. I would bring clothes and toiletries so that I could go directly to work the next morning. I would arrive as Joice was finishing her schoolwork and starting dinner. In the mornings, I would make coffee while she woke up, showered and then dressed. Joy would cook breakfast while I showered and dressed. We would eat breakfast together, discuss our day, and then walk each other to our cars.

This became part of our routine.

Her parents eventually came from Brazil to visit her. I had the opportunity to meet them, and I understood where some of Joice's characteristics came from. They were fun, honest, easygoing, hardworking, and loving people. Joice spoke with love and admiration about her parents and their relationship. She talked about how they came from humble and difficult beginnings, how they worked hard and worked together, how they dealt with challenges, and how they succeeded in life, business, marriage, and family. When Joy talked about this, it was clear that this was her model of what she wanted in a marriage.

Meeting her parents also made our relationship feel more connected to the larger family and life that Joice came from. Seeing her values and understanding what she wanted in a relationship were very significant to me. I loved and wanted the picture she painted of what a marriage could be. I increasingly saw Joice as someone I could live a life with.

Our relationship was not only easy and exciting, of course.

When Joy was in her final year of school, her grandmother’s health back in Brazil was deteriorating. Joy struggled with having to decide between going back to visit her, and finishing school—all the while having to stay strong and present for her life and responsibilities here in San Diego.

In January 2025 I was told that my mother was diagnosed with Alzheimer's disease, and then watched the presentation and then progression of that disease, which was shocking and devastating. Joice has been there for me. Sometimes I would cry and she would hold me. Other times she would encourage me to spend quality time with my mom. She is always super sweet, caring, and patient with my mom.

Through all of this, Joice remained consistent. She was loving, present, honest, moral, fun, and supportive. That consistency mattered enormously to me. Joice continued to prove herself to me as the right person.

I had been thinking about proposing to Joice for some time. The idea was exciting but also terrifying because marriage is a serious commitment, particularly when it means joining not only the two of us, but also becoming part of my son's life.

As my mother's Alzheimer's progressed and Joice's graduation from SDSU approached, I decided that I did not want to continue waiting.

I took Joice to Piatti in La Jolla, the same restaurant where we had previously gone with her parents and my mother when her parents were visiting from Brazil and my mother had flown from St. Louis to San Diego to meet them.

After dinner we walked on the beach, I proposed to Joice and gave her the engagement ring, which I purchased and had fitted several weeks earlier. She said yes.

We were married approximately a month later, while her parents were visiting for her graduation.

Our wedding was simple and beautiful. The weather was wonderful, and we celebrated with family and a few close friends. It was not an elaborate event. It felt like us: simple, honest, loving, and surrounded by people who mattered to us.

My son Ryu became overwhelmed outside the County Clerk's office, with our friends and family there while we were waiting for the wedding to start. He had worried that he might be forgotten as my relationship with Joice progressed, and that he would lose his close relationship and attention from me. At one point he lay down on the ground and later went to sit by himself on a bench away from the family and wedding.

That moment was difficult, but it also illustrates something important about our family. Our marriage did not mean that I stopped being Ryu's father or that Joice became separate from that part of my life. We have had to learn how to integrate these relationships and responsibilities together as a family. We live what I explained to my son, that no one will replace another person, and I pointed out how Joice had brought joy, connection, peace, and a sense of family to our lives, and that ideally, the love and connection for us all multiplies, rather than subtracts. Ryu saw that this was the case, and that I had become more settled and less stressed when Joy came into our lives.

After we married, Joice moved in with Ryu and me. She completed school and her internships, and her daily life changed substantially. This was a major life transition, and it required adjustment.

We gradually found a new routine, and that routine has continued to evolve as our lives have changed.

Joice generally takes care of much of the cooking, which is something Ryu and I are both very grateful for. I generally handle grocery shopping because busy grocery stores can be overstimulating for Joice.

We have learned where each of us naturally contributes and where we need help from the other. As Ryu has gotten older, we have asked and he has started taking on more chores. Joy has been a motivating force in encouraging Ryu to take on more responsibilities.

In a past job when nannying in Connecticut prior to moving to San Diego, she helped care for an autistic boy. This experience really influenced her approach with Ryu. Joy understood Ryu's capabilities and understood that part of growing up is learning how to handle ordinary life responsibilities. She also recognized the typical teenage excuses and avoidance. She expected him to contribute and to do his chores before play. She would show through example, and explanation, how to get the hard work done first, without wallowing in frustration about it, and then move on with the day once the work was finished.

Joy values healthy and natural activities- being in nature, outside, going to the beach, playing guitar, making art, being creative, riding bikes (for Ryu and I. Joy gets scared to ride bikes, but I have full confidence and determination that I will get her riding a bike 'fluently' soon), being with good friends who love and care about us and treat well. Like me, she sees that screens are too ubiquitous in our lives and the lives of children. This alignment works well for us. It is helpful for us to share the same perspective and message to Ryu, and for him to see the fruits of a healthy lifestyle. He gets to see our loving and supportive community of positive people who are kind and welcoming to him. I am grateful that he gets to experience Joy's perspectives around chores and homework, from someone he sees as successful in school, work, friendships, community, and family life. Because he respects and trusts her, he is more willing to accept her encouragement to grow and take on more responsibility.

Joice was also able to be at home with Ryu while I worked. This became particularly important because my mother, who had previously helped care for him, was by then no longer able to do so because of her Alzheimer's disease.

Seeing Joice become part of our household and develop her own relationship with Ryu has been a very meaningful part of our marriage.

I have seen Ryu become more stable and grounded, and I believe Joice's loving and grounding presence in our home has played a significant role in that.

Several months after Joice moved in, even Ryu's mother commented to me on the positive change she had noticed in him, including that he seemed happier, more stable, and more agreeable.

Joice and I also began dreaming together about our future.

We started watching two YouTube channels about young couples renovating old and neglected homes, which inspired us to do something similar. Eventually, we started looking at homes on Redfin together. We went to see a few properties.

At first, our dream was larger and more unconventional: we imagined having open or agricultural land where we could establish a sustainable hydroponic farm. We talked about growing vegetables, potentially teaching children about farming, supplying organic greens and vegetables to schools, and perhaps using part of the property for additional income through something similar to an Airbnb.

When my younger sister, Grace, was preparing to sell her home in Spring Valley, Joice and I began discussing whether buying that home could be a first step toward that dream.

The property had a large front and back yards where we imagined putting vertical growing towers. We also imagined building a small "she-shed" that could serve as an office where Joice could do her graphic design work.

We were excited about the possibility.

At that exact time, I lost a work contract. A company I had been contracting with was acquired, and the new company wanted to hire an acupuncturist at a lower hourly rate.

With the loss of that contract, at essentially the same time that my sister needed to continue moving forward with the sale of her home, I took that as a sign that buying her home was not the right decision for us at that time, and we decided not to move forward with it.

Looking back, I can see that this was a difficult moment for both of us. It felt like the wind went out of the sails of some of our dreams, and with that came a decrease in optimism and excitement.

But we adapted.

Rather than dwelling on what we could not do, I decided to invest the time and energy I now had into my existing private acupuncture practice—this was something Joice was already encouraging me to do. She helped start and run her family's bread company in Brazil. She also served as their accountant for seven years managing expenses, payroll, and taxes. Joice understood the effort and investment involved in entrepreneurship, as well as the rewards that come from that effort.

I found a new space for my practice, and Joice helped me transform it.

We cleaned out trash, cobwebs, and clutter. We vacuumed, cleaned the windows, chose new decorations, painted, and gave the space a major makeover.

She cheered me on as my business began to grow, and it did.

That experience was another example of what our marriage looks like to me: we dream together, and we then encourage and help each other take practical steps toward those dreams.

Like any married couple, we have had difficulties, but these experiences have not made me question whether I want to be married to Joice. Instead, they have shown me that marriage requires us to be flexible in our perspective, and learn how to navigate circumstances where two people can love each other deeply and still experience a situation very differently.

I want a harmonious and lasting life with Joice.

When we have had difficulties, I have not wanted to simply ignore them or hope they disappear. I have taken us to couples therapy, and I try to talk through problems with her when we are calm and connected.

One thing I have learned is to "zoom out" and look at our marriage as a whole.

When we are in the middle of a disagreement, it is easy for one particular problem to become the entire focus of our attention. When I step back, I can see that the disagreement is one part of our life together, not the entirety of our marriage.

We also seek support from friends. Sometimes that means talking with more experienced married couples about challenges we are experiencing. Other times it simply means spending time with our community of friends. Being around people who know and care about us often gives both of us a calmer and more grounded perspective.

These efforts show that we both want our marriage to work, even when times are difficult.

Joice works extremely hard.

She works on her graphic design career while also building her portfolio, website, marketing, and maintaining professional relationships. She graduated from SDSU cum laude, with a bachelor's degree in graphic design in May 2025, and since then she has worked hard to establish herself professionally and build her clientele.

Her work has not yet reached the level she wants it to, and that has been a source of stress for her.

Joice is someone who likes to work hard, plan, and understand what is coming next. Life does not always cooperate with those preferences.

Her stress becomes something that I experience as her husband, just as the difficult circumstances in my life become things that she experiences as my wife. I remind her of what I believe to be true: that with her gifts and skills, hard work, and experience, it is only a matter of time before her business grows to the point where she can choose which work she wants to take on.

I have an aging mother with Alzheimer's, an autistic teenage son, and the responsibilities of running my own practice. Joice has her own career pressures and uncertainty.

We are learning how to carry these things together. In an unplanned way, we take turns holding space for and encouraging one another during our times of difficulty and doubt.

One of our current dreams is to buy a home together.

That dream has changed over time—from agricultural land and a hydroponic farm to perhaps a fixer-upper somewhere in San Diego—but the underlying dream has remained the same: to build a home and a life that belong to both of us and reflect our wants.

After Joice receives her green card, we want to travel throughout Brazil together. I want her to show me the places where she grew up and that have meaning and history for her.

I am especially excited to visit her parents' farm, see the cows, and experience that way of life. Her father, Bila, has told me that he wants to take me to Serra do Rio do Rastro when I finally visit Brazil.

Joice is also entrepreneurial. While in Brazil, she saw an opportunity to purchase a tiny, struggling bread company from a friend's family. She presented the idea to her parents, helped start and run the company, and eventually saw it grow to more than 30 daily employees, making five tons of bread per day.

She is also an excellent cook. Ryu and I are both very happy about that.

When we are older, Joice would love to have a motorhome and travel around the country. I think that would be a wonderful life for us. I can imagine us traveling, exploring different parts of the country, and perhaps even managing campsites along the way.

She gets her love of traveling and seeing the land from her parents. They grew up traveling by car, and they continue to enjoy doing so.

For our honeymoon, however, we would like to go somewhere that is very different from either of our home countries. We have talked about traveling to Europe, possibly Amsterdam, and experiencing something completely new together.

When I look back at how Joice and I met, I am struck by how slowly and naturally our relationship developed. I did not enter into the relationship just based solely on passion. In fact, I initially tried not to enter into a relationship at all.

I was cautious because of my previous experiences. I wanted to know who Joice was. I wanted to see how she treated people, how she handled responsibilities, how she responded to difficulty, and whether she would align with and eventually help shape the life I already had.

Over time, she showed me. She showed me that she was hardworking, responsible, honest, and caring. She showed me that she did not need to perpetuate drama or put others down to make herself feel better, and that we shared similar values toward life, family, and marriage. Most importantly, she showed me that she genuinely wanted to be part of me and Ryu's life.

I did not want someone who would just tolerate my son. He is a part of me, and so I needed someone who would genuinely want him in her life as well. Joice proved to be that person.

Today, our marriage includes the ordinary things that make up a real life together: cooking and grocery shopping, work, bills, cleaning, family responsibilities, career wins and frustrations, dreams, disagreements, therapy, friends, laughter, planning, and figuring out what comes next.

When I look back at our relationship, I am grateful that it developed slowly and naturally. I did not marry Joice simply because I was attracted to her or because our relationship was easy. I married her because, over time, I came to know who she was. I saw how she treated people, how seriously she took her responsibilities, how she handled difficult circumstances, how she cared for my son, and how she supported me and people I love. I also understand that marriage does not mean that two people will always agree or that life will always be easy. It means having your person beside you when life becomes difficult, and continuing to work together as circumstances change.

Joice is that person for me. She is my wife, my partner, and an important part of the family that Ryu and I have built. I love her, I trust her, and I continue to choose her. I look forward to building our home together, traveling together, supporting each other's careers and dreams, caring for our family, navigating the challenges that come with aging parents and life's uncertainties, and growing old together.

I respectfully submit this affidavit in support of Joice's immigration application and affirm that the statements above are true and correct to the best of my knowledge and recollection.

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.

Executed on: 09-10-2026

~~At.~~ JA Jordan Allen



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August 26, 2026

Declaration of Joice Amaral Allen Regarding My Marriage to Jordan Allen

To Whom It May Concern:

My name is Joice Amaral Allen, although most people in my life in the United States know me as Joy. I am writing this letter to share the story of my relationship with my husband, Jordan Taylor Allen, and to explain in my own words how our friendship developed into a relationship, how we became a family, and what our marriage and life together mean to me.

Jordan and I met through our church community in San Diego in September 2022. I actually noticed Jordan before we really started talking. From the beginning, I had a little crush on him, but I was shy and did not initiate a conversation. What stood out to me about him was how hardworking he was, how willing he was to help other people, and especially the way he cared for his son, Ryu. I could see very early that being a present and involved father was extremely important to him.

Our first meaningful conversations happened at a social gathering at Fiesta Island. I approached Jordan with my Brazilian friend Amanda, who had been receiving acupuncture treatments from him and needed help communicating in English. I translated for her and told Jordan how much the treatments had helped her.

Months later, Jordan attended a Brazilian dance class with some mutual friends. I later saw photographs from the class through one of those friends and used them as a reason to send him a text message. That message became the beginning of us talking more directly and regularly.

Around the same time, I asked Jordan for acupuncture because I was experiencing shoulder pain. He knew that I was a graphic design student, and he needed help with branding and a logo. He suggested that we exchange my graphic design work for acupuncture treatments. We began texting about branding and logo ideas, but our conversations gradually became more personal. What started as a practical exchange gave us the opportunity to spend time together, become genuine friends, and learn more about each other without pressure.

Eventually, that friendship led to our first hiking date.

Around the middle of April 2023, Jordan and I went hiking together at Mission Trails in San Diego. Hiking became one of the activities that defined the beginning of our relationship because we both enjoy being outdoors, exploring new places, camping, and spending time in nature.

Around that same period, Jordan helped me move into my apartment in Kensington. We were spending more and more time together, but we had not yet officially defined ourselves as boyfriend and girlfriend.

On the morning of June 25, 2023, a Sunday, we were at Jordan's house when he asked me to officially be his girlfriend. That moment made what had naturally been developing between us feel real and established.

For me, my feelings for Jordan had started much earlier. I was attracted to him when I first saw him at church, but as I got to know him, those feelings became much deeper. One small moment that meant a lot to me happened when Jordan learned that I was not eating meat at the time. He respected my choice and made sure that whenever I was at his home, I had vegetarian food available.

It may sound like a simple thing, but to me it showed consideration. He did not try to change me or make my choices inconvenient. He paid attention and wanted me to feel comfortable in his home. Moments like that were part of how I realized I was falling in love with him.

There are many qualities about Jordan that made me love him. One of the most important is the way he responds when someone needs help. At church, he is proactive and regularly tries to find a way to help, whether through his time, physical work, organization, or simply being available.

Even more important to me is the way he raises Ryu.

Jordan is deeply involved in Ryu's life. He cares about how Ryu is doing emotionally, what is happening at school, his friendships, his development, and helping him grow into a kind and capable person. I watched the way Jordan loved and cared for his son, and that showed me a great deal about his character.

I believe some of the things that made Jordan fall in love with me were also connected to family and responsibility. I have always tried to be independent and responsible with my life, my education, my work, and my finances. As my relationship with Ryu developed, I also genuinely cared about him and his well-being, rather than seeing him simply as Jordan's child.

My first meeting with Ryu is something I remember clearly. Jordan invited me to have dinner with the two of them at his house. Jordan made burgers. At that time, I was not eating meat, and Ryu had many questions for me about why I did not eat meat. It was a simple family dinner, but it was the beginning of a relationship that would become extremely important in my life.

Jordan was thoughtful about introducing me into Ryu's life gradually. He would make video calls with me while he was with Ryu so that Ryu could become accustomed to me and my presence.

As our relationship became more serious and marriage became a possibility, Ryu understandably had concerns. At the beginning, he was afraid that if Jordan and I married, he might somehow lose his father or be abandoned. Jordan and I had a very important conversation with him together. We reassured him that regardless of how our relationship changed or developed, he

would always be Jordan's son, Jordan would always love him, and nothing about our marriage would take his father away from him.

That conversation meant a great deal to me because I understood that marrying Jordan also meant becoming part of Ryu's life and accepting the responsibilities that came with becoming a family.

While we were dating, travel and outdoor activities became an important part of our relationship. We went hiking and camping frequently and began creating memories together in different places.

Some of our trips during our relationship include Borrego Springs in May 2023, Phoenix in August 2023, and Joshua Tree in October 2023. Joshua Tree became particularly special to us. We loved our first trip so much that it became a place we continued returning to, and we have now visited together several times.

As our relationship became more serious, we stopped thinking only about where we would go next or what we would do on the weekend and began talking about what our future together might look like. We started dreaming together and, little by little, trying to make those dreams real.

Marriage was initially a sensitive subject because I knew it was not something Jordan approached lightly. During my last semester of college, I explained to him that after graduation my immigration circumstances meant that I might eventually need to return to Brazil. That conversation made the future much more immediate for us.

Less than three months later, Jordan asked me to marry him.

He proposed on April 20, 2025, and the location he chose had a special meaning for us.

There is a restaurant in La Jolla where my parents had previously met Jordan's mother. During an earlier dinner there with our families, I noticed a beautiful patio with a very large tree. I told Jordan that I hoped our relationship could become like that tree, strong, beautiful, grounded, and able to continue growing.

On the day he proposed, he brought me back to that restaurant. We had a beautiful dinner together, and afterward we went for a walk on the beach. During that walk, Jordan asked me to marry him.

The fact that he remembered something I had said about that tree and brought me back to the same place made the proposal especially meaningful to me. It represented not only getting engaged but also the kind of relationship we both wanted to continue building.

My parents already had plans to travel from Brazil to San Diego in May 2025 to attend my college graduation. Because they were going to be here, Jordan and I realized that it would be a rare and precious opportunity for them to also be present when we got married.

We did not have a long engagement or months to plan a large wedding. At the time, I was finishing my final semester of college and preparing for graduation, so our lives were already extremely busy. What mattered most to us was not having a large or elaborate ceremony. What mattered was being able to have the people closest to us there, especially my parents.

We were married at the courthouse in San Diego on May, 16, 2025**.**

Our wedding was attended by people who are genuinely part of our lives, including our friends Giorgia, Dylan, Andrea, and Jean Louis, as well as Ryu, my parents, Jordan's mother, Jordan's sister Grace, Jordan's father, and his stepmother.

Having both of our families there while I was also celebrating my graduation is one of the most meaningful periods of my life. My parents had traveled from Brazil to see me accomplish something I had worked very hard for, and during the same visit they were able to see me marry the person I had chosen to build my life with.

After our wedding, we celebrated with dinner at my favorite Italian restaurant together with my parents and Jordan's family.

We decided not to spend money on a traditional honeymoon at that time. One of our biggest dreams is to have another wedding celebration in Brazil when I am able to travel there, so that my siblings, nephew, niece, extended family, and friends in Brazil can be part of our marriage celebration as well. We would also like our future honeymoon to be in Brazil.

After getting married, we decided to make our home at Jordan's house in Ocean Beach, San Diego.

One major consideration in that decision was Ryu. Because Ryu is on the autism spectrum, Jordan and I both felt that introducing too many changes to his life at once would not be in his best interest. Maintaining the home and environment that he already knew gave him stability while our family adjusted to a new dynamic.

Our everyday married life is made up of hundreds of small things that probably seem ordinary to anyone else but mean a great deal to me.

Jordan usually wakes up before I do. He makes coffee in the morning and often brings me a mug to help wake me up. I usually get up and go for a run.

When Ryu is with us, Jordan normally helps him get ready and takes him to school before going to work. I work from home, and Jordan's clinic is only about two blocks from our house. Because he is so close, I often make lunch and coffee for him and bring them to the clinic. Other days, he comes home during his break and eats lunch with me.

I normally make dinner for our family.

Jordan also cooks sometimes. He often makes breakfast for us, and one thing he makes especially well is stew.

We do not have rigid rules about chores. We try to work as a team. If I am cleaning the bathroom, Jordan might clean the kitchen. We organize our bedroom together. We are also changing the way we divide household responsibilities because we are teaching Ryu to take on more age-appropriate responsibilities as he gets older.

When the three of us are together during the school week, our home has a routine.

In the morning, we make sure Ryu has everything he needs for school, has breakfast, brushes his teeth and hair, and is wearing appropriate clothes. Jordan usually drives him to school, although sometimes I do.

After school, Jordan usually picks him up, but if Jordan is working or unable to leave, I pick Ryu up. I also help drive him to playdates, activities, and summer programs such as surf camp.

When we come home, we make sure Ryu completes his homework. If there is enough time, sometimes we go to the beach together. When we return home, Ryu showers while I prepare dinner and Jordan helps organize the house. We eat dinner together and sometimes play or spend time together before Ryu goes to bed.

My relationship with Ryu has become one of the most significant parts of my marriage.

We go to the beach together, fly his airplanes, and share a love of drawing. Because I am an artist and graphic designer, he frequently asks me questions about drawing techniques or asks for my advice on his artwork.

As he has gotten older, our conversations have changed too. He is now a teenager and sometimes asks me for advice about girls. I joke with him that because I am a girl, I probably know more about girls than his dad does.

Those ordinary conversations are some of the moments when I feel most like we are truly a family.

Becoming a wife and a stepmother at nearly the same time has been one of the biggest learning experiences of my life. It is not always easy, especially because parenting a teenager on the autism spectrum requires patience, consistency, communication, and an understanding that each situation can be different. But it has helped me grow tremendously.

Jordan and I also spend a great deal of our lives with our extended family.

I am very close with his family. We frequently spend Sundays together, have dinner during the week at his mother's home, and participate in family activities and trips.

Jordan's mother is living with Alzheimer's disease, and caring about her well-being has naturally become part of our lives as a married couple. I try to help Jordan and his family and to support him with the responsibilities that come with caring for a parent.

We also took a wonderful family vacation to Yosemite with Ryu and many members of Jordan's family. Having everyone together and sharing that experience made me feel even more connected to his family.

Jordan has also made an effort to become part of my Brazilian family even though distance makes that much more difficult.

He first met my parents through video calls, and then he met them in person when they traveled from Brazil to visit me in May 2024. They have now spent time with Jordan in person on multiple visits.

Whenever I am on the phone with my parents or siblings, Jordan makes a point of appearing on the call, saying hello, and showing them affection. He even tries to speak Portuguese with them.

During my parents' last visit, Jordan, my parents, and I took a road trip together that included Sedona, the Four Corners Monument, the Salton Sea area, and Palm Springs. We have also spent time showing my parents different parts of San Diego.

Watching Jordan make an effort with my parents is very meaningful because they live thousands of miles away and cannot be physically present in our everyday life.

Our church community continues to be one of the foundations of our relationship.

It is where we met, where our friendship began, and where many people watched our relationship develop from friendship, to dating, to marriage.

We both participate actively in the community in different ways. I especially love decorating for church events, and I also enjoy baking cakes for birthddays celebrations. Jordan helps with organization and often helps me put up decorations.

Many of our closest friends are members of the same community, and when we need advice or another perspective, we have people around us who know both of us well and genuinely care about our marriage.

Our shared beliefs are a very important part of our relationship. They shape how we try to treat each other, how we think about community, and how we approach our responsibilities to the people around us.

Outside of church and family responsibilities, Jordan and I still enjoy many of the same things that brought us together in the beginning. We love hiking, camping, traveling, being outdoors, and spending time with friends.

Over the years, we have traveled together many times. Some of the memories we have created include:

- Borrego Springs — May 2023
- Phoenix — August 2023
- Joshua Tree — October 2023
- Kings Canyon with Ryu — June 2024
- Phoenix with friends for Jordan's birthday — August 2024
- Mount Laguna camping — July 2025
- St. Louis with Ryu — October 2025
- Hot springs near Apple Valley — November 2025
- Joshua Tree — January 2026
- Hawaii — May 2026
- Yosemite with Jordan's extended family — June 2026
- A family road trip with Jordan and my parents through Sedona, Four Corners, the Salton Sea area, and Palm Springs— August 2026

Our Hawaii trip in May 2026 is particularly special to me because we went there to celebrate our first wedding anniversary.

There are also small, funny details of our relationship that would mean nothing to most people but are part of what makes our marriage ours.

Almost everyone calls me Joy, but my actual name is Joice, and normally only my family calls me that. Jordan knows this, so he intentionally calls me Joice because it feels more personal and because he knows it connects me to my family.

I call him “Pupsy,” which became an inside joke between us related to a German term of endearment and the fact that Jordan sometimes takes a very long time in the bathroom.

We also learn each other’s stress signals. When I am anxious, I tend to bite my nails. Jordan notices it, and sometimes without even saying anything, he simply holds my hands so I cannot bite them. It is a very small gesture, but it makes me feel that he sees me and knows me.

I try to care for him in similar everyday ways. I make an effort to prepare healthy meals for Jordan and Ryu, support Jordan with family responsibilities, and be present for his mother and the rest of his family.

Like any real marriage, our relationship is not without stress or disagreement.

One of the hardest things for me personally is that I have not yet been able to take Jordan to Brazil and show him the world I came from.

I want him to walk through my hometown, meet my entire family, see where I grew up, experience our traditions, eat the food, meet my longtime friends, and understand the parts of my life that cannot fully be explained through photographs or video calls.

Because our lives are extremely busy, with work, sharing responsibility for Ryu every other week, church responsibilities, family obligations, and helping care for Jordan’s mother, we postponed parts of my immigration process longer than we originally expected.

The inability to freely travel to Brazil has sometimes been emotionally difficult for me and has created periods of stress in our relationship.

When we disagree or struggle to find a solution ourselves, we talk. We also rely on trusted friends in our community, and we have attended couples counseling to improve our communication and work through problems constructively.

Marriage has taught me that building a life together is not something that happens immediately. Everything takes time. There are many different responsibilities, personalities, family relationships, expectations, and challenges to balance. Jordan and I are learning together, and we continue trying to do our best for each other and for our family.

We also spend a great deal of time talking about our future.

One of our dreams is to purchase a home with enough land to have a small farm. We imagine having chickens and perhaps even a cow someday. We have already started looking at homes and talking about what areas around San Diego might allow us to create that kind of life.

When I married Jordan, I became both a wife and a stepmother. I did not fully understand beforehand how much both of those roles would teach me.

Marriage has challenged me to become more patient, responsible, flexible, and thoughtful. Being part of Ryu's life has challenged me to learn about parenting, autism, teenagers, school, friendships, boundaries, and how to support a child who is becoming a young adult.

Jordan challenges me to continue growing, not only as his wife and as Ryu's stepmother, but also as a member of our church, our family, and our community.

And I challenge him too.

Our relationship is made up of much more than our wedding day. It is Jordan bringing me coffee in the morning. It is me walking two blocks to his clinic with his lunch. It is making sure Ryu has brushed his teeth before school. It is discussing homework, drawing, girls, and airplanes with a teenager. It is cleaning different rooms of the house at the same time. It is helping Jordan care for his mother. It is camping and hiking. It is decorating our church together. It is spending Sundays with family. It is calling Brazil and watching Jordan try to speak Portuguese with my parents. It is holding hands when I am anxious. It is disagreeing, talking, seeking help when we need it, and then continuing forward together.

Jordan is the love of my life, and I cannot imagine building my life without him.

I know that he is the person I want to spend my life with because our relationship continually challenges both of us to grow. With him, I have learned what it means to build a family rather than simply imagine one. He encourages me to become a better person, a better wife, a better stepmother, and a better member of our community.

Our marriage is real not because every day is perfect, but because every day we continue choosing to build this life together.

I look forward to the years ahead of us, to watching Ryu grow, continuing to build our careers, finding our future home, caring for our families, traveling together, taking Jordan to Brazil, celebrating our marriage with my Brazilian family, and hopefully one day looking back at the life we created together and seeing that it became like the tree I once pointed out to him in La Jolla: strong, beautiful, deeply rooted, and still growing.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct to the best of my knowledge.

Sincerely,

Joice A. Amaral Allen

Joice Amaral Allen

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SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/JORDAN

JORDAN ALLEN

FLIGHT WN2817 GATE 104

OCT 02, 2025

CONFIRMATION NUMBER:C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
SAN	PHX	WN2817	04:35PM	D	04:13PM
PHX	STL	WN3899	06:55PM	D	

Basic

BOARDING GROUP B POSITION 41

41R WN825884 C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

41

ALLEN/JORDAN
CONF C90H3P
OCT 02, 2025
#N2817 SAN DIEGO INTERNA
TO PHOENIX SKY HARBOR IN
#N3899 PHOENIX SKY HARBO
ST LOUIS LAMBERT-ST LOUI
613947821
RR

B 41

AC-167-5M (Rev. 06/2025)

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BOARDING PASS

AMARAL/JOICE

JOICE AMARAL

FLIGHT WN2817 GATE 104

OCT 02, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
SAN	PHX	WN2817	04:35PM	D	04:13PM
PHX	STL	WN3899	06:55PM	D	

Basic

BOARDING GROUP B POSITION 42

42R WN9325CB C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

42

AMARAL/JOICE
CONF C90H3P
OCT 02, 2025
WN2817 SAN DIEGO INTERNA
TO PHOENIX SKY HARBOR IN
WN3899 PHOENIX SKY HARBO
ST LOUIS LAMBERT-ST LOUI

B 42

SS192136

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BOARDING PASS

ALLEN/RYU

RYU ALLEN

FLIGHT WN2817 GATE 104

OCT 02, 2025

CONFIRMATION NUMBER:C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
SAN	PHX	WN2817	04:35PM	D	04:13PM
PHX	STL	WN3899	06:55PM	D	

Basic

BOARDING GROUP B POSITION 43

43R WN825884 C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

43

ALLEN/RYU
CONF C90H3P
OCT 02, 2025
#N2817 SAN DIEGO INTERNA
TO PHOENIX SKY HARBOR IN
#N3899 PHOENIX SKY HARBO
ST LOUIS LAMBERT-ST LOUI

B 43

AC-167-5M (Rev. 1/2025)

SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/RYU
RYU ALLEN
FLIGHT **WN58** GATE 17
OCT 05, 2025
CONFIRMATION NUMBER: C9OH3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN58	09:45PM	P 09:29PM

Choice

BOARDING GROUP **C** POSITION **60**

60 WN28C9CA C9OH3P

SOUTHWEST AIRLINES
OPEN SEATING
60

ALLEN/RYU
CONF C9OH3P
OCT 05, 2025
WN58 DALLAS LOVE FIELD
TO SAN DIEGO INTERNATION

C 60

SS159674

AC-167-5M (Rev. 1/2025)

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BOARDING PASS

ALLEN/JORDAN
JORDAN ALLEN
FLIGHT **WN58** GATE 17
OCT 05, 2025
CONFIRMATION NUMBER: C9OH3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN58	09:45PM	P 09:29PM

Choice

BOARDING GROUP **B** POSITION **22**

22 WN28C9CA C9OH3P

SOUTHWEST AIRLINES
OPEN SEATING
22

ALLEN/JORDAN
CONF C9OH3P
OCT 05, 2025
WN58 DALLAS LOVE FIELD
TO SAN DIEGO INTERNATION

613947821
RR

B 22

SS159674

AC-167-5M (Rev. 1/2025)

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BOARDING PASS

AMARAL/JOICE
JOICE AMARAL
FLIGHT **WN58** GATE 17
OCT 05, 2025
CONFIRMATION NUMBER: C9OH3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN58	09:45PM	P 09:29PM

Choice

BOARDING GROUP **B** POSITION **23**

23 WN28C9CA C9OH3P

SOUTHWEST AIRLINES
OPEN SEATING
23

AMARAL/JOICE
CONF C9OH3P
OCT 05, 2025
WN58 DALLAS LOVE FIELD
TO SAN DIEGO INTERNATION

B 23

SS159674

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BOARDING PASS

SOUTHWEST AIRLINES
OPEN SEATING
23

ALLEN/JORDAN
JORDAN ALLEN
FLIGHT WN3899 GATE C1
OCT 02, 2025
CONFIRMATION NUMBER:C90H3P
FROM TO FLT TIME FB BOARDING
PHX STL WN3899 06:55PM D 06:25PM

BOARDING GROUP B POSITION 23

Basic

23R WN825884 C90H3P

ALLEN/JORDAN
CONF C90H3P
OCT 02, 2025
WN3899 PHOENIX SKY HARBO
TO ST LOUIS LAMBERT-ST L

613947821
RR

B 23

AC-167-SM (Rev. 06/2025)

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BOARDING PASS

SOUTHWEST AIRLINES
OPEN SEATING
24

AMARAL/JOICE
JOICE AMARAL
FLIGHT WN3899 GATE C1
OCT 02, 2025
CONFIRMATION NUMBER: C90H3P
FROM TO FLT TIME FB BOARDING
PHX STL WN3899 06:55PM D 06:28PM

BOARDING GROUP B POSITION 24

Basic

24R WN9325CB C90H3P

AMARAL/JOICE
CONF C90H3P
OCT 02, 2025
WN3899 PHOENIX SKY HARBO
TO ST LOUIS LAMBERT-ST L

B 24

SS192136

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BOARDING PASS

SOUTHWEST AIRLINES
OPEN SEATING
25

ALLEN/RYU
RYU ALLEN
FLIGHT WN3899 GATE C1
OCT 02, 2025
CONFIRMATION NUMBER:C90H3P
FROM TO FLT TIME FB BOARDING
PHX STL WN3899 06:55PM D 06:25PM

BOARDING GROUP B POSITION 25

Basic

25R WN825884 C90H3P

ALLEN/RYU
CONF C90H3P
OCT 02, 2025
WN3899 PHOENIX SKY HARBO
TO ST LOUIS LAMBERT-ST L

B 25

AC-167-5M (Rev. 08/2025)

SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/RYU

RYU ALLEN

FLIGHT **WN3347** GATE E4

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
STL	DAL	WN3347	04:35PM	P	04:24PM
DAL	SAN	WN879	07:05PM	P	

Choice

BOARDING GROUP **B**

POSITION **33**

33R WNDFD76C C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

33

ALLEN/RYU
CONF C90H3P
OCT 05, 2025
WN3347 ST LOUIS LAMBERT-
TO DALLAS LOVE FIELD
WN879 DALLAS LOVE FIELD
SAN DIEGO INTERNATIONAL

B 33

SS203478

AC-167-5M (Rev. 08/2025)

SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/JORDAN

JORDAN ALLEN

FLIGHT **WN3347** GATE E4

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
STL	DAL	WN3347	04:35PM	P	04:24PM
DAL	SAN	WN879	07:05PM	P	

Choice

BOARDING GROUP **B**

POSITION **31**

31R WNDFD76C C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

31

ALLEN/JORDAN
CONF C90H3P
OCT 05, 2025
WN3347 ST LOUIS LAMBERT-
TO DALLAS LOVE FIELD
WN879 DALLAS LOVE FIELD
SAN DIEGO INTERNATIONAL
613947821
PR

B 31

SS203478

AC-167-5M (Rev. 08/2025)

SOUTHWEST AIRLINES®

BOARDING PASS

AMARAL/JOICE

JOICE AMARAL

FLIGHT **WN3347** GATE E4

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB	BOARDING
STL	DAL	WN3347	04:35PM	P	04:24PM
DAL	SAN	WN879	07:05PM	P	

Choice

BOARDING GROUP **B**

POSITION **32**

32R WNDFD76C C90H3P

SOUTHWEST AIRLINES
OPEN SEATING

32

AMARAL/JOICE
CONF C90H3P
OCT 05, 2025
WN3347 ST LOUIS LAMBERT-
TO DALLAS LOVE FIELD
WN879 DALLAS LOVE FIELD
SAN DIEGO INTERNATIONAL

B 32

SS203478

SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/JORDAN

JORDAN ALLEN

FLIGHT **WN879** GATE 5

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN879	07:05PM P	06:35PM

Choice

BOARDING GROUP **B**

POSITION **25**

25R WNDFD76C C90H3P

AC-167-5M (Rev. 08/2025)

SS203478

SOUTHWEST AIRLINES
OPEN SEATING

25

ALLEN/JORDAN

CONF C90H3P

OCT 05, 2025

WN879 DALLAS LOVE FIELD

TO SAN DIEGO INTERNATION

613947821

RR

B 25

SOUTHWEST AIRLINES®

BOARDING PASS

AMARAL/JOICE

JOICE AMARAL

FLIGHT **WN879** GATE 5

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN879	07:05PM P	06:35PM

Choice

BOARDING GROUP **B**

POSITION **26**

26R WNDFD76C C90H3P

AC-167-5M (Rev. 08/2025)

SS203478

SOUTHWEST AIRLINES
OPEN SEATING

26

AMARAL/JOICE

CONF C90H3P

OCT 05, 2025

WN879 DALLAS LOVE FIELD

TO SAN DIEGO INTERNATION

B 26

SOUTHWEST AIRLINES®

BOARDING PASS

ALLEN/RYU

RYU ALLEN

FLIGHT **WN879** GATE 5

OCT 05, 2025

CONFIRMATION NUMBER: C90H3P

FROM	TO	FLT	TIME	FB BOARDING
DAL	SAN	WN879	07:05PM P	06:35PM

Choice

BOARDING GROUP **B**

POSITION **27**

27R WNDFD76C C90H3P

AC-167-5M (Rev. 08/2025)

SS203478

SOUTHWEST AIRLINES
OPEN SEATING

27

ALLEN/RYU

CONF C90H3P

OCT 05, 2025

WN879 DALLAS LOVE FIELD

TO SAN DIEGO INTERNATION

B 27

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RR

ALLEN/JORDAN

FLIGHT **WN4126** SEAT **8A, Window**
DATE **MAY 16** TYPE **Preferred**
CONF.# **CRZT5L** FARE **Basic**

WN4126 **SAN DIEGO**
SACRAMENTO
06:40 AM G

Check monitors for gate number

*****7821

Boarding Group
4

Cardmember

BOARDING TIME
06:10 AM

Southwest

CRZT5L

LN: ALLEN
FN: JORDAN
MN:

AMA-10/SA.17

fold here

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RR

ALLEN/JORDAN

FLIGHT **WN1178** SEAT **10F, Window**
DATE **MAY 16** TYPE **Preferred**
CONF.# **CRZT5L** FARE **Basic**

WN1178 **SACRAMENTO**
KONA (HAWAII ISLAND)
09:50 AM G

Check monitors for gate number

*****7821

Boarding Group
5

Cardmember

BOARDING TIME
09:10 AM

Southwest

CRZT5L

LN: ALLEN
FN: JORDAN
MN:

AMA-10/SA.17

fold here

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SOUTHWEST AIRLINES® **BOARDING PASS**

AMARAL/JOICE

FLIGHT **WN4126**
DATE **MAY 16**
CONF.# **CRZT5L**

SEAT **8B, Middle**
TYPE **Preferred**
FARE **Basic**

Check monitors for gate number

WN4126 **SAN DIEGO**
SACRAMENTO
06:40 AM G

BOARDING TIME
06:10 AM

Boarding Group
4

Southwest

CRZT5L

LN: AMARAL
FN: JOICE
MN:

AMA-10/SA.17

fold here

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SOUTHWEST AIRLINES® **BOARDING PASS**

AMARAL/JOICE

FLIGHT **WN1178** SEAT **10E, Middle**
DATE **MAY 16** TYPE **Preferred**
CONF.# **CRZT5L** FARE **Basic**

WN1178 **SACRAMENTO**
KONA (HAWAII ISLAND)
09:50 AM G

Check monitors for gate number

Boarding Group
5

BOARDING TIME
09:10 AM

Southwest

CRZT5L

LN: AMARAL
FN: JOICE
MN:

AMA-10/SA.17

fold here

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SCOTT MALLORY **(619) 225-0481**

GOLDEN SEASHELL

for Fine Custom Jewelry

Gold, Silver, Diamonds
Fine Gemstones, Repairs

4920 Newport Avenue
San Diego, CA 92107

NO GOODS DELIVERED WITHOUT THIS CHECK

No. 5345

Golden Seashell
4920 Newport Ave.
San Diego, CA 92107
619-225-0481

NOT RESPONSIBLE FOR GOODS LEFT OVER 60 DAYS

0212883

CUSTOMER ORDER NO.	DEPARTMENT	DATE 4-13-25
NAME Jordan Allen		
ADDRESS 858 232 5753		
CITY, STATE, ZIP		

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT	SHIP DATE

	QUANTITY	DESCRIPTION	PRICE	AMOUNT
1				
2		Sing Flin Band		
3				
4		Down to 5½.		40
5				3 10
6				$43 10
7				45.
8		14K + 4y 25½		$635 43
9				
10				
11				$670.53
12				670.
13				
14				
15				
16				
17				
18				
19				
20				
RECEIVED BY			TAX	
			TOTAL	

KEEP THIS SLIP FOR REFERENCE

GOLDEN SEASHELL
4920 NEWPORT AVE
SAN DIEGO, CA 92107-3113
(619) 225-0481

Sale

XXXXXXXXXXXX5673
VISA Entry Method: Chip

Total: $ 678.58

04/13/25 10:13:10
Inv #: 000000001 Appr Code: 013194
Approved: Online

VISA CREDIT
AID: A0000000031010
TVR: 80 52 00 E0 00
TSI: 68 00

Customer Copy
THANK YOU!

Greg & Annely Allen
3050 Greenwich Street
Carlsbad, CA 92010

SAN DIEGO CA 920
3 DEC 2025 PM 5 L



Jordan, Joyce & Ryu Allen
4954 Del Monte Ave
San Diego CA 92107



2025 was filled with many adventures..
Wishing you all the best of life in 2026

2025 marked the first year that we feel fully retired, each day is like it's a Saturday. In March I (Annely) experienced my first time at Jury Duty, didn't get picked, that's ok. April I joined my grandson's 8th grade DC/NYC trip along with his mom as chaperones; it was so inspiring and such a blast. Barely saw my grandson, however insisted we get a picture together showing we were there at the same time. ha ha. This Summer we explored the West. We visited family and long time friends that are like family. Washington, Idaho, Montana and all the states we drove through. Hiked a mile deep into a mountain at the Lewis and Clark Caverns. Then a day spent exploring North Yellowstone. Our niece Lindsey and her family were our amazing guides, we saw at least 1000 bison. God Blessed us.

Sadly cancer is a big part of our lives, many friends have cancer. Few knew that I, Annely had endometrial cancer, had surgery end of August and am now cancer Free... Praising God Every Day... Please!! Pray, Donate, Don't Wait if something isn't right. Breathe Deeply every day.

JILL SMITH Shutterfly.
exclusively for shutterfly.com

2025

Joy!

We are so so thankful to share our first Thanksgiving together. We are grateful to call you family - you light up a room when you enter

We Love you

Greg & Annie

Joy

2025

Ryu!

Happy Thanksgiving —
We thank God for you
in our Lives. So happy
you are our grandson
You are Amazing!

Love you
Grandpa & Annely

Ryu

2025

Jordan

Happy Thanksgiving

We are so grateful for the relationship we have. We love who you are and appreciate all the memories we have.

God Bless you

We love you. Dad + Andy

So happy you + Joy are married

Jordan

robert & marie
3 WOODS HILL DRIVE
TOWN & COUNTRY, MO
63017

SAINT LOUIS MO 630
25 NOV 2025 PM 6 L



Joyce Allen
4954 Del Monte Av.
San Diego, CA
92107

92107-320954

Hugs!

You're everything
a parent could want
in a daughter-in-law
and then some.

HAPPY BIRTHDAY
with Love

Robert
&
marie

Thank you both for checking in on me, you're both so kind. Thanks also for the delicious food!!

Y'all are the best!

XO, Ashley

Mission Trails

Our second date hiking in the Regional Park
May 5, 2023



La Jolla Cove

Beach day in San Diego on June 30, 2023





Our trip together to San Diego

July 25, 2023

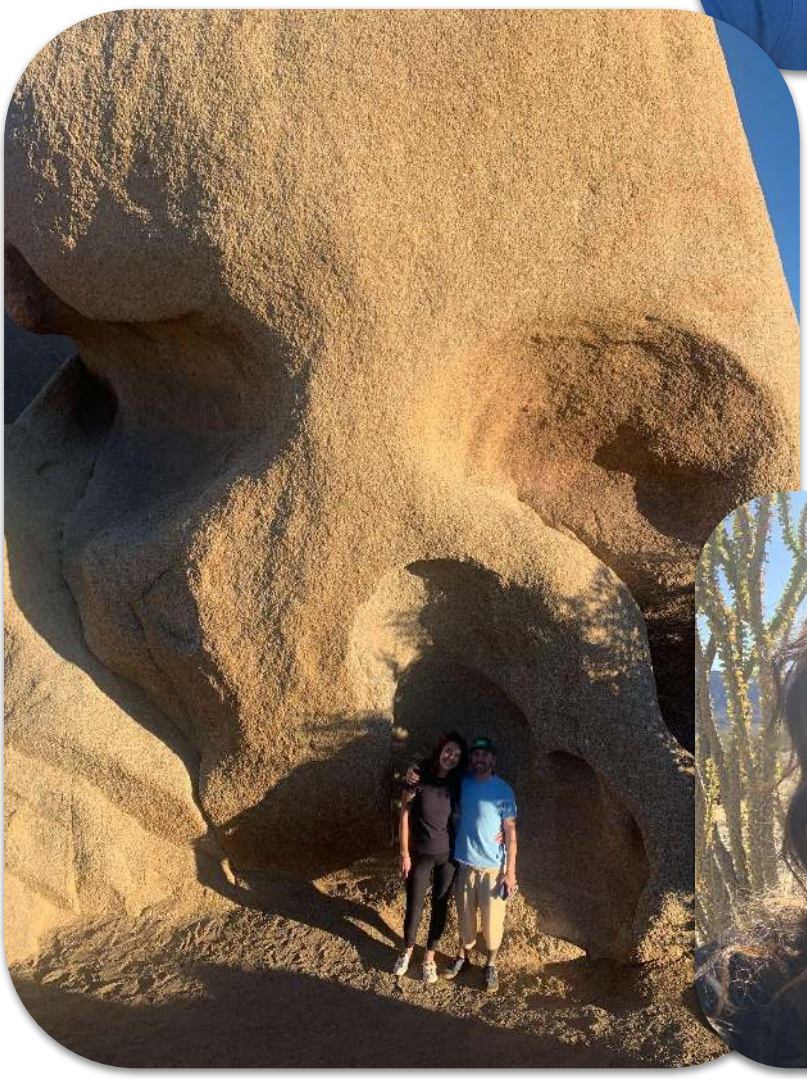
Cleveland National Forest

September 2023



Joshua National Park

October 14, 2023





February 2024

February 4th

Both of us together at a friend's Birthday





Family Celebration

February 22nd, 2024

Jordan’s mom’s birthday



Our Family Trip to Kings Canyon

Both of us and Ryu • July 2, 2024













Jordan’s Mom’s Birthday

February 22, 2025



Beach Day with Jordan’s family

February 23, 2025



The day Jordan promised to me

April 20, 2025



Hiking with friends

April 26, 2025







Joice’s Graduation

May 17, 2025











San Diego Zoo

May 24, 2025







Hanging out with friends in Julian

June 1, 2025

K1 with friends

June 9, 2025

Camping at Mount Laguna

June 26, 2025





Dinner Date together

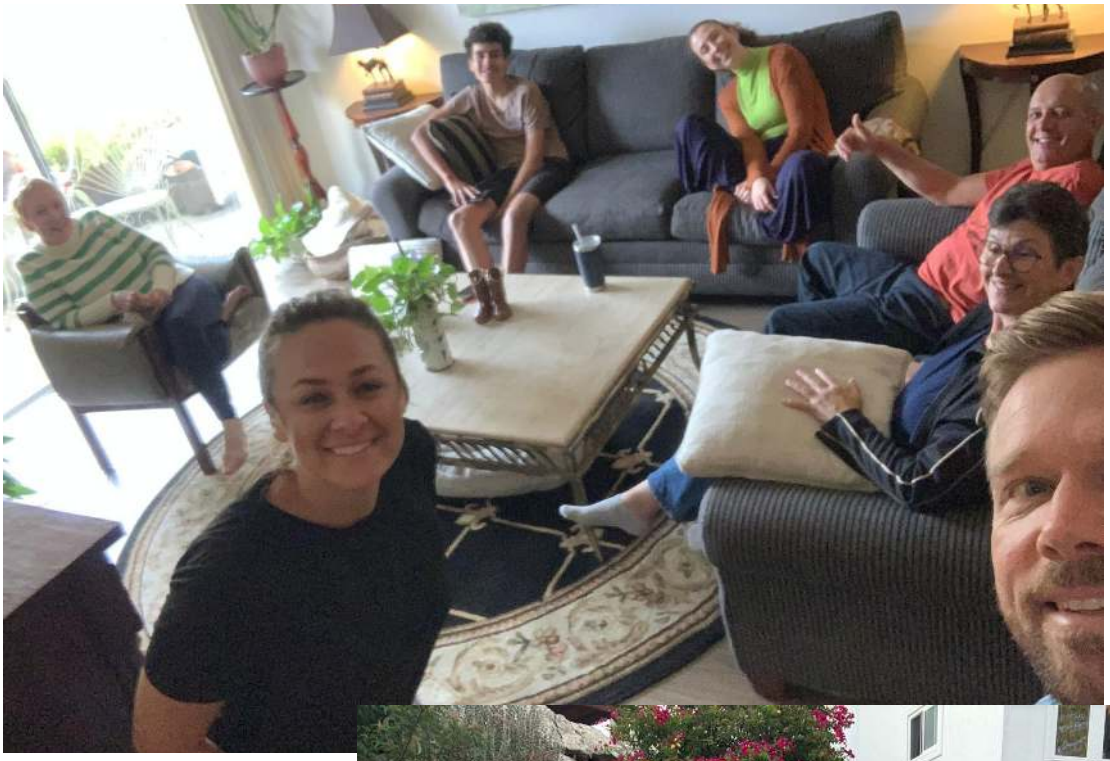
June 30, 2025





Us and our families hanging out all together

July 14, 2025



Pool Party with friends

July 21, 2025





Jordan’s sister’s (Grace) birthday

August 7, 2025

Balboa Park Concert with Jordan’s family

August 08, 2025







Family Day with Jordan's Family

August 09, 2025









Both of us at the park with Jordan's mother

August 14, 2025

Dinner with Jordan's mother

August 29, 2025

Family Trip to St. Louis to visit Jordan's mother

October, 4, 2025







Driving together to Julian for a hiking

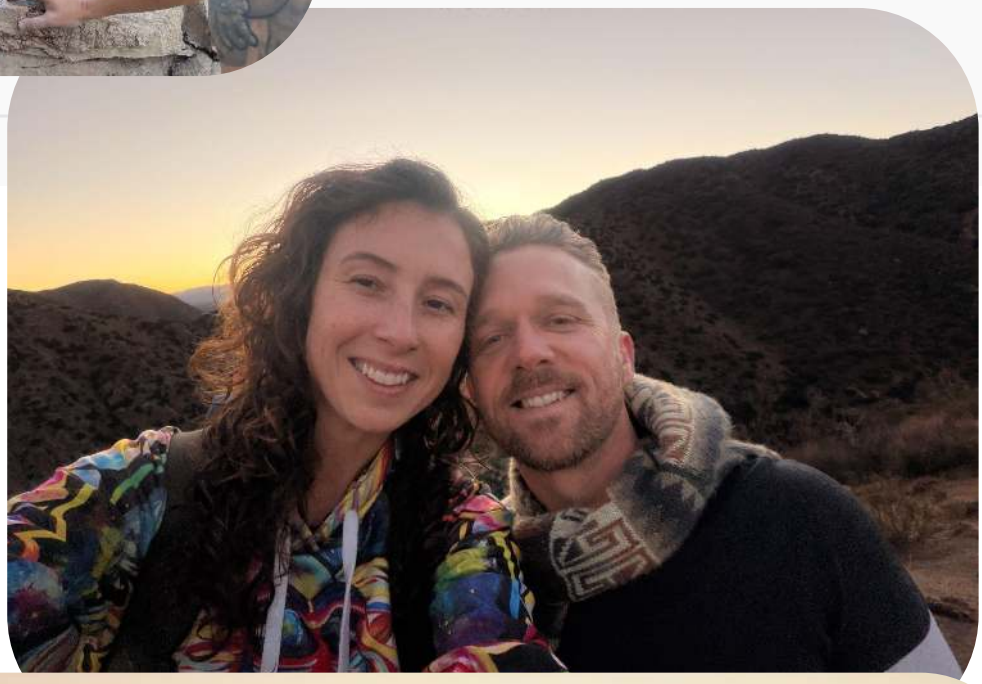
October 19, 2025

Trip to Apple Valley with friends

November 11, 2025











Thanksgiving with Jordan’s family

November 25, 2025

Borrego Desert State Park

November 29, 2025





Going out on a date

December 1, 2025



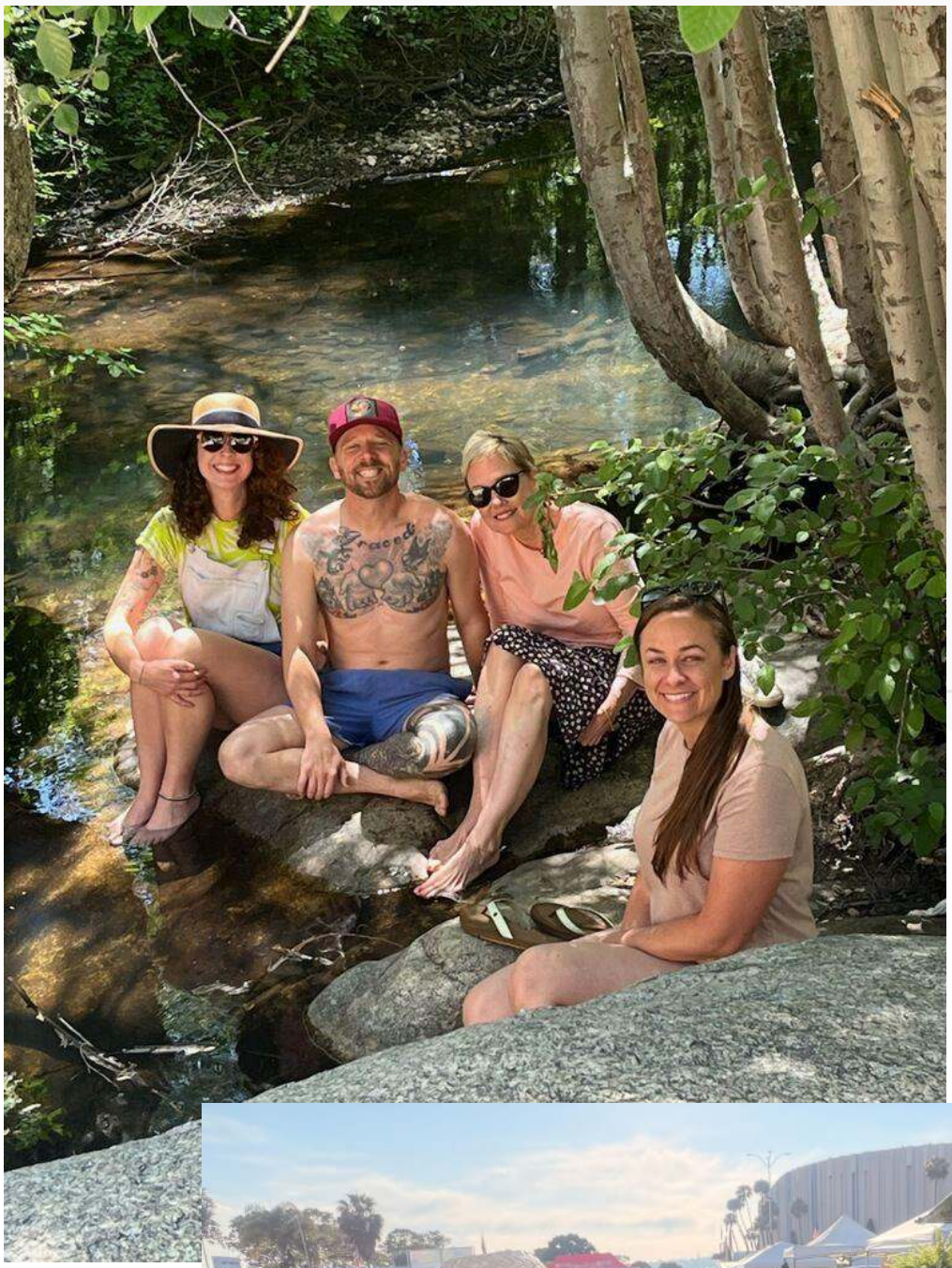
Joshua National Park

January 14, 2026.



Green valley falls trip with Jordan’s Family

February 8, 2026





Hanging out at Robb Field Park

May, 3, 2026



Mount Soledad in San Diego

May 10, 2026



Hawaii Trip

May 20, 2026





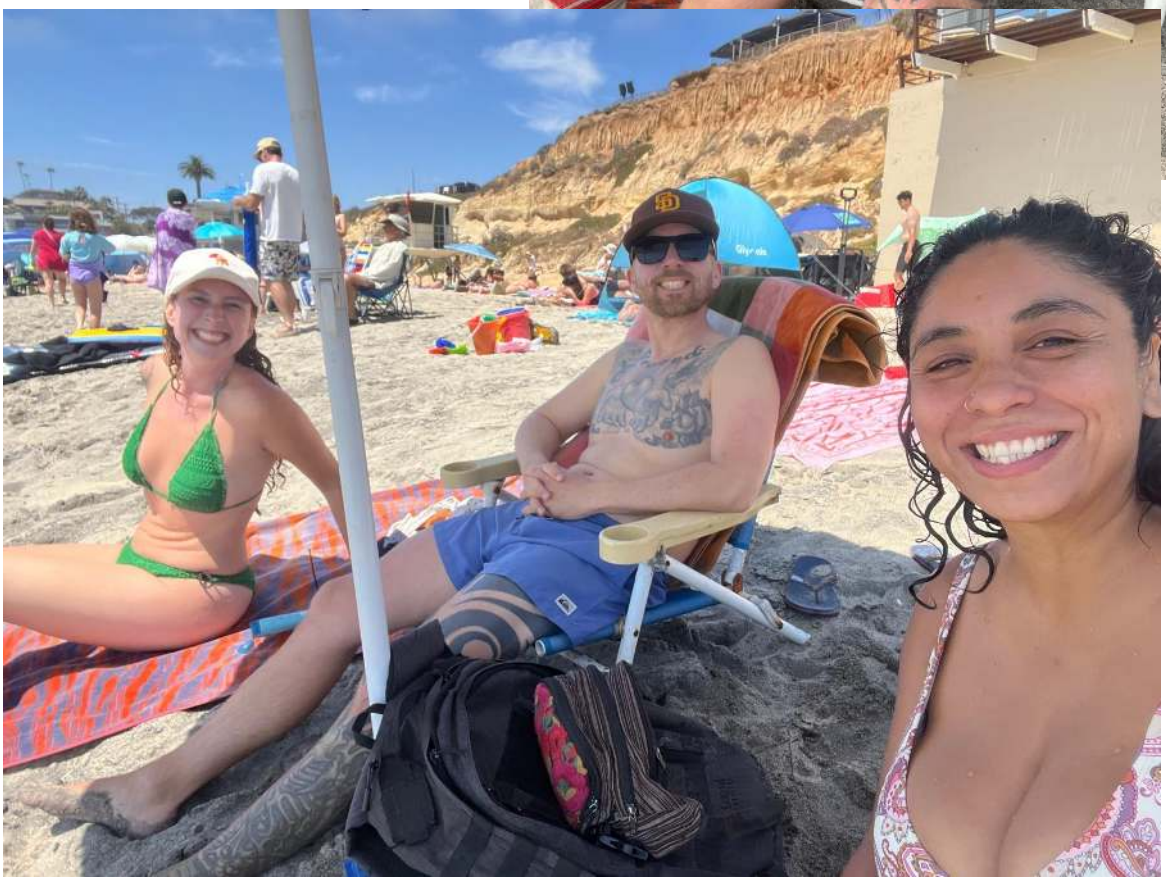
Dinner with our friends

June 1st, 2026



Beach day with friends

June 13, 2026

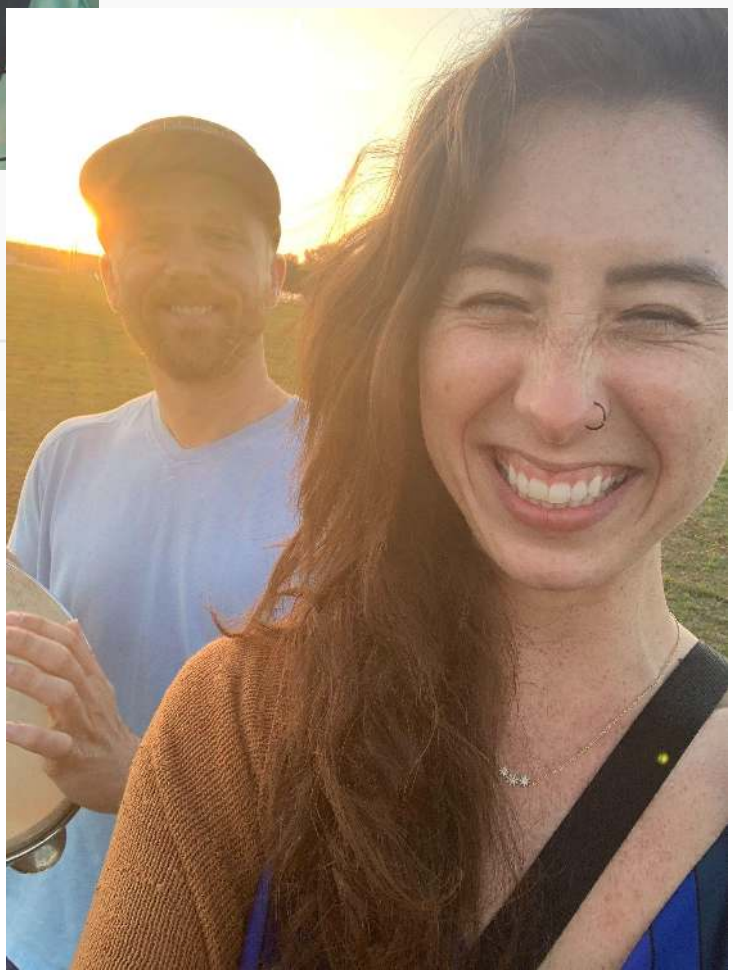


Selfies Together



Roadtrip with friends to Phoenix on August, 18, 2024

The two of us hanging out in Robb Field Park on June 30, 2025





Dinner at Jordan's mom on July 5, 2025



Watching the sunset together in Ocean Beach in July 18, 2025

Selfies Together



May 22, 2025



March 23, 2026



December 12, 2025



January 26, 2026



June 24, 2025

Screenshots of Video Calls



November 19, 2024



November 30, 2024



March 6, 2026





Our Wedding Pictures







Our Wedding Pictures

















Our Wedding Pictures















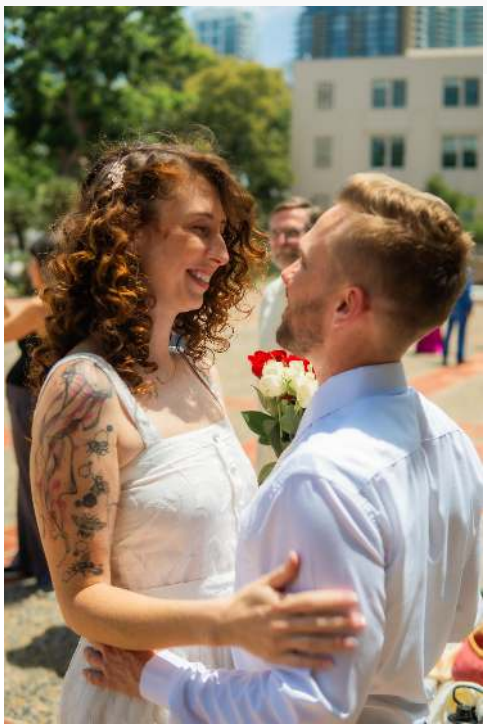


Our Wedding Pictures

















Our Wedding Pictures







Our Wedding Pictures









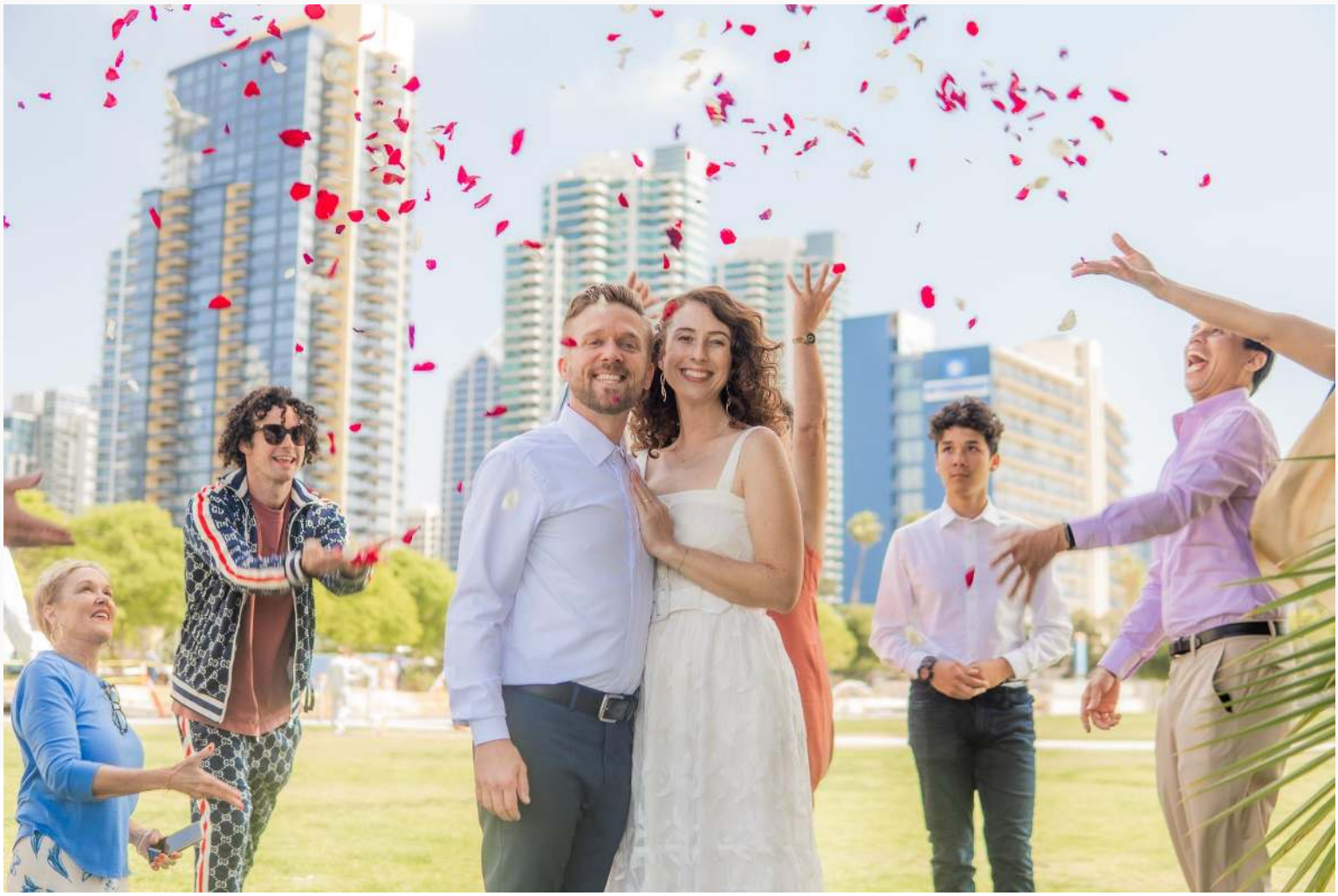








Our Wedding Pictures







Our Wedding Pictures

















Our Wedding Pictures









Exhibit 7 - Evidence of Bona Fide Marriage - Letters of Support

Dear Officer,

My name is Jean-Louis Richiardone, and I am a US citizen born in New York. I am close friends with Jordan Taylor Allen and Joice Amaral Allen, and I am writing this affidavit in support of Joice's marriage-based immigration petition. The statements below are based on my personal interactions and experiences with Jordan and Joice.

Jordan and I have been friends and colleagues since 2018, when I moved to San Diego. We met through a community of mutual friends, and because we are both acupuncturists, we also collaborated to support each other's businesses. Over the years, I have come to consider him one of my closest friends. Early on, I knew him as a single parent focused on providing a loving, stable home for his then-young son, Ryu. I sensed he would someday want a meaningful relationship, but his priority was Ryu, and while I deeply respected that, I also hoped he would eventually find that kind of love.

I met Joice in 2022, through our same circle of friends. She had moved from the East Coast, where I grew up, and we connected quickly over shared interests and experiences. My wife, Andrea, and I befriended her right away, and she has since become one of our closest friends. Time and again, she has shown us what a kind-hearted, thoughtful, generous, smart, creative, and trustworthy person she is. When she sets a goal, she pursues it with clarity, grace, and determination. When my wife was going through a serious medical condition last year, Joice was there to provide emotional and logistical support, and it meant the world to us. More recently, when I had surgery and couldn't drive myself to appointments while my wife was at work, Joice graciously offered to take me, despite living over 30 minutes away. That is simply who she is.

When Jordan and Joice started dating, it was clear this was a relationship they both intended to nurture with love, respect, and care. From the beginning, Joice embraced not only her relationship with Jordan but also the responsibility of building a close relationship with his son, Ryu, who is autistic. I have had the privilege of watching that bond grow over the years — she cares for him as her own, and he loves her equally as a parent. Though he is a strong-willed teenager, she navigates that relationship with an approach that is both respectful and wise. Under Jordan and Joice's parenting, Ryu has grown more mature, confident, and comfortable in social settings, and it has been wonderful to watch him flourish. When Jordan and Joice decided to marry on May 16, 2025, it felt like the natural next step in a relationship built on genuine partnership.

I have no doubt that Joice will continue to be a source of stability and strength for her family. She has already shown, through countless small and large acts, that she is fully devoted to building a secure and loving home with Jordan and Ryu. She is the kind of partner and stepmother who shows up consistently — not only in moments of celebration, but in the harder, quieter moments that truly test a family's bond. I have seen her prioritize Ryu's wellbeing, support Jordan's goals, and hold space for both of their needs with a steadiness that speaks to who she is at her core.

Beyond her family, Joice also strengthens the community around her. She brings integrity, generosity, and genuine care for others to her friendships, her work, and her daily life — the very qualities this country depends on in its citizens. I have seen her extend herself to others in our community, simply because it was the right thing to do. I am confident that, as an American citizen, she would continue to contribute meaningfully to the people and community around her, just as she already does.

It is my honor to write this letter in support of Joice's application for immigration. I have known her to be a devoted partner, a loving stepmother, and a trustworthy friend, and I have no reservations in affirming the sincerity and strength of her marriage to Jordan. I respectfully ask that this petition be viewed favorably.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Respectfully,

JL Richiardone

Jean-Louis Richiardone

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of San Diego

Subscribed and sworn to (or affirmed) before me on this 31st day of August, 2026 by Jean-Louis Richiardone

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(Signature of Notary)

ASH NICKLE
COMM. #2506981
NOTARY PUBLIC • CALIFORNIA
SAN DIEGO COUNTY
Commission Expires Jan 03, 2029


California USA DRIVER LICENSE
DL F1078564
CLASS CM1
EXP 06/01/2029
END NONE
LN RICHIARDONE
FN JEAN-LOUIS
2055 VILLAGE PARK WAY APT 209
ENCINITAS, CA 92024
DOB 06/01/1974
JR74
RSTR NONE
06011974
DONOR
SEX JR74 M
HAIR BLK
EYES BRN
HGT 5'-08"
WGT 145 lb
JR74
ISS
DD 12/05/202468945/AAFD/29
12/05/2024

Justin Morris
19774 Ramons Trails Dr.
Ramona, CA 92065
703.963.4014
Justinmorris5@yahoo.com

August 30, 2026

US Immigration Support Letter of Immigration for Joice Amaral Allen

To Whom it May Concern,

My name is Justin Martin Morris, and I am a US Citizen. I am writing to support my friend Joice Amaral Allen, and her husband Jordan Taylor Allen, in support of Joice's marriage-based immigration petition. The statements below are based entirely on my own personal observations and experiences with them both.

Jordan and I have been friends since 2015, and Joice and I have been friends since she joined our church in September 2022. Over that period of time, I have witnessed their friendship grow from friendship into something much deeper. It has been a pleasure to watch their love grow and mature, and to see the profound impact she has had on Jordan's son Ryu.

Joice or 'Joy' has been a stabilizing force in both of their lives, and she has fully invested herself in building a calm, loving, and nurturing environment for their family. Joy is kind, smart, funny, generous, compassionate, and dependable. She truly touches the lives of the people around her, and makes them (or us) all want to be better. Her steady loving hand with Ryu, has helped him to be more mature, confident, and improved his social interactions.

A recent graduate of San Diego State University, Joy has managed a career and family life with a servant's heart. She never hesitates to reach out and help others, and has the deep admiration and respect of everyone she meets. Her compassion is a model for me personally, and for everyone in our church community. I truly believe that our country is a better place because she is here. She truly represents the best in all of us.

I fully support Joice in her application for immigration. I declare under penalty of perjury that the statements included here are true and correct.

Respectfully,

SEE ATTACHED FOR
OFFICIAL NOTARIZATION

Justin M. Morris

CALIFORNIA JURAT WITH AFFIANT STATEMENT **GOVERNMENT CODE § 8202**

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State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 30 day of August, 20 26
Date *Month* *Year*
by
(1) Justin M. Morris
(and (2) N/A),
Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature
Signature of Notary Public

LINDSEY LELEVIER
Notary Public - California
San Diego County
Commission # 2425182
My Comm. Expires Dec 2, 2026

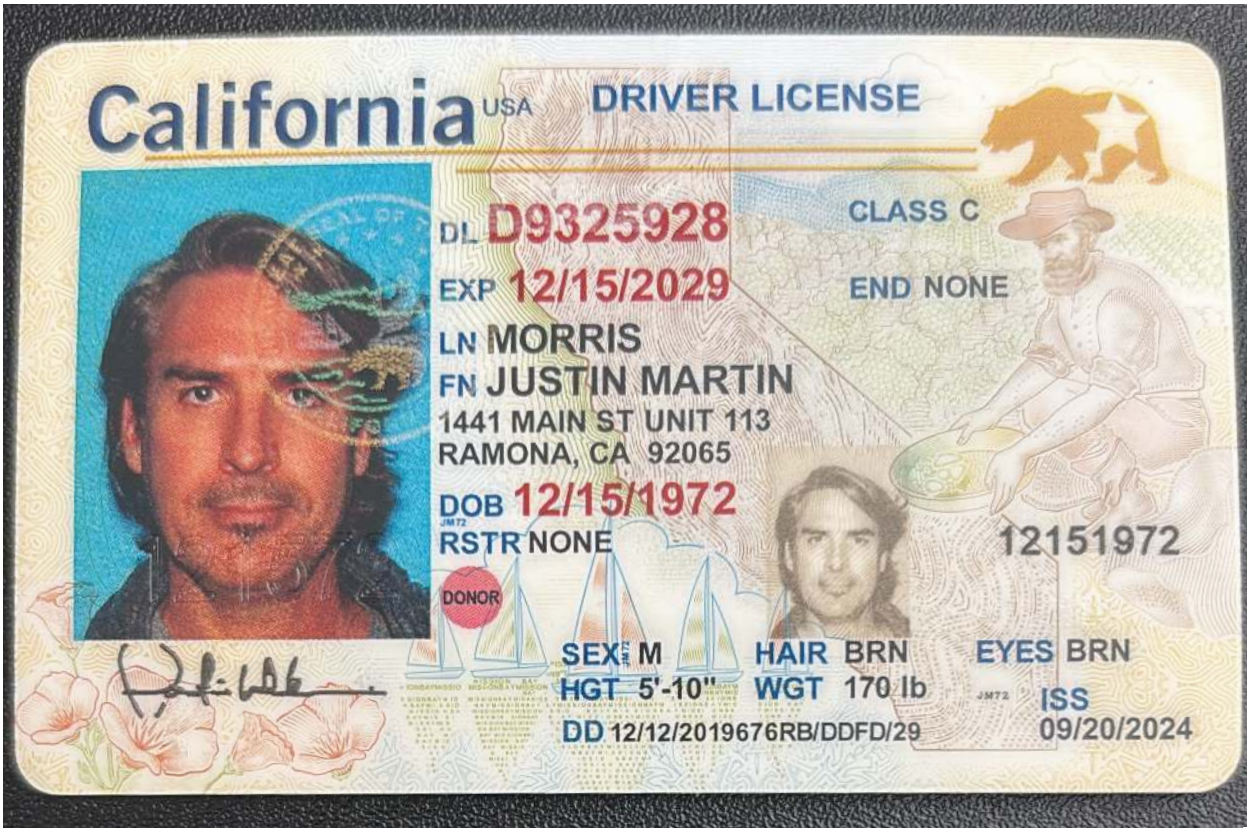
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OPTIONAL

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Description of Attached Document
Title or Type of Document: US Immigration Support Letter of immigration for Joice Amaral Allen Document Date: 8/30/26
Number of Pages: 1 Signer(s) Other Than Named Above: N/A

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California USA DRIVER LICENSE
DL D9325928
CLASS C
EXP 12/15/2029
END NONE
LN MORRIS
FN JUSTIN MARTIN
1441 MAIN ST UNIT 113
RAMONA, CA 92065
DOB 12/15/1972
12151972
RSTR NONE
DONOR
SEX M
HAIR BRN
EYES BRN
HGT 5'-10"
WGT 170 lb
ISS
09/20/2024
DD 12/12/2019676RB/DDFD/29

Gregory T. Allen
3050 Greenwich Street
Carlsbad CA 92010
760.889.2544
Gta53@att.net

June 26, 2026

US Immigration Support Letter of Immigration for Joice Amaral Allen

To Whom it May Concern:

My name is Gregory T Allen, I am a US Citizen born in Norwalk California. I am writing to support my son Jordan Allen's wife Joice Amaral Allen in her application for immigration. Our family refers to her as Joy, which my wife and I often say describes her well. I have known Joy for a few years and have recognized her to be respectful, kind, and with integrity for my wife and I and others in our family.

Joy has been an incredibly good influence on our son and his family. She has shown great compassion and understanding toward her stepson with special needs, he is high functioning and at the age of 15 can be strong willed or highly determined. I have personally witnessed how she manages him with compassion yet wisdom in directing him to wiser choices. Joy obviously means a great deal to him in how he shows her great love and respect as a parent. I also notice that Joy is active in her community and church.

Joy is well educated and we recently celebrated her graduation from San Diego State University. I am confident that Joy will continue to be a positive influence not only in our family, but also in her community, and our country. I absolutely support Joy in her application for immigration.

If you have any questions or need more information, you can reach me via email me at gta53@att.net or call at 760.889.2544.

I declare under penalty of perjury that the statements in this letter are true

Respectfully

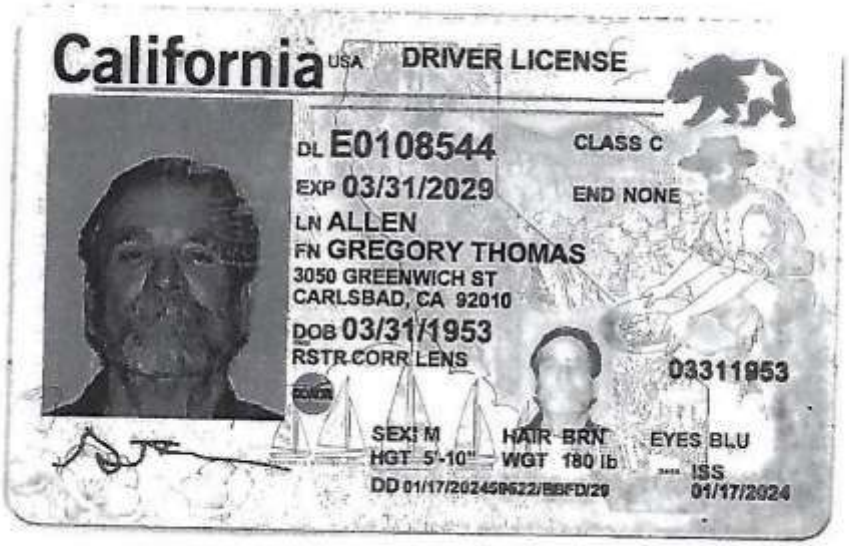
Gregory T. Allen

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy, or validity of that document.

State of California
County of San Diego
Subscribed and sworn to (or affirmed)
before me on this 27 day of Aug,
20 26 by
Gregory T. Allen,
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.

Signature

JEFF B. LANGFORD
Notary Public - California
San Diego County
Commission # 2470073
My Comm. Expires Nov 29, 2027


California USA DRIVER LICENSE
DL E0108544
CLASS C
EXP 03/31/2029
END NONE
LN ALLEN
FN GREGORY THOMAS
3050 GREENWICH ST
CARLSBAD, CA 92010
DOB 03/31/1953
RSTR CORR LENS
03311953
SEX M
HAIR BRN
EYES BLU
HGT 5'-10"
WGT 180 lb
ISS
01/17/2024

Christine Kinsella
1441 Main Street #113
Ramona, CA. 92065
858-735-6061
ckinsella02@gmail.com

August 11, 2026

US Immigration Support Letter of Immigration for Joice Amaral Allen

To Whom it May Concern:

My name is Christine Marie Kinsella, and I am a US Citizen born in Charleston, South Carolina. I am friends with both Jordan Taylor Allen and Joice Amaral Allen, and I am writing this affidavit in support of Joice's marriage-based immigration petition. The statements below are based entirely on my own personal observations and experiences with Jordan and Joice.

Jordan and I have been friends since 2015. We share a community of friends. We go to church together. We share acupuncture as a profession and went to the same school. We celebrate each other's life accomplishments and support each other during difficulties. Our friendship has spanned various relationships. I had only known Jordan as a single dad. Over the years, he stated many times over he was not interested in marriage again. About a year into he and Joice dating, I was surprised when he told me he was saving to buy a house because he wanted to ask her to marry him. He wanted to build a life with her and his son, Ryu. I remember being really happy for him that he found someone who touched his heart so deeply.

Joice and I have been friends since 2022. We clicked immediately when we met! She is a wonderful human being that I count myself blessed to call friend. She is kind-hearted, direct, dependable, creative, organized, detail-oriented, tenacious, good-humored, trustworthy, and goes above and beyond to help people out. I know when she says she will do something, it will be done and done well. Over the years, I've had the good fortune of spending time with her parents and seeing where a lot of her goodness comes from.

Joice is magic with children! They all adore her. She is so calm and engaged with them, yet light-hearted and fun. She has a special way of presenting things to them that completely bypasses their resistance. A funny example was a time when my son was about 3 or 4. He was having a little meltdown and did not want anyone to look at him. Joice was leaving and asked him if he wanted a hug. He cried that he did not want to be looked at, so she told him to close his eyes and she would too and then he gave her a big hug. No one had to see anything!

Joice is a grounding and stabilizing force for her stepson, Ryu. He is autistic and a strong willed teenager. I have seen growth and maturation in him since she and Jordan have been together. He is calmer, more confident and comfortable in social situations. She cares for him as her own. She is super attentive to his needs not only in the moment but looking forward to what he will need in the future. As an example, she includes him in her social activities so he gets the opportunity to meet other kids with similar interests. She shared a time taking him to the beach with a couple of friends with their children. He ended up connecting with a girl his age who shared his passion for anime and had a lot of fun. They planned future visits together when he shared his experience with her.

I trust Joice with what I value the most - my confidence, my family and my home. Over the years, she has watched my home and animals when I have traveled. She has a wonderful friendship with my 6 year old son. I have only been away from him twice in his life, and Joy cared for him while I was gone. Even though he missed me dearly, he still had an amazing time with her and asks to spend time with her regularly.

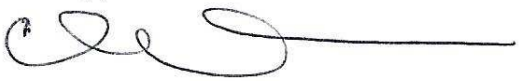
Joice has been super supportive and helpful as Jordan's mom has been struggling with her health. She and Jordan have spent extended time living with his mom when she has needed more care. Joice has also taken care of her dog, Eddie, when Anne has been unable or when she was out of town.

Joice and Jordan love each other greatly. They each individually have come to me over the years during times of conflict for an ear to bend. What has always stayed with me is their love and sincere desire to widen their individual perspective to understand the other's side and repair any hurts that come when fighting. I also have been fortunate enough to bend each of their ears when I have been struggling. Their friendships are very dear to me.

I fully support Joice in her application for immigration. She is a beautiful example of the type of person that will improve our country and make the world a better place with her presence.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.
Please feel free to contact me if further information is needed.

Sincerely,



Christine Kinsella

SEE ATTACHED FOR OFFICIAL NOTARIZATION

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State of California
County of San Diego

Subscribed and sworn to (or affirmed) before me on this 30 day of August, 2026
Date *Month* *Year*
by (1) Christine Kinsella
(and (2) N/A),
Name(s) of Signer(s)
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

LINDSEY LELEVIER
Notary Public - California
San Diego County
Commission # 2425182
My Comm. Expires Dec 2, 2026

Signature _____
Signature of Notary Public

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Description of Attached Document
Title or Type of Document: US Immigration Support Letter of Immigration for Joice Amaral Allen Document Date: 8/11/26
Number of Pages: 2 Signer(s) Other Than Named Above: N/A

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CLASS C
EXP 12/24/2029
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LN KINSELLA
FN CHRISTINE MARIE
1441 MAIN ST PMB 113
RAMONA, CA 92065
DOB 12/24/1971
RSTR NONE
DONOR
12241971
SEX F
HAIR BRN
EYES BRN
HGT 4'-11"
WGT 112 lb
ISS
DD 04/04/2022076RB/AAFD/29
10/11/2024

Robert Geekie
3969 Mahaila Ave
San Diego CA 92122
314.341.1942
RCG3md@yahoo.com

August 8, 2026

US Immigration Support Letter of Immigration for Joice Amaral Allen

My name is Robert Geekie, and I am writing this letter at the request of my stepdaughter-in-law, Joice Amaral Allen, in support of her marriage to my stepson, Jordan Allen.
I have known Joice for roughly three years. During that time, I have come to know her as both a wonderful and unique person and, more importantly, as a valued member of our family.

Over the last three years, I have had many opportunities to spend time with Joice and get to know her personally. She is clearly a very capable and determined woman. She moved from Brazil to the United States without knowing English, eventually made her way to San Diego, and earned her degree in Graphic Design from San Diego State University. Beyond her accomplishments, however, I have come to know her as a very sincere, caring, responsible, and respectful person.

Joice and I have had countless conversations over the years, and I have also had many opportunities to observe her interactions with other people. Her sincerity and concern for others are evident in both her words and actions. I have often seen her take the initiative to help and guide others during difficult times. She is also an extremely hardworking young woman. Since graduating from college, she has been working diligently as a graphic designer, including doing specialized design work for patent law firms.

To me, however, Joice's impact on our family is much more profound.

I have been able to watch Joice and Jordan's relationship develop over the years and have spent a great deal of time with them together. Their relationship began naturally after meeting through mutual Brazilian friends and discovering that they were also attending the same church. Jordan initially asked Joice for help with some graphic design work for his clinic, which gave them an opportunity to spend more time talking and getting to know each other. Their friendship grew, they began spending time together outside of work, including hiking together, and eventually their relationship developed into something much deeper.

Since then, I have watched them build a real life together. They married in May 2025, and Joice has become an integral part not only of Jordan's immediate household but of our entire

extended family. We see each other frequently, celebrate holidays and family occasions together, share meals, and have traveled and vacationed together. During these times, Joice seems as though she has been part of our family forever. She participates fully in family life, contributes in every way she can, and has developed genuine relationships with the people in our family.

From everything I have personally observed, Joice and Jordan function as a true married couple and partners in life. They genuinely enjoy one another's company, support and help each other, and complement one another very well. Their relationship has always appeared loving and sincere to me. Like any couple building a life together, they share responsibilities and work through the demands of everyday life as a team. It is clear to me that their marriage is based on genuine love, companionship, commitment, and the desire to build a life and family together.

One of the things I find most significant is the role Joice has taken alongside Jordan in caring for Jordan's son, Ryu. Joice has embraced being his stepmother and cares for him as though he were her own child. Raising a teenager requires patience and commitment, and Ryu has additional needs because of his autism. I have personally seen the patience, love, responsibility, and dedication Joice brings to her relationship with him.

Joice and Jordan work together in caring for Ryu, and she has become an important and dependable presence in his life. She is involved in his everyday needs and activities and genuinely cares about his happiness and future. I have watched Ryu mature tremendously, and I believe the stable, caring home that Joice and Jordan have created together has contributed greatly to that growth. The relationship between the three of them is, in my eyes, that of a real family.

As Jordan's stepfather and someone who has spent considerable time with Joice and Jordan throughout their relationship, I have no doubt that their marriage is genuine and was entered into because they love one another and want to share their lives together. I am very happy to have her as part of our lives and fully support Joice and Jordan and their marriage.

In summary, I feel that Joice is exactly the type of person that society needs and that I would be proud to call my own daughter. I declare under penalty of perjury that the statements in this letter are true. If you have any questions or need more information, please feel free to email me at RCG3md@yahoo.com or call at 314.341.1942

Sincerely
Robert Geekie



See Attached Certificate

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of San Diego)

On September 3, 2026 before me, J. Perez Notary Public
(insert name and title of the officer)

personally appeared Robert Geekie
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

ANP1 J. PEREZ ANP1
Commission No. 2488463
NOTARY PUBLIC - CALIFORNIA
SAN DIEGO COUNTY
Commission Expires April 28, 2028

Signature _____ (Seal)

USA

MISSOURI

Wayne Wallingford
Director of Revenue

DRIVER LICENSE



9 CLASS F
4b EXP 04/08/2028
4d DL NO. D1078882
3 DOB 04/08/1954
1 GEEKIE
2 ROBERT CORNELIUS, 3RD
8 3 WOODS HILL DR
CHESTERFIELD, MO 63017
9a END NONE
12 RESTRICTIONS A
15 SEX M
17 WGT 180 lb
16 HGT 5'-09"
18 EYES BRO
4a ISS 10/09/2024
5 DD 241472830067

DONOR



04/08/54

September 9, 2026

Re: Affidavit in Support of Marriage-Based Immigration Petition for Jordan and Joice Amaral Allen

To Whom It May Concern:

My name is Terese Allen, and I am the sister of Jordan Allen and the sister-in-law of Joice Amaral-Allen. I am writing this affidavit in support of their marriage-based immigration petition. The statements below are based entirely on my own personal observations and experiences with Jordan and Joice.

I first met Joice in late February of 2024 when my husband, daughter, and I traveled from Northern California to San Diego for our mother's surprise 70th birthday celebration. At that time, Jordan and I were not in especially close contact, so I knew relatively little about Joice personally. However, I had already heard a great deal about her through our mother, who immediately liked her very much.

One memory from that time has always stayed with me. Joice's parents were visiting from Brazil while my mother happened to be traveling in St. Louis. She interrupted her trip, flew back to San Diego solely so she could meet Joice's parents over dinner, and then returned to St. Louis the following day. She spent nearly $1,000 on airfare because meeting Joice's family was that important to her. Before the dinner, she called me excitedly and said, "Jordan is going to propose!" She assumed that meeting Joice's parents meant a proposal would be announced at the dinner. I shared her excitement and hoped she was right. Although Jordan ultimately proposed later in a more private setting, that memory captures how warmly both my mother and I had already welcomed Joice into our family and how hopeful we were about their future together.

Since our mother was diagnosed with Alzheimer's disease in the fall of 2024, my family has traveled to San Diego approximately every three months so we can spend time together and help care for her. Because of these visits, I have had many opportunities to observe Jordan and Joice in their everyday lives. We have celebrated Christmas together, spent significant time at our mother's home, as our family's primary gathering place, and recently traveled together as an extended family to Yosemite National Park.

Over time I have watched Jordan and Joice build a relationship based on affection, companionship, and genuine partnership. Their closeness is evident in countless ordinary moments. They naturally hold hands, place a reassuring hand on one another's back, sit close together on the couch, and interact with an ease that reflects mutual trust and affection. They clearly enjoy spending time together and share a love of music, nature, and community.

Following my brother's difficult divorce many years ago, I truly believed he might never choose to marry again. Seeing him fall so deeply in love with Joice that he wanted to

make that commitment again told me more about the strength of their relationship than anything he could have said. Watching him regain hope and build such a joyful partnership has been one of the happiest changes I have witnessed in his adult life.

Joice has become a cherished member of our family, especially to my eight-year-old daughter. My daughter affectionately calls her "Chia Joicy," using the Portuguese word for aunt. Early in their relationship, Joice surprised her with an art easel because she knew how much she loved making art.

During our recent family trip to Yosemite, Joice once again demonstrated the kind of thoughtful person she is. She brought paints and small canvases for every member of the family so that we could all spend time creating art together. Joice also brought my daughter a frog knitting kit, and the two of them spent hours sitting outside quietly knitting side by side. Throughout the trip, Joice made Brazilian cheese bread for the family on several mornings, which everyone eagerly enjoyed—especially my daughter. These may seem like small gestures, but together they reflect Joice's remarkable ability to create warmth, connection, and a sense of belonging within our family.

Joice has also demonstrated extraordinary kindness and dependability during my mother's illness. Recently, when our stepfather unexpectedly needed to go to the emergency room, Joice immediately came to the hospital so she could stay with my mother while he underwent testing. Because of Alzheimer's disease, unfamiliar situations can be frightening and confusing for my mother, and Joice's calm presence provided reassurance during a stressful time.

She has also helped care for my mother's beloved dog, Eddie, whenever additional support has been needed. As my mother's illness has progressed significantly, she has often told our family that she hopes Joice will care for Eddie when she is no longer able to do so herself. To me, there is no clearer expression of the love and trust my mother has for Joice, or of how completely Joice has become part of our family.

Another quality I deeply admire is the way Joice has embraced parenting my nephew. Parenting a teenager is not always easy, yet Joice approaches him with patience, kindness, consistency, and appropriate boundaries. My nephew has autism and is often remarkably candid in expressing his opinions. He has told me that he really likes Joice, and because he is so honest, I consider that especially meaningful. Watching Joice care for him with warmth while also providing guidance and structure has been another clear demonstration of her commitment to our family.

Jordan and Joice have shared with me many conversations about their hopes for the future. They hope to purchase property together where they can have land and do some farming, something that is especially meaningful to Joice because she grew up with that lifestyle in Brazil. They are actively saving toward that goal and making financial sacrifices together to achieve it. Recently, when Jordan experienced a loss of work, Joice's freelance graphic design business helped support their household. Their willingness to carry one another through changing circumstances reflects a marriage built on teamwork, mutual sacrifice, and shared responsibility.

On a personal level, Joice is simply one of those people who makes others feel comfortable and welcome. She has a wonderful sense of humor, and I genuinely enjoy spending time with her. We discovered that we share similar taste in music, and we also bonded over the fact that we have both been beekeepers. I especially love the bee tattoo on her shoulder because it reminds me of that shared connection. Beyond our common interests, I admire her quiet strength and compassion. She never seems to look for recognition; she simply notices where help is needed and steps in. Whether she is walking beside my mother with an arm linked through hers or helping without being asked, that generosity seems to come naturally to her.

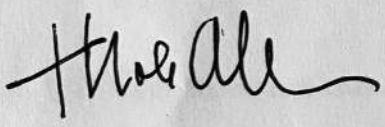
Over the past two years, I have watched Jordan and Joice build a genuine life together. They have created a loving home in Ocean Beach, where my nephew lives with them half of the time. They support one another emotionally and financially, participate fully in each other's families, and have navigated the heartbreaking progression of my mother's Alzheimer's disease together. I have watched Joice stand beside my brother during one of the most painful periods of his life, and I have seen the comfort, stability, and joy she brings to him.

Based on everything I have personally witnessed, I have absolutely no doubt that Jordan and Joice's marriage is genuine, loving, and entered into with the sincere intention of building a permanent life together. I wholeheartedly support their marriage-based immigration petition and hope they are able to continue building their future together in the United States.

I declare under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Please feel free to contact me if any additional information would be helpful.

Sincerely,



Terese Noel Allen, MA, CA MFT #46690, REAT
2215 Bloomfield Road
Sebastopol, CA 95472
(415) 307-3043

ACKNOWLEDGEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document

State of California }

County of Sonoma }

On Sept 9, 2026 before me, Linda Joan Civitello, Notary Public,

personally appeared Terese Noel Allen,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

LINDA JOAN CIVITELLO
Notary Public - California
Sonoma County
Commission # 2531005
My Comm. Expires Aug 25, 2029

Notary Public Signature

(Seal)


California USA DRIVER LICENSE
DL B6120735
CLASS C
EXP 12/17/2028
END NONE
LN ALLEN
FN TERESE NOEL
2250 JOY RD
OCCIDENTAL, CA 95465
DOB 12/17/1978
RSTR NONE
DONOR
12171978
SEX F
HAIR BRN
EYES BLU
HGT 5'-04"
WGT 113 lb
ISS 11/16/2023
DD 11/16/202363421/AAFD/28

Annely Allen
3050 Greenwich Street
Carlsbad CA 92010
760.429.3524
annely4@att.net

June 29, 2026

US Immigration Support Letter of Immigration for Joice Amaral Allen

To Whom it May Concern:

My name is Annely Allen, I am a US Citizen, and I am writing to support my daughter-in-law Joice Amaral Allen in her application for immigration. Our family refers to her as Joy, which describes her personality and character. I have known Joy for a few years and have witnessed her kindness, respect, and integrity for our family and our community. We could not imagine a time without her.

Joy has a strong sense of responsibility and compassion, I have seen this in how she treats her stepson, our grandson, who is on the spectrum and at 15 can use direction and understanding; he has received her guidance so well, it is clear in how he truly cares and loves her as a parent. My husband and I are grateful for the positive influence she has had on our son Jordan, her husband. She is also active in her community, volunteers at her church, always taking care of others' needs. Joy is trustworthy, willing to go the extra mile

Joy is well educated and read, she has her degree in graphics design from San Diego State University and has used her incredible talents in her work. Completely Bi-Lingual which is a plus today in our community. I am confident that she will continue to be a positive influence not only in our family, but also in her community, and our country. I without hesitation support Joy in her application for immigration.

I declare under penalty of perjury that the statements in this letter are true. If you have any questions or need more information, please feel free to email me at annely4@att.net or call at 760.429.3524.

Respectfully

Annely Allen

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfullness, accuracy, or validity of that document.

State of California
County of San Diego
Subscribed and sworn to (or affirmed)
before me on this 27 day of Aug,
20 26 by Annely Allen,
proved to me on the basis of satisfactory evidence to be
the person(s) who appeared before me.
Signature

JEFF B. LANGFORD
Notary Public - California
San Diego County
Commission # 2470073
My Comm. Expires Nov 29, 2027

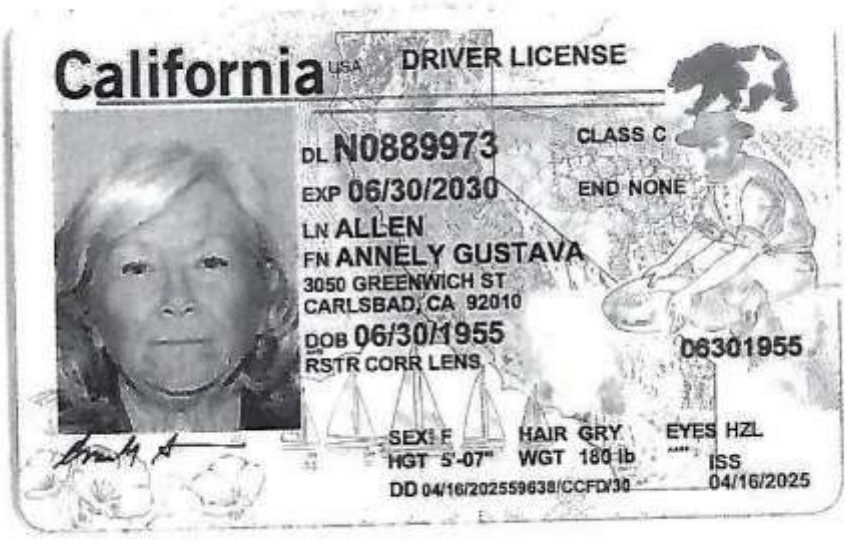

California USA DRIVER LICENSE
DL N0889973
EXP 06/30/2030
LN ALLEN
FN ANNELY GUSTAVA
3050 GREENWICH ST
CARLSBAD, CA 92010
DOB 06/30/1955
RSTR CORR LENS
CLASS C
END NONE
06301955
SEX F
HGT 5'-07"
HAIR GRY
WGT 180 lb
EYES HZL
ISS 04/16/2025
DD 04/16/202559638/CCFD/30

Exhibit 8 - Evidence of Jordan Taylor Allen's Dissolution of Prior Marriages

FL-825

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
PALOMA DINAMARCO ALLEN 4954 DEL MONTE AVE SAN DIEGO, CA 92107 TELEPHONE NO.: (858) 260-9883 FAX NO. (Optional): E-MAIL ADDRESS (Optional): palomadinamarco@gmail.com ATTORNEY FOR (Name):	FILED Clerk of the Superior Court JUN 21 2022 22FL007015C 701: IALEGGIO, MICHELLE

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101
- ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020
- ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081
- ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910

MARRIAGE OR DOMESTIC PARTNERSHIP OF

PETITIONER 1: PALOMA DINAMARCO ALLEN

PETITIONER 2: JORDAN TAYLOR ALLEN

CASE

JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT

☒ MARRIAGE ☐ DOMESTIC PARTNERSHIP

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

1. **THE COURT ORDERS**
   a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective *(date)*: DEC 22 2022
   b. ☒ The former name of Petitioner 1 is restored *(specify)*: PALOMA DINAMARCO LIMA UGLIANO
   c. ☐ The former name of Petitioner 2 is restored *(specify)*:

   Both petitioners must comply with any agreement attached to this judgment.

Date: JUN 21 2022

MICHELLE IALEGGIO
JUDICIAL OFFICER

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

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of
   a. ☑ marriage
   b ☐ domestic partnership

   was entered on *(date)*: JUN 21 2022

Date: JUN 21 2022 Clerk, by V. MUSSER, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

PETITIONER 1: PALOMA DINAMARCO ALLEN	CASE NUMBER:
PETITIONER 2: JORDAN TAYLOR ALLEN	

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place)*: SAN DIEGO California,

on *(date)*: JUN 21 2022

Date: JUN 21 2022 Clerk, by V. MUSSER , Deputy

ADDRESS OF PETITIONER 1	ADDRESS OF PETITIONER 2
4954 DEL MONTE AVE, SAN DIEGO, CA 92107	4954 DEL MONTE AVE, SAN DIEGO, CA 92107

FL-825

PARTY WITHOUT ATTORNEY OR ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
PALOMA DINAMARCO ALLEN 4954 DEL MONTE AVE SAN DIEGO, CA 92107 TELEPHONE NO.: (858) 260-9883 FAX NO. (Optional): E-MAIL ADDRESS (Optional): palomadinamarco@gmail.com ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	FILED Clerk of the Superior Court JUN 21 2022
MARRIAGE OR DOMESTIC PARTNERSHIP OF PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	
JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT ☒ **MARRIAGE** ☐ **DOMESTIC PARTNERSHIP**	CASE

Use this form ONLY if the *Joint Petition for Summary Dissolution* (form FL-800) was filed after January 1, 2011. If the *Joint Petition for Summary Dissolution* was filed before January 1, 2011, use *Request for Judgment, Judgment of Dissolution, and Notice of Entry of Judgment* (form FL-820) instead.

1. THE COURT ORDERS

a. A judgment of dissolution of marriage and/or domestic partnership will be entered, and the parties are restored to the status of single persons, effective *(date)*: DEC 22 2022

b. ☒ The former name of Petitioner 1 is restored *(specify)*: PALOMA DINAMARCO LIMA UGLIANO

c. ☐ The former name of Petitioner 2 is restored *(specify)*:

Both petitioners must comply with any agreement attached to this judgment.

Date: JUN 21 2022

MICHELLE IALEGGIO
JUDICIAL OFFICER

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

NOTICE OF ENTRY OF JUDGMENT

2. You are notified that a judgment of dissolution of

a. ☑ marriage

b ☐ domestic partnership

was entered on *(date)*: JUN 21 2022

Date: JUN 21 2022

Clerk, by V. MUSSER, Deputy

The date the judgment of dissolution is entered is NOT the date your divorce or termination of your domestic partnership is final. For the effective date of the dissolution of your marriage and/or domestic partnership, see the date in item 1a.

Form Adopted for Mandatory Use
Judicial Council of California
FL-825 [New January 1, 2012]

JUDGMENT OF DISSOLUTION AND NOTICE OF ENTRY OF JUDGMENT
(Family Law—Summary Dissolution)

Family Code, § 2403
www.courts.ca.gov.

PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	CASE NUMBER:

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the *Judgment of Dissolution* and *Notice of Entry of Judgment* was mailed first class, postage fully prepaid, in a sealed envelope addressed as shown below, and that the notice was mailed

at *(place)*: SAN DIEGO California,

on *(date)*: JUN 21 2022

Date: JUN 21 2022 Clerk, by V. MUSSER, Deputy

ADDRESS OF PETITIONER 1

4954 DEL MONTE AVE, SAN DIEGO, CA 92107

ADDRESS OF PETITIONER 2

4954 DEL MONTE AVE, SAN DIEGO, CA 92107

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION
1100 UNION STREET
SAN DIEGO CA 92101

TO: Paloma Dinamarco Allen
4954 Del Monte Ave
SAN DIEGO CA 92107

Paloma Dinamarco Allen Jordan Taylor Allen	Petitioner vs. Respondent	Case No: 22FL007015C **NOTICE OF CASE ASSIGNMENT** Judicial Officer: MICHELLE IALEGGIO Department: 701 Phone: 619-844-2960

COMPLAINT FILED 06/21/2022

THIS CASE HAS BEEN **ASSIGNED FOR ALL PURPOSES** TO THE JUDICIAL OFFICER LISTED ABOVE.

DCSS SUPPORT ISSUES AND OTHER SPECIAL CIRCUMSTANCES MAY RESULT IN THE ASSIGNED JUDICIAL OFFICER ORDERING A HEARING/TRIAL IN FRONT OF ANOTHER JUDICIAL OFFICER.

IT IS THE DUTY OF THE PETITIONER TO SERVE A COPY OF THIS NOTICE WITH THE PETITION/COMPLAINT.

EACH PARTY SHALL NOTIFY THE COURT OF A CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER WITHIN FIVE COURT DAYS OF ANY CHANGE.

(P)

For more information, refer to California Rules of Court, Title V, Family and Juvenile Rules, at www.courts.ca.gov and San Diego Superior Court Family Law Local Rules, Division Five, at www.sdcourt.ca.gov.

A family law case assigned to an Independent calendar judge for all purposes may be reassigned to the court's master calendar, as necessary, for the purpose of assigning a different judge to hear a trial or a long cause hearing. The family law supervising judge, the designated supervising judge or the assistant supervising judge will act in his or her capacity as the judge supervising the master calendar when making the assignment. A peremptory challenge must be made at the time the parties are provided with notice of the assignment. See Code of Civil Procedure, section 170.6(a)(2).

DATED: 6/21/2022

Superior Court of California
County of San Diego

NOTICE OF ELECTRONIC CASE FILE AND IMAGED DOCUMENTS

This case has been Imaged and the Imaged case is now the official record of the Court. ALL pleadings and documents including all original documents attached to pleadings filed with the court will be imaged and destroyed. Original documents, other than pleadings should be lodged with the court pursuant California Rules of Court, rule 3.1302(b).

On August 24, 2015, the San Diego Superior Court began the Family Court Imaging Program. All new Family Court cases initiated on or after August 24, 2015, have been and will be imaged and the electronic version of the document will be the official court record. The official court record is accessible at one of the many kiosks located in the Family Court Business Offices.

The electronic copy of the filed document(s) will be the official court record pursuant to Government Code section 68150. The paper filings will be imaged and held for 30 days. After that time they will be destroyed and recycled. **Thus, you should not attach any original documents to pleadings filed with the San Diego Superior Court.** Any original documents necessary for a motion hearing or trial shall be lodged in advance of the hearing or trial pursuant to California Rules of Court, rule 3.1302(b).

It is the duty of each petitioner to serve a copy of this notice with the petition/complaint on the Respondent and all parties in this case.

On all pleadings filed after the initial case originating filing, all parties must, to the extent it is feasible to do so, place the words **"IMAGED FILE"** in all caps immediately under the case number on all subsequent pleadings filed in the action.

Please refer to the General Order - Imaging located on the San Diego Superior Court website at:

http://www.sdcourt.ca.gov/FamilyImagingGeneralOrder

FL-800

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO:	
NAME: PALOMA DINAMARCO ALLEN FIRM NAME: STREET ADDRESS: 4954 DEL MONTE AVE CITY: SAN DIEGO STATE: CA ZIP CODE: 92107 TELEPHONE NO.: (858) 260-9883 FAX NO. : E-MAIL ADDRESS: palomadinamarco@gmail.com ATTORNEY FOR (Name):	FILED Clerk of the Superior Court JUN 21 2022
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
MARRIAGE OR PARTNERSHIP OF PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	22FL007015C 701: IALEGGIO, MICHELLE
JOINT PETITION FOR SUMMARY DISSOLUTION ☒ MARRIAGE ☐ DOMESTIC PARTNERSHIP	CAS

We petition for a summary dissolution of marriage, registered domestic partnership, or both and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. a. ☑ We were married on *(date):* 01/30/2017
   b. ☐ We registered as domestic partners on *(date):*
3. ☑ We separated on *(date):* 06/29/2021
4. Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
5. a. ☑ One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only asking to end a domestic partnership registered in California.
   b. ☐ We are the same sex and were married in California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
6. There are no minor children who were born of our relationship before or during our marriage or domestic partnership or adopted by us during our marriage or domestic partnership. Neither one of us, to our knowledge, is pregnant.
7. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
8. Except for obligations with respect to cars, on obligations incurred by either or both of us during our marriage or domestic partnership, we owe no more than $6,000.
9. The total fair market value of community property assets, not including what we owe on those assets and not including cars, is less than $45,000.
10. Neither of us has separate property assets, not including what we owe on those assets and not including cars, in excess of $45,000.
11. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
12. We have complied with the preliminary disclosure requirements as follows:
    a. We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in (1) or (2) below (specify):
       (1) ☐ The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form FL-810).
       (2) ☑ A *Declaration of Disclosure* (form FL-140), a *Schedule of Assets and Debts* (form FL-142), or *Property Declaration* (form FL-160), and all attachments to these forms.
    b. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
    c. We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	CASE NUMBER:

13. *(Check whichever statement is true.)*
    a. [✓] We have no community assets or liabilities.
    b. [ ] We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825).
14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.
15. a. [X] Petitioner 1 desires to have his or her former name restored. That name is *(specify):* PALOMA DINAMARCO LIMA USLIANO
    b. [ ] Petitioner 2 desires to have his or her former name restored. That name is *(specify):*
16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.
17. **Each of us forever gives up any right to spousal or partner support from the other.**
18. We each agree to keep the court and each other informed of any change of mailing address or phone number occurring within six months from the filing of this joint petition using the *Notice of Change of Address or Other Contact Information* (form MC-040).
19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.
20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.
21. **Mailing address of Petitioner 1**
    Name: PALOMA DINAMARCO ALLEN
    Address:
    4954 DEL MONTE AVE
    City: SAN DIEGO
    State: CA
    Zip Code: 92107
22. **Mailing address of Petitioner 2**
    Name: JORDAN TAYLOR ALLEN
    Address:
    4954 DEL MONTE AVE
    City: SAN DIEGO
    State: CA
    Zip Code: 92107
23. Number of pages attached: 0

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

▶ Paloma D. Lima Usliano
(SIGNATURE OF PETITIONER 1)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date: 06/19/2022

▶
(SIGNATURE OF PETITIONER 2)

NOTICES

Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (from FL-825) stating the effective date of your dissolution. Until the effective date specified on form FL-825 for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830). If you stop this joint petition, you will STILL be married or in a domestic partnership.

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
PALOMA DINAMARCO ALLEN 4954 DEL MONTE AVE SAN DIEGO, CA 92107 TELEPHONE NO.: (858)260-9883 FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	FILED Clerk of the Superior Court JUN 21 2022
PETITIONER(S) PALOMA DINAMARCO ALLEN	
RESPONDENT(S) JORDAN TAYLOR ALLEN	
OTHER	22FL007015C 701: IALEGGIO, MICHELLE
FAMILY LAW CERTIFICATE OF ASSIGNMENT-VENUE DECLARATION	CASE NUMBER

INSTRUCTIONS: In order for the court to assign your case to the proper court location, this venue declaration is required when an individual files a new family law case, including domestic violence cases. For active cases with the Family Support Division (FSD), filed by the Department of Child Support Services, this venue declaration must be submitted with the first papers filed by a party requesting custody or visitation orders after both parents have become parties to the FSD case, or when a party files a request for domestic violence restraining orders.

SANCTIONS: Notice is hereby given that knowingly or purposefully filing a case in the improper venue is good cause for imposing monetary sanctions.

I (*type or print name*), PALOMA DINAMARCO ALLEN, declare that this action is filed in the proper venue within the County of San Diego based on the type of case and the applicable residential Zip Code in accordance with the Code of Civil Procedure §§ 395(a), 402, the California Rules of Court, and the San Diego Superior Court Rules.

(*Check one*)

☒ Petitioner resides in the County of San Diego within Zip Code 92107

☐ Respondent resides in the County of San Diego within Zip Code _____

☐ In the FSD case, the party requesting custody, visitation, or domestic violence restraining orders resides in the County of San Diego within Zip Code _____

☐ In the FSD case, the other parent resides in the County of San Diego within Zip Code _____

☐ Other (*specify–include type of case and venue statute*) _____

The Zip Code stated above is within the filing boundaries of the family court location marked below, according to the Zip Code List of the San Diego Superior Court (SDSC Form #ADM-254).

(*Check one*)

☒ Central Division (1100 Union St.; 1555 6th Ave.; 1409 4th Ave.; and 220 W. Broadway, San Diego, CA 92101

☐ South County Division (500 3rd Ave., Chula Vista, CA 91910)

☐ East County Division (250 E. Main St., El Cajon, CA 92020)

☐ North County Division (325 S. Melrose Dr., Vista, CA 92081)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 06-19-22

Paloma Allen

Signature of Party or Attorney

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

CENTRAL DIVISION
1100 UNION STREET
SAN DIEGO CA 92101

TO: Jordan Taylor Allen
4954 Del Monte Ave
SAN DIEGO CA 92107

Paloma Dinamarco Allen Jordan Taylor Allen	Petitioner vs. Respondent	Case No: 22FL007015C **NOTICE OF CASE ASSIGNMENT** Judicial Officer: MICHELLE IALEGGIO Department: 701 Phone: 619-844-2960

COMPLAINT FILED 06/21/2022

THIS CASE HAS BEEN **ASSIGNED FOR ALL PURPOSES** TO THE JUDICIAL OFFICER LISTED ABOVE.

DCSS SUPPORT ISSUES AND OTHER SPECIAL CIRCUMSTANCES MAY RESULT IN THE ASSIGNED JUDICIAL OFFICER ORDERING A HEARING/TRIAL IN FRONT OF ANOTHER JUDICIAL OFFICER.

IT IS THE DUTY OF THE PETITIONER TO SERVE A COPY OF THIS NOTICE WITH THE PETITION/COMPLAINT.

EACH PARTY SHALL NOTIFY THE COURT OF A CHANGE OF ADDRESS AND/OR TELEPHONE NUMBER WITHIN FIVE COURT DAYS OF ANY CHANGE.

(P)

For more information, refer to California Rules of Court, Title V, Family and Juvenile Rules, at www.courts.ca.gov and San Diego Superior Court Family Law Local Rules, Division Five, at www.sdcourt.ca.gov.

A family law case assigned to an Independent calendar judge for all purposes may be reassigned to the court's master calendar, as necessary, for the purpose of assigning a different judge to hear a trial or a long cause hearing. The family law supervising judge, the designated supervising judge or the assistant supervising judge will act in his or her capacity as the judge supervising the master calendar when making the assignment. A peremptory challenge must be made at the time the parties are provided with notice of the assignment. See Code of Civil Procedure, section 170.6(a)(2).

DATED: 6/21/2022

Superior Court of California
County of San Diego

NOTICE OF ELECTRONIC CASE FILE AND IMAGED DOCUMENTS

This case has been Imaged and the Imaged case is now the official record of the Court. ALL pleadings and documents including all original documents attached to pleadings filed with the court will be imaged and destroyed. Original documents, other than pleadings should be lodged with the court pursuant California Rules of Court, rule 3.1302(b).

On August 24, 2015, the San Diego Superior Court began the Family Court Imaging Program. All new Family Court cases initiated on or after August 24, 2015, have been and will be imaged and the electronic version of the document will be the official court record. The official court record is accessible at one of the many kiosks located in the Family Court Business Offices.

The electronic copy of the filed document(s) will be the official court record pursuant to Government Code section 68150. The paper filings will be imaged and held for 30 days. After that time they will be destroyed and recycled. **Thus, you should not attach any original documents to pleadings filed with the San Diego Superior Court.** Any original documents necessary for a motion hearing or trial shall be lodged in advance of the hearing or trial pursuant to California Rules of Court, rule 3.1302(b).

It is the duty of each petitioner to serve a copy of this notice with the petition/complaint on the Respondent and all parties in this case.

On all pleadings filed after the initial case originating filing, all parties must, to the extent it is feasible to do so, place the words **"IMAGED FILE"** in all caps immediately under the case number on all subsequent pleadings filed in the action.

Please refer to the General Order - Imaging located on the San Diego Superior Court website at:

http://www.sdcourt.ca.gov/FamilyImagingGeneralOrder

FL-800

PARTY WITHOUT ATTORNEY OR ATTORNEY: STATE BAR NO:	
NAME: PALOMA DINAMARCO ALLEN FIRM NAME: STREET ADDRESS: 4954 DEL MONTE AVE CITY: SAN DIEGO STATE: CA ZIP CODE: 92107 TELEPHONE NO.: (858) 260-9883 FAX NO.: E-MAIL ADDRESS: palomadinamarco@gmail.com ATTORNEY FOR (Name):	FILED Clerk of the Superior Court JUN 21 2022
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	22FL007015C 701: IALEGGIO, MICHELLE
MARRIAGE OR PARTNERSHIP OF PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	
JOINT PETITION FOR SUMMARY DISSOLUTION ☒ MARRIAGE ☐ DOMESTIC PARTNERSHIP	CA

We petition for a summary dissolution of marriage, registered domestic partnership, or both and declare that all the following conditions exist on the date this petition is filed with the court:

1. We have read and understand the *Summary Dissolution Information* booklet (form FL-810).
2. a. ☑ We were married on *(date):* 01/30/2017
   b. ☐ We registered as domestic partners on *(date):*
3. ☑ We separated on *(date):* 06/29/2021
4. Less than five years have passed between the date of our marriage and/or registration of our domestic partnership and the date of our separation.
5. a. ☑ One of us has lived in California for at least six months and in the county of filing for at least the three months preceding the date of filing. Or we are only asking to end a domestic partnership registered in California.
   b. ☐ We are the same sex and were married in California but are not residents of California. Neither of us lives in a place that will allow us to divorce. We are filing this case in the county in which we married.
6. There are no minor children who were born of our relationship before or during our marriage or domestic partnership or adopted by us during our marriage or domestic partnership. Neither one of us, to our knowledge, is pregnant.
7. Neither of us has an interest in any real property anywhere. **(You may have a lease for a residence in which one of you lives. It must terminate within a year from the date of filing this petition. The lease must not include an option to purchase.)**
8. Except for obligations with respect to cars, on obligations incurred by either or both of us during our marriage or domestic partnership, we owe no more than $6,000.
9. The total fair market value of community property assets, not including what we owe on those assets and not including cars, is less than $45,000.
10. Neither of us has separate property assets, not including what we owe on those assets and not including cars, in excess of $45,000.
11. We each have filled out and given the other an *Income and Expense Declaration* (form FL-150).
12. We have complied with the preliminary disclosure requirements as follows:
    a. We each have disclosed information about the value and division of our property by filling out and giving each other copies of the documents listed in (1) or (2) below (specify):
       (1) ☐ The worksheets on pages 7, 9, and 11 of the *Summary Dissolution Information* booklet (form FL-810).
       (2) ☑ A *Declaration of Disclosure* (form FL-140), a *Schedule of Assets and Debts* (form FL-142), or *Property Declaration* (form FL-160), and all attachments to these forms.
    b. We have told each other in writing about any investment, business, or other income-producing opportunities that came up after we were separated based on investments made or work done during the marriage or domestic partnership and before our separation.
    c. We have exchanged all tax returns each of us has filed within the two years before disclosing the information described in 12a.

Form Adopted for Mandatory Use
Judicial Council of California
FL-800 [Rev. September 1, 2019]

JOINT PETITION FOR SUMMARY DISSOLUTION
(Family Law—Summary Dissolution)

Family Code, § 299, 2109, 2320, 2400-2406
www.courts.ca.gov

PETITIONER 1: PALOMA DINAMARCO ALLEN PETITIONER 2: JORDAN TAYLOR ALLEN	CASE NUMBER:

13. *(Check whichever statement is true.)*
    a. [✓] We have no community assets or liabilities.
    b. [ ] We have signed an agreement listing and dividing all our community assets and liabilities and have signed all the papers necessary to carry out our agreement. A copy of our agreement is attached to the *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825).
14. Irreconcilable differences have caused the irremediable breakdown of our marriage and/or domestic partnership, and each of us wishes to have the court dissolve our marriage and/or domestic partnership without our appearing before a judge.
15. a. [X] Petitioner 1 desires to have his or her former name restored. That name is *(specify):* PALOMA DINAMARCO LIMA USHIANO
    b. [ ] Petitioner 2 desires to have his or her former name restored. That name is *(specify):*
16. We each give up our rights to appeal and to move for a new trial after the effective date of our *Judgment of Dissolution*.
17. **Each of us forever gives up any right to spousal or partner support from the other.**
18. We each agree to keep the court and each other informed of any change of mailing address or phone number occurring within six months from the filing of this joint petition using the *Notice of Change of Address or Other Contact Information* (form MC-040).
19. We are submitting the original and three copies of the proposed *Judgment of Dissolution and Notice of Entry of Judgment* (form FL-825) and two stamped envelopes together with this petition. One envelope is addressed to Petitioner 1 and the other to Petitioner 2.
20. We agree that this matter may be determined by a commissioner sitting as a temporary judge.
21. **Mailing address of Petitioner 1**
    Name: PALOMA DINAMARCO ALLEN
    Address:
    4954 DEL MONTE AVE

    City: SAN DIEGO
    State: CA
    Zip Code: 92107
22. **Mailing address of Petitioner 2**
    Name: JORDAN TAYLOR ALLEN
    Address:
    4954 DEL MONTE AVE

    City: SAN DIEGO
    State: CA
    Zip Code: 92107
23. Number of pages attached: 0

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date:

▶ Paloma Dinamarco Allen
(SIGNATURE OF PETITIONER 1)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attached documents are true and correct.

Date: 06/19/2022

▶
(SIGNATURE OF PETITIONER 2)

NOTICES

Your marriage and/or domestic partnership will end six months from the date of filing this joint petition. Both petitioners will receive a stamped copy from the court of the *Judgment of Dissolution and Notice of Entry of Judgment* (from FL-825) stating the effective date of your dissolution. Until the effective date specified on form FL-825 for the dissolution of your marriage and/or domestic partnership, either one of you can stop this joint petition by filing a *Notice of Revocation of Petition for Summary Dissolution* (form FL-830). If you stop this joint petition, you will STILL be married or in a domestic partnership.

Dissolution may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar instrument. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit card accounts, other credit accounts, insurance policies, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or domestic partner or a court order. (See Fam. Code, §§ 231–235.)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
PALOMA DINAMARCO ALLEN 4954 DEL MONTE AVE SAN DIEGO, CA 92107 TELEPHONE NO.: (858)260-9883 FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	FILED Clerk of the Superior Court JUN 21 2022
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☒ CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S) PALOMA DINAMARCO ALLEN	
RESPONDENT(S) JORDAN TAYLOR ALLEN	22FL007015C 701: IALEGGIO, MICHELLE
OTHER	CASE NUMBER
FAMILY LAW CERTIFICATE OF ASSIGNMENT-VENUE DECLARATION	

INSTRUCTIONS: In order for the court to assign your case to the proper court location, this venue declaration is required when an individual files a new family law case, including domestic violence cases. For active cases with the Family Support Division (FSD), filed by the Department of Child Support Services, this venue declaration must be submitted with the first papers filed by a party requesting custody or visitation orders after both parents have become parties to the FSD case, or when a party files a request for domestic violence restraining orders.

SANCTIONS: Notice is hereby given that knowingly or purposefully filing a case in the improper venue is good cause for imposing monetary sanctions.

I (*type or print name*), PALOMA DINAMARCO ALLEN, declare that this action is filed in the proper venue within the County of San Diego based on the type of case and the applicable residential Zip Code in accordance with the Code of Civil Procedure §§ 395(a), 402, the California Rules of Court, and the San Diego Superior Court Rules.

(*Check one*)

☒ Petitioner resides in the County of San Diego within Zip Code 92107

☐ Respondent resides in the County of San Diego within Zip Code _____

☐ In the FSD case, the party requesting custody, visitation, or domestic violence restraining orders resides in the County of San Diego within Zip Code _____

☐ In the FSD case, the other parent resides in the County of San Diego within Zip Code _____

☐ Other (*specify–include type of case and venue statute*) _____

The Zip Code stated above is within the filing boundaries of the family court location marked below, according to the Zip Code List of the San Diego Superior Court (SDSC Form #ADM-254).

(*Check one*)

☒ Central Division (1100 Union St.; 1555 6th Ave.; 1409 4th Ave.; and 220 W. Broadway, San Diego, CA 92101

☐ South County Division (500 3rd Ave., Chula Vista, CA 91910)

☐ East County Division (250 E. Main St., El Cajon, CA 92020)

☐ North County Division (325 S. Melrose Dr., Vista, CA 92081)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 06-19-22

Paloma Allen

Signature of Party or Attorney

FL-180

ATTORNEY OR PARTY WITHOUT ATTORNEY *(Name, State Bar number, and address):* Rachael Callahan SBN: 275627 Law Office of Rachael Callahan 444 West C Street, Suite 120, San Diego, CA 92101 TELEPHONE NO.: (619) 261-6293 FAX NO. *(Optional):* E-MAIL ADDRESS *(Optional):* ATTORNEY FOR *(Name):* Maring Chieko Allen	*FOR COURT USE ONLY* FILED Clerk of the Superior Court DEC 19 2014 M. Alcantar, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Diego STREET ADDRESS: 1555 Sixth Avenue MAILING ADDRESS: CITY AND ZIP CODE: San Diego, CA 92101 BRANCH NAME: Family Law Division (Central)	
MARRIAGE OR PARTNERSHIP OF PETITIONER: Maring Chieko Allen RESPONDENT: Jordan Allen	
JUDGMENT ☑ DISSOLUTION ☐ LEGAL SEPARATION ☐ NULLITY ☐ Status only ☐ Reserving jurisdiction over termination of marital or domestic partnership status ☐ Judgment on reserved issues **Date marital or domestic partnership status ends:** 12/19/14	CASE NUMBER: D540098

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
   The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☑ Default or uncontested ☐ By declaration under Family Code section 2336
   ☐ Contested ☐ Agreement in court
   a. Date: DEC 19 2014 Dept.: FH Room:
   b. Judicial officer *(name):* MICHAEL S. GROCH ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):* DEC 04, 2012
   a. ☑ The respondent was served with process.
   b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☑ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☑ on *(specify date):* 12/19/14
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☑ petitioner's ☐ respondent's former name is restored to *(specify):* Maring Chieko Higa
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☑ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]
JUDGMENT
(Family Law)
Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

CASE NAME *(Last name, first name of each party)*:	CASE NUMBER:
Allen, Maring v. Allen, Jordan	D540098

4. i. ☑ The children of this marriage or domestic partnership are:
   (1) ☑ Name Birthdate

   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership

j. ☑ Child custody and visitation (parenting time) are ordered as set forth in the attached
   (1) ☑ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
   (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
   (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
   (4) ☐ Previously established in another case. Case number: Court:

k. ☑ Child support is ordered as set forth in the attached
   (1) ☑ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
   (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
   (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
   (4) ☐ Previously established in another case. Case number: Court:

l. ☑ Spousal, domestic partner, or family support is ordered:
   (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
   (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
   (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
   (4) ☑ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
   (5) ☐ Other *(specify):*

m. ☑ Property division is ordered as set forth in the attached
   (1) ☑ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
   (3) ☐ Other *(specify):*

n. ☑ Attorney fees and costs are ordered as set forth in the attached
   (1) ☑ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
   (3) ☐ Other *(specify):*

o. ☑ Other *(specify):*

See Marital Settlement Agreement

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

Date: DEC 19 2014

MICHAEL S. GROCH 10/19/14
JUDICIAL OFFICER

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: -27-

NOTICE

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

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

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

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

Exhibit 9 - Petitioner’s Financial Information

Filing Instructions

Individual Income Tax Return

Taxable Year Ended December 31, 2025

Name: JORDAN & JOICE AMARAL ALLEN

Federal Filing Instructions

Your 2025 Form 1040 shows a total overpayment of $1,805, which is to be refunded to you in its entirety.

Your refund will be direct deposited into your SAN DIEGO CREDIT UNION checking account no. *****9090.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

***Important*: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

Retain a copy of the signed and dated Form 8879 for your records.

California Filing Instructions

Your 2025 Form 540 shows no balance due.

Sign and date Form CA 8879, California e-file Signature Authorization for Individuals. Return it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your return is being filed electronically. Do not mail Form 540.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

August 27, 2026

CONFIDENTIAL

JORDAN & JOICE AMARAL ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear JORDAN & JOICE AMARAL:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Zadoyen Income Tax

Taxpayer Name JORDAN ALLEN
Spouse Name JOICE AMARAL ALLEN

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 96072491316

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 08/12/26

Taxpayer's PIN (enter five numbers, other than all zeroes) 82795

Spouse's PIN (enter five numbers, other than all zeroes) 16158

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
JORDAN	ALLEN	612-18-2795
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JOICE AMARAL	ALLEN	848-81-6158

Home address (number and street). If you have a P.O box, see instructions. Apt. no. Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☐

4954 DEL MONTE AVE

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

SAN DIEGO CA 92109

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	RYU			
(2) Last name	ALLEN			
(3) SSN	603-85-5347			
(4) Relationship	Son			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income			
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	**1a** Total amount from Form(s) W-2, box 1 (see instructions)	1a	10,339
	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	10,339
Attach Sch. B if required.	**2a** Tax-exempt interest 2a **b** Taxable interest	2b	
	3a Qualified dividends 3a **b** Ordinary dividends	3b	
	c Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b		
	4a IRA distributions 4a **b** Taxable amount	4b	
	c Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐		
	5a Pensions and annuities 5a **b** Taxable amount	5b	
	c Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐		
	6a Soc. sec. ben. 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	45,828
	9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	56,167
	10 Adjustments to income from Schedule 1, line 26	10	0
	11a Subtract line 10 from line 9. This is your **adjusted gross income**	11a	56,167

Form 1040 (2025) JORDAN & JOICE AMARAL ALLEN 612-18-2795 Page 2

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	56,167
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard Deduction for – • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see instr.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	4,933
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	36,433
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	19,734
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____	16	1,973
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,973
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,973
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,973
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	0
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 1,358		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	1,358
	26	2025 estimated tax payments and amount applied from 2024 return	26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions): _____		
	27a	Earned income credit (EIC) — 27a: 220		
	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: 227		
	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	447
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	1,805
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,805
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	1,805
Direct deposit? See instructions.	b	Routing number 322281617 c Type: ☒ Checking ☐ Savings		
	d	Account number 444819090		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

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

Designee's name: Leonid Tsipis EA | Phone no.: 818-990-6785 | Personal identification number (PIN): 91316

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: ACUPUNCTURIST	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation: GRAPHIC DESIGNER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Joint return? See instructions. Keep a copy for your records.

Phone no. | Email address

Paid Preparer Use Only

Preparer's name: Leonid Tsipis EA	Preparer's signature: Leonid Tsipis EA	Date	PTIN: P00110245	Check if: ☐ Self-employed
Firm's name: Zadoyen Income Tax			Phone no.: 818-990-6785	
Firm's address: 17337 Ventura Blvd Ste 100 Encino CA 91316			Firm's EIN: 46-4944824	

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2025)

DAA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2025
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JORDAN & JOICE AMARAL ALLEN

Your social security number
612-18-2795

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

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the 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	423
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	45,405
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	45,828

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2025

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JOICE AMARAL ALLEN	848-81-6158

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

B Enter code from instructions: 541400

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.) 4954 DEL MONTE AVE

City, town or post office, state, and ZIP code SAN DIEGO CA 92109

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2025, check here [ ]

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? — [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	2,406
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,406
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	2,406
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	2,406

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	238
9	Car and truck expenses (see instructions)	9	1,138	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Int. (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	607

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	1,983
29	Tentative profit or (loss). Subtract line 28 from line 7	29	423
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	423
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.	

JOICE AMARAL ALLEN 848-81-6158

Schedule C (Form 1040) 2025 GRAPHIC DESIGNER

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/25

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business 1,625 b Commuting (see instructions) c Other 10,105

45	Was your vehicle available for personal use during off-duty hours?	☒ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes	☐ No
47a	Do you have evidence to support your deduction?	☒ Yes	☐ No
b	If "Yes," is the evidence written?	☒ Yes	☐ No

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

SOFTWARE	250
TELEPHONE & INTERNET	357

48	**Total other expenses.** Enter here and on line 27b	48	607

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN & JOICE AMARAL ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		45,405
B					
C					
D					
29a Totals					45,405
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	45,405
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	45,405

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	45,405
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.

Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **43**

Name(s) shown on return

JORDAN ALLEN
JOICE AMARAL ALLEN

Your social security number

612-18-2795

Before you begin:

- See the instructions for Form 1040, line 27a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27a, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27a, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information	**Child 1**	**Child 2**	**Child 3**
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name RYU ALLEN	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27a, unless the child was born and died in 2025 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2025 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	603-85-5347		
3 Child's year of birth	Year 2010 *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2006 **and** the child is younger than you (or your spouse if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2025?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2025 • If the child lived with you for more than half of 2025 but less than 7 months, enter "7." • If the child was born or died in 2025 and your home was the child's home for more than half the time they were alive during 2025, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: JORDAN & JOICE AMARAL ALLEN

Your social security number: 612-18-2795

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR		1	56,167
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	56,167
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by $2,200		5	2,200
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by $500		7	
8	Add lines 5 and 7		8	2,200
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000		9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	0
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11?		12	2,200
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.			
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from **Credit Limit Worksheet A**		13	1,973
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**		14	1,973

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

JORDAN & JOICE AMARAL ALLEN 612-18-2795

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use			15	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit			16a	227
b	Number of qualifying children under age 17 with the required social security number: 1 x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit.			16b	1,700
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			17	227
18a	Earned income (see instructions)	18a	10,762		
b	Nontaxable combat pay (see instructions) 18b				
19	Is the amount on line 18a more than $2,500?				
	☐ **No.** Leave line 19 blank and enter -0- on line 20.				
	☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	8,262		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	1,239
	Next. On line 16b, is the amount $5,100 or more?				
	☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22			
23	Add lines 21 and 22	23			
24	**1040 and** **1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24			
25	Subtract line 24 from line 23. If zero or less, enter -0-			25	
26	Enter the **larger** of line 20 or line 25			26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	227

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return: JORDAN & JOICE AMARAL ALLEN

Your taxpayer identification number: 612-18-2795

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
Use this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	MOTORPOINT ACUPUNCTURE INC	80-0854203	45,405
ii	GRAPHIC DESIGNER	848-81-6158	423
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	45,828		
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	45,828		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	9,166
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	0		
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	9,166
11	Taxable income before qualified business income deduction (see instructions)	11	24,667		
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	24,667		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	4,933
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	4,933
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2025)

Form **8867**
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 25
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN & JOICE AMARAL ALLEN	612-18-2795
Preparer's name	**Preparer tax identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes"** answer questions 4a and 4b. If **"No"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Employer statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	X		
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN & JOICE AMARAL ALLEN 612-18-2795

		Yes	No	N/A
Part II	**Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)			
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		
Part III	**Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

		Yes	No
Part IV	**Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		
Part V	**Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **1040**	**Shareholder's Basis Worksheet Page 1**	**2025**

Name: JORDAN ALLEN

Taxpayer Identification Number: 612-18-2795

Name of Entity MOTORPOINT ACUPUNCTURE INC — **EIN** 80-0854203

Passive Activity Type Not Passive — **K1 Unit** 1

Shareholder Stock Basis

1.	Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	144,308
	Increases to stock basis		
2.	Capital contributions made or additional stock acquired	2.	
3.	Ordinary business income	3. 45,405	
4.	Net rental real estate income	4.	
5.	Other net rental income	5.	
6.	Interest, dividends and royalties	6.	
7.	Net capital gains	7.	
8.	Net section 1231 gain and ordinary business gain	8.	
9.	Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10.	Other income	10.	
11.	Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12.	Other increases to stock basis	12.	
13.	Total increases to stock basis. Combine lines 2 through 12	13.	45,405
14.	**Stock basis before distributions and items of loss or deductions.** Add line 1 and line 13 and enter the result here	14.	189,713
	Decreases to stock basis		
15.	Distributions allowed	15.	
16.	**Stock basis after distributions and before items of loss or deductions.** Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	189,713
17.	Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	
18.	Other decreases to stock basis	18.	
19.	Amount used to restore loan basis	19.	
20.	Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	0
21.	**Stock basis at the end of year.** (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	189,713

Shareholder Debt Basis

22.	Debt basis at the beginning of corporation's tax year	22.	
23.	Additional loans	23.	
24.	Debt basis restoration	24.	
25.	Nontaxable debt repayment	25.	
26.	**Debt basis before losses and deductions.** Combine lines 22 through 25	26.	
27.	Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28.	**Debt basis at the end of year** (Subtract line 28 from line 27).	28.	0
29.	**Stock and debt basis at the end of the year** (Add lines 21 and line 28)	29.	189,713

Gain Recognized on Excess Distributions

30.	Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	
31.	Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	
32.	**Total gain recognized on excess distributions.** (Subtract line 31 from line 30)	32.	

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____

Form **1040**	**Auto Worksheet**	**2025**

Name: **JORDAN & JOICE AMARAL ALLEN**

Taxpayer Identification Number: **612-18-2795**

Description: **GRAPHIC DESIGNER**

Form/Schedule: **C** Unit number: **1**

	Asset Listing Number	Date	Description
Vehicle 1	1	01/01/25	BUSINESS AUTO
Vehicle 2			
Vehicle 3			
Vehicle 4			

		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
General Information					
1.	Total mileage	11,730			
2.	Business miles before 7/1 (70 cents per mile)	1,625			
3.	Commuting mileage				
4.	Other mileage	10,105			
5.	Business use percentage	13.85 %	%	%	%
Actual Expenses					
6.	Parking fees and tolls				
7 a.	Gasoline				
b.	Oil				
c.	Repairs				
d.	Maintenance				
e.	Tires				
f.	Car washes				
g.	Insurance				
h.	Interest				
i.	Registration				
j.	Licenses				
k.	Property taxes				
l.	Other vehicle expenses				
m.	Vehicle rentals (net of inclusion amount)				
8.	Total expenses. Add lines 7a - 7m				
9.	Business use percentage from line 5	13.85 %	%	%	%
10.	Business use portion of actual expenses				
11.	Depreciation				
12.	Total actual expense allowable. Add lines 6, 10 and 11				
Standard Mileage Rate Method					
13.	Business mileage (line 2) multiplied by applicable rate	1,138			
14.	Parking fees and tolls from line 6				
15.	Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16.	Standard mileage rate	1,138			

	Vehicle expense	Vehicle rentals	Vehicle depreciation	**Total allowable deduction**
Allowable Deduction	1,138			1,138

Federal Asset Report
GRAPHIC DESIGNER

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	BUSINESS AUTO	1/01/2025	0	13.85			0	0		HY	0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		0				0				0	0

AMT Asset Report
GRAPHIC DESIGNER

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Listed Property:												
1	BUSINESS AUTO	1/01/2025	0	13.85			0	0		HY	0	0
			0				0				0	0
	Grand Totals		0				0				0	0
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		0				0				0	0

Future Depreciation Report FYE: 12/31/2026

GRAPHIC DESIGNER

Asset	Description	Date In Service	Cost	Tax	AMT
Listed Property:					
1	BUSINESS AUTO	1/01/2025	0	0	0
			0	0	0
	Grand Totals		0	0	0

Form **1040** | **Salaries & Wages Report** | **2025**

Name: JORDAN & JOICE AMARAL ALLEN

Taxpayer Identification Number: 612-18-2795

	T/S	Employer	Federal Wages	Federal Withheld	% Federal W/H to Wages	Soc Sec Wages	Soc Sec Withheld
A	T	OHC OF CALIFORNIA	265			265	16
B	S	PUBLIC COMPANY ACCOUNTING OVERSIGHT	7,150	1,358	18.990	7,150	443
C	S	SDSU FOUNDATION	2,924			2,924	181
D							
E							
F							
G							
H							
Taxpayer			265			265	16
Spouse			10,074	1,358		10,074	624
Totals			10,339	1,358		10,339	640

	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Qualified Tips	Qualified Overtime	Other, Box 14
A	265	4						
B	7,150	104						
C	2,924	42						
D								
E								
F								
G								
H								
Taxpayer	265	4						
Spouse	10,074	146						
Totals	10,339	150						

	State	State Wages	State Withheld	% State W/H to Wages	Name of Locality		Local Wages		Local Withheld
A	CA	265			State Dis	SDI	265	SDI	3
B	CA	7,150			State Dis	SDI	7,150	SDI	86
C	CA	2,924			State Dis	SDI	2,924	SDI	35
D									
E									
F									
G									
H									
Taxpayer		265					265		3
Spouse		10,074					10,074		121
Totals		10,339					10,339		124

TAXABLE YEAR | FORM

2025 California Resident Income Tax Return 540

APE

612-18-2795 ALLE 848-81-6158 25 PBA 541400
JORDAN ALLEN
JOICE AMARA ALLEN

A
R
RP

4954 DEL MONTE AVE
SAN DIEGO CA 92109

08-16-1981 11-28-1990

Principal Residence

Enter your county at time of filing (see instructions)
SAN DIEGO

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

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

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

City | State | ZIP code

Filing Status

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

1 [ ] Single

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

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

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

5 [ ] Qualifying surviving spouse/RDP. Enter year spouse/RDP died. See instructions.

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

Exemptions

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

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [2] X $153 = $ 306

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

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

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	RYU		
Last Name	ALLEN		
SSN. See instructions.	603-85-5347		
Dependent's relationship to you	SON		

Total dependent exemptions ... 10 | 1 | X $475 = $ | 475

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ... 11 $ 781

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ... 12 | 10,339 | .00

13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b ... 13 | 56,167 | .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 | 56,167 | .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 | 56,167 | .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 | 11,412 | .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ... 19 | 44,755 | .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
[ ] FTB 3800 [ ] FTB 3803 ... 31 | 674 | .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. ... 32 | 781 | .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ... 33 | 0 | .00

34 Tax. See instructions. Check the box if from [ ] Schedule G-1 [ ] FTB 5870A ... 34 | | .00

35 Add line 33 and line 34 ... 35 | 0 | .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ... 40 | | .00

43 Enter credit name [ ] code [ ] and amount ... 43 | | .00

44 Enter credit name [ ] code [ ] and amount ... 44 | | .00

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	●	61	.00
62	Behavioral Health Services Tax. See instructions	●	62	.00
63	Other taxes and credit recapture. See instructions	●	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	●	64	0 .00

Payments

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

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. ● [X]

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

Overpaid Tax/Tax Due

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

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	⊙	**100**	.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	● **400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● **401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● **403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● **405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● **406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● **407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● **408**	.00
	California Cancer Research Voluntary Tax Contribution Fund	● **413**	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	● **422**	.00
	State Parks Protection Fund/Parks Pass Purchase	● **423**	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	● **424**	.00
	Prevention of Animal Homelessness 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: ALLEN Your SSN or ITIN: 612-18-2795

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

Refund and Direct Deposit

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **115** 0 .00

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

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections.** See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage?
By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions ..... ⊙ ☐ Yes ☒ No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

⊙ ☐ Primary taxpayer

⊙ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

Sign your tax return on Side 6

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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: **LEONID TSIPIS EA** ● Paid preparer's phone number: 818-990-6785

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**: LEONID TSIPIS EA

Firm's name (or yours, if self-employed): ZADOYEN INCOME TAX ● PTIN: P00110245

Firm's address: 17337 VENTURA BLVD STE 100 ENCINO CA 91316 ● Firm's FEIN: 46-4944824

Do you want to allow another person to discuss this tax return with us? See instructions . ● [X] Yes [ ] No

Print Third Party Designee's Name: LEONID TSIPIS EA Telephone Number: 818-990-6785

Form **540/540NR** | **California Auto Worksheet** | **2025**

Name: JORDAN & JOICE AMARAL ALLEN

Taxpayer Identification Number: 612-18-2795

Description: GRAPHIC DESIGNER

Form/Schedule: C Unit number: 1

Vehicle 1 - Date: 01/01/25 Description: BUSINESS AUTO

Vehicle 2 - Date: Description:

Vehicle 3 - Date: Description:

Vehicle 4 - Date: Description:

General Information	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1. Total mileage	11,730			
2. Business mileage (70 cents per mile)	1,625			
3. Commuting mileage				
4. Other mileage	10,105			
5. Business use percentage	13.85 %	%	%	%
Actual Expenses				
6. Parking fees and tolls				
7 a. Gasoline				
b. Oil				
c. Repairs				
d. Maintenance				
e. Tires				
f. Car washes				
g. Insurance				
h. Interest				
i. Registration				
j. Licenses				
k. Property taxes				
l. Other vehicle expenses				
m. Vehicle rentals (net of inclusion amount)				
8. Total expenses. Add lines 7a - 7m				
9. Business use percentage from line 5	13.85 %	%	%	%
10. Business use portion of actual expenses				
11. Depreciation				
12. Total actual expense allowable. Add lines 6, 10 and 11				
Standard Mileage Rate Method				
13. Business mileage (line 2) multiplied by applicable rate	1,138			
14. Parking fees and tolls from line 6				
15. Line 7h and 7k (Int & taxes) multiplied by bus pct (line 5)				
16. Standard mileage rate	1,138			

	Vehicle expense	Vehicle rentals	Vehicle depreciation	**Total allowable deduction**
Allowable Deduction	1,138			1,138

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

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

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

☐ Other

Your first name and middle initial	Last name	Your social security number
JORDAN	ALLEN	612-18-2795
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number
JOICE AMARAL	ALLEN	848-81-6158

Home address (number and street). If you have a P.O box, see instructions. **4954 DEL MONTE AVE** 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. **SAN DIEGO** State **CA** ZIP code **92109**

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	RYU			
(2) Last name	ALLEN			
(3) SSN	603-85-5347			
(4) Relationship	Son			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	10,339
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	10,339
2a	Tax-exempt interest 2a	**b** Taxable interest	2b
3a	Qualified dividends 3a	**b** Ordinary dividends	3b
c	Check if your child's dividends are included in **1** ☐ Line 3a **2** ☐ Line 3b		
4a	IRA distributions 4a	**b** Taxable amount	4b
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ QCD **3** ☐		
5a	Pensions and annuities 5a	**b** Taxable amount	5b
c	Check if (see instructions) **1** ☐ Rollover **2** ☐ PSO **3** ☐		
6a	Soc. sec. ben. 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	45,828
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**	9	56,167
10	Adjustments to income from Schedule 1, line 26	10	0
11a	Subtract line 10 from line 9. This is your **adjusted gross income**	11a	56,167

Attach Sch. B if required.

Form 1040 (2025) JORDAN & JOICE AMARAL ALLEN 612-18-2795 Page 2

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	56,167
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return c ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard Deduction for – • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see instr.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	31,500
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	4,933
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	36,433
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	19,734
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐ _____	16	1,973
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	1,973
	19	Child tax credit or credit for other dependents from Schedule 8812	19	1,973
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	1,973
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	0
Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 1,358		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	1,358
	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): _____		
If you have a qualifying child, you may need to attach Sch. EIC.	27a	Earned income credit (EIC) — 27a: 220		
	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: 227		
	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	447
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	1,805
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1,805
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	1,805
Direct deposit? See instructions.	b	Routing number 322281617 c Type: ☒ Checking ☐ Savings		
	d	Account number 444819090		
	36	Amount of line 34 you want **applied to your 2026 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

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

Designee's name: Leonid Tsipis EA | Phone no.: 818-990-6785 | Personal identification number (PIN): 91316

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: ACUPUNCTURIST	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation: GRAPHIC DESIGNER	If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

Joint return? See instructions. Keep a copy for your records.

Phone no. | Email address

Paid Preparer Use Only

Preparer's name: Leonid Tsipis EA	Preparer's signature: Leonid Tsipis EA	Date	PTIN: P00110245	Check if: ☐ Self-employed
Firm's name: Zadoyen Income Tax			Phone no.: 818-990-6785	
Firm's address: 17337 Ventura Blvd Ste 100 Encino CA 91316			Firm's EIN: 46-4944824	

Go to *www.irs.gov/Form1040* for instructions and the latest information. Form **1040** (2025)

DAA

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074
2025
Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
JORDAN & JOICE AMARAL ALLEN

Your social security number
612-18-2795

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

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the 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	423
4	Other gains or (losses). Check if any from Form(s): ☐ 4797 ☐ 4684			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	45,405
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here ☐ and enter amount repaid:			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	45,828

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2025

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JOICE AMARAL ALLEN	848-81-6158

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

B Enter code from instructions: 541400

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.) 4954 DEL MONTE AVE

City, town or post office, state, and ZIP code SAN DIEGO CA 92109

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2025, check here [ ]

I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? — [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	2,406
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	2,406
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	2,406
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	2,406

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	238
9	Car and truck expenses (see instructions)	9	1,138	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Int. (see instr.):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
				b	Other expenses (from line 48)	27b	607

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27b	28	1,983
29	Tentative profit or (loss). Subtract line 28 from line 7	29	423
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	423
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.	

JOICE AMARAL ALLEN 848-81-6158

Schedule C (Form 1040) 2025 GRAPHIC DESIGNER

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: **a** ☐ Cost **b** ☐ Lower of cost or market **c** ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	**35**	
36	Purchases less cost of items withdrawn for personal use	**36**	
37	Cost of labor. Do not include any amounts paid to yourself	**37**	
38	Materials and supplies	**38**	
39	Other costs	**39**	
40	Add lines 35 through 39	**40**	
41	Inventory at end of year	**41**	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	**42**	

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

43 When did you place your vehicle in service for business purposes? (month/day/year) 01/01/25

44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:

a Business 1,625 **b** Commuting (see instructions) **c** Other 10,105

45	Was your vehicle available for personal use during off-duty hours?	☒ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☒ Yes	☐ No
47a	Do you have evidence to support your deduction?	☒ Yes	☐ No
b	If "Yes," is the evidence written?	☒ Yes	☐ No

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

SOFTWARE	250
TELEPHONE & INTERNET	357

48	**Total other expenses.** Enter here and on line 27b	**48**	607

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN & JOICE AMARAL ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☐	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		45,405
B					
C					
D					
29a Totals					45,405
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	45,405
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	45,405

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	45,405
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.

Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **43**

Name(s) shown on return

JORDAN ALLEN
JOICE AMARAL ALLEN

Your social security number

612-18-2795

Before you begin:

- See the instructions for Form 1040, line 27a, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27a, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27a, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information	**Child 1**	**Child 2**	**Child 3**
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name RYU ALLEN	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27a, unless the child was born and died in 2025 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2025 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	603-85-5347		
3 Child's year of birth	Year 2010 *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year *If born after 2006 **and** the child is younger than you (or your spouse if filing jointly), skip lines 4a and 4b; go to line 5.*	Year *If born after 2006 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2025, a student, and younger than you (or your spouse if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2025?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2025 • If the child lived with you for more than half of 2025 but less than 7 months, enter "7." • If the child was born or died in 2025 and your home was the child's home for more than half the time they were alive during 2025, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

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

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return: JORDAN & JOICE AMARAL ALLEN

Your social security number: 612-18-2795

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR		1	56,167
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	56,167
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by $2,200		5	2,200
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by $500		7	
8	Add lines 5 and 7		8	2,200
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000		9	400,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	0
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11?		12	2,200
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. ☒ **Yes.** Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from **Credit Limit Worksheet A**		13	1,973
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents** **Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.**		14	1,973

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

JORDAN & JOICE AMARAL ALLEN 612-18-2795

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use			15	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit			16a	227
b	Number of qualifying children under age 17 with the required social security number: 1 x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit.			16b	1,700
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.				
17	Enter the **smaller** of line 16a or line 16b			17	227
18a	Earned income (see instructions)	18a	10,762		
b	Nontaxable combat pay (see instructions) 18b				
19	Is the amount on line 18a more than $2,500?				
	☐ **No.** Leave line 19 blank and enter -0- on line 20.				
	☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	19	8,262		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result			20	1,239
	Next. On line 16b, is the amount $5,100 or more?				
	☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.				
	☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.				

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions.	21			
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	22			
23	Add lines 21 and 22	23			
24	**1040 and** **1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	24			
25	Subtract line 24 from line 23. If zero or less, enter -0-			25	
26	Enter the **larger** of line 20 or line 25			26	
	Next, enter the **smaller** of line 17 or line 26 on line 27.				

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	27	227

Form **8995**

Department of the Treasury
Internal Revenue Service

Qualified Business Income Deduction Simplified Computation

Attach to your tax return.
Go to *www.irs.gov/Form8995* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **55**

Name(s) shown on return: JORDAN & JOICE AMARAL ALLEN

Your taxpayer identification number: 612-18-2795

Note: *You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.*
Use this form if your taxable income, before your qualified business income deduction, is at or below $197,300 ($394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	**(a)** Trade, business, or aggregation name	**(b)** Taxpayer identification number	**(c)** Qualified business income or (loss)
i	MOTORPOINT ACUPUNCTURE INC	80-0854203	45,405
ii	GRAPHIC DESIGNER	848-81-6158	423
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	45,828		
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	45,828		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	9,166
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	0		
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	9,166
11	Taxable income before qualified business income deduction (see instructions)	11	24,667		
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	24,667		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	4,933
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	4,933
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2025)

Form **8867**
(Rev. November 2024)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 25
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN & JOICE AMARAL ALLEN	612-18-2795
Preparer's name	**Preparer tax identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes"** answer questions 4a and 4b. If **"No"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Employer statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? **(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)**	X		
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN & JOICE AMARAL ALLEN 612-18-2795

		Yes	No	N/A
Part II	**Due Diligence Questions for Returns Claiming EIC** (If the return does not claim EIC, go to Part III.)			
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		
Part III	**Due Diligence Questions for Returns Claiming CTC/ACTC/ODC** (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)			
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

		Yes	No
Part IV	**Due Diligence Questions for Returns Claiming AOTC** (If the return does not claim AOTC, go to Part V.)		
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		
Part V	**Due Diligence Questions for Claiming HOH** (If the return does not claim HOH filing status, go to Part VI.)		
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Filing Instructions

MOTORPOINT ACUPUNCTURE INC

Corporation Tax Return

Taxable Year Ended December 31, 2025

Federal Filing Instructions

Your 2025 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return. Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file* Authorization for Corporations should be signed and dated by an authorized officer of the corporation and returned as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Important: **Your return will not be filed with the IRS until the signed Form 8879-CORP, *E-file* Authorization for Corporations has been received by this office.**

California Filing Instructions

Your 2025 Form 100S shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation and returned to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your required California estimated tax payments are as follows:

Due Date	Remittance
4/15/2026	$800
6/15/2026	$0
9/15/2026	$0
12/15/2026	$0

Each payment is to be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write "CA Corp 3508425, EIN 80-0854203, 2026 Form 100-ES" on the check.

Mail To: Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Reminders for estimated tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 28, 2026

CONFIDENTIAL

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)
California S Corporation Franchise or Income Tax Return (Form 100S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Leon Tsipis EA

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 28, 2026

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2025 federal and state corporate tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Leon Tsipis EA

Accepted By: _____

Date: _____

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2025

For calendar year 2025 or tax year beginning , ending

A S election effective date: 12/31/12	Name: MOTORPOINT ACUPUNCTURE INC			**D** Employer identification number: 80-0854203
B Business activity code number (see instr.): 621399	Number and street. If a P.O. box, see instructions.: 4954 DEL MONTE		Room or suite no.	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐	City or town: SAN DIEGO	State or province: CA	Country	ZIP or foreign postal code: 92107 — **F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	**1a** Gross receipts or sales: 96,664	**b** Less returns and allowances:	**c** Balance:	**1c**	96,664
	2 Cost of goods sold (attach Form 1125-A)			**2**	
	3 Gross profit. Subtract line 2 from line 1c			**3**	96,664
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			**4**	
	5 Other income (loss) (see instructions—attach statement) See Stmt 1			**5**	10
	6 **Total income (loss).** Add lines 3 through 5			**6**	96,674
Deductions (see instructions for limitations)	**7** Compensation of officers (see instructions–attach Form 1125-E)			**7**	
	8 Salaries and wages (less employment credits)			**8**	
	9 Repairs and maintenance			**9**	
	10 Bad debts			**10**	
	11 Rents			**11**	3,000
	12 Taxes and licenses			**12**	1,260
	13 Interest (see instructions)			**13**	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			**14**	
	15 Depletion **(do not deduct oil and gas depletion)**			**15**	
	16 Advertising			**16**	384
	17 Pension, profit-sharing, etc., plans			**17**	
	18 Employee benefit programs			**18**	
	19 Energy efficient commercial buildings deduction (attach Form 7205)			**19**	
	20 Other deductions (attach statement) See Stmt 2			**20**	46,625
	21 **Total deductions.** Add lines 7 through 20			**21**	51,269
	22 **Ordinary business income (loss).** Subtract line 21 from line 6			**22**	45,405
Tax and Payments	**23a** Excess net passive income or LIFO recapture tax (see instructions)	**23a**			
	b Tax from Schedule D (Form 1120-S)	**23b**			
	c Add lines 23a and 23b (see instructions for additional taxes)			**23c**	
	24a Current year's estimated tax payments and preceding year's overpayment credited to the current year	**24a**			
	b Tax deposited with Form 7004	**24b**			
	c Credit for federal tax paid on fuels (attach Form 4136)	**24c**			
	d Elective payment election amount from Form 3800	**24d**			
	z Add lines 24a through 24d			**24z**	
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			**25**	
	26 **Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed			**26**	
	27 **Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid			**27**	
	28 Enter amount from line 27: **a** **Credited to 2026 estimated tax**		**b** **Refunded**	**28b**	
	c Routing number ____ **d** Type: ☐ Checking ☐ Savings				
	e Account number ____				

Sign Here

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

Signature of officer: JORDAN ALLEN — Date — Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Leonid Tsipis EA	Leonid Tsipis EA			P00110245

Firm's name: Zadoyen Income Tax — Firm's EIN: 46-4944824

Firm's address: 17337 Ventura Blvd Ste 100, Encino, CA 91316 — Phone no. 818-990-6785

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity MEDICAL **b** Product or service ACUPUNCTURE		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $31 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Does the corporation intend to self-certify as a Qualified Opportunity Fund?		X
	If "Yes," complete and attach Form 8996. Enter the amount (if any) from Form 8996, line 15 $		
16	At any time during the tax year, did the corporation: (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		X
17	Reserved for future use		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	45,405
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Cash charitable contributions	12a	
	b	Noncash charitable contributions	12b	
	c	Investment interest expense	12c	
	d	Section 59(e)(2) expenditures Type:	12d	
	e	Other deductions (see instructions) Type:	12e	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14a	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
	b	Check this box if you qualified for an exception to filing Schedule K-2 (Form 1120-S) ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties – gross income	15d	
	e	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K **Shareholders' Pro Rata Share Items** *(continued)*

			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) See Statement 3		
Reconciliation	18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f	18	

Schedule L **Balance Sheets per Books**

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $	7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	136,643			
2	Ordinary income from page 1, line 22	45,405			
3	Other additions				
4	Loss from page 1, line 22	( )			
5	Other reductions	( )			( )
6	Combine lines 1 through 5	182,048			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	182,048			

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2025
For calendar year 2025, or tax year

beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN _____
Name _____

F3 What type of entity is this shareholder? _____

G Current year allocation percentage ..... 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year ..... $ 0
End of tax year ..... $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 45,405	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ..... ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2025 or tax year beginning , ending | **2025**

Name: MOTORPOINT ACUPUNCTURE INC

Employer Identification Number: 80-0854203

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	45,405				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 5 - Other Income (Loss)

Description	Amount
SAN DIEGO CREDIT UNION	$ 10
Total	$ 10

Statement 2 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,880
BANK CHARGES	158
BUS & MEDICAL SUPPLIES	5,716
BUS. PROMOTION & DEVELOPMENT	538
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	294
CONT EDUCATION	472
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	384
MEMBERSHIP & SUBSCRIPTIONS	684
MERCHANT FEES	759
POST OFFICE & SHIPPING	25
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	9,685
SOFTWARE & SUBSCIPTIONS	1,535
STORAGE	3,000
TELEPHONE & INTERNET	1,274
TRANSPORTATION & TRAVEL EXP	18,328
WEB EXPENSES	207
WORKING CLOTHES & CLEANING	446
Total	$ 46,625

Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2024	94,754
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2025

For calendar year 2025 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	45,405				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					
Other Information:					
QBI allocable to cooperative pmts received					
W-2 wages allocable to qualified payments					
Section 199A(g) deduction					
Section 199A REIT dividends					

Form 1120-S, Page 1, Line 12 - Taxes and Licenses

Description	Amount
FRANCHISE TAX BOARD	$ 1,235
SECRETARY OF STATE	25
Total	$ 1,260

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 28, 2026

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear Shareholder:

We have prepared the enclosed copy of Form 1120-S, Schedule K-1 for MOTORPOINT ACUPUNCTURE INC. It contains your share of the corporation's items of income (loss), credits and deductions, and other information for the corporation's tax year ended December 31, 2025. These items are to be reported on your federal income tax return; therefore, this Schedule should be retained with your tax records and documentation.

Also enclosed is state K-1 information, if applicable. This information should also be retained with your tax records and documentation.

We have retained a copy of the Schedule K-1 and other relevant documents for use in preparing your federal income tax return and, if applicable, all State K-1 information for use in preparing any state tax returns. We urge you to call for an appointment at your earliest convenience so that we might begin preparation of your individual tax returns.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis EA

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2025
For calendar year 2025, or tax year

beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN _____
Name _____

F3 What type of entity is this shareholder? _____

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 45,405	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Schedule K-1 (1120-S) List of Codes

10. Other income (loss)

- **A** Other portfolio income (loss)
- **B** Involuntary conversions
- **C** Section 1256 contracts & straddles
- **D** Mining exploration costs recapture
- **E** Section 951A(a) income inclusions
- **F** Inclusions of subpart F income
- **G** Section 951(a)(1)(B) inclusions
- **H** Reserved for future use
- **I** Gain (loss) from disposition of oil, gas, geothermal, or other mineral properties
- **J** Recoveries of tax benefit items
- **K** Gambling gains and losses
- **L** Reserved for future use
- **M** Gain eligible for section 1045 rollover (replacement stock purchased by corporation)
- **N** Gain eligible for section 1045 rollover (replacement stock not purchased by corporation)
- **O** Sale or exchange of QSB stock with section 1202 exclusion
- **P** through **R** Reserved for future use
- **S** Non-portfolio capital gain (loss)
- **T** through **X** Reserved for future use
- **ZZ** Other income (loss)

12. Other deductions

- **A** Cash contributions (60%)
- **B** Cash contributions (30%)
- **C** Noncash contributions (50%)
- **D** Noncash contributions (30%)
- **E** Capital gain property to a 50% organization (30%)
- **F** Capital gain property (20%)
- **G** Contributions (100%)
- **H** Investment interest expense
- **I** Deductions – royalty income
- **J** Section 59(e)(2) expenditures
- **K** Reserved for future use
- **L** Deductions – portfolio (other)
- **M** Preproductive period expenses
- **N** Reserved for future use
- **O** Reforestation expense deduction
- **P** through **V** Reserved for future use
- **W** Soil and water conservation
- **X** Film, television, theatrical and qualified sound recording production expenditures
- **Y** Expenditures for removal of barriers
- **Z** Itemized deductions
- **AA** Contributions to a capital construction fund (CCF)
- **AB** Penalty on early withdrawal of savings
- **AC** Interest expense allocated to debt financed distributions
- **AD** through **AJ** Reserved for future use
- **ZZ** Other deductions

13. Credits

- **A** Zero-emission nuclear power production credit
- **B** Credit for production from advanced nuclear power facilities
- **C** Low-income housing cr (sec 42(j)(5)) from post-2007 bldgs
- **D** Low-income housing cr (other) from post-2007 bldgs
- **E** Qualified rehabilitation expenditures (rental real estate)
- **F** Other rental real estate credits
- **G** Other rental credits
- **H** Undistributed capital gains credit
- **I** Biofuel producer credit
- **J** Work opportunity credit
- **K** Disabled access credit
- **L** Empowerment zone employment credit
- **M** Credit for increasing research activities
- **N** Credit for employer social security and Medicare taxes
- **O** Backup withholding
- **P** Unused investment cr from qualifying advanced coal project cr or qualifying gasification project cr from cooperatives
- **Q** Unused investment credit from qualifying advanced energy project cr from cooperatives
- **R** Unused investment cr from advanced manufacturing investment cr from cooperatives
- **S** Unused investment cr from clean electricity cr from cooperatives
- **T** Unused investment cr from the energy cr from cooperatives
- **U** Unused investment cr from the rehabilitation cr from cooperatives
- **V** Advanced manufacturing production credit
- **W** Clean electricity production credit
- **X** Clean fuel production credit
- **Y** Clean hydrogen production credit
- **Z** Orphan drug credit
- **AA** Enhanced oil recovery credit
- **AB** Renewable electricity production credit
- **AC** Biodiesel, renewable diesel, or sustainable aviation fuels cr
- **AD** New markets credit
- **AE** Credit for small employer pension plan startup costs
- **AF** Credit for small employer auto-enrollment
- **AG** Credit for military spouse participation
- **AH** Credit for employer-provided childcare facilities and svc
- **AI** Low sulfur diesel fuel production credit
- **AJ** Qualified railroad track maintenance credit
- **AK** Credit for oil and gas production from marginal wells
- **AL** Distilled spirits credit
- **AM** Energy efficient home credit
- **AN** Reserved for future use
- **AO** Alternative fuel vehicle refueling property credit
- **AP** Clean renewable energy bond credit
- **AQ** New clean renewable energy bond credit
- **AR** Qualified energy conservation bond credit
- **AS** Qualified zone academy bond credit
- **AT** Qualified school construction bond credit
- **AU** Build America bond credit
- **AV** Credit for employer differential wage payments
- **AW** Carbon oxide sequestration credit
- **AX** Carbon oxide sequestration credit recapture
- **AY** New clean vehicle credit
- **AZ** Qualified commercial clean vehicle credit
- **BA** Credit for small employer health insurance premiums
- **BB** Employer credit for paid family and medical leave
- **BC** Eligible credits from transferor(s) under section 6418
- **BD** through **BG** Reserved for future use
- **ZZ** Other credits

15. Alternative minimum tax (AMT) items

- **A** Post-1986 depreciation adjustment
- **B** Adjusted gain or loss
- **C** Depletion (other than oil & gas)
- **D** Oil, gas, & geothermal – gross income
- **E** Oil, gas, & geothermal – deductions
- **F** Other AMT items

16. Items affecting shareholder basis

- **A** Tax-exempt interest income
- **B** Other tax-exempt income
- **C** Nondeductible expenses
- **D** Distributions
- **E** Repayment of loans from shareholders
- **F** Foreign taxes paid or accrued

17. Other information

- **A** Investment income
- **B** Investment expenses
- **C** Qualified rehabilitation expenditures (other than RRE)
- **D** Basis of energy property
- **E** Recap of low-income housing cr (sec 42(j)(5))
- **F** Recap of low-income housing cr (other)
- **G** Recapture of investment credit
- **H** Recapture of other credits
- **I** Look-back interest – completed long-term contracts
- **J** Look-back interest – income forecast method
- **K** Dispositions of property with section 179 deductions
- **L** Recapture of section 179 deduction
- **M** Section 453(l)(3) information
- **N** Section 453A(c) information
- **O** Section 1260(b) information
- **P** Interest allocable to production expenditures
- **Q** Capital construction fund (CCF) nonqualified withdrawals
- **R** Depletion information - oil and gas
- **S** and **T** Reserved for future use
- **U** Net investment income
- **V** Section 199A information
- **W** through **Z** Reserved for future use
- **AA** Excess taxable income
- **AB** Excess business interest income
- **AC** Gross receipts for section 448(c)
- **AD** through **AI** Reserved for future use
- **AJ** Excess business loss limitation
- **AK** through **AM** Reserved for future use
- **AN** Farming and fishing income
- **AO** Reserved for future use
- **AP** Inversion gain
- **AQ** through **AR** Reserved for future use
- **AS** Qualifying advanced coal project property and qualifying gasification project property
- **AT** Qualifying advanced energy project property
- **AU** Advanced manufacturing investment property
- **AV** Clean electricity investment property
- **AW** Reportable transactions
- **AX** through **AZ** Reserved for future use
- **BA** Domestic research and experimental expenditures
- **BB** through **BD** Reserved for future use
- **ZZ** Other information

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2024	94,754
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2025

For calendar year 2025 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	45,405				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

TAXABLE YEAR **2025**

California S Corporation Franchise or Income Tax Return

FORM **100S**

RP

3508425 MOTO 80-0854203 000000000000 25
TYB 01-01-2025 TYE 12-31-2025
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

Schedule Q Questions ***(continued on Side 3)***

A 1. FINAL RETURN? ● ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) ●

2. Is the S corporation deferring any income from the disposition of assets? ● ☐ Yes ☒ No

If "Yes" enter the year of disposition (yyyy) ●

3. Is the S corporation reporting previously deferred income from: ● ☐ Installment sale ● ☐ IRC §1031 ● ☐ IRC §1033 ● ☐ Other

B 1. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ● ☐ Yes ☒ No

2. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?
If yes to both questions, answer yes. ● ☐ Yes ☒ No

3. Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** ● ☐ Yes ☒ No
(Yes requires filing of BOE-100-B statement, penalties may apply – see instructions.)

State Adjustments

1	Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 22. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules ●	**1**	45,405 00
2	Foreign or domestic tax based on income or profits and California franchise or income tax deducted ●	**2**	00
3	Interest on government obligations ●	**3**	00
4	Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions ●	**4**	00
5	Depreciation and amortization adjustments. Attach Schedule B (100S) ●	**5**	00
6	Portfolio income ●	**6**	00
7	Other additions. Attach schedule(s) ●	**7**	00
8	Total. Add line 1 through line 7 ●	**8**	45,405 00

MOTORPOINT ACUPUNCTURE INC
3508425

State Adjustments (cont.)

9	Dividends received deduction. Attach Schedule H (100S)	9		00		
10	Water's-edge dividend deduction. Attach Schedule H (100S)	10		00		
11	Charitable contributions. See instructions	11		00		
12	Other deductions. Attach schedule(s)	12		00		
13	Total. Add line 9 through line 12				13	00
14	Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8				14	45,405 00

CA Net Income

15	Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income				15	45,405 00
16	R&TC Section 23802(e) deduction. See instructions	16		00		
17	Net operating loss (NOL) deduction. See instructions	17		00		
18	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	18		00		
19	Disaster loss deduction. See instructions	19		00		
20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15				20	45,405 00

Taxes

21	Tax. 1.500 % x line 20 (at least minimum franchise tax, if applicable). See instructions				21	800 00
22	Credit name _____ code ● _____ amount ▶	22		00		
23	Credit name _____ code ● _____ amount ▶	23		00		
24	To claim more than two credits, see instructions	24		00		
25	Add line 22 through line 24. Attach Schedule C (100S)				25	0 00
26	**Balance.** Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)				26	800 00
27	Tax from Schedule D (100S). Attach Schedule D (100S). See instructions				27	00
28	Excess net passive income tax. See instructions				28	00
29	Pass-through entity elective tax. See instructions				29	00
30	**Total tax.** Add line 26 through line 29				30	800 00

Payments

31	Overpayment from prior year allowed as a credit	31		00		
32	**2025 Estimated tax/QSub payments.** See instructions	32	800	00		
33	2025 Withholding (Forms 592-B and/or 593). See instructions	33		00		
34	Amount paid with extension of time to file tax return	34		00		
35	Amounts paid for pass-through entity elective tax	35		00		
36	Total payments. Add line 31 through line 35				36	800 00

Refund or Amount Due

37	**Use tax. This is not a total line.** See instructions	37		00		
38	Payments balance. If line 36 is more than line 37, subtract line 37 from line 36				38	800 00
39	**Use tax balance.** If line 37 is more than line 36, subtract line 36 from line 37				39	00
40	**Franchise or income tax due.** If line 30 is more than line 38, subtract line 38 from line 30				40	0 00
41	**Overpayment.** If line 38 is more than line 30, subtract line 30 from line 38				41	00
42	Amount of line 41 to be credited to 2026 estimated tax				42	00
43	**Refund.** Subtract line 42 from line 41				43	00

See instructions to have the refund directly deposited.

☐ Checking
☐ Savings

_____ _____

43a. ● Routing number **43b.** ● Type **43c.** ● Account number

44	**a** Penalties and interest		44a	00
	b ● ☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.			
45	**Total amount due.** Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result	⊙	45	0 00

MOTORPOINT ACUPUNCTURE INC
3508425

C Principal business activity code. **Do not** leave blank ● 621399
Business activity MEDICAL Product or service ACUPUNCTURE

D Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ● ☐ Yes ☒ No

E Does this tax return include Qualified Subchapter S Subsidiaries? ● ☐ Yes ☒ No

F Date incorporated (mm/dd/yyyy) 12/31/2012 Where: ● State CA Country

G Maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank ● 1

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) ● 12/31/2012

I Was the S corporation an inactive business both within and outside of California during the taxable year? ● ☐ Yes ☒ No

J Is the S corporation under audit by the IRS or has it been audited in a prior year? ● ☐ Yes ☒ No

K Effective date of federal S election (mm/dd/yyyy) ● 12/31/2012

L Accounting method ● **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other

M Location of principal accounting records SEE STMT 1

N "Doing business as" (DBA) name. See instructions ● MOTORPOINT ACUPUNCTURE INC

O Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No

P Is this S corporation apportioning or allocating income to California using Schedule R? ● ☐ Yes ☒ No

Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ● ☐ Yes ☒ No
If "Yes," complete and attach federal Form 8886, for each transaction.

R Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ● ☐ Yes ☒ No

S Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by Assignee, attached to the return? ● ☐ Yes ☒ No

T Check if corporation: **(1)** ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

U **(1)** Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ● ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● **(3)** Amount last remitted ■ $.

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election (IRC Section 1363(d) deferral $) ●	**1**		00
2	Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834) ●	**2**		00
3	Interest on tax attributable to installment **a)** Sales of certain timeshares and residential lots ●	**3a**		00
	b) Method for nondealer installment obligations ●	**3b**		00
4	IRC Section 197(f)(9)(B)(ii) election ●	**4**		00
5	Credit recapture name ●	**5**		00
6	Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 ●	**6**		00

Sign Here

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

Signature of officer ▶ | Title PRESIDENT | Date | ● Telephone

Officer's email address (optional)

Paid Preparer's Use Only

Preparer's name ● LEONID TSIPIS EA

Preparer's signature ▶ LEONID TSIPIS EA | Date | Check if self-employed ▶ ☐ | ● PTIN P00110245

Firm's name (or yours, if self-employed) and address ▶ ZADOYEN INCOME TAX
17337 VENTURA BLVD STE 100
ENCINO, CA 91316

● Firm's FEIN 46-4944824

● Telephone 818-990-6785

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule F **Computation of Trade or Business Income.** See instructions.

Income	1 a) Gross receipts or sales 96,664 b) Less returns and allowances ____ c) Balance	1c	96,664	00
	2 Cost of goods sold from Schedule V, line 8	2		00
	3 Gross profit. Subtract line 2 from line 1c	3	96,664	00
	4 Net gain (loss). Attach schedule	4		00
	5 Other income (loss). Attach schedule SEE STMT 2	5	10	00
	6 **Total income (loss).** Combine line 3 through line 5	6	96,674	00
Deductions	7 Compensation of officers. Attach schedule. See instructions	7		00
	8 Salaries and wages	8		00
	9 Repairs and maintenance	9		00
	10 Bad debts	10		00
	11 Rents	11	3,000	00
	12 Taxes	12	1,260	00
	13 Interest	13		00
	14 a) Depreciation ____ b) Less depreciation reported elsewhere ____ c) Balance	14c		00
	15 Depletion	15		00
	16 Advertising	16	384	00
	17 Pension, profit-sharing plans, etc	17		00
	18 Employee benefit programs	18		00
	19 a) Total travel and entertainment ____ b) Deductible amount	19b		00
	20 Other deductions. Attach schedule SEE STMT 3	20	46,625	00
	21 **Total deductions.** Add line 7 through line 20	21	51,269	00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1	22	45,405	00

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L Balance Sheet	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
Assets				
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to shareholders. Attach schedule(s)				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule(s)				
14 **Total assets**				
Liabilities and shareholders' equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)				
18 Loans from shareholders. Attach schedule(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)				
21 Capital stock				
22 Paid-in or capital surplus				
23 Retained earnings				
24 Adjustments. Attach schedule(s)				
25 Less cost of treasury stock		( )		( )
26 **Total liabilities and shareholders' equity**				

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation **completed** federal **Schedule M-3 (Form 1120-S).** See instructions.

1 Net income per books		5 Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize)	
2 Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)		a Tax-exempt interest $	
		b Other $	
3 Expenses recorded on books this year not included on Schedule K, line 1 through line 12f (itemize)		c Total. Add line 5a and line 5b	
a Depreciation $		6 Deductions included on Schedule K, line 1 through line 12f, not charged against book income this year (itemize)	
b State taxes $		a Depreciation $	
c Travel and entertainment $		b State tax refunds $	
d Other $		c Other $	
e Total. Add line 3a through line 3d		d Total. Add line 6a through line 6c	
4 Total. Add line 1 through line 3e		7 Total. Add line 5c and line 6d	
		8 Income (loss) (Schedule K, line 19, col. d). Subtract line 7 from line 4	

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings (see instructions)
1 Balance at beginning of year	44,308	0	0
2 Ordinary income from Form 100S, Side 1, line 1	45,405		
3 Other additions			
4 Loss from Form 100S, Side 1, line 1	( )		
5 Other reductions	( )	( )	( )
6 Combine line 1 through line 5	89,713	0	0
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	89,713	0	
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			89,713
10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions			

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	1		00
2 Purchases	2		00
3 Cost of labor	3		00
4 Other IRC Section 263A costs. Attach schedule	4		00
5 Other costs. Attach schedule	5		00
6 Total. Add line 1 through line 5	6		00
7 Inventory at end of year	7		00
8 Cost of goods sold. Subtract line 7 from line 6	8		00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach an explanation. Enter California seller's permit number, if any ▶
Method of inventory valuation
Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐
If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.

	(a) Pro-rata share items		(b) Amount from federal K (1120-S)	(c) California Adjustment	(d) Total amounts using California law
Income (Loss)	1 Ordinary business income (loss)	1	45,405	⊙	● 45,405
	2 Net rental real estate income (loss). Attach federal Form 8825	2			●
	3 a Other gross rental income (loss)	3a			⊙
	b Expenses from other rental activities. Att. sch.	3b			⊙
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			●
	4 Interest income	4			●
	5 Dividends. See instructions	5			●
	6 Royalties	6			●
	7 Net short-term capital gain (loss). Attach Schedule D (100S)	7		⊙	●
	8 Net long-term capital gain (loss). Attach Schedule D (100S)	8	⊙	⊙	●
	9 Net IRC Section 1231 gain (loss)	9	⊙	⊙	●
Other Inc. (Loss)	10 a Other portfolio income (loss). Attach schedule	10a		⊙	●
	b Other income (loss). Attach schedule.	10b		⊙	●
Deductions	11 IRC Section 179 expense deduction. Attach Schedule B (100S).	11			⊙
	12 a Cash charitable contributions	12a			●
	b Noncash charitable contributions	12b			●
	c Investment interest expense	12c			●
	d 1 IRC Section 59(e)(2) expenditures	12d1			
	2 Type of expenditures	12d2			
	e Deductions-portfolio. Attach schedule	12e			●
	f Other deductions. Attach schedule	12f		⊙	⊙
Credits	13 a Low-income housing credit. See instructions	13a			●
	b Credits related to rental real estate activities. Attach schedule	13b			●
	c Credits related to other rental activities. See instructions. Attach schedule	13c			●
	d Other credits. Attach schedule	13d			●
	14 Total withholding allocated to all shareholders	14			
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d Gross income from oil, gas, and geothermal properties	15d			
	e Deductions allocable to oil, gas, and geothermal properties	15e			
	f Other AMT items	15f			
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a			
	b Other tax-exempt income	16b			●
	c Nondeductible expenses	16c			
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			●
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			●
	d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 4	17d			● 96,674
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Attach schedule	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued	18e			●
Recon-ciliation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c, 12d1, 12e and 12f	19			●

TAXABLE YEAR **2025** **Shareholder's Share of Income, Deductions, Credits, etc.**

CALIFORNIA SCHEDULE **K-1 (100S)**

TYB 01-01-2025 TYE 12-31-2025
612-18-2795
JORDAN ALLEN

4954 DEL MONTE AVE
SAN DIEGO CA 92109

3508425 80-0854203
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

A Current year allocation percentage ● 100.000000 %

B Shareholder's number of shares: Beginning 1,000 and Ending 1,000

C Loans from shareholder: Beginning $ and Ending $

D Reportable transaction or tax shelter registration number(s):

E Check here if this is: ● **(1)** ☐ A final Schedule K-1 **(2)** ☐ An amended Schedule K-1

F(1) What type of entity is this shareholder? ● **(a)** ☒ Individual **(b)** ☐ Estate/trust **(c)** ☐ Qualified exempt organization **(d)** ☐ Single member LLC

F(2) If the shareholder above is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

● TIN: ● Name:

G Is this shareholder a resident of California? ● ☒ Yes ▶ ☐ No

H Corporation's total number of shares: Beginning 1,000 and Ending 1,000

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary business income (loss)	45,405		45,405	45,405
	2 Net rental real estate income (loss)				
	3 Other net rental income (loss)				
	4 Interest income				
	5 Dividends. See instructions				
	6 Royalties				
	7 Net short-term capital gain (loss)				
	8 Net long-term capital gain (loss)				
	9 Net IRC Section 1231 gain (loss)				
Other Income (Loss)	10 a Other portfolio income (loss). Attach schedule				
	b Other income (loss)				
Deductions	11 IRC Section 179 expense deduction. Attach schedules				
	12 a Cash charitable contributions				
	b Noncash charitable contributions				
	c Investment interest expense				
	d 1 IRC Section 59(e)(2) expenditures				
	2 Type of expenditures				
	e Deductions-portfolio				
	f Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule				
	b Credits related to rental real estate activities other than on line 13(a). Attach schedule				
	c Credits related to other rental activities. See instructions. Attach schedule				
	d Other credits. Attach schedule				
	14 Total withholding (equals amount on Form 592-B if calendar year)				
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86				
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses				
	d Total property distributions (including cash) other than dividends distribution reported on line 17c				
	e Repayment of loans from shareholders				

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

Other Information

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
17 a	Investment income. See instructions			⊙	⊙
b	Investment expenses. See instructions			⊙	⊙
c	Total taxable dividend distribution paid from accumulated earnings and profits. See instructions			●	▶
d	Other information. See instructions STMT 1			⊙ 96,674	

Other State Taxes

		(d)	(e)
18 a	Type of income		
b	Name of state		
c	Total gross income from sources outside California. Attach schedule	⊙	⊙
d	Total applicable deductions and losses. Attach schedule	⊙	⊙
e	Total other state taxes. Check one: ☐ Paid ☐ Accrued	●	▶

19 ☐ More than one activity for at-risk purposes. See instructions.

20 ☐ More than one activity for passive activity purposes. See instructions.

Other Shareholder Information

Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest $ _____ Royalties $ _____ Dividends $ _____

IRC Section 1231 Gains/Losses $ _____ Capital Gains/Losses $ _____ Other $ _____

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.

A. Shareholder's share of the S corporation's business income $ _____

B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses $ _____ Rents/Royalties $ _____

IRC Section 1231 Gains/Losses $ _____ Other $ _____

C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	$	$
Ending	$	$
Annual Rent Expense	$	$
Payroll	$	$
Sales	$	$

Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records

Address	City	State	Zip Code	Country
4954 DEL MONTE	SAN DIEGO	CA	92107	

Statement 2 - Form 100S, Side 4, Schedule F, Line 5 - Other Income (Loss)

Description	Amount
SAN DIEGO CREDIT UNION	$ 10
Total	$ 10

Statement 3 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,880
BANK CHARGES	158
BUS & MEDICAL SUPPLIES	5,716
BUS. PROMOTION & DEVELOPMENT	538
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	294
CONT EDUCATION	472
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	384
MEMBERSHIP & SUBSCRIPTIONS	684
MERCHANT FEES	759
POST OFFICE & SHIPPING	25
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	9,685
SOFTWARE & SUBSCIPTIONS	1,535
STORAGE	3,000
TELEPHONE & INTERNET	1,274
TRANSPORTATION & TRAVEL EXP	18,328
WEB EXPENSES	207
WORKING CLOTHES & CLEANING	446
Total	$ 46,625

Statement 4 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Gross Sales	$ 96,664
Other Income	10
Total	$ 96,674

Statement 1 - Form 100S, Schedule K-1, Line 17d - Other Information

Description	Amount
Aggregate Gross Receipts less Returns and Allowances	96,674

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2025

For calendar year 2025 or tax year beginning , ending

A S election effective date: 12/31/12	Name: MOTORPOINT ACUPUNCTURE INC			**D** Employer identification number: 80-0854203
B Business activity code number (see instr.): 621399	Number and street. If a P.O. box, see instructions.: 4954 DEL MONTE		Room or suite no.	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐	City or town: SAN DIEGO	State or province: CA	Country	ZIP or foreign postal code: 92107 — **F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	**1a** Gross receipts or sales: 96,664	**b** Less returns and allowances:	**c** Balance:	**1c**	96,664
	2 Cost of goods sold (attach Form 1125-A)			**2**	
	3 Gross profit. Subtract line 2 from line 1c			**3**	96,664
	4 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			**4**	
	5 Other income (loss) (see instructions—attach statement) See Stmt 1			**5**	10
	6 **Total income (loss).** Add lines 3 through 5			**6**	96,674
Deductions (see instructions for limitations)	**7** Compensation of officers (see instructions–attach Form 1125-E)			**7**	
	8 Salaries and wages (less employment credits)			**8**	
	9 Repairs and maintenance			**9**	
	10 Bad debts			**10**	
	11 Rents			**11**	3,000
	12 Taxes and licenses			**12**	1,260
	13 Interest (see instructions)			**13**	
	14 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)			**14**	
	15 Depletion **(do not deduct oil and gas depletion)**			**15**	
	16 Advertising			**16**	384
	17 Pension, profit-sharing, etc., plans			**17**	
	18 Employee benefit programs			**18**	
	19 Energy efficient commercial buildings deduction (attach Form 7205)			**19**	
	20 Other deductions (attach statement) See Stmt 2			**20**	46,625
	21 **Total deductions.** Add lines 7 through 20			**21**	51,269
	22 **Ordinary business income (loss).** Subtract line 21 from line 6			**22**	45,405
Tax and Payments	**23a** Excess net passive income or LIFO recapture tax (see instructions)	**23a**			
	b Tax from Schedule D (Form 1120-S)	**23b**			
	c Add lines 23a and 23b (see instructions for additional taxes)			**23c**	
	24a Current year's estimated tax payments and preceding year's overpayment credited to the current year	**24a**			
	b Tax deposited with Form 7004	**24b**			
	c Credit for federal tax paid on fuels (attach Form 4136)	**24c**			
	d Elective payment election amount from Form 3800	**24d**			
	z Add lines 24a through 24d			**24z**	
	25 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐			**25**	
	26 **Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed			**26**	
	27 **Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid			**27**	
	28 Enter amount from line 27: **a** **Credited to 2026 estimated tax** **b** **Refunded**			**28b**	
	c Routing number ____ **d** Type: ☐ Checking ☐ Savings				
	e Account number ____				

Sign Here

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

Signature of officer JORDAN ALLEN — Date — Title PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Leonid Tsipis EA	Leonid Tsipis EA			P00110245

Firm's name Zadoyen Income Tax — Firm's EIN 46-4944824

Firm's address 17337 Ventura Blvd Ste 100 Encino, CA 91316 — Phone no. 818-990-6785

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity MEDICAL **b** Product or service ACUPUNCTURE		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $31 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Does the corporation intend to self-certify as a Qualified Opportunity Fund?		X
	If "Yes," complete and attach Form 8996. Enter the amount (if any) from Form 8996, line 15 $		
16	At any time during the tax year, did the corporation: (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		X
17	Reserved for future use		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	45,405
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Cash charitable contributions	12a	
	b	Noncash charitable contributions	12b	
	c	Investment interest expense	12c	
	d	Section 59(e)(2) expenditures Type:	12d	
	e	Other deductions (see instructions) Type:	12e	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14a	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
	b	Check this box if you qualified for an exception to filing Schedule K-2 (Form 1120-S) ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties – gross income	15d	
	e	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K **Shareholders' Pro Rata Share Items** *(continued)*

			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) See Statement 3		
Reconciliation	18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12e and 16f	18	

Schedule L **Balance Sheets per Books**

Assets	Beginning of tax year (a)	Beginning of tax year (b)	End of tax year (c)	End of tax year (d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest $	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation $		a Depreciation $	
b Travel and entertainment $			
		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	136,643			
2 Ordinary income from page 1, line 22	45,405			
3 Other additions				
4 Loss from page 1, line 22	( )			
5 Other reductions	( )			( )
6 Combine lines 1 through 5	182,048			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	182,048			

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2025
For calendar year 2025, or tax year

beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN _____
Name _____

F3 What type of entity is this shareholder? _____

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 45,405	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2025 or tax year beginning , ending | **2025**

Name: MOTORPOINT ACUPUNCTURE INC

Employer Identification Number: 80-0854203

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	45,405				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 5 - Other Income (Loss)

Description	Amount
SAN DIEGO CREDIT UNION	$ 10
Total	$ 10

Statement 2 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,880
BANK CHARGES	158
BUS & MEDICAL SUPPLIES	5,716
BUS. PROMOTION & DEVELOPMENT	538
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	294
CONT EDUCATION	472
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	384
MEMBERSHIP & SUBSCRIPTIONS	684
MERCHANT FEES	759
POST OFFICE & SHIPPING	25
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	9,685
SOFTWARE & SUBSCIPTIONS	1,535
STORAGE	3,000
TELEPHONE & INTERNET	1,274
TRANSPORTATION & TRAVEL EXP	18,328
WEB EXPENSES	207
WORKING CLOTHES & CLEANING	446
Total	$ 46,625

Statement 3 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2024	94,754
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2025

For calendar year 2025 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	45,405				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Filing Instructions

Individual Income Tax Return

Taxable Year Ended December 31, 2024

Name: JORDAN ALLEN

Federal Filing Instructions

Your 2024 Form 1040 shows no amount due or overpaid.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

***Important*: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

Retain a copy of the signed and dated Form 8879 for your records.

California Filing Instructions

Your 2024 Form 540 shows no balance due.

Sign and date Form CA 8879, California e-file Signature Authorization for Individuals. Return it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your return is being filed electronically. Do not mail Form 540.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 16, 2025

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear JORDAN:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis E. A.

Taxpayer Name JORDAN ALLEN
Spouse Name

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 96072491316

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 10/14/25

Taxpayer's PIN (enter five numbers, other than all zeroes) 82795

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

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
JORDAN	ALLEN	612-18-2795
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.
4954 DEL MONTE AVE

City, town, or post office. If you have a foreign address, also complete spaces below. State ZIP code
SAN DIEGO CA 92109

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)
- ☐ Head of household (HOH)
- ☐ 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 instr. 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	
b	Household employee wages not reported on Form(s) W-2				1b	
c	Tip income not reported on line 1a (see instructions)				1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)				1d	
e	Taxable dependent care benefits from Form 2441, line 26				1e	
f	Employer-provided adoption benefits from Form 8839, line 29				1f	
g	Wages from Form 8919, line 6				1g	
h	Other earned income (see instructions)				1h	
i	Nontaxable combat pay election (see instructions)	1i				
z	Add lines 1a through 1h				1z	
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Soc. sec. ben.	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	-604
8	Additional income from Schedule 1, line 10				8	15,206
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	14,602
10	Adjustments to income from Schedule 1, line 26				10	0
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	14,602
12	**Standard deduction or itemized deductions** (from Schedule A)				12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	2

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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

DAA

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	0
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	0
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a		
	b	Form(s) 1099 — 25b		
	c	Other forms (see instructions) — 25c		
	d	Add lines 25a through 25c	25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) — 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	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐	35a	
Direct deposit? See instructions.	b	Routing number **c** Type: ☐ Checking ☐ Savings		
	d	Account number		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	0
	38	Estimated tax penalty (see instructions) — 38		

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

Designee's name: Leonid Tsipis EA — Phone no.: 818-990-6785 — Personal identification number (PIN): 91316

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ACUPUNCTURIST	
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 instr.)

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name: Zadoyen Income Tax — Phone no. 818-990-6785

Firm's address: 17337 Ventura Blvd Ste 100 Encino CA 91316 — Firm's EIN 46-4944824

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
JORDAN ALLEN

Your social security number
612-18-2795

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/1099*.

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	15,206
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	15,206

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return
JORDAN ALLEN

Your social security number
612-18-2795

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	1	605	0	-604

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	-604

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	0

Part III Summary

16	Combine lines 7 and 15 and enter the result	**16**	-604
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	**18**	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	**19**	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	**21**	(604)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return: **JORDAN ALLEN**

Social security number or taxpayer identification number: **612-18-2795**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
COINBASE	Various	Various	1	605			-604
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			1	605		0	-604

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		15,206
B					
C					
D					
29a Totals					15,206
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	15,206
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	15,206

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	15,206
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	14,602		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	14,602
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	14,580
5	Household income as a percentage of federal poverty line (see instructions)			5	100 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual PTC allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly PTC allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	453	408	0	408	408	408
13 February	453	408	0	408	408	408
14 March	453	408	0	408	408	408
15 April	453	408	0	408	408	408
16 May	453	408	0	408	408	408
17 June	453	408	0	408	408	408
18 July	453	408	0	408	408	408
19 August	453	408	0	408	408	408
20 September	453	408	0	408	408	408
21 October	453	408	0	408	408	408
22 November	453	408	0	408	408	408
23 December	453	409	0	409	409	409

24	Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,897
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	4,897
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2024)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: 612-18-2795

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: 80-0854203

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	130,329
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	15,206		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	15,206
5	Stock basis before distributions. Add lines 1, 2, and 4			5	145,535
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	145,535
8a	Nondeductible expenses	8a	1,227		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,227
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	144,308
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	144,308

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Form **1040**	**Shareholder's Basis Worksheet Page 1**	**2024**

Name: JORDAN ALLEN | Taxpayer Identification Number: 612-18-2795

Name of Entity MOTORPOINT ACUPUNCTURE INC | **EIN** 80-0854203

Passive Activity Type Not Passive | **K1 Unit** 1

Shareholder Stock Basis

1.	Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	130,329
	Increases to stock basis		
2.	Capital contributions made or additional stock acquired	2.	
3.	Ordinary business income	3. 15,206	
4.	Net rental real estate income	4.	
5.	Other net rental income	5.	
6.	Interest, dividends and royalties	6.	
7.	Net capital gains	7.	
8.	Net section 1231 gain and ordinary business gain	8.	
9.	Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10.	Other income	10.	
11.	Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12.	Other increases to stock basis	12.	
13.	Total increases to stock basis. Combine lines 2 through 12	13.	15,206
14.	**Stock basis before distributions and items of loss or deductions.** Add line 1 and line 13 and enter the result here	14.	145,535
	Decreases to stock basis		
15.	Distributions allowed	15.	
16.	**Stock basis after distributions and before items of loss or deductions.** Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	145,535
17.	Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17. 1,227	
18.	Other decreases to stock basis	18.	
19.	Amount used to restore loan basis	19.	
20.	Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	1,227
21.	**Stock basis at the end of year.** (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	144,308

Shareholder Debt Basis

22.	Debt basis at the beginning of corporation's tax year	22.	
23.	Additional loans	23.	
24.	Debt basis restoration	24.	
25.	Nontaxable debt repayment	25.	
26.	**Debt basis before losses and deductions.** Combine lines 22 through 25	26.	
27.	Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28.	**Debt basis at the end of year** (Subtract line 28 from line 27).	28.	0
29.	**Stock and debt basis at the end of the year** (Add lines 21 and line 28)	29.	144,308

Gain Recognized on Excess Distributions

30.	Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	
31.	Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	
32.	**Total gain recognized on excess distributions.** (Subtract line 31 from line 30)	32.	

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____

Form **1040** | **Shareholder's Basis Worksheet Page 3** | **2024**

Name JORDAN ALLEN | Id No. 612-18-2795

Entity Name MOTORPOINT ACUPUNCTURE INC | EIN 80-0854203 | Passive Activity Type Not Passive | K1 Unit 1

Basis reduced by nondeductible items before loss and deduction items

Loss Allocated to Shareholder Stock and Debt Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible expenses		1,227	1,227	1.0000	1,227					1,227
Depletion for oil and gas										
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions				1.0000						
Total nonded and deductible items		1,227	1,227		1,227					1,227

Form **1040** | **Two Year Comparison Report - Page 1** | **2023 & 2024**

Name: JORDAN ALLEN

Taxpayer Identification Number: 612-18-2795

			2023	2024	Differences
	Filing Status		SGL	SGL	
	Dependents		0	0	
Income	1. Salaries and wages	1.	937		-937
	2. Interest income	2.	81		-81
	3. Tax exempt interest income	3.			
	4. Dividend income	4.			
	5. Qualified dividend income	5.			
	6. Taxable state/local refunds	6.			
	7. Alimony received	7.			
	8. Business income/loss	8.			
	9. Capital gain/loss	9.		-604	-604
	10. Other gains/losses	10.			
	11. Taxable IRA distributions	11.			
	12. Taxable pensions	12.			
	13. Rent and royalty income including farm rental	13.			
	14. Partnership/S corp income	14.	14,139	15,206	1,067
	15. Estate or trust income	15.			
	16. Farm income/loss	16.			
	17. Unemployment compensation	17.			
	18. Taxable social security	18.			
	19. Other income	19.			
	20. Total income	20.	15,157	14,602	-555
Adjustments	21. Moving expenses	21.			
	22. Deductible part of self-employment tax	22.			
	23. SEP/SIMPLE/Qualified plans deductions	23.			
	24. SE health insurance	24.			
	25. Penalty on early withdrawal of savings	25.			
	26. Alimony paid	26.			
	27. IRA deductions	27.			
	28. Student loan interest	28.	185		-185
	29. Other adjustments	29.			
	30. Adjusted gross income	30.	14,972	14,602	-370
Deductions	31. Medical	31.			
	32. Taxes	32.	761	406	-355
	33. Interest	33.			
	34. Contributions	34.	3,310		-3,310
	35. Casualty losses	35.			
	36. Miscellaneous expenses	36.			
	37. Allowable itemized deductions	37.	4,071	406	-3,665
	38. Standard deduction	38.	13,850	14,600	750
	39. Deduction taken	39.	Standard 13,850	Standard 14,600	750
	40. Taxable income before Qual Bus Inc Ded (QBID)	40.	1,122	2	-1,120
	41. QBID	41.	224	0	-224
	42. Taxable income	42.	898	2	-896

Form **1040**	**Two Year Comparison Report - Page 2**	**2023 & 2024**

Name: JORDAN ALLEN

Taxpayer Identification Number: 612-18-2795

			2023	2024	Differences
	43. Taxable income from 2YR page 1, line 42	43.	898	2	-896
	44. Tax on taxable income	44.	89	0	-89
	45. Alternative minimum tax	45.			
	46. Excess advance premium tax credit & other advanced repayments	46.			
	47. Child care credit	47.			
	48. Education credits	48.			
T	**49.** Retirement savings credit	49.			
a	**50.** Child & other dependent tax credit	50.			
x	**51.** General business credit	51.			
	52. Other credits	52.			
C	**53. Total credits**	53.			
o	**54. Net tax liability**	54.	89		-89
m	**55.** Self-employment taxes	55.			
p	**56.** Other taxes	56.			
u	**57. Total tax**	57.	89		-89
t	**58.** Income tax withheld	58.			
a	**59.** Estimated tax payments	59.			
t	**60.** Earned income credit	60.	71		-71
i	**61.** Additional Child tax credit	61.			
o	**62.** Other refundable tax credits	62.	46		-46
n	**63.** Other payments	63.			
	64. Total payments	64.	117		-117
	65. Tax due/-refund	65.	-28		28
	66. Penalties and interest	66.			
	67. Net tax due/-refund	67.	-28		28
	68. Refund applied to estimated tax payments	68.			
	69. Refund received	69.	-28		28
	70. Effective tax rate	70.	10.0 %	%	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2023 Taxable Income	2023 Marginal Tax Rate	2024 Taxable Income	2024 Marginal Tax Rate
Ordinary income	898	10.0%	2	10.0%
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

APE

612-18-2795 ALLE 24
JORDAN ALLEN

A
R
RP

4954 DEL MONTE AVE
SAN DIEGO CA 92109

08-16-1981

Principal Residence

Enter your county at time of filing (see instructions)

SAN DIEGO

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: ALLEN Your SSN or ITIN: 612-18-2795

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	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ...	13	14,602 .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	14,602 .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	14,602 .00
18	Enter the **larger** of: Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR** Your California **standard deduction** shown below for your filing status: • Single or Married/RDP filing separately ... $5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $11,080 If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions	18	5,540 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ...	19	9,062 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule; [ ] FTB 3800 [ ] FTB 3803 ...	31	91 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions. ...	32	149 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- ...	33	0 .00
34	Tax. See instructions. Check the box if from: [ ] Schedule G-1 [ ] FTB 5870A ...	34	.00
35	Add line 33 and line 34 ...	35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions ...	40	.00
43	Enter credit name [ ] code [ ] and amount ...	43	.00
44	Enter credit name [ ] code [ ] and amount ...	44	.00

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	●	61	.00
62	Mental Health Services Tax. See instructions	●	62	.00
63	Other taxes and credit recapture. See instructions	●	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	●	64	0 .00

Payments

71	California income tax withheld. See instructions	●	71	.00
72	2024 California estimated tax and other payments. See instructions	●	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	●	73	.00
74	Reserved for future use		74	.
75	Earned Income Tax Credit (EITC). See instructions	●	75	.00
76	Young Child Tax Credit (YCTC). See instructions	●	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	●	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	⊙	78	0 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. ● [X]

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

Overpaid Tax/Tax Due

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

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2025** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.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: ALLEN Your SSN or ITIN: 612-18-2795

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

Refund and Direct Deposit

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **115** 0 .00

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

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ⊙ ☐ Yes [X] No

Sign your tax return on Side 6

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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)**

LEONID TSIPIS EA

Firm's name (or yours, if self-employed): ZADOYEN INCOME TAX

● PTIN: P00110245

Firm's address: 17337 VENTURA BLVD STE 100
ENCINO CA 91316

● Firm's FEIN: 46-4944824

Do you want to allow another person to discuss this tax return with us? See instructions . . ● [X] Yes [ ] No

Print Third Party Designee's Name: LEONID TSIPIS EA

Telephone Number: 818-990-6785

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
JORDAN	ALLEN	612-18-2795
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.
4954 DEL MONTE AVE

City, town, or post office. If you have a foreign address, also complete spaces below | State | ZIP code
SAN DIEGO | CA | 92109

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)
- ☐ Head of household (HOH)
- ☐ 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 instr. 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	
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 29			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions)			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Soc. sec. ben.	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	-604
8	Additional income from Schedule 1, line 10			8	15,206
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	14,602
10	Adjustments to income from Schedule 1, line 26			10	0
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	14,602
12	**Standard deduction or itemized deductions** (from Schedule A)			12	14,600
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	14,600
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	2

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.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2024)

Form 1040 (2024) **JORDAN ALLEN** 612-18-2795 Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	0
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	0
	19	Child tax credit or credit for other dependents from Schedule 8812		19	
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	0
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return		26	
	27	Earned income credit (EIC)	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	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	
Direct deposit? See instructions.	b	Routing number	c Type: ☐ Checking ☐ Savings		
	d	Account number			
	36	Amount of line 34 you want **applied to your 2025 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe.** For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	0
	38	Estimated tax penalty (see instructions)	38		

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

Designee's name **Leonid Tsipis EA** Phone no. **818-990-6785** Personal identification number (PIN) **91316**

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ACUPUNCTURIST	
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 instr.)

Phone no. | Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name **Zadoyen Income Tax** Phone no. **818-990-6785**

Firm's address **17337 Ventura Blvd Ste 100 Encino CA 91316** Firm's EIN **46-4944824**

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
JORDAN ALLEN

Your social security number
612-18-2795

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/1099*.

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	15,206
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	15,206

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

Attach to Form 1040, 1040-SR, or 1040-NR.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to *www.irs.gov/ScheduleD* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12**

Name(s) shown on return
JORDAN ALLEN

Your social security number
612-18-2795

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ **Yes** ☒ **No**
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked	1	605	0	-604

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824	**4**	
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**5**	
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	**6**	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back	**7**	-604

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824	**11**	
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	**12**	
13	Capital gain distributions. See the instructions	**13**	
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	**14**	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then, go to Part III on the back	**15**	0

Part III Summary

16	Combine lines 7 and 15 and enter the result	**16**	-604
	• If line 16 is a **gain,** enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a **loss,** skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.		
17	Are lines 15 and 16 **both** gains? ☐ **Yes.** Go to line 18. ☐ **No.** Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the **28% Rate Gain Worksheet** (see instructions), enter the amount, if any, from line 7 of that worksheet	**18**	
19	If you are required to complete the **Unrecaptured Section 1250 Gain Worksheet** (see instructions), enter the amount, if any, from line 18 of that worksheet	**19**	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. **Don't** complete lines 21 and 22 below. ☐ **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Don't** complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the **smaller** of: • The loss on line 16; or • ($3,000), or if married filing separately, ($1,500) **Note:** When figuring which amount is smaller, treat both amounts as positive numbers.	**21**	(604)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 16. ☒ **No.** Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.
Go to *www.irs.gov/Form8949* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return

JORDAN ALLEN

Social security number or taxpayer identification number

612-18-2795

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, *or* C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ **(B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). **See the separate instructions.** (f) Code(s) from instructions	(g) Amount of adjustment	(h) **Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g).
COINBASE	Various	Various	1	605			-604
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)			1	605		0	-604

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		15,206
B					
C					
D					
29a Totals					15,206
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	15,206
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	15,206

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	15,206
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2024
Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	14,602		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	14,602
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	14,580
5	Household income as a percentage of federal poverty line (see instructions)			5	100 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0	8b Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b 0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual PTC allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly PTC allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	453	408	0	408	408	408
13 February	453	408	0	408	408	408
14 March	453	408	0	408	408	408
15 April	453	408	0	408	408	408
16 May	453	408	0	408	408	408
17 June	453	408	0	408	408	408
18 July	453	408	0	408	408	408
19 August	453	408	0	408	408	408
20 September	453	408	0	408	408	408
21 October	453	408	0	408	408	408
22 November	453	408	0	408	408	408
23 December	453	409	0	409	409	409

24	Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,897
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	4,897
26	Net PTC. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2024)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: 612-18-2795

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: 80-0854203

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	130,329
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	15,206		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	15,206
5	Stock basis before distributions. Add lines 1, 2, and 4			5	145,535
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	145,535
8a	Nondeductible expenses	8a	1,227		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,227
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	144,308
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	144,308

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	**(a)** Debt 1 ☐ Formal note ☐ Open account	**(b)** Debt 2 ☐ Formal note ☐ Open account	**(c)** Debt 3 ☐ Formal note ☐ Open account	**(d)** Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24				
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-				
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-				

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32				

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Filing Instructions

MOTORPOINT ACUPUNCTURE INC

Corporation Tax Return

Taxable Year Ended December 31, 2024

Federal Filing Instructions

Your 2024 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return. Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file* Authorization for Corporations should be signed and dated by an authorized officer of the corporation and returned as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Important: **Your return will not be filed with the IRS until the signed Form 8879-CORP, *E-file* Authorization for Corporations has been received by this office.**

California Filing Instructions

Your 2024 Form 100S shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation and returned to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your required California estimated tax payments are as follows:

Due Date	Remittance
4/15/25	$800
6/16/25	$0
9/15/25	$0
12/15/25	$0

Each payment is to be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write "CA Corp 3508425, EIN 80-0854203, 2025 Form 100-ES" on the check.

Mail To: Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Reminders for estimated tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 14, 2025

CONFIDENTIAL

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)
California S Corporation Franchise or Income Tax Return (Form 100S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Leon Tsipis E. A.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 14, 2025

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2024 federal and state corporate tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Leon Tsipis E. A.

Accepted By: _____

Date: _____

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2024

For calendar year 2024 or tax year beginning , ending

A S election effective date 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions) 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a	Gross receipts or sales 94,754 **b** Less returns and allowances **c** Balance		1c	94,754
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	94,754
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	94,754
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	6,410
	12	Taxes and licenses		12	953
	13	Interest (see instructions)		13	841
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(do not deduct oil and gas depletion)**		15	
	16	Advertising		16	384
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20	Other deductions (attach statement) See Stmt 1		20	70,960
	21	**Total deductions.** Add lines 7 through 20		21	79,548
	22	**Ordinary business income (loss).** Subtract line 21 from line 6		22	15,206
Tax and Payments	23a	Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b	Tax from Schedule D (Form 1120-S)	23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)		23c	
	24a	Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		
	b	Tax deposited with Form 7004	24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d	Elective payment election amount from Form 3800	24d		
	z	Add lines 24a through 24d		24z	
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		25	
	26	**Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26	
	27	**Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid		27	
	28	Enter amount from line 27: **Credited to 2025 estimated tax** **Refunded**		28	

Sign Here

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

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer JORDAN ALLEN Date PRESIDENT Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Leonid Tsipis EA	Leonid Tsipis EA			P00110245

Firm's name Zadoyen Income Tax — Firm's EIN 46-4944824

Firm's address 17337 Ventura Blvd Ste 100 Encino, CA 91316 — Phone no. 818-990-6785

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2024)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity MEDICAL **b** Product or service ACUPUNCTURE		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $30 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $		
16	At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	15,206
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Cash charitable contributions	12a	
	b	Noncash charitable contributions	12b	
	c	Investment interest expense	12c	
	d	Section 59(e)(2) expenditures Type:	12d	
	e	Other deductions (see instructions) Type:	12e	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties – gross income	15d	
	e	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	1,227
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*		Total amount
Other Information 17a	Investment income	17a
b	Investment expenses	17b
c	Dividend distributions paid from accumulated earnings and profits	17c
d	Other items and amounts (attach statement) See Statement 2	
Reconciliation 18	**Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1 Net income (loss) per books		5 Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):		a Tax-exempt interest $	
3 Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):		6 Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):	
a Depreciation $		a Depreciation $	
b Travel and entertainment $			
		7 Add lines 5 and 6	
4 Add lines 1 through 3		8 Income (loss) (Schedule K, line 18). Subtract line 7 from line 4	

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1 Balance at beginning of tax year	122,664			
2 Ordinary income from page 1, line 22	15,206			
3 Other additions				
4 Loss from page 1, line 22	( )			
5 Other reductions Stmt 3	(1,227)			( )
6 Combine lines 1 through 5	136,643			
7 Distributions				
8 Balance at end of tax year. Subtract line 7 from line 6	136,643			

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2024
For calendar year 2024, or tax year
beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.
See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN ____
Name ____

F3 What type of entity is this shareholder? ____

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 15,206	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	C* Items affecting shareholder basis 1,227
10	Other income (loss)		
		17	V* Other information STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2024 or tax year beginning , ending | **2024**

Name: MOTORPOINT ACUPUNCTURE INC

Employer Identification Number: 80-0854203

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	15,206				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,275
BANK CHARGES	226
BUS & MEDICAL SUPPLIES	6,474
BUS. PROMOTION & DEVELOPMENT	935
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	442
CONT EDUCATION	419
DUES & PROF. MEMBERSHIPS	282
FINANCE CHARGES	99
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	370
MERCHANT FEES	962
POST OFFICE & SHIPPING	17
PRINTING & COPYING	251
PROF. SERVICES/CONSULTING	36,522
SERVICE CHARGES	767
SOFTWARE & SUBSCIPTIONS	612
STORAGE	1,650
TELEPHONE & INTERNET	1,273
TRANSPORTATION & TRAVEL EXP	15,095
WEB EXPENSES	85
WORKING CLOTHES & CLEANING	446
50% of Meals	1,227
Total	$ 70,960

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,227
Total	$ 1,227

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,227
Total	$ 1,227

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2024

For calendar year 2024 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	15,206				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Form 1120-S, Page 1, Line 12 - Taxes and Licenses

Description	Amount
FRANCHISE TAX BOARD	$ 928
SECRETARY OF STATE	25
Total	$ 953

Form 1120-S, Page 3, Schedule K, Line 16c - Nondeductible Expenses

Description	Amount
Page 1 Meals	$ 1,227
Total	$ 1,227

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Leon Tsipis EA
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 14, 2025

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear Shareholder:

We have prepared the enclosed copy of Form 1120-S, Schedule K-1 for MOTORPOINT ACUPUNCTURE INC. It contains your share of the corporation's items of income (loss), credits and deductions, and other information for the corporation's tax year ended December 31, 2024. These items are to be reported on your federal income tax return; therefore, this Schedule should be retained with your tax records and documentation.

Also enclosed is state K-1 information, if applicable. This information should also be retained with your tax records and documentation.

We have retained a copy of the Schedule K-1 and other relevant documents for use in preparing your federal income tax return and, if applicable, all State K-1 information for use in preparing any state tax returns. We urge you to call for an appointment at your earliest convenience so that we might begin preparation of your individual tax returns.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis E. A.

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2024
For calendar year 2024, or tax year

beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN _____
Name _____

F3 What type of entity is this shareholder? _____

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 15,206	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	C* Items affecting shareholder basis 1,227
10	Other income (loss)		
		17	V* Other information STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Schedule K-1 (1120-S) List of Codes

10. Other income (loss)

- **A** Other portfolio income (loss)
- **B** Involuntary conversions
- **C** Section 1256 contracts & straddles
- **D** Mining exploration costs recapture
- **E** Section 951A(a) income inclusions
- **F** Inclusions of subpart F income
- **G** Section 951(a)(1)(B) inclusions
- **H** Reserved for future use
- **I** Gain (loss) from disposition of oil, gas, geothermal, or other mineral properties
- **J** Recoveries of tax benefit items
- **K** Gambling gains and losses
- **L** Reserved for future use
- **M** Gain eligible for section 1045 rollover (replacement stock purchased by corporation)
- **N** Gain eligible for section 1045 rollover (replacement stock not purchased by corporation)
- **O** Sale or exchange of QSB stock with section 1202 exclusion
- **P** through **R** Reserved for future use
- **S** Non-portfolio capital gain (loss)
- **T** through **X** Reserved for future use
- **ZZ** Other income (loss)

12. Other deductions

- **A** Cash contributions (60%)
- **B** Cash contributions (30%)
- **C** Noncash contributions (50%)
- **D** Noncash contributions (30%)
- **E** Capital gain property to a 50% organization (30%)
- **F** Capital gain property (20%)
- **G** Contributions (100%)
- **H** Investment interest expense
- **I** Deductions – royalty income
- **J** Section 59(e)(2) expenditures
- **K** Reserved for future use
- **L** Deductions – portfolio (other)
- **M** Preproductive period expenses
- **N** Reserved for future use
- **O** Reforestation expense deduction
- **P** through **V** Reserved for future use
- **W** Soil and water conservation
- **X** Film, television, and theatrical production expenditures
- **Y** Expenditures for removal of barriers
- **Z** Itemized deductions
- **AA** Contributions to a capital construction fund (CCF)
- **AB** Penalty on early withdrawal of savings
- **AC** Interest expense allocated to debt financed distributions
- **AD** through **AJ** Reserved for future use
- **ZZ** Other deductions

13. Credits

- **A** Zero-emission nuclear power production credit
- **B** Credit for production from advanced nuclear power facilities
- **C** Low-income housing cr (sec 42(j)(5)) from post-2007 bldgs
- **D** Low-income housing cr (other) from post-2007 bldgs
- **E** Qualified rehabilitation expenditures (rental real estate)
- **F** Other rental real estate credits
- **G** Other rental credits
- **H** Undistributed capital gains credit
- **I** Biofuel producer credit
- **J** Work opportunity credit
- **K** Disabled access credit
- **L** Empowerment zone employment credit
- **M** Credit for increasing research activities
- **N** Credit for employer social security and Medicare taxes
- **O** Backup withholding
- **P** Unused investment cr from qualifying advanced coal project cr or qualifying gasification project cr from cooperatives
- **Q** Unused investment credit from qualifying advanced energy project cr from cooperatives
- **R** Unused investment cr from advanced manufacturing investment cr from cooperatives
- **S** Unused investment cr from clean electricity cr from cooperatives
- **T** Unused investment cr from the energy cr from cooperatives
- **U** Unused investment cr from the rehabilitation cr from cooperatives
- **V** Advanced manufacturing production credit
- **W** Clean electricity production credit
- **X** Clean fuel production credit
- **Y** Clean hydrogen production credit
- **Z** Orphan drug credit
- **AA** Enhanced oil recovery credit
- **AB** Renewable electricity production credit
- **AC** Biodiesel, renewable diesel, or sustainable aviation fuels cr
- **AD** New markets credit
- **AE** Credit for small employer pension plan startup costs
- **AF** Credit for small employer auto-enrollment
- **AG** Credit for military spouse participation
- **AH** Credit for employer-provided childcare facilities and svc
- **AI** Low sulfur diesel fuel production credit
- **AJ** Qualified railroad track maintenance credit
- **AK** Credit for oil and gas production from marginal wells
- **AL** Distilled spirits credit
- **AM** Energy efficient home credit
- **AN** Reserved for future use
- **AO** Alternative fuel vehicle refueling property credit
- **AP** Clean renewable energy bond credit
- **AQ** New clean renewable energy bond credit
- **AR** Qualified energy conservation bond credit
- **AS** Qualified zone academy bond credit
- **AT** Qualified school construction bond credit
- **AU** Build America bond credit
- **AV** Credit for employer differential wage payments
- **AW** Carbon oxide sequestration credit
- **AX** Carbon oxide sequestration credit recapture
- **AY** New clean vehicle credit
- **AZ** Qualified commercial clean vehicle credit
- **BA** Credit for small employer health insurance premiums
- **BB** Employer credit for paid family and medical leave
- **BC** Eligible credits from transferor(s) under section 6418
- **BD** through **BG** Reserved for future use
- **ZZ** Other credits

15. Alternative minimum tax (AMT) items

- **A** Post-1986 depreciation adjustment
- **B** Adjusted gain or loss
- **C** Depletion (other than oil & gas)
- **D** Oil, gas, & geothermal – gross income
- **E** Oil, gas, & geothermal – deductions
- **F** Other AMT items

16. Items affecting shareholder basis

- **A** Tax-exempt interest income
- **B** Other tax-exempt income
- **C** Nondeductible expenses
- **D** Distributions
- **E** Repayment of loans from shareholders
- **F** Foreign taxes paid or accrued

17. Other information

- **A** Investment income
- **B** Investment expenses
- **C** Qualified rehabilitation expenditures (other than RRE)
- **D** Basis of energy property
- **E** Recap of low-income housing cr (sec 42(j)(5))
- **F** Recap of low-income housing cr (other)
- **G** Recapture of investment credit
- **H** Recapture of other credits
- **I** Look-back interest – completed long-term contracts
- **J** Look-back interest – income forecast method
- **K** Dispositions of property with section 179 deductions
- **L** Recapture of section 179 deduction
- **M** Section 453(l)(3) information
- **N** Section 453A(c) information
- **O** Section 1260(b) information
- **P** Interest allocable to production expenditures
- **Q** Capital construction fund (CCF) nonqualified withdrawals
- **R** Depletion information - oil and gas
- **S** and **T** Reserved for future use
- **U** Net investment income
- **V** Section 199A information
- **W** through **Z** Reserved for future use
- **AA** Excess taxable income
- **AB** Excess business interest income
- **AC** Gross receipts for section 448(c)
- **AD** through **AI** Reserved for future use
- **AJ** Excess business loss limitation
- **AK** through **AM** Reserved for future use
- **AN** Farming and fishing income
- **AO** Reserved for future use
- **AP** Inversion gain
- **AQ** through **AR** Reserved for future use
- **AS** Qualifying advanced coal project property and qualifying gasification project property
- **AT** Qualifying advanced energy project property
- **AU** Advanced manufacturing investment property
- **AV** Clean electricity investment property
- **AW** Reportable transactions
- **AX** through **BD** Reserved for future use
- **ZZ** Other information

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,227
Total	$ 1,227

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2024

For calendar year 2024 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	15,206				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

TAXABLE YEAR **2024**

California S Corporation Franchise or Income Tax Return

FORM **100S**

RP

3508425 MOTO 80-0854203 000000000000 24
TYB 01-01-2024 TYE 12-31-2024
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

Schedule Q Questions ***(continued on Side 3)***

A 1. FINAL RETURN? ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) .....

2. Is the S corporation deferring any income from the disposition of assets? ..... ☐ Yes ☒ No

If "Yes" enter the year of disposition (yyyy) .....

3. Is the S corporation reporting previously deferred income from: ..... ☐ Installment sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other

B 1. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ☐ Yes ☒ No

2. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?
If yes to both questions, answer yes. ..... ☐ Yes ☒ No

3. Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** ☐ Yes ☒ No
(Yes requires filing of BOE-100-B statement, penalties may apply – see instructions.)

State Adjustments

1	Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 22. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules	**1**	15,206 00
2	Foreign or domestic tax based on income or profits and California franchise or income tax deducted	**2**	00
3	Interest on government obligations	**3**	00
4	Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions	**4**	00
5	Depreciation and amortization adjustments. Attach Schedule B (100S)	**5**	00
6	Portfolio income	**6**	00
7	Other additions. Attach schedule(s)	**7**	00
8	Total. Add line 1 through line 7	**8**	15,206 00

MOTORPOINT ACUPUNCTURE INC
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State Adjustments (cont.)

9	Dividends received deduction. Attach Schedule H (100S)	9		00		
10	Water's-edge dividend deduction. Attach Schedule H (100S)	10		00		
11	Charitable contributions. See instructions	11		00		
12	Other deductions. Attach schedule(s)	12		00		
13	Total. Add line 9 through line 12				13	00
14	Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8				14	15,206 00

CA Net Income

15	Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income				15	15,206 00
16	R&TC Section 23802(e) deduction. See instructions	16		00		
17	Net operating loss (NOL) deduction. See instructions	17		00		
18	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	18		00		
19	Disaster loss deduction. See instructions	19		00		
20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15				20	15,206 00

Taxes

21	Tax. 1.500 % x line 20 (at least minimum franchise tax, if applicable). See instructions				21	800 00
22	Credit name _____ code ● _____ amount ▶	22		00		
23	Credit name _____ code ● _____ amount ▶	23		00		
24	To claim more than two credits, see instructions	24		00		
25	Add line 22 through line 24. Attach Schedule C (100S)				25	0 00
26	**Balance.** Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)				26	800 00
27	Tax from Schedule D (100S). Attach Schedule D (100S). See instructions				27	00
28	Excess net passive income tax. See instructions				28	00
29	Pass-through entity elective tax. See instructions				29	00
30	**Total tax.** Add line 26 through line 29				30	800 00

Payments

31	Overpayment from prior year allowed as a credit	31		00		
32	**2024 Estimated tax/QSub payments.** See instructions	32	800	00		
33	2024 Withholding (Forms 592-B and/or 593). See instructions	33		00		
34	Amount paid with extension of time to file tax return	34		00		
35	Amounts paid for pass-through entity elective tax	35		00		
36	Total payments. Add line 31 through line 35				36	800 00

Refund or Amount Due

37	**Use tax. This is not a total line.** See instructions	37		00		
38	Payments balance. If line 36 is more than line 37, subtract line 37 from line 36				38	800 00
39	**Use tax balance.** If line 37 is more than line 36, subtract line 36 from line 37				39	00
40	**Franchise or income tax due.** If line 30 is more than line 38, subtract line 38 from line 30				40	0 00
41	**Overpayment.** If line 38 is more than line 30, subtract line 30 from line 38				41	00
42	Amount of line 41 to be credited to 2025 estimated tax				42	00
43	**Refund.** Subtract line 42 from line 41				43	00

See instructions to have the refund directly deposited.

☐ Checking
☐ Savings

_____ _____

43a. ● Routing number **43b.** ● Type **43c.** ● Account number

44	**a** Penalties and interest		44a	00
	b ● ☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.			
45	**Total amount due.** Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result	⊙	45	0 00

MOTORPOINT ACUPUNCTURE INC
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Schedule Q Questions ***(continued from Side 1)***

C Principal business activity code. **Do not** leave blank ● 621399
Business activity MEDICAL Product or service ACUPUNCTURE

D Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ● ☐ Yes ☒ No

E Does this tax return include Qualified Subchapter S Subsidiaries? ● ☐ Yes ☒ No

F Date incorporated (mm/dd/yyyy) 12/31/2012 Where: ● State CA Country

G Maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank ● 1

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) ● 12/31/2012

I Was the S corporation an inactive business both within and outside California during the taxable year? ● ☐ Yes ☒ No

J Is the S corporation under audit by the IRS or has it been audited in a prior year? ● ☐ Yes ☒ No

K Effective date of federal S election (mm/dd/yyyy) ● 12/31/2012

L Accounting method ● **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other

M Location of principal accounting records SEE STMT 1

N "Doing business as" (DBA) name. See instructions ● MOTORPOINT ACUPUNCTURE INC

O Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No

P Is this S corporation apportioning or allocating income to California using Schedule R? ● ☐ Yes ☒ No

Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ● ☐ Yes ☒ No
If "Yes," complete and attach federal Form 8886, for each transaction.

R Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ● ☐ Yes ☒ No

S Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by an Assignee, attached to the return? ● ☐ Yes ☒ No

T Check if corporation: **(1)** ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

U **(1)** Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ● ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● **(3)** Amount last remitted ■ $.

Schedule J **Add-On Taxes and Recapture of Tax Credits.** See instructions.

1	LIFO recapture due to S corporation election (IRC Section 1363(d) deferral $) ●	**1**		00
2	Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834) ●	**2**		00
3	Interest on tax attributable to installment **a)** Sales of certain timeshares and residential lots ●	**3a**		00
	b) Method for nondealer installment obligations ●	**3b**		00
4	IRC Section 197(f)(9)(B)(ii) election ●	**4**		00
5	Credit recapture name ●	**5**		00
6	Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 ●	**6**		00

Sign Here

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

Signature of officer ▶ | Title PRESIDENT | Date | ● Telephone

Officer's email address (optional)

Paid Preparer's Use Only

Preparer's signature ▶ LEONID TSIPIS EA | Date | Check if self-employed ▶ ☐ | ● PTIN P00110245

Firm's name (or yours, if self-employed) and address ▶ ZADOYEN INCOME TAX
17337 VENTURA BLVD STE 100
ENCINO, CA 91316

● Firm's FEIN 46-4944824

● Telephone 818-990-6785

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

MOTORPOINT ACUPUNCTURE INC
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Schedule F **Computation of Trade or Business Income.** See instructions.

Income	1 a) Gross receipts or sales 94,754 b) Less returns and allowances c) Balance	1c	94,754	00
	2 Cost of goods sold from Schedule V, line 8	2		00
	3 Gross profit. Subtract line 2 from line 1c	3	94,754	00
	4 Net gain (loss). Attach schedule	4		00
	5 Other income (loss). Attach schedule	5		00
	6 **Total income (loss).** Combine line 3 through line 5	6	94,754	00
Deductions	7 Compensation of officers. Attach schedule. See instructions	7		00
	8 Salaries and wages	8		00
	9 Repairs and maintenance	9		00
	10 Bad debts	10		00
	11 Rents	11	6,410	00
	12 Taxes	12	953	00
	13 Interest	13	841	00
	14 a) Depreciation ____ b) Less depreciation reported elsewhere ____ c) Balance	14c		00
	15 Depletion	15		00
	16 Advertising	16	384	00
	17 Pension, profit-sharing plans, etc	17		00
	18 Employee benefit programs	18		00
	19 a) Total travel and entertainment 2,454 b) Deductible amount	19b	1,227	00
	20 Other deductions. Attach schedule SEE STMT 2	20	69,733	00
	21 **Total deductions.** Add line 7 through line 20	21	79,548	00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1	22	15,206	00

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to shareholders. Attach schedule(s)				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule(s)				
14 **Total assets**				
Liabilities and shareholders' equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)				
18 Loans from shareholders. Attach schedule(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)				
21 Capital stock				
22 Paid-in or capital surplus				
23 Retained earnings				
24 Adjustments. Attach schedule(s)				
25 Less cost of treasury stock		( )		( )
26 **Total liabilities and shareholders' equity**				

MOTORPOINT ACUPUNCTURE INC
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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation **completed** federal **Schedule M-3 (Form 1120-S).** See instructions.

1 Net income per books		**5** Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize) **a** Tax-exempt interest $ **b** Other $	
2 Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)		**c** Total. Add line 5a and line 5b	
3 Expenses recorded on books this year not included on Schedule K, line 1 through line 12e (itemize) **a** Depreciation $ **b** State taxes $ **c** Travel and entertainment $ **d** Other $		**6** Deductions included on Schedule K, line 1 through line 12e, not charged against book income this year (itemize) **a** Depreciation $ **b** State tax refunds $ **c** Other $ **d** Total. Add line 6a through line 6c	
e Total. Add line 3a through line 3d		**7** Total. Add line 5c and line 6d	
4 Total. Add line 1 through line 3e		**8** Income (loss) (Schedule K, line 19, col. d). Subtract line 7 from line 4	

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings (see instructions)
1 Balance at beginning of year	30,329	0	0
2 Ordinary income from Form 100S, Side 1, line 1	15,206		
3 Other additions			
4 Loss from Form 100S, Side 1, line 1	( )		
5 Other reductions SEE STMT 3	(1,227)	( )	( )
6 Combine line 1 through line 5	44,308	0	0
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	44,308	0	
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			44,308
10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions			

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	**1**		00
2 Purchases	**2**		00
3 Cost of labor	**3**		00
4 Other IRC Section 263A costs. Attach schedule	**4**		00
5 Other costs. Attach schedule	**5**		00
6 Total. Add line 1 through line 5	**6**		00
7 Inventory at end of year	**7**		00
8 Cost of goods sold. Subtract line 7 from line 6	**8**		00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach an explanation. Enter California seller's permit number, if any ▶
Method of inventory valuation
Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐
If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.

	(a) Pro-rata share items		(b) Amount from federal K (1120-S)	(c) California Adjustment	(d) Total amounts using California law
Income (Loss)	1 Ordinary business income (loss)	1	15,206	⊙	● 15,206
	2 Net rental real estate income (loss). Attach federal Form 8825	2			●
	3 a Other gross rental income (loss)	3a			⊙
	b Expenses from other rental activities. Att. sch.	3b			⊙
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			●
	4 Interest income	4			●
	5 Dividends. See instructions	5			●
	6 Royalties	6			●
	7 Net short-term capital gain (loss). Attach Schedule D (100S)	7		⊙	●
	8 Net long-term capital gain (loss). Attach Schedule D (100S)	8	⊙	⊙	●
	9 Net IRC Section 1231 gain (loss)	9	⊙	⊙	●
Other Inc. (Loss)	10 a Other portfolio income (loss). Attach schedule	10a		⊙	●
	b Other income (loss). Attach schedule.	10b		⊙	●
Deductions	11 IRC Section 179 expense deduction. Attach Schedule B (100S).	11			⊙
	12 a Charitable contributions	12a			●
	b Investment interest expense	12b			●
	c 1 IRC Section 59(e)(2) expenditures	12c1			
	2 Type of expenditures	12c2			
	d Deductions-portfolio. Attach schedule	12d			●
	e Other deductions. Attach schedule	12e		⊙	⊙
Credits	13 a Low-income housing credit. See instructions	13a			●
	b Credits related to rental real estate activities. Attach schedule	13b			●
	c Credits related to other rental activities. See instructions. Attach schedule	13c			●
	d Other credits. Attach schedule	13d			●
	14 Total withholding allocated to all shareholders	14			
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d Gross income from oil, gas, and geothermal properties	15d			
	e Deductions allocable to oil, gas, and geothermal properties	15e			
	f Other AMT items	15f			
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a			
	b Other tax-exempt income	16b			●
	c Nondeductible expenses	16c	1,227		1,227
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			●
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			●
	d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 4	17d			● 94,754
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Attach schedule	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued	18e			●
Recon-ciliation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19			●

TAXABLE YEAR **2024** **Shareholder's Share of Income, Deductions, Credits, etc.**

CALIFORNIA SCHEDULE **K-1 (100S)**

TYB 01-01-2024 TYE 12-31-2024
612-18-2795
JORDAN ALLEN

4954 DEL MONTE AVE
SAN DIEGO CA 92109

3508425 80-0854203
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

A Current year allocation percentage ● 100.000000 %

B Shareholder's number of shares: Beginning 1,000 and Ending 1,000

C Loans from shareholder: Beginning $ and Ending $

D Reportable transaction or tax shelter registration number(s):

E Check here if this is: ● **(1)** ☐ A final Schedule K-1 **(2)** ☐ An amended Schedule K-1

F(1) What type of entity is this shareholder? ● **(a)** ☒ Individual **(b)** ☐ Estate/trust **(c)** ☐ Qualified exempt organization **(d)** ☐ Single member LLC

F(2) If the shareholder above is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:

● TIN: ● Name:

G Is this shareholder a resident of California? ● ☒ Yes ▶ ☐ No

H Corporation's total number of shares: Beginning 1,000 and Ending 1,000

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1 Ordinary business income (loss)	15,206		15,206	15,206
	2 Net rental real estate income (loss)				
	3 Other net rental income (loss)				
	4 Interest income				
	5 Dividends. See instructions				
	6 Royalties				
	7 Net short-term capital gain (loss)				
	8 Net long-term capital gain (loss)				
	9 Net IRC Section 1231 gain (loss)				
Other Income (Loss)	10 a Other portfolio income (loss). Attach schedule				
	b Other income (loss)				
Deductions	11 IRC Section 179 expense deduction. Attach schedules				
	12 a Charitable contributions				
	b Investment interest expense				
	c 1 IRC Section 59(e)(2) expenditures				
	2 Type of expenditures				
	d Deductions-portfolio				
	e Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule				
	b Credits related to rental real estate activities other than on line 13(a). Attach schedule				
	c Credits related to other rental activities. See instructions. Attach schedule				
	d Other credits. Attach schedule				
	14 Total withholding (equals amount on Form 592-B if calendar year)				
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86				
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses	1,227		1,227	1,227
	d Total property distributions (including cash) other than dividends distribution reported on line 17c				
	e Repayment of loans from shareholders				

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name: JORDAN ALLEN

Shareholder's identifying number: 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

Other Information

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
17 a	Investment income. See instructions			⊙	⊙
b	Investment expenses. See instructions			⊙	⊙
c	Total taxable dividend distribution paid from accumulated earnings and profits. See instructions			●	▶
d	Other information. See instructions STMT 1			⊙ 94,754	

Other State Taxes

		(d)	(e)
18 a	Type of income		
b	Name of state		
c	Total gross income from sources outside California. Attach schedule	⊙	⊙
d	Total applicable deductions and losses. Attach schedule	⊙	⊙
e	Total other state taxes. Check one: ☐ Paid ☐ Accrued	●	▶

19 ☐ More than one activity for at-risk purposes. See instructions.

20 ☐ More than one activity for passive activity purposes. See instructions.

Other Shareholder Information

Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest $ _____ Royalties $ _____ Dividends $ _____

IRC Section 1231 Gains/Losses $ _____ Capital Gains/Losses $ _____ Other $ _____

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.

A. Shareholder's share of the S corporation's business income $ _____

B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses $ _____ Rents/Royalties $ _____

IRC Section 1231 Gains/Losses $ _____ Other $ _____

C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	$	$
Ending	$	$
Annual Rent Expense	$	$
Payroll	$	$
Sales	$	$

Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records

Address	City	State	Zip Code	Country
4954 DEL MONTE	SAN DIEGO	CA	92107	

Statement 2 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,275
BANK CHARGES	226
BUS & MEDICAL SUPPLIES	6,474
BUS. PROMOTION & DEVELOPMENT	935
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	442
CONT EDUCATION	419
DUES & PROF. MEMBERSHIPS	282
FINANCE CHARGES	99
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	370
MERCHANT FEES	962
POST OFFICE & SHIPPING	17
PRINTING & COPYING	251
PROF. SERVICES/CONSULTING	36,522
SERVICE CHARGES	767
SOFTWARE & SUBSCIPTIONS	612
STORAGE	1,650
TELEPHONE & INTERNET	1,273
TRANSPORTATION & TRAVEL EXP	15,095
WEB EXPENSES	85
WORKING CLOTHES & CLEANING	446
Total	$ 69,733

Statement 3 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Reductions

Description	Amount
Travel & Entertainment	$ 1,227
Total	$ 1,227

Statement 4 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Gross Sales	$ 94,754
Total	$ 94,754

Statement 1 - Form 100S, Schedule K-1, Line 17d - Other Information

Description	Amount
Aggregate Gross Receipts less Returns and Allowances	94,754

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2024

For calendar year 2024 or tax year beginning , ending

A S election effective date 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions) 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	1a	Gross receipts or sales: 94,754 **b** Less returns and allowances: **c** Balance		1c	94,754
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	94,754
	4	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	94,754
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	6,410
	12	Taxes and licenses		12	953
	13	Interest (see instructions)		13	841
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(do not deduct oil and gas depletion)**		15	
	16	Advertising		16	384
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20	Other deductions (attach statement) See Stmt 1		20	70,960
	21	**Total deductions.** Add lines 7 through 20		21	79,548
	22	**Ordinary business income (loss).** Subtract line 21 from line 6		22	15,206
Tax and Payments	23a	Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b	Tax from Schedule D (Form 1120-S)	23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)		23c	
	24a	Current year's estimated tax payments and preceding year's overpayment credited to the current year	24a		
	b	Tax deposited with Form 7004	24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d	Elective payment election amount from Form 3800	24d		
	z	Add lines 24a through 24d		24z	
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		25	
	26	**Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26	
	27	**Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid		27	
	28	Enter amount from line 27: **Credited to 2025 estimated tax** **Refunded**		28	

Sign Here

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

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer JORDAN ALLEN Date Title PRESIDENT

Paid Preparer Use Only

Print/Type preparer's name: Leonid Tsipis EA	Preparer's signature: Leonid Tsipis EA	Date	Check ☐ if self-employed	PTIN: P00110245
Firm's name: Zadoyen Income Tax			Firm's EIN: 46-4944824	
Firm's address: 17337 Ventura Blvd Ste 100 Encino, CA 91316			Phone no.: 818-990-6785	

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2024)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity MEDICAL **b** Product or service ACUPUNCTURE		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $30 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $		
16	At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 22)	1	15,206
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Cash charitable contributions	12a	
	b	Noncash charitable contributions	12b	
	c	Investment interest expense	12c	
	d	Section 59(e)(2) expenditures Type:	12d	
	e	Other deductions (see instructions) Type:	12e	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties – gross income	15d	
	e	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	1,227
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement) See Statement 2	
Reconciliation	18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12e, and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12e, and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $	7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	122,664			
2	Ordinary income from page 1, line 22	15,206			
3	Other additions				
4	Loss from page 1, line 22	( )			
5	Other reductions Stmt 3	(1,227)			( )
6	Combine lines 1 through 5	136,643			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	136,643			

671124

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2024
For calendar year 2024, or tax year

beginning _____ ending _____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F1 Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

F2 If the shareholder is a disregarded entity, a trust, an estate, or a nominee or similar person, enter the individual or entity responsible for reporting:
TIN _____
Name _____

F3 What type of entity is this shareholder? _____

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 15,206	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	C* Items affecting shareholder basis 1,227
10	Other income (loss)		
		17	V* Other information STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2024 or tax year beginning , ending | **2024**

Name: MOTORPOINT ACUPUNCTURE INC

Employer Identification Number: 80-0854203

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	15,206				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,275
BANK CHARGES	226
BUS & MEDICAL SUPPLIES	6,474
BUS. PROMOTION & DEVELOPMENT	935
CERTIFICATE RENEWAL	83
COMPUTER HARDWARE	442
CONT EDUCATION	419
DUES & PROF. MEMBERSHIPS	282
FINANCE CHARGES	99
LICENSE & PERMITS	150
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	370
MERCHANT FEES	962
POST OFFICE & SHIPPING	17
PRINTING & COPYING	251
PROF. SERVICES/CONSULTING	36,522
SERVICE CHARGES	767
SOFTWARE & SUBSCIPTIONS	612
STORAGE	1,650
TELEPHONE & INTERNET	1,273
TRANSPORTATION & TRAVEL EXP	15,095
WEB EXPENSES	85
WORKING CLOTHES & CLEANING	446
50% of Meals	1,227
Total	$ 70,960

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,227
Total	$ 1,227

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,227
Total	$ 1,227

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2023	106,330
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2024

For calendar year 2024 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	15,206				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Filing Instructions

Individual Income Tax Return

Taxable Year Ended December 31, 2023

Name: JORDAN ALLEN

Federal Filing Instructions

Your 2023 Form 1040 shows a total overpayment of $28, which is to be refunded to you in its entirety.

Your refund will be direct deposited into your SAN DIEGO CREDIT UNION checking account no. *****9090.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

***Important*: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

Retain a copy of the signed and dated Form 8879 for your records.

California Filing Instructions

Your 2023 Form 540 shows no balance due.

Sign and date Form CA 8879, California e-file Signature Authorization for Individuals. Return it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your return is being filed electronically. Do not mail Form 540.

Leon Tsipis EA
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

September 16, 2024

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear JORDAN:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis EA

Taxpayer Name JORDAN ALLEN
Spouse Name

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration

I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this Tax Return by entering my PIN below.

ERO's PIN 96072491316

Taxpayer Declarations

Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent

If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.

Date (all numerics) 09/13/24

Taxpayer's PIN (enter five numbers, other than all zeroes) 82795

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification

Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

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
JORDAN	ALLEN	612-18-2795
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.
4954 DEL MONTE AVE

City, town or post office. If you have a foreign address, also complete spaces below. | State | ZIP code
SAN DIEGO | CA | 92109

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)
- ☐ Head of household (HOH)
- ☐ 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 instr. 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	937
	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	937
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b Taxable interest	2b	81
	3a	Qualified dividends	3a		b Ordinary dividends	3b	
	4a	IRA distributions	4a		b Taxable amount	4b	
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.	5a	Pensions and annuities	5a		b Taxable amount	5b	
	6a	Soc. sec. ben.	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	Other income from Schedule 1, line 10				8	14,139
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	15,157
	10	Adjustments to income from Schedule 1, line 26				10	185
	11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	14,972
	12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850
	13	Qualified business income deduction from Form 8995 or Form 8995-A				13	224
	14	Add lines 12 and 13				14	14,074
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	898

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

Form 1040 (2023) **JORDAN ALLEN** **612-18-2795** Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	89
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	89
	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	89
	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	89
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27 71		
	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 46		
	32	Add lines 27, 28, 29 and 31. These are your **total other payments and refundable credits**		32	117
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	117
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	28
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	28
Direct deposit? See instructions.	b	Routing number 322281617 c Type: ☒ Checking ☐ Savings			
	d	Account number 444819090			
	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 **Leonid Tsipis EA** Phone no. **818-990-6785** Personal identification number (PIN) **91316**

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ACUPUNCTURIST	
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 instr.)

Phone no. Email address

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name **Zadoyen Income Tax** Phone no. **818-990-6785**

Firm's address **17337 Ventura Blvd Ste 100 Encino CA 91316** Firm's EIN **46-4944824**

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

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **JORDAN ALLEN**

Your social security number: 612-18-2795

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	14,139
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	14,139

JORDAN ALLEN 612-18-2795

Part II Adjustments to Income

11	Educator expenses			**11**	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			**12**	
13	Health savings account deduction. Attach Form 8889			**13**	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			**14**	
15	Deductible part of self-employment tax. Attach Schedule SE			**15**	
16	Self-employed SEP, SIMPLE, and qualified plans			**16**	
17	Self-employed health insurance deduction			**17**	
18	Penalty on early withdrawal of savings			**18**	
19a	Alimony paid			**19a**	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			**20**	
21	Student loan interest deduction			**21**	185
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**	185

JORDAN ALLEN 612-18-2795

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			**9**	**46**
10	Amount paid with request for extension to file (see instructions)			**10**	
11	Excess social security and tier 1 RRTA tax withheld			**11**	
12	Credit for federal tax on fuels. Attach Form 4136			**12**	
13	Other payments or refundable credits:				
	a Form 2439	**13a**			
	b Credit for repayment of amounts included in income from earlier years	**13b**			
	c Elective payment election amount from Form 3800, Part III, line 6, column (i)	**13c**			
	d Deferred amount of net 965 tax liability (see instructions)	**13d**			
	z Other payments or refundable credits. List type and amount:	**13z**			
14	Total other payments or refundable credits. Add lines 13a through 13z			**14**	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			**15**	**46**

Schedule E (Form 1040) 2023 Attachment Sequence No. **13** Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		14,139
B					
C					
D					
29a Totals					14,139
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	14,139
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	14,139

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	14,139
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

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

2023

Attachment Sequence No. **55**

Name(s) shown on return: **JORDAN ALLEN**

Your taxpayer identification number: 612-18-2795

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 $182,100 ($364,200 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	MOTORPOINT ACUPUNCTURE INC	80-0854203	14,139
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	14,139		
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	14,139		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	2,828
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	0		
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	2,828
11	Taxable income before qualified business income deduction (see instructions)	11	1,122		
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	1,122		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	224
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	224
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2023)

Form **8867**
(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 23
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN ALLEN	612-18-2795
Preparer's name	**Preparer taxpayer identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes"** answer questions 4a and 4b. If **"No"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Employer statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN ALLEN 612-18-2795

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	14,972		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	14,972
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	13,590
5	Household income as a percentage of federal poverty line (see instructions)			5	110 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0		
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount			8b	0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

	Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual premium tax credit allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11	Annual Totals						
	Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly premium tax credit allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12	January	401	763	0	763	401	378
13	February	401	763	0	763	401	378
14	March	401	378	0	378	378	375
15	April	401	378	0	378	378	378
16	May	401	378	0	378	378	378
17	June	401	378	0	378	378	378
18	July	401	378	0	378	378	378
19	August	401	378	0	378	378	378
20	September	401	378	0	378	378	378
21	October	401	378	0	378	378	378
22	November	401	378	0	378	378	378
23	December	408	380	0	380	380	383

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,584
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	4,538
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	46

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

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

Form **8962** (2023)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: **612-18-2795**

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: **80-0854203**

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	117,575
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	14,139		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	14,139
5	Stock basis before distributions. Add lines 1, 2, and 4			5	131,714
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	131,714
8a	Nondeductible expenses	8a	1,385		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,385
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	130,329
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	130,329

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☒ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	0			
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	0			
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Form **1040**	**Shareholder's Basis Worksheet Page 1**	**2023**

Name: **JORDAN ALLEN** | Taxpayer Identification Number: **612-18-2795**

Name of Entity MOTORPOINT ACUPUNCTURE INC | **EIN** 80-0854203

Passive Activity Type Not Passive | **K1 Unit** 1

Shareholder Stock Basis

1.	Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	117,575
	Increases to stock basis		
2.	Capital contributions made or additional stock acquired	2.	
3.	Ordinary business income	3. 14,139	
4.	Net rental real estate income	4.	
5.	Other net rental income	5.	
6.	Interest, dividends and royalties	6.	
7.	Net capital gains	7.	
8.	Net section 1231 gain and ordinary business gain	8.	
9.	Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10.	Other income	10.	
11.	Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12.	Other increases to stock basis	12.	
13.	Total increases to stock basis. Combine lines 2 through 12	13.	14,139
14.	**Stock basis before distributions and items of loss or deductions.** Add line 1 and line 13 and enter the result here	14.	131,714
	Decreases to stock basis		
15.	Distributions allowed	15.	
16.	**Stock basis after distributions and before items of loss or deductions.** Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	131,714
17.	Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17. 1,385	
18.	Other decreases to stock basis	18.	
19.	Amount used to restore loan basis	19.	
20.	Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	1,385
21.	**Stock basis at the end of year.** (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	130,329

Shareholder Debt Basis

22.	Debt basis at the beginning of corporation's tax year	22.	
23.	Additional loans	23.	
24.	Debt basis restoration	24.	
25.	Nontaxable debt repayment	25.	
26.	**Debt basis before losses and deductions.** Combine lines 22 through 25	26.	
27.	Losses and deductions applied against debt basis. (See Shareholder Basis Worksheet Page 3)	27.	
28.	**Debt basis at the end of year** (Subtract line 28 from line 27).	28.	0
29.	**Stock and debt basis at the end of the year** (Add lines 21 and line 28)	29.	130,329

Gain Recognized on Excess Distributions

30.	Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	30.	
31.	Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	31.	
32.	**Total gain recognized on excess distributions.** (Subtract line 31 from line 30)	32.	

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____

Form **1040** | **Shareholder's Basis Worksheet Page 3** | **2023**

Name **JORDAN ALLEN** Id No. **612-18-2795**

Entity Name MOTORPOINT ACUPUNCTURE INC **EIN** 80-0854203 **Passive Activity Type** Not Passive **K1 Unit** 1

Basis reduced by nondeductible items before loss and deduction items

Loss Allocated to Shareholder Stock and Debt Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible noncapital exp & oil/gas depletion deduction:		1,385	1,385	1.0000	1,385					1,385
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions				1.0000						
Total nonded and deductible items		1,385	1,385		1,385					1,385

Form **1040** | **Salaries & Wages Report** | **2023**

Name: JORDAN ALLEN

Taxpayer Identification Number: 612-18-2795

	T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A		OHC OF CALIFORNIA	937		937
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
Taxpayer					
Spouse					
Totals			937		937

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	58	937	14				
B							
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer							
Spouse							
Totals	58	937	14				

	State	State Wages	State Withheld	Name of Locality	Local Wages		Local Withheld	
A	CA	937		State Dis	SDI	937	SDI	8
B								
C								
D								
E								
F								
G								
H								
I								
J								
K								
L								
M								
Taxpayer								
Spouse								
Totals		937				937		8

Form 1040 | Two Year Comparison Report - Page 1 | 2022 & 2023

Name: **JORDAN ALLEN**

Taxpayer Identification Number: **612-18-2795**

			2022	2023	Differences
	Filing Status		HH	SGL	
	Dependents		1	0	-1
Income	1. Salaries and wages	1.		937	937
	2. Interest income	2.	199	81	-118
	3. Tax exempt interest income	3.			
	4. Dividend income	4.			
	5. Qualified dividend income	5.			
	6. Taxable state/local refunds	6.			
	7. Alimony received	7.			
	8. Business income/loss	8.	7,850		-7,850
	9. Capital gain/loss	9.			
	10. Other gains/losses	10.			
	11. Taxable IRA distributions	11.			
	12. Taxable pensions	12.			
	13. Rent and royalty income including farm rental	13.			
	14. Partnership/S corp income	14.	19,014	14,139	-4,875
	15. Estate or trust income	15.			
	16. Farm income/loss	16.			
	17. Unemployment compensation	17.			
	18. Taxable social security	18.			
	19. Other income	19.			
	20. Total income	20.	27,063	15,157	-11,906
Adjustments	21. Moving expenses	21.			
	22. Deductible part of self-employment tax	22.	555		-555
	23. SEP/SIMPLE/Qualified plans deductions	23.			
	24. SE health insurance	24.			
	25. Penalty on early withdrawal of savings	25.			
	26. Alimony paid	26.			
	27. IRA deductions	27.			
	28. Student loan interest	28.		185	185
	29. Other adjustments	29.			
	30. Adjusted gross income	30.	26,508	14,972	-11,536
Deductions	31. Medical	31.	1,343		-1,343
	32. Taxes	32.	645	761	116
	33. Interest	33.			
	34. Contributions	34.		3,310	3,310
	35. Casualty losses	35.			
	36. Miscellaneous expenses	36.			
	37. Allowable itemized deductions	37.	1,988	4,071	2,083
	38. Standard deduction	38.	19,400	13,850	-5,550
	39. Deduction taken	39.	Standard 19,400	Standard 13,850	-5,550
	40. Taxable income before Qual Bus Inc Ded (QBID)	40.	7,108	1,122	-5,986
	41. QBID	41.	1,422	224	-1,198
	42. Taxable income	42.	5,686	898	-4,788

Form **1040**	**Two Year Comparison Report - Page 2**	**2022 & 2023**

Name
JORDAN ALLEN

Taxpayer Identification Number
612-18-2795

			2022	2023	Differences
	43. Taxable income from 2YR page 1, line 42	43.	5,686	898	-4,788
	44. Tax on taxable income	44.	568	89	-479
	45. Alternative minimum tax	45.			
	46. Excess advance premium tax credit	46.			
	47. Child care credit	47.			
	48. Education credits	48.			
T	**49.** Retirement savings credit	49.			
a	**50.** Child & other dependent tax credit	50.	568		-568
x	**51.** General business credit	51.			
	52. Other credits	52.			
C	**53. Total credits**	53.	568		-568
o	**54. Net tax liability**	54.	0	89	89
m	**55.** Self-employment taxes	55.	1,109		-1,109
p	**56.** Other taxes	56.			
u	**57. Total tax**	57.	1,109	89	-1,020
t	**58.** Income tax withheld	58.			
a	**59.** Estimated tax payments	59.			
t	**60.** Earned income credit	60.	2,474	71	-2,403
i	**61.** Additional Child tax credit	61.	719		-719
o	**62.** Other refundable tax credits	62.		46	46
n	**63.** Other payments	63.			
	64. Total payments	64.	3,193	117	-3,076
	65. Tax due/-refund	65.	-2,084	-28	2,056
	66. Penalties and interest	66.			
	67. Net tax due/-refund	67.	-2,084	-28	2,056
	68. Refund applied to estimated tax payments	68.			
	69. Refund received	69.	-2,084	-28	2,056
	70. Effective tax rate	70.	20.0 %	10.0 %	

Two Year Comparison - Tax Reconciliation Marginal Tax Rates

	2022 Taxable Income	2022 Marginal Tax Rate	2023 Taxable Income	2023 Marginal Tax Rate
Ordinary income	5,686	10.0%	898	10.0%
Capital income		%		%
Capital - Sec. 1250		%		%
Capital - Sec. 1202		%		%

TAXABLE YEAR | FORM

2023 California Resident Income Tax Return 540

APE

612-18-2795 ALLE 23
JORDAN ALLEN

A
R
RP

4954 DEL MONTE AVE
SAN DIEGO CA 92109

08-16-1981

Principal Residence

Enter your county at time of filing (see instructions)
SAN DIEGO

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: ALLEN Your SSN or ITIN: 612-18-2795

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	937 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ...	⊙ 13	14,972 .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	14,972 .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	14,972 .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	18,233 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ...	⊙ 19	0 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 ...	● 31	0 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions. ...	⊙ 32	144 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- ...	⊙ 33	0 .00
34	Tax. See instructions. Check the box if from ● [ ] Schedule G-1 ● [ ] FTB 5870A ...	● 34	.00
35	Add line 33 and line 34 ...	⊙ 35	0 .00

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions ...	● 40	.00
43	Enter credit name [ ] code ● [ ] and amount ...	● 43	.00
44	Enter credit name [ ] code ● [ ] and amount ...	● 44	.00

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2023 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	74	.00
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	0 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. ● [X]

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

Overpaid Tax/Tax Due

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

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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**	.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: ALLEN Your SSN or ITIN: 612-18-2795

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

Refund and Direct Deposit

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **115** 0 .00

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

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions ..... ⊙ ☐ Yes [X] No

Sign your tax return on Side 6

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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)**

LEONID TSIPIS EA

Firm's name (or yours, if self-employed): ZADOYEN INCOME TAX

● PTIN: P00110245

Firm's address: 17337 VENTURA BLVD STE 100
ENCINO CA 91316

● Firm's FEIN: 46-4944824

Do you want to allow another person to discuss this tax return with us? See instructions . . ● [X] Yes [ ] No

Print Third Party Designee's Name: LEONID TSIPIS EA

Telephone Number: 818-990-6785

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

JORDAN ALLEN

SSN or ITIN

612-18-2795

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	937		
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	937		
2 Taxable interest. a	2b	81		
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	14,139		
6 Farm income or (loss)	6			
7 Unemployment compensation	7			

JORDAN ALLEN 612-18-2795 [redacted]

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	⊙	⊙	⊙

JORDAN ALLEN 612-18-2795 [redacted]

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	15,157	0	0

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions. 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions. 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid. 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction 21	185		
22 Reserved for future use 22			
23 Archer MSA deduction 23			

JORDAN ALLEN 612-18-2795 [redacted]

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	⊙ 185	⊙	⊙
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	⊙ 14,972	⊙ 0	⊙ 0

JORDAN ALLEN 612-18-2795 [redacted]

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California .... ⊙ [X]

		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 .... ⊙ 235	1			
2 Enter amount from federal Form 1040 or 1040-SR, line 11 .. ⊙ 14,972	2			
3 Multiply line 2 by 7.5% (0.075) ..... ⊙ 1,123	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	⊙ 490	⊙ 490	
b State and local real estate taxes	5b	⊙		
c State and local personal property taxes	5c	⊙		
d Add line 5a through line 5c	5d	⊙ 490		
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	⊙ 490	⊙ 490	⊙
6 Other taxes. List type ⊙ SEE STMT 1	6	⊙ 271	⊙	⊙
7 Add line 5e and line 6	7	⊙ 761	⊙ 490	⊙
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	⊙	⊙	⊙

JORDAN ALLEN 612-18-2795 [redacted]

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**	330		
12 Other than by cash or check **12**	2,980		
13 Carryover from prior year **13**			
14 Add line 11 through line 13 **14**	3,310		
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**	4,071	490	

18 Total. Combine line 17 column A less column B plus column C **18** 3,581

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 STMT 2 **19** 13,776

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type SEE STMT 3 **21** 1,175

22 Add line 19 through line 21 **22** 14,951

23 Enter amount from federal Form 1040 or 1040-SR, line 11 14,972

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0 **24** 299

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0 **25** 14,652

26 Total Itemized Deductions. Add line 18 and line 25 **26** 18,233

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27 **28** 18,233

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** 18,233

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** 18,233

Statement 1 - Schedule CA(540) - Other Taxes

Description	Amount
Other	$ 271
Total	$ 271

Statement 2 - Schedule CA(540) - Unreimbursed Employee Expenses

Description	Amount
Unreimbursed Expenses	$ 13,776
Total	$ 13,776

Statement 3 - Schedule CA(540) - Other Expenses Subject to 2% AGI Limitation

Description	Amount
Other expenses	$ 1,175
Total	$ 1,175

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
JORDAN	ALLEN	612-18-2795
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.
4954 DEL MONTE AVE

City, town or post office. If you have a foreign address, also complete spaces below. | State | ZIP code
SAN DIEGO | CA | 92109

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)
- ☐ Head of household (HOH)
- ☐ 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 instr. 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	937
	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	937
Attach Sch. B if required.	2a	Tax-exempt interest	2a		b Taxable interest	2b	81
	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	Soc. sec. ben.	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	Other income from Schedule 1, line 10				8	14,139
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	15,157
	10	Adjustments to income from Schedule 1, line 26				10	185
	11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	14,972
	12	**Standard deduction or itemized deductions** (from Schedule A)				12	13,850
	13	Qualified business income deduction from Form 8995 or Form 8995-A				13	224
	14	Add lines 12 and 13				14	14,074
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	898

Standard Deduction for –
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2023)

Form 1040 (2023) **JORDAN ALLEN** **612-18-2795** Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	89
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	89
	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	89
	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	89
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return		26	
	27	Earned income credit (EIC)	27 71		
	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 46		
	32	Add lines 27, 28, 29 and 31. These are your **total other payments and refundable credits**		32	117
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	117
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	28
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	28
Direct deposit? See instructions.	b	Routing number 322281617 c Type: ☒ Checking ☐ Savings			
	d	Account number 444819090			
	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 **Leonid Tsipis EA** Phone no. **818-990-6785** Personal identification number (PIN) **91316**

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
		ACUPUNCTURIST	
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 instr.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name **Zadoyen Income Tax** Phone no. **818-990-6785**

Firm's address **17337 Ventura Blvd Ste 100 Encino CA 91316** Firm's EIN **46-4944824**

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

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

OMB No. 1545-0074

2023

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **JORDAN ALLEN**

Your social security number: 612-18-2795

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	
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	14,139
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. This is your **additional income.** Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	14,139

JORDAN ALLEN 612-18-2795

Part II Adjustments to Income

11	Educator expenses			**11**	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106			**12**	
13	Health savings account deduction. Attach Form 8889			**13**	
14	Moving expenses for members of the Armed Forces. Attach Form 3903			**14**	
15	Deductible part of self-employment tax. Attach Schedule SE			**15**	
16	Self-employed SEP, SIMPLE, and qualified plans			**16**	
17	Self-employed health insurance deduction			**17**	
18	Penalty on early withdrawal of savings			**18**	
19a	Alimony paid			**19a**	
b	Recipient's SSN				
c	Date of original divorce or separation agreement (see instructions):				
20	IRA deduction			**20**	
21	Student loan interest deduction			**21**	185
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**	185

JORDAN ALLEN 612-18-2795

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962			**9**	**46**
10	Amount paid with request for extension to file (see instructions)			**10**	
11	Excess social security and tier 1 RRTA tax withheld			**11**	
12	Credit for federal tax on fuels. Attach Form 4136			**12**	
13	Other payments or refundable credits:				
	a Form 2439	**13a**			
	b Credit for repayment of amounts included in income from earlier years	**13b**			
	c Elective payment election amount from Form 3800, Part III, line 6, column (i)	**13c**			
	d Deferred amount of net 965 tax liability (see instructions)	**13d**			
	z Other payments or refundable credits. List type and amount:	**13z**			
14	Total other payments or refundable credits. Add lines 13a through 13z			**14**	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31			**15**	**46**

Schedule E (Form 1040) 2023 Attachment Sequence No. **13** Page **2**

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column (**e**) on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column (**f**) on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ **Yes** ☒ **No**

28	**(a)** Name	**(b)** Enter **P** for partnership; **S** for S corporation	**(c)** Check if foreign partnership	**(d)** Employer identification number	**(e)** Check if basis computation is required	**(f)** Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		**Nonpassive Income and Loss**		
	(g) Passive loss allowed (attach **Form 8582** if required)	**(h)** Passive income from **Schedule K-1**	**(i)** Nonpassive loss allowed (see **Schedule K-1**)	**(j)** Section 179 expense deduction from **Form 4562**	**(k)** Nonpassive income from **Schedule K-1**
A			0		14,139
B					
C					
D					
29a Totals					14,139
b Totals					

30	Add columns (h) and (k) of line 29a	**30**	14,139
31	Add columns (g), (i), and (j) of line 29b	**31**	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	**32**	14,139

Part III Income or Loss From Estates and Trusts

33	**(a)** Name	**(b)** Employer identification number
A		
B		

	Passive Income and Loss		**Nonpassive Income and Loss**	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	**(d)** Passive income from **Schedule K-1**	**(e)** Deduction or loss from **Schedule K-1**	**(f)** Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	**35**	
36	Add columns (c) and (e) of line 34b	**36**	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	**37**	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	**(a)** Name	**(b)** Employer identification number	**(c)** Excess inclusion from **Schedules Q,** line 2c (see instructions)	**(d)** Taxable income (net loss) from **Schedules Q,** line 1b	**(e)** Income from **Schedules Q,** line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	**39**	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	**40**	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	**41**	14,139
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AN; and Schedule K-1 (Form 1041), box 14, code F. See instructions	**42**	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	**43**	

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

2023

Attachment Sequence No. **55**

Name(s) shown on return: **JORDAN ALLEN**

Your taxpayer identification number: 612-18-2795

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 $182,100 ($364,200 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	MOTORPOINT ACUPUNCTURE INC	80-0854203	14,139
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	14,139		
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	14,139		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	2,828
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	0		
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	2,828
11	Taxable income before qualified business income deduction (see instructions)	11	1,122		
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	1,122		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	224
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	224
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2023)

Form **8867**
(Rev. November 2023)

Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 23
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN ALLEN	612-18-2795
Preparer's name	**Preparer taxpayer identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes"** answer questions 4a and 4b. If **"No"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Employer statement			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN ALLEN 612-18-2795

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?			
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?			

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?			
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?			
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?			

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?		

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	1
2a	Modified AGI. Enter your modified AGI. See instructions	2a	14,972		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	14,972
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	13,590
5	Household income as a percentage of federal poverty line (see instructions)			5	110 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0000
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	0		
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount			8b	0

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

9 Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.
☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage ☒ **No.** Continue to line 10.

10 See the instructions to determine if you can use line 11 or must complete lines 12 through 23.
☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24.
☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual premium tax credit allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	**(a)** Monthly enrollment premiums (Form(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly premium tax credit allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	401	763	0	763	401	378
13 February	401	763	0	763	401	378
14 March	401	378	0	378	378	375
15 April	401	378	0	378	378	378
16 May	401	378	0	378	378	378
17 June	401	378	0	378	378	378
18 July	401	378	0	378	378	378
19 August	401	378	0	378	378	378
20 September	401	378	0	378	378	378
21 October	401	378	0	378	378	378
22 November	401	378	0	378	378	378
23 December	408	380	0	380	380	383

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	4,584
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	4,538
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	46

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2023)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: 612-18-2795

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: 80-0854203

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	117,575
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	14,139		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	14,139
5	Stock basis before distributions. Add lines 1, 2, and 4			5	131,714
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	131,714
8a	Nondeductible expenses	8a	1,385		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,385
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	130,329
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	130,329

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	**(a)** Debt 1 ☐ Formal note ☒ Open account	**(b)** Debt 2 ☐ Formal note ☐ Open account	**(c)** Debt 3 ☐ Formal note ☐ Open account	**(d)** Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	0			
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	0			
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

SCHEDULE A (Form 1040)

Department of the Treasury
Internal Revenue Service

Itemized Deductions

Attach to Form 1040 or 1040-SR.
Go to *www.irs.gov/ScheduleA* for instructions and the latest information.
Caution: If you are claiming a net qualified disaster loss on Form 4684, see the instructions for line 16.

OMB No. 1545-0074

2023

Attachment Sequence No. **07**

Name(s) shown on Form 1040 or 1040-SR
JORDAN ALLEN

Your social security number
612-18-2795

Medical and Dental Expenses	**Caution:** Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses (see instructions)	1	235		
	2 Enter amount from Form 1040 or 1040-SR, line 11 — 2: 14,972				
	3 Multiply line 2 by 7.5% (0.075)	3	1,123		
	4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-			4	0
Taxes You Paid	**5** State and local taxes.				
	a State and local income taxes or general sales taxes. You may include either income taxes or general sales taxes on line 5a, but not both. If you elect to include general sales taxes instead of income taxes, check this box [X]	5a	490		
	b State and local real estate taxes (see instructions)	5b			
	c State and local personal property taxes	5c			
	d Add lines 5a through 5c	5d	490		
	e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately)	5e	490		
	6 Other taxes. List type and amount: Other Taxes	6	271		
	7 Add lines 5e and 6			7	761
Interest You Paid	**8** Home mortgage interest and points. If you didn't use all of your home mortgage loan(s) to buy, build, or improve your home, see instructions and check this box [ ]				
Caution: Your mortgage interest deduction may be limited. See instructions.	**a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited	8a			
	b Home mortgage interest not reported to you on Form 1098. See instructions if limited. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	8b			
	c Points not reported to you on Form 1098. See instructions for special rules	8c			
	d Reserved for future use	8d			
	e Add lines 8a through 8c	8e			
	9 Investment interest. Attach Form 4952 if required. See instructions	9			
	10 Add lines 8e and 9			10	
Gifts to Charity	**11** Gifts by cash or check. If you made any gift of $250 or more, see instructions	11	330		
Caution: If you made a gift and got a benefit for it, see instructions.	**12** Other than by cash or check. If you made any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500	12	2,980		
	13 Carryover from prior year	13			
	14 Add lines 11 through 13			14	3,310
Casualty and Theft Losses	**15** Casualty and theft loss(es) from a federally declared disaster (other than net qualified disaster losses). Attach Form 4684 and enter the amount from line 18 of that form. See instructions			15	
Other Itemized Deductions	**16** Other—from list in instructions. List type and amount:			16	
Total Itemized Deductions	**17** Add the amounts in the far right column for lines 4 through 16. Also, enter this amount on Form 1040 or 1040-SR, line 12			17	4,071
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box [ ]				

Filing Instructions

MOTORPOINT ACUPUNCTURE INC

Corporation Tax Return

Taxable Year Ended December 31, 2023

Federal Filing Instructions

Your 2023 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return. Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file* Authorization for Corporations should be signed and dated by an authorized officer of the corporation and returned as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Important: **Your return will not be filed with the IRS until the signed Form 8879-CORP, *E-file* Authorization for Corporations has been received by this office.**

California Filing Instructions

Your 2023 Form 100S shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation and returned to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your required California estimated tax payments are as follows:

Due Date	Remittance
4/15/24	$800
6/17/24	$0
9/16/24	$0
12/16/24	$0

Each payment is to be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write "CA Corp 3508425, EIN 80-0854203, 2024 Form 100-ES" on the check.

Mail To: Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Reminders for estimated tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Leon Tsipis EA
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

September 16, 2024

CONFIDENTIAL

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)
California S Corporation Franchise or Income Tax Return (Form 100S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Leon Tsipis EA

Leon Tsipis EA
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

September 16, 2024

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2023 federal and state corporate tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Leon Tsipis EA

Accepted By: _____

Date: _____

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2023

For calendar year 2023 or tax year beginning , ending

A S election effective date 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions) 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	**1a**	Gross receipts or sales 106,330 **b** Less Returns and allowances **c** Balance		1c	106,330
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	106,330
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	106,330
Deductions (see instructions for limitations)	**7**	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	8,160
	12	Taxes and licenses		12	825
	13	Interest (see instructions)		13	1,115
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(Do not deduct oil and gas depletion.)**		15	
	16	Advertising		16	797
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20	Other deductions (attach statement) See Stmt 1		20	81,294
	21	**Total deductions.** Add lines 7 through 20		21	92,191
	22	**Ordinary business income (loss).** Subtract line 21 from line 6		22	14,139
Tax and Payments	**23a**	Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b	Tax from Schedule D (Form 1120-S)	23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)		23c	
	24a	Current year's estimated tax payments & preceding year's overpayment credited to the current year	24a		
	b	Tax deposited with Form 7004	24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d	Elective payment election amount from Form 3800	24d		
	z	Add lines 24a through 24d		24z	
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		25	
	26	**Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26	
	27	**Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid		27	
	28	Enter amount from line 27: **Credited to 2024 estimated tax** **Refunded**		28	

Sign Here

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

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer JORDAN ALLEN Date PRESIDENT Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Leonid Tsipis EA	Leonid Tsipis EA			P00110245

Firm's name Zadoyen Income Tax — Firm's EIN 46-4944824

Firm's address 17337 Ventura Blvd Ste 100 Encino, CA 91316 — Phone no. 818-990-6785

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2023)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity **MEDICAL** **b** Product or service **ACUPUNCTURE**		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction $		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15 $		
16 At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items			Total amount
Income (Loss)	**1** Ordinary business income (loss) (page 1, line 22)	1	14,139
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) — 3a		
	b Expenses from other rental activities (attach statement) — 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: **a** Ordinary dividends	5a	
	b Qualified dividends — 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss) — 8b		
	c Unrecaptured section 1250 gain (attach statement) — 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type:	10	
Deductions	**11** Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type:	12c	
	d Other deductions (see instructions) Type:	12d	
Credits	**13a** Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type:	13d	
	e Other rental credits (see instructions) Type:	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type:	13g	
Inter-national	**14** Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	**15a** Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	**16a** Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	1,385
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) See Statement 2		
Recon-ciliation	18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $		
		7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	109,910			
2	Ordinary income from page 1, line 22	14,139			
3	Other additions				
4	Loss from page 1, line 22	( )			
5	Other reductions Stmt 3	(1,385)			( )
6	Combine lines 1 through 5	122,664			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	122,664			

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2023
For calendar year 2023, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 14,139	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,385
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2023 or tax year beginning , ending | **2023**

Name: **MOTORPOINT ACUPUNCTURE INC**

Employer Identification Number: **80-0854203**

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	14,139				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,175
BANK CHARGES	194
BUS & MEDICAL SUPPLIES	2,907
BUS. PROMOTION & DEVELOPMENT	1,362
COMPUTER HARDWARE	2,001
CONSULTING & REFERRAL FEES	47,225
CONT EDUCATION	475
DUES & PROF. MEMBERSHIPS	239
FINANCE CHARGES	99
LICENSE & PERMITS	500
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,207
MERCHANT FEES	1,111
PRINTING & COPYING	229
PROF. SERVICES/CONSULTING	1,566
STORAGE	1,200
TELEPHONE & INTERNET	1,182
TRANSPORTATION & TRAVEL EXP	14,963
WEB EXPENSES	161
WORKING CLOTHES & CLEANING	814
50% of Meals	1,386
Total	$ 81,294

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,385
Total	$ 1,385

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,385
Total	$ 1,385

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2022	44,932

Form **1120-S** Schedule K-1

Schedule K-1, Box 17, Code V Shareholder's Section 199A Information

2023

For calendar year 2023 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	14,139				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Form 1120-S, Page 1, Line 12 - Taxes and Licenses

Description	Amount
FRANCHISE TAX BOARD	$ 800
SECRETARY OF STATE	25
Total	$ 825

Form 1120-S, Page 3, Schedule K, Line 16c - Nondeductible Expenses

Description	Amount
Page 1 Meals	$ 1,385
Total	$ 1,385

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

September 16, 2024

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear Shareholder:

We have prepared the enclosed copy of Form 1120-S, Schedule K-1 for MOTORPOINT ACUPUNCTURE INC. It contains your share of the corporation's items of income (loss), credits and deductions, and other information for the corporation's tax year ended December 31, 2023. These items are to be reported on your federal income tax return; therefore, this Schedule should be retained with your tax records and documentation.

Also enclosed is state K-1 information, if applicable. This information should also be retained with your tax records and documentation.

We have retained a copy of the Schedule K-1 and other relevant documents for use in preparing your federal income tax return and, if applicable, all State K-1 information for use in preparing any state tax returns. We urge you to call for an appointment at your earliest convenience so that we might begin preparation of your individual tax returns.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis EA

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2023
For calendar year 2023, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 14,139	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,385
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Schedule K-1 (1120-S) List of Codes

10. Other income (loss)

- **A** Other portfolio income (loss)
- **B** Involuntary conversions
- **C** Section 1256 contracts & straddles
- **D** Mining exploration costs recapture
- **E** Section 951A(a) income inclusions
- **F** Inclusions of subpart F income
- **G** Section 951(a)(1)(B) inclusions
- **H** Reserved for future use
- **I** Gain (loss) from disposition of oil, gas, geothermal, or other mineral properties
- **J** Recoveries of tax benefit items
- **K** Gambling gains and losses
- **L** Reserved for future use
- **M** Gain eligible for section 1045 rollover (replacement stock purchased by corporation)
- **N** Gain eligible for section 1045 rollover (replacement stock not purchased by corporation)
- **O** Sale or exchange of QSB stock with section 1202 exclusion
- **P** through **R** Reserved for future use
- **S** Non-portfolio capital gain (loss)
- **T** through **X** Reserved for future use
- **ZZ** Other income (loss)

12. Other deductions

- **A** Cash contributions (60%)
- **B** Cash contributions (30%)
- **C** Noncash contributions (50%)
- **D** Noncash contributions (30%)
- **E** Capital gain property to a 50% organization (30%)
- **F** Capital gain property (20%)
- **G** Contributions (100%)
- **H** Investment interest expense
- **I** Deductions – royalty income
- **J** Section 59(e)(2) expenditures
- **K** Reserved for future use
- **L** Deductions – portfolio (other)
- **M** Preproductive period expenses
- **N** Reserved for future use
- **O** Reforestation expense deduction
- **P** through **V** Reserved for future use
- **W** Soil and water conservation
- **X** Film, television, and theatrical production expenditures
- **Y** Expenditures for removal of barriers
- **Z** Itemized deductions
- **AA** Contributions to a capital construction fund (CCF)
- **AB** Penalty on early withdrawal of savings
- **AC** Interest expense allocated to debt financed distributions
- **AD** through **AJ** Reserved for future use
- **ZZ** Other deductions

13. Credits

- **A** Zero-emission nuclear power production credit
- **B** Production from advanced nuclear power facilities credit
- **C** Low-income housing cr (sec 42(j)(5)) from post-2007 bldgs
- **D** Low-income housing cr (other) from post-2007 bldgs
- **E** Qualified rehabilitation expenditures (rental real estate)
- **F** Other rental real estate credits
- **G** Other rental credits
- **H** Undistributed capital gains credit
- **I** Biofuel producer credit
- **J** Work opportunity credit
- **K** Disabled access credit
- **L** Empowerment zone employment credit
- **M** Credit for increasing research activities
- **N** Credit for employer social security and Medicare taxes
- **O** Backup withholding
- **P** Unused investment cr from qualifying advanced coal project cr or qualifying gasification project cr from cooperatives
- **Q** Unused investment credit from qualifying advanced energy project cr from cooperatives
- **R** Unused investment cr from qualifying advanced manufacturing investment cr from cooperatives
- **S** Reserved for future use
- **T** Unused investment cr from the energy cr from cooperatives
- **U** Unused investment cr from the rehabilitation cr from cooperatives
- **V** Advanced manufacturing production credit
- **W** through **X** Reserved for future use
- **Y** Clean hydrogen production credit
- **Z** Orphan drug credit
- **AA** Enhanced oil recovery credit
- **AB** Renewable electricity production credit
- **AC** Biodiesel, renewable diesel, or sustainable aviation fuels cr
- **AD** New markets credit
- **AE** Credit for small employer pension plan startup costs
- **AF** Credit for small employer auto-enrollment
- **AG** Credit for military spouse participation
- **AH** Credit for employer-provided childcare facilities and svc
- **AI** Low sulfur diesel fuel production credit
- **AJ** Qualified railroad track maintenance credit
- **AK** Credit for oil and gas production from marginal wells
- **AL** Distilled spirits credit
- **AM** Energy efficient home credit
- **AN** Alternative motor vehicle credit
- **AO** Alternative fuel vehicle refueling property credit
- **AP** Clean renewable energy bond credit
- **AQ** New clean renewable energy bond credit
- **AR** Qualified energy conservation bond credit
- **AS** Qualified zone academy bond credit
- **AT** Qualified school construction bond credit
- **AU** Build America bond credit
- **AV** Credit for employer differential wage payments
- **AW** Carbon oxide sequestration credit
- **AX** Carbon oxide sequestration credit recapture
- **AY** New clean vehicles credit
- **AZ** Qualified commercial clean vehicle credit
- **BA** Credit for small employer health insurance premiums
- **BB** Employer credit for paid family and medical leave
- **BC** Transferred credits, section 6418
- **BD** through **BG** Reserved for future use
- **ZZ** Other credits

15. Alternative minimum tax (AMT) items

- **A** Post-1986 depreciation adjustment
- **B** Adjusted gain or loss
- **C** Depletion (other than oil & gas)
- **D** Oil, gas, & geothermal – gross income
- **E** Oil, gas, & geothermal – deductions
- **F** Other AMT items

16. Items affecting shareholder basis

- **A** Tax-exempt interest income
- **B** Other tax-exempt income
- **C** Nondeductible expenses
- **D** Distributions
- **E** Repayment of loans from shareholders
- **F** Foreign taxes paid or accrued

17. Other information

- **A** Investment income
- **B** Investment expenses
- **C** Qualified rehabilitation expenditures (other than RRE)
- **D** Basis of energy property
- **E** Recap of low-income housing cr (sec 42(j)(5))
- **F** Recap of low-income housing cr (other)
- **G** Recapture of investment credit
- **H** Recapture of other credits
- **I** Look-back interest – completed long-term contracts
- **J** Look-back interest – income forecast method
- **K** Dispositions of property with section 179 deductions
- **L** Recapture of section 179 deduction
- **M** Section 453(l)(3) information
- **N** Section 453A(c) information
- **O** Section 1260(b) information
- **P** Interest allocable to production expenditures
- **Q** Capital construction fund (CCF) nonqualified withdrawals
- **R** Depletion information - oil and gas
- **S** and **T** Reserved for future use
- **U** Net investment income
- **V** Section 199A information
- **W** through **Z** Reserved for future use
- **AA** Excess taxable income
- **AB** Excess business interest income
- **AC** Gross receipts for section 448(c)
- **AD** through **AI** Reserved for future use
- **AJ** Excess business loss limitation
- **AK** through **AM** Reserved for future use
- **AN** Farming and fishing income
- **AO** Reserved for future use
- **AP** Inversion gain
- **AQ** through **AR** Reserved for future use
- **AS** Qualifying advanced coal project property and qualifying gasification project property
- **AT** Qualifying advanced energy project property
- **AU** Advanced manufacturing investment property
- **AV** Reserved for future use
- **AW** Reportable transactions
- **AX** through **BD** Reserved for future use
- **ZZ** Other information

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,385
Total	$ 1,385

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2022	44,932

Form **1120-S**
Schedule K-1

Schedule K-1, Box 17, Code V
Shareholder's Section 199A Information

2023

For calendar year 2023 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	14,139				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

TAXABLE YEAR **2023**

California S Corporation Franchise or Income Tax Return

FORM **100S**

RP

3508425 MOTO 80-0854203 000000000000 23
TYB 01-01-2023 TYE 12-31-2023
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

Schedule Q Questions ***(continued on Side 3)***

A 1. FINAL RETURN? ● ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) ●

2. Is the S corporation deferring any income from the disposition of assets? ● ☐ Yes ☒ No

If "Yes" enter the year of disposition (yyyy) ●

3. Is the S corporation reporting previously deferred income from: ● ☐ Installment sale ● ☐ IRC §1031 ● ☐ IRC §1033 ● ☐ Other

B 1. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term? **If yes to both questions, answer yes** ● ☐ Yes ☒ No

2. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries?
If yes, did the acquired entity(ies) own California real property (i.e., land, buildings), lease such property for a term of 35 years or more, or lease such property from a government agency for any term?
If yes to both questions, answer yes. ● ☐ Yes ☒ No

3. Has California real property (i.e., land, buildings) transferred to the corporation that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2)?
If yes, during this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions and it was not reported on a previous year's tax return? **If yes to both questions, answer yes.** ● ☐ Yes ☒ No
(Yes requires filing of BOE-100-B statement, penalties may apply – see instructions.)

State Adjustments

1	Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 22. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules ●	**1**	14,139 00
2	Foreign or domestic tax based on income or profits and California franchise or income tax deducted ●	**2**	00
3	Interest on government obligations ●	**3**	00
4	Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions ●	**4**	00
5	Depreciation and amortization adjustments. Attach Schedule B (100S) ●	**5**	00
6	Portfolio income ●	**6**	00
7	Other additions. Attach schedule(s) ●	**7**	00
8	Total. Add line 1 through line 7 ●	**8**	14,139 00

MOTORPOINT ACUPUNCTURE INC
3508425

State Adjustments (cont.)

9	Dividends received deduction. Attach Schedule H (100S)	9		00		
10	Water's-edge dividend deduction. Attach Schedule H (100S)	10		00		
11	Charitable contributions. See instructions	11		00		
12	Other deductions. Attach schedule(s)	12		00		
13	Total. Add line 9 through line 12				13	00
14	Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8				14	14,139 00

CA Net Income

15	Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income				15	14,139 00
16	R&TC Section 23802(e) deduction. See instructions	16		00		
17	Net operating loss (NOL) deduction. See instructions	17		00		
18	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	18		00		
19	Disaster loss deduction. See instructions	19		00		
20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15				20	14,139 00

Taxes

21	Tax. 1.500 % x line 20 (at least minimum franchise tax, if applicable). See instructions				21	800 00
22	Credit name _____ code ● _____ amount ▶	22		00		
23	Credit name _____ code ● _____ amount ▶	23		00		
24	To claim more than two credits, see instructions	24		00		
25	Add line 22 through line 24. Attach Schedule C (100S)				25	0 00
26	**Balance.** Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)				26	800 00
27	Tax from Schedule D (100S). Attach Schedule D (100S). See instructions				27	00
28	Excess net passive income tax. See instructions				28	00
29	Pass-through entity elective tax. See instructions				29	00
30	**Total tax.** Add line 26 through line 29				30	800 00

Payments

31	Overpayment from prior year allowed as a credit	31		00		
32	**2023 Estimated tax/QSub payments.** See instructions	32	800	00		
33	2023 Withholding (Forms 592-B and/or 593). See instructions	33		00		
34	Amount paid with extension of time to file tax return	34		00		
35	Amounts paid for pass-through entity elective tax	35		00		
36	Total payments. Add line 31 through line 35				36	800 00

Refund or Amount Due

37	**Use tax. This is not a total line.** See instructions	37		00		
38	Payments balance. If line 36 is more than line 37, subtract line 37 from line 36				38	800 00
39	**Use tax balance.** If line 37 is more than line 36, subtract line 36 from line 37				39	00
40	**Franchise or income tax due.** If line 30 is more than line 38, subtract line 38 from line 30				40	0 00
41	**Overpayment.** If line 38 is more than line 30, subtract line 30 from line 38				41	00
42	Amount of line 41 to be credited to 2024 estimated tax				42	00
43	**Refund.** Subtract line 42 from line 41				43	00

See instructions to have the refund directly deposited.

☐ Checking
☐ Savings

_____ _____

43a. ● Routing number **43b.** ● Type **43c.** ● Account number

44	**a** Penalties and interest		44a	00
	b ● ☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.			
45	**Total amount due.** Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result	⊙	45	0 00

MOTORPOINT ACUPUNCTURE INC
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Schedule Q Questions ***(continued from Side 1)***

C Principal business activity code. **Do not** leave blank ● 621399
Business activity MEDICAL Product or service ACUPUNCTURE

D Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ● ☐ Yes ☒ No

E Does this tax return include Qualified Subchapter S Subsidiaries? ● ☐ Yes ☒ No

F Date incorporated (mm/dd/yyyy) 12/31/2012 Where: ● State CA Country

G Maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank ● 1

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) ● 12/31/2012

I Was the S corporation an inactive business both within and outside California during the taxable year? ⊙ ☐ Yes ☒ No

J Is the S corporation under audit by the IRS or has it been audited in a prior year? ⊙ ☐ Yes ☒ No

K Effective date of federal S election (mm/dd/yyyy) ● 12/31/2012

L Accounting method ● **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other

M Location of principal accounting records SEE STMT 1

N "Doing business as" (DBA) name. See instructions ● MOTORPOINT ACUPUNCTURE INC

O Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No

P Is this S corporation apportioning or allocating income to California using Schedule R? ● ☐ Yes ☒ No

Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ● ☐ Yes ☒ No
If "Yes," complete and attach federal Form 8886, for each transaction.

R Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ● ☐ Yes ☒ No

S Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by an Assignee, attached to the return? ● ☐ Yes ☒ No

T Check if corporation: **(1)** ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

U **(1)** Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ● ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● **(3)** Amount last remitted ■ $.

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election (IRC Section 1363(d) deferral $) ●	**1**		00
2	Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834) ●	**2**		00
3	Interest on tax attributable to installment **a)** Sales of certain timeshares and residential lots ●	**3a**		00
	b) Method for nondealer installment obligations ●	**3b**		00
4	IRC Section 197(f)(9)(B)(ii) election ●	**4**		00
5	Credit recapture name ●	**5**		00
6	Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 ●	**6**		00

Sign Here

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

Signature of officer ▶ | Title PRESIDENT | Date | ● Telephone

Officer's email address (optional)

Paid Preparer's Use Only

Preparer's signature ▶ LEONID TSIPIS EA | Date | Check if self-employed ▶ ☐ | ● PTIN P00110245

Firm's name (or yours, if self-employed) and address ▶ ZADOYEN INCOME TAX
17337 VENTURA BLVD STE 100
ENCINO, CA 91316

● Firm's FEIN 46-4944824
● Telephone 818-990-6785

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule F **Computation of Trade or Business Income.** See instructions.

Income	1 a) Gross receipts or sales 106,330 b) Less returns and allowances ____ c) Balance	1c	106,330	00
	2 Cost of goods sold from Schedule V, line 8	2		00
	3 Gross profit. Subtract line 2 from line 1c	3	106,330	00
	4 Net gain (loss). Attach schedule	4		00
	5 Other income (loss). Attach schedule	5		00
	6 **Total income (loss).** Combine line 3 through line 5	6	106,330	00
Deductions	7 Compensation of officers. Attach schedule. See instructions	7		00
	8 Salaries and wages	8		00
	9 Repairs and maintenance	9		00
	10 Bad debts	10		00
	11 Rents	11	8,160	00
	12 Taxes	12	825	00
	13 Interest	13	1,115	00
	14 a) Depreciation ____ b) Less depreciation reported elsewhere ____ c) Balance	14c		00
	15 Depletion	15		00
	16 Advertising	16	797	00
	17 Pension, profit-sharing plans, etc	17		00
	18 Employee benefit programs	18		00
	19 a) Total travel and entertainment 2,771 b) Deductible amount	19b	1,386	00
	20 Other deductions. Attach schedule SEE STMT 2	20	79,908	00
	21 **Total deductions.** Add line 7 through line 20	21	92,191	00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1	22	14,139	00

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to shareholders. Attach schedule(s)				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule(s)				
14 **Total assets**				
Liabilities and shareholders' equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)				
18 Loans from shareholders. Attach schedule(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)				
21 Capital stock				
22 Paid-in or capital surplus				
23 Retained earnings				
24 Adjustments. Attach schedule(s)				
25 Less cost of treasury stock		( )		( )
26 **Total liabilities and shareholders' equity**				

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation **completed** federal **Schedule M-3 (Form 1120-S).** See instructions.

1 Net income per books		**5** Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize) **a** Tax-exempt interest $ **b** Other $	
2 Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)		**c** Total. Add line 5a and line 5b	
3 Expenses recorded on books this year not included on Schedule K, line 1 through line 12e (itemize) **a** Depreciation $ **b** State taxes $ **c** Travel and entertainment $ **d** Other $		**6** Deductions included on Schedule K, line 1 through line 12e, not charged against book income this year (itemize) **a** Depreciation $ **b** State tax refunds $ **c** Other $ **d** Total. Add line 6a through line 6c	
e Total. Add line 3a through line 3d		**7** Total. Add line 5c and line 6d	
4 Total. Add line 1 through line 3e		**8** Income (loss) (Schedule K, line 19, col. d). Subtract line 7 from line 4	

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings (see instructions)
1 Balance at beginning of year	17,575	0	0
2 Ordinary income from Form 100S, Side 1, line 1	14,139		
3 Other additions			
4 Loss from Form 100S, Side 1, line 1	( )		
5 Other reductions SEE STMT 3	(1,385)	( )	( )
6 Combine line 1 through line 5	30,329	0	0
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	30,329	0	
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			30,329
10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions			

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	**1**		00
2 Purchases	**2**		00
3 Cost of labor	**3**		00
4 Other IRC Section 263A costs. Attach schedule	**4**		00
5 Other costs. Attach schedule	**5**		00
6 Total. Add line 1 through line 5	**6**		00
7 Inventory at end of year	**7**		00
8 Cost of goods sold. Subtract line 7 from line 6	**8**		00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach an explanation. Enter California seller's permit number, if any ▶
Method of inventory valuation
Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐
If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.

	(a) Pro-rata share items		(b) Amount from federal K (1120-S)	(c) California Adjustment	(d) Total amounts using California law
Income (Loss)	1 Ordinary business income (loss)	1	14,139	⊙	● 14,139
	2 Net rental real estate income (loss). Attach federal Form 8825	2			●
	3 a Other gross rental income (loss)	3a			⊙
	b Expenses from other rental activities. Att. sch.	3b			⊙
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			●
	4 Interest income	4			●
	5 Dividends. See instructions	5			●
	6 Royalties	6			●
	7 Net short-term capital gain (loss). Attach Schedule D (100S)	7		⊙	●
	8 Net long-term capital gain (loss). Attach Schedule D (100S)	8	⊙	⊙	●
	9 Net IRC Section 1231 gain (loss)	9	⊙	⊙	●
Other Inc. (Loss)	10 a Other portfolio income (loss). Attach schedule	10a		⊙	●
	b Other income (loss). Attach schedule.	10b		⊙	●
Deductions	11 IRC Section 179 expense deduction. Attach Schedule B (100S).	11			⊙
	12 a Charitable contributions	12a			●
	b Investment interest expense	12b			●
	c 1 IRC Section 59(e)(2) expenditures	12c1			
	2 Type of expenditures	12c2			
	d Deductions-portfolio. Attach schedule	12d			●
	e Other deductions. Attach schedule	12e		⊙	⊙
Credits	13 a Low-income housing credit. See instructions	13a			●
	b Credits related to rental real estate activities. Attach schedule	13b			●
	c Credits related to other rental activities. See instructions. Attach schedule	13c			●
	d Other credits. Attach schedule	13d			●
	14 Total withholding allocated to all shareholders	14			
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d Gross income from oil, gas, and geothermal properties	15d			
	e Deductions allocable to oil, gas, and geothermal properties	15e			
	f Other AMT items	15f			
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a			
	b Other tax-exempt income	16b			●
	c Nondeductible expenses	16c	1,385		1,385
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			●
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			●
	d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 4	17d			● 106,330
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Attach schedule	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued	18e			●
Recon-ciliation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19			●

TAXABLE YEAR **2023**

Shareholder's Share of Income, Deductions, Credits, etc.

CALIFORNIA SCHEDULE **K-1 (100S)**

TYB 01-01-2023 TYE 12-31-2023
612-18-2795
JORDAN ALLEN

4954 DEL MONTE AVE
SAN DIEGO CA 92109

3508425 80-0854203
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

A Current year allocation percentage ● 100.000000 %

B Shareholder's number of shares: Beginning 1,000 and Ending 1,000

C Loans from shareholder: Beginning $ and Ending $

D Reportable transaction or tax shelter registration number(s):

E Check here if this is: ● **(1)** ☐ A final Schedule K-1 **(2)** ☐ An amended Schedule K-1

F What type of entity is this shareholder? ● **(1)** ☒ Individual **(2)** ☐ Estate/trust **(3)** ☐ Qualified exempt organization **(4)** ☐ Single member LLC

G Is this shareholder a resident of California? ● ☒ Yes ▶ ☐ No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

		(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1	Ordinary business income (loss)	14,139		● 14,139	▶ 14,139
	2	Net rental real estate income (loss)			●	▶
	3	Other net rental income (loss)			⊙	⊙
	4	Interest income			●	▶
	5	Dividends. See instructions			●	▶
	6	Royalties			●	▶
	7	Net short-term capital gain (loss)			●	▶
	8	Net long-term capital gain (loss)			●	▶
	9	Net IRC Section 1231 gain (loss)			●	▶
Other Income (Loss)	10 a	Other portfolio income (loss). Attach schedule			●	▶
	b	Other income (loss)			●	▶

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Deductions	11 IRC Section 179 expense deduction. Attach schedules				
	12 a Charitable contributions				
	b Investment interest expense				
	c 1 IRC Section 59(e)(2) expenditures				
	2 Type of expenditures				
	d Deductions-portfolio				
	e Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule				
	b Credits related to rental real estate activities other than on line 13(a). Attach schedule				
	c Credits related to other rental activities. See instructions. Attach schedule				
	d Other credits. Attach schedule				
	14 Total withholding (equals amount on Form 592-B if calendar year)				
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86				
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses	1,385		1,385	1,385
	d Total property distributions (including cash) other than dividends distribution reported on line 17c				
	e Repayment of loans from shareholders				
Other Information	17 a Investment income. See instructions				
	b Investment expenses. See instructions				
	c Total taxable dividend distribution paid from accumulated earnings and profits. See instructions				
	d Other information. See instructions STMT 1			106,330	
Other State Taxes	18 a Type of income				
	b Name of state				
	c Total gross income from sources outside California. Attach schedule				
	d Total applicable deductions and losses. Attach schedule				
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued				

19 ☐ More than one activity for at-risk purposes. See instructions.

20 ☐ More than one activity for passive activity purposes. See instructions.

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Other Shareholder Information

Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest	$	Royalties	$	Dividends	$
IRC Section 1231 Gains/Losses	$	Capital Gains/Losses	$	Other	$

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.

A. Shareholder's share of the S corporation's business income $

B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses	$	Rents/Royalties	$
IRC Section 1231 Gains/Losses	$	Other	$

C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	$	$
Ending	$	$
Annual Rent Expense	$	$
Payroll	$	$
Sales	$	$

Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records

Address	City	State	Zip Code	Country
4954 DEL MONTE	SAN DIEGO	CA	92107	

Statement 2 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,175
BANK CHARGES	194
BUS & MEDICAL SUPPLIES	2,907
BUS. PROMOTION & DEVELOPMENT	1,362
COMPUTER HARDWARE	2,001
CONSULTING & REFERRAL FEES	47,225
CONT EDUCATION	475
DUES & PROF. MEMBERSHIPS	239
FINANCE CHARGES	99
LICENSE & PERMITS	500
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,207
MERCHANT FEES	1,111
PRINTING & COPYING	229
PROF. SERVICES/CONSULTING	1,566
STORAGE	1,200
TELEPHONE & INTERNET	1,182
TRANSPORTATION & TRAVEL EXP	14,963
WEB EXPENSES	161
WORKING CLOTHES & CLEANING	814
Total	$ 79,908

Statement 3 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Reductions

Description	Amount
Travel & Entertainment	$ 1,385
Total	$ 1,385

Statement 4 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Gross Sales	$ 106,330
Total	$ 106,330

Statement 1 - Form 100S, Schedule K-1, Line 17d - Other Information

Description	Amount
Aggregate Gross Receipts less Returns and Allowances	106,330

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2023

For calendar year 2023 or tax year beginning , ending

A S election effective date 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions) 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 22. See the instructions for more information.

Income	**1a**	Gross receipts or sales 106,330 **b** Less Returns and allowances **c** Balance		1c	106,330
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	106,330
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	106,330
Deductions (see instructions for limitations)	**7**	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	8,160
	12	Taxes and licenses		12	825
	13	Interest (see instructions)		13	1,115
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(Do not deduct oil and gas depletion.)**		15	
	16	Advertising		16	797
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Energy efficient commercial buildings deduction (attach Form 7205)		19	
	20	Other deductions (attach statement) See Stmt 1		20	81,294
	21	**Total deductions.** Add lines 7 through 20		21	92,191
	22	**Ordinary business income (loss).** Subtract line 21 from line 6		22	14,139
Tax and Payments	**23a**	Excess net passive income or LIFO recapture tax (see instructions)	23a		
	b	Tax from Schedule D (Form 1120-S)	23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)		23c	
	24a	Current year's estimated tax payments & preceding year's overpayment credited to the current year	24a		
	b	Tax deposited with Form 7004	24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	24c		
	d	Elective payment election amount from Form 3800	24d		
	z	Add lines 24a through 24d		24z	
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		25	
	26	**Amount owed.** If line 24z is smaller than the total of lines 23c and 25, enter amount owed		26	
	27	**Overpayment.** If line 24z is larger than the total of lines 23c and 25, enter amount overpaid		27	
	28	Enter amount from line 27: **Credited to 2024 estimated tax** **Refunded**		28	

Sign Here

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

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer JORDAN ALLEN Date

PRESIDENT
Title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Leonid Tsipis EA	Leonid Tsipis EA			P00110245

Firm's name Zadoyen Income Tax — Firm's EIN 46-4944824

Firm's address 17337 Ventura Blvd Ste 100 Encino, CA 91316 — Phone no. 818-990-6785

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2023)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity **MEDICAL** **b** Product or service **ACUPUNCTURE**		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $29 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction $		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2023 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15 $		
16 At any time during the tax year, did the corporation: (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		X

Schedule K Shareholders' Pro Rata Share Items			Total amount
Income (Loss)	**1** Ordinary business income (loss) (page 1, line 22)	1	14,139
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3a Other gross rental income (loss) — 3a		
	b Expenses from other rental activities (attach statement) — 3b		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Interest income	4	
	5 Dividends: **a** Ordinary dividends	5a	
	b Qualified dividends — 5b		
	6 Royalties	6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b Collectibles (28%) gain (loss) — 8b		
	c Unrecaptured section 1250 gain (attach statement) — 8c		
	9 Net section 1231 gain (loss) (attach Form 4797)	9	
	10 Other income (loss) (see instructions) Type:	10	
Deductions	**11** Section 179 deduction (attach Form 4562)	11	
	12a Charitable contributions	12a	
	b Investment interest expense	12b	
	c Section 59(e)(2) expenditures Type:	12c	
	d Other deductions (see instructions) Type:	12d	
Credits	**13a** Low-income housing credit (section 42(j)(5))	13a	
	b Low-income housing credit (other)	13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d Other rental real estate credits (see instructions) Type:	13d	
	e Other rental credits (see instructions) Type:	13e	
	f Biofuel producer credit (attach Form 6478)	13f	
	g Other credits (see instructions) Type:	13g	
Inter-national	**14** Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	**15a** Post-1986 depreciation adjustment	15a	
	b Adjusted gain or loss	15b	
	c Depletion (other than oil and gas)	15c	
	d Oil, gas, and geothermal properties – gross income	15d	
	e Oil, gas, and geothermal properties – deductions	15e	
	f Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	**16a** Tax-exempt interest income	16a	
	b Other tax-exempt income	16b	
	c Nondeductible expenses	16c	1,385
	d Distributions (attach statement if required) (see instructions)	16d	
	e Repayment of loans from shareholders	16e	
	f Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) See Statement 2		
Recon-ciliation	18 **Income (loss) reconciliation.** Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize):	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $		
		7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	109,910			
2	Ordinary income from page 1, line 22	14,139			
3	Other additions				
4	Loss from page 1, line 22	( )			
5	Other reductions Stmt 3	(1,385)			( )
6	Combine lines 1 through 5	122,664			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	122,664			

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2023
For calendar year 2023, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 14,139	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,385
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		AC* STMT
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2023 or tax year beginning , ending | **2023**

Name: **MOTORPOINT ACUPUNCTURE INC**

Employer Identification Number: **80-0854203**

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	14,139				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 2,175
BANK CHARGES	194
BUS & MEDICAL SUPPLIES	2,907
BUS. PROMOTION & DEVELOPMENT	1,362
COMPUTER HARDWARE	2,001
CONSULTING & REFERRAL FEES	47,225
CONT EDUCATION	475
DUES & PROF. MEMBERSHIPS	239
FINANCE CHARGES	99
LICENSE & PERMITS	500
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,207
MERCHANT FEES	1,111
PRINTING & COPYING	229
PROF. SERVICES/CONSULTING	1,566
STORAGE	1,200
TELEPHONE & INTERNET	1,182
TRANSPORTATION & TRAVEL EXP	14,963
WEB EXPENSES	161
WORKING CLOTHES & CLEANING	814
50% of Meals	1,386
Total	$ 81,294

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,385
Total	$ 1,385

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,385
Total	$ 1,385

Schedule K-1, Box 17, Code AC - Gross Receipts for Section 448(c)

Description	Shareholder Amount
8990 Gross Receipts for 2022	44,932

Form **1120-S** Schedule K-1

Schedule K-1, Box 17, Code V Shareholder's Section 199A Information

2023

For calendar year 2023 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	14,139				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Filing Instructions

MOTORPOINT ACUPUNCTURE INC

Corporation Tax Return

Taxable Year Ended December 31, 2022

Federal Filing Instructions

Your 2022 Form 1120-S shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1120-S to the IRS it will delay processing of your return. Your electronically filed return is not complete without your signature. You are using the Personal Identification Number (PIN) for signing your return electronically. Form 8879-CORP, *E-file* Authorization for Corporations should be signed and dated by an authorized officer of the corporation and returned as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Important: **Your return will not be filed with the IRS until the signed Form 8879-CORP, *E-file* Authorization for Corporations has been received by this office.**

California Filing Instructions

Your 2022 Form 100S shows no balance due.

Your return is being filed electronically with the California Franchise Tax Board and is not required to be mailed. If you mail a paper copy of Form 100S to the California Franchise Tax Board it will delay processing of your return.

Your electronically filed return is not complete without your signature. Form 8453-C, California e-file Return Authorization for Corporations, should be signed and dated by an authorized officer of the corporation and returned to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your required California estimated tax payments are as follows:

Due Date	Remittance
4/18/23	$800
6/15/23	$0
9/15/23	$0
12/15/23	$0

Each payment is to be accompanied by a completed voucher. Make each check payable to Franchise Tax Board, and write "CA Corp 3508425, EIN 80-0854203, 2023 Form 100-ES" on the check.

Mail To: Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0531

Reminders for estimated tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 12, 2023

CONFIDENTIAL

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

We have prepared the following returns from information provided by you without verification or audit:

U.S. Income Tax Return for an S Corporation (Form 1120-S)
California S Corporation Franchise or Income Tax Return (Form 100S)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Leon Tsipis E.A.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 12, 2023

MOTORPOINT ACUPUNCTURE INC
4954 DEL MONTE
SAN DIEGO, CA 92107

Dear :

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your 2022 federal and state corporate tax returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the income tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your income tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the income tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

We want to express our appreciation for this opportunity to work with you.

Very truly yours,

Leon Tsipis E.A.

Accepted By: _____

Date: _____

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2022

For calendar year 2022 or tax year beginning , ending

A S election effective date 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions) 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	44,932	
	b	Returns and allowances	1b		
	c	Balance. Subtract line 1b from line 1a		1c	44,932
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	44,932
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	44,932
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	6,450
	12	Taxes and licenses		12	825
	13	Interest (see instructions)		13	1,032
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(Do not deduct oil and gas depletion.)**		15	
	16	Advertising		16	
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Other deductions (attach statement) See Stmt 1		19	17,611
	20	**Total deductions.** Add lines 7 through 19		20	25,918
	21	**Ordinary business income (loss).** Subtract line 20 from line 6		21	19,014
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a		
	b	Tax from Schedule D (Form 1120-S)	22b		
	c	Add lines 22a and 22b (see instructions for additional taxes)		22c	
	23a	2022 estimated tax payments and 2021 overpayment credited to 2022	23a		
	b	Tax deposited with Form 7004	23b		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
	d	Add lines 23a through 23c		23d	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		24	
	25	**Amount owed.** If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25	
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26	
	27	Enter amount from line 26: **Credited to 2023 estimated tax** **Refunded**		27	

Sign Here

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

Jordan Allen — 10/14/2023

Signature of officer JORDAN ALLEN — Date — Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: Leonid Tsipis EA	Preparer's signature: Leonid Tsipis EA	Date	Check ☐ if self-employed	PTIN: P00110245
Firm's name: Zadoyen Income Tax			Firm's EIN	
Firm's address: 17337 Ventura Blvd Ste 100 Encino, CA 91316			Phone no. 818-990-6785	

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2022)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity **MEDICAL** **b** Product or service **ACUPUNCTURE**		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below			X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $27 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*	Yes	No
12 During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
If "Yes," enter the amount of principal reduction $		
13 During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b If "Yes," did or will the corporation file required Form(s) 1099?		
15 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter the amount from Form 8996, line 15 $		

Schedule K Shareholders' Pro Rata Share Items				Total amount
Income (Loss)	1 Ordinary business income (loss) (page 1, line 21)		1	19,014
	2 Net rental real estate income (loss) (attach Form 8825)		2	
	3a Other gross rental income (loss)	3a		
	b Expenses from other rental activities (attach statement)	3b		
	c Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4 Interest income		4	
	5 Dividends: a Ordinary dividends		5a	
	b Qualified dividends	5b		
	6 Royalties		6	
	7 Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))		7	
	8a Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))		8a	
	b Collectibles (28%) gain (loss)	8b		
	c Unrecaptured section 1250 gain (attach statement)	8c		
	9 Net section 1231 gain (loss) (attach Form 4797)		9	
	10 Other income (loss) (see instructions) Type:		10	
Deductions	11 Section 179 deduction (attach Form 4562)		11	
	12a Charitable contributions		12a	
	b Investment interest expense		12b	
	c Section 59(e)(2) expenditures Type:		12c	
	d Other deductions (see instructions) Type:		12d	
Credits	13a Low-income housing credit (section 42(j)(5))		13a	
	b Low-income housing credit (other)		13b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)		13c	
	d Other rental real estate credits (see instructions) Type:		13d	
	e Other rental credits (see instructions) Type:		13e	
	f Biofuel producer credit (attach Form 6478)		13f	
	g Other credits (see instructions) Type:		13g	
International	14 Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐			
Alternative Minimum Tax (AMT) Items	15a Post-1986 depreciation adjustment		15a	
	b Adjusted gain or loss		15b	
	c Depletion (other than oil and gas)		15c	
	d Oil, gas, and geothermal properties – gross income		15d	
	e Oil, gas, and geothermal properties – deductions		15e	
	f Other AMT items (attach statement)		15f	
Items Affecting Shareholder Basis	16a Tax-exempt interest income		16a	
	b Other tax-exempt income		16b	
	c Nondeductible expenses		16c	1,439
	d Distributions (attach statement if required) (see instructions)		16d	
	e Repayment of loans from shareholders		16e	
	f Foreign taxes paid or accrued		16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*		Total amount
Other Information	17a Investment income	17a
	b Investment expenses	17b
	c Dividend distributions paid from accumulated earnings and profits	17c
	d Other items and amounts (attach statement) See Statement 2	
Reconciliation	18 **Income (loss) reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $	7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	92,335			
2	Ordinary income from page 1, line 21	19,014			
3	Other additions				
4	Loss from page 1, line 21	( )			
5	Other reductions Stmt 3	(1,439)			( )
6	Combine lines 1 through 5	109,910			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	109,910			

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2022
For calendar year 2022, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 19,014	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ▶ ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,439
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2022 or tax year beginning , ending | **2022**

Name: **MOTORPOINT ACUPUNCTURE INC**

Employer Identification Number: **80-0854203**

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	19,014				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

- QBI allocable to cooperative pmts received
- W-2 wages allocable to qualified payments
- Section 199A(g) deduction

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 19 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 675
BANK CHARGES	165
BUS & MEDICAL SUPPLIES	4,097
BUS. PROMOTION & DEVELOPMENT	978
DUES & PROF. MEMBERSHIPS	582
FINANCE CHARGES	99
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,233
MERCHANT FEES	308
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	552
STORAGE	1,200
TELEPHONE & INTERNET	521
TRANSPORTATION & TRAVEL EXP	4,124
WEB EXPENSES	155
WORKING CLOTHES & CLEANING	1,177
50% of Meals	1,440
Total	$ 17,611

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,439
Total	$ 1,439

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,439
Total	$ 1,439

Form **1120-S** Schedule K-1

Schedule K-1, Box 17, Code V Shareholder's Section 199A Information

2022

For calendar year 2022 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	19,014				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Form 1120-S, Page 1, Line 12 - Taxes and Licenses

Description	Amount
FRANCHISE TAX BOARD	$ 800
STATEMENT OF INFORMATION	25
Total	$ 825

Form 1120-S, Page 3, Schedule K, Line 16c - Nondeductible Expenses

Description	Amount
Page 1 Meals	$ 1,439
Total	$ 1,439

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 12, 2023

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear Shareholder:

We have prepared the enclosed copy of Form 1120-S, Schedule K-1 for MOTORPOINT ACUPUNCTURE INC. It contains your share of the corporation's items of income (loss), credits and deductions, and other information for the corporation's tax year ended December 31, 2022. These items are to be reported on your federal income tax return; therefore, this Schedule should be retained with your tax records and documentation.

Also enclosed is state K-1 information, if applicable. This information should also be retained with your tax records and documentation.

We have retained a copy of the Schedule K-1 and other relevant documents for use in preparing your federal income tax return and, if applicable, all State K-1 information for use in preparing any state tax returns. We urge you to call for an appointment at your earliest convenience so that we might begin preparation of your individual tax returns.

If you have any questions, or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis E.A.

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2022
For calendar year 2022, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 19,014	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ▶ ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,439
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Schedule K-1 (1120-S) List of Codes

10. Other income (loss)

- **A** Other portfolio income (loss)
- **B** Involuntary conversions
- **C** Section 1256 contracts & straddles
- **D** Mining exploration costs recapture
- **E** Section 951A(a) income inclusions
- **F** Inclusions of subpart F income
- **G** Section 951(a)(1)(B) inclusions
- **H** Other income (loss)

12. Other deductions

- **A** Cash contributions (60%)
- **B** Cash contributions (30%)
- **C** Noncash contributions (50%)
- **D** Noncash contributions (30%)
- **E** Capital gain property to a 50% organization (30%)
- **F** Capital gain property (20%)
- **G** Contributions (100%)
- **H** Investment interest expense
- **I** Deductions – royalty income
- **J** Section 59(e)(2) expenditures
- **K** Reserved for future use
- **L** Deductions – portfolio (other)
- **M** Preproductive period expenses
- **N** Reserved for future use
- **O** Reforestation expense deduction
- **P** through **R** Reserved for future use
- **S** Other deductions

13. Credits

- **A** and **B** Reserved for future use
- **C** Low-income housing cr (sec 42(j)(5)) from post-2007 bldgs
- **D** Low-income housing cr (other) from post-2007 bldgs
- **E** Qualified rehabilitation expenditures (rental real estate)
- **F** Other rental real estate credits
- **G** Other rental credits
- **H** Undistributed capital gains credit
- **I** Biofuel producer credit
- **J** Work opportunity credit
- **K** Disabled access credit
- **L** Empowerment zone employment credit
- **M** Credit for increasing research activities
- **N** Credit for employer social security and Medicare taxes
- **O** Backup withholding
- **P** Other credits

15. Alternative minimum tax (AMT) items

- **A** Post-1986 depreciation adjustment
- **B** Adjusted gain or loss
- **C** Depletion (other than oil & gas)
- **D** Oil, gas, & geothermal – gross income
- **E** Oil, gas, & geothermal – deductions
- **F** Other AMT items

16. Items affecting shareholder basis

- **A** Tax-exempt interest income
- **B** Other tax-exempt income
- **C** Nondeductible expenses
- **D** Distributions
- **E** Repayment of loans from shareholders
- **F** Foreign taxes paid or accrued

17. Other information

- **A** Investment income
- **B** Investment expenses
- **C** Qualified rehabilitation expenditures (other than RRE)
- **D** Basis of energy property
- **E** Recap of low-income housing cr (sec 42(j)(5))
- **F** Recap of low-income housing cr (other)
- **G** Recapture of investment credit
- **H** Recapture of other credits
- **I** Look-back interest – completed long-term contracts
- **J** Look-back interest – income forecast method
- **K** Dispositions of property with section 179 deductions
- **L** Recapture of section 179 deduction
- **M** Section 453(l)(3) information
- **N** Section 453A(c) information
- **O** Section 1260(b) information
- **P** Interest allocable to production expenditures
- **Q** Capital construction fund (CCF) nonqualified withdrawals
- **R** Depletion information - oil and gas
- **S** and **T** Reserved for future use
- **U** Net investment income
- **V** Section 199A information
- **W** through **Z** Reserved for future use
- **AA** Excess taxable income
- **AB** Excess business interest income
- **AC** Gross receipts for section 448(c)
- **AD** Other information

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,439
Total	$ 1,439

Form **1120-S** Schedule K-1

Schedule K-1, Box 17, Code V Shareholder's Section 199A Information

2022

For calendar year 2022 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	19,014				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

TAXABLE YEAR **2022**

California S Corporation Franchise or Income Tax Return

FORM **100S**

RP

3508425 MOTO 80-0854203 000000000000 22
TYB 01-01-2022 TYE 12-31-2022
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

Schedule Q Questions ***(continued on Side 3)***

A 1. FINAL RETURN? ☐ Dissolved ☐ Surrendered (withdrawn) ☐ Merged/Reorganized ☐ IRC Section 338 sale ☐ QSub election

Enter date (mm/dd/yyyy) .....

2. Is the S corporation deferring any income from the disposition of assets? ..... ☐ Yes ☒ No

If "Yes" enter the year of disposition (yyyy) .....

3. Is the S corporation reporting previously deferred income from: ..... ☐ Installment sale ☐ IRC §1031 ☐ IRC §1033 ☐ Other

B 1. During this taxable year, did another person or legal entity acquire control or majority ownership (more than a 50% interest) of this corporation or any of its subsidiaries that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... ☐ Yes ☒ No

2. During this taxable year, did this corporation or any of its subsidiaries acquire control or majority ownership (more than a 50% interest) in another legal entity that owned California real property (i.e., land, buildings), leased such property for a term of 35 years or more, or leased such property from a government agency for any term? ..... ☐ Yes ☒ No

3. During this taxable year, has more than 50% of the voting stock of this corporation cumulatively transferred in one or more transactions after an interest in California real property (i.e., land, buildings) was transferred to it that was excluded from property tax reassessment under Revenue and Taxation Code Section 62(a)(2) and it was not reported on a previous year's tax return? ..... ☐ Yes ☒ No

(Yes requires filing of statement, penalties may apply – see instructions.)

State Adjustments

1	Ordinary income (loss) from trade or business activities from Schedule F (Form 100S, Side 4), line 22 or federal Form 1120-S, line 21. If Schedule F (Form 100S, Side 4) was not completed, attach federal Form 1120-S, page 1, and supporting schedules	**1**	19,014 00
2	Foreign or domestic tax based on income or profits and California franchise or income tax deducted	**2**	00
3	Interest on government obligations	**3**	00
4	Net capital gain from Schedule D (100S), Section A & Section B. Attach Schedule D (100S). See instructions	**4**	00
5	Depreciation and amortization adjustments. Attach Schedule B (100S)	**5**	00
6	Portfolio income	**6**	00
7	Other additions. Attach schedule(s)	**7**	00
8	Total. Add line 1 through line 7	**8**	19,014 00

MOTORPOINT ACUPUNCTURE INC
3508425

State Adjustments (cont.)	9	Dividends received deduction. Attach Schedule H (100S)	9		00		
	10	Water's-edge dividend deduction. Attach Schedule H (100S)	10		00		
	11	Charitable contributions. See instructions	11		00		
	12	Other deductions. Attach schedule(s)	12		00		
	13	Total. Add line 9 through line 12				13	00
	14	Net income (loss) after state adjustments. Subtract line 13 from Side 1, line 8				14	19,014 00
CA Net Income	15	Net income (loss) for state purposes. Use Schedule R if apportioning or allocating income				15	19,014 00
	16	R&TC Section 23802(e) deduction. See instructions	16		00		
	17	Net operating loss (NOL) deduction. See instructions	17		00		
	18	EZ, TTA, or LAMBRA NOL carryover deduction. See instructions	18		00		
	19	Disaster loss deduction. See instructions	19		00		
	20	Net income for tax purposes. Combine line 16 through line 19. Subtract the result from line 15				20	19,014 00
Taxes	21	Tax. 1.500 % x line 20 (at least minimum franchise tax, if applicable). See instructions				21	800 00
	22	Credit name _____ code ● _____ amount ▶	22		00		
	23	Credit name _____ code ● _____ amount ▶	23		00		
	24	To claim more than two credits, see instructions	24		00		
	25	Add line 22 through line 24. Attach Schedule C (100S)				25	0 00
	26	**Balance.** Subtract line 25 from line 21 (not less than minimum franchise tax plus QSub annual tax(es), if applicable)				26	800 00
	27	Tax from Schedule D (100S). Attach Schedule D (100S). See instructions				27	00
	28	Excess net passive income tax. See instructions				28	00
	29	Pass-through entity elective tax. See instructions				29	00
	30	**Total tax.** Add line 26 through line 29				30	800 00
Payments	31	Overpayment from prior year allowed as a credit	31		00		
	32	**2022 Estimated tax/QSub payments.** See instructions	32	800	00		
	33	2022 Withholding (Forms 592-B and/or 593). See instructions	33		00		
	34	Amount paid with extension of time to file tax return	34		00		
	35	Amount paid with form FTB 3893	35		00		
	36	Total payments. Add line 31 through line 35				36	800 00
Refund or Amount Due	37	**Use tax. This is not a total line.** See instructions	37		00		
	38	Payments balance. If line 36 is more than line 37, subtract line 37 from line 36				38	800 00
	39	**Use tax balance.** If line 37 is more than line 36, subtract line 36 from line 37				39	00
	40	**Franchise or income tax due.** If line 30 is more than line 38, subtract line 38 from line 30				40	0 00
	41	**Overpayment.** If line 38 is more than line 30, subtract line 30 from line 38				41	00
	42	Amount of line 41 to be credited to 2023 estimated tax				42	00
	43	**Refund.** Subtract line 42 from line 41				43	00

See instructions to have the refund directly deposited.

☐ Checking
☐ Savings

_____ _____

43a. ● Routing number **43b.** ● Type **43c.** ● Account number

44	**a** Penalties and interest		44a	00
	b ● ☐ Check if estimate penalty computed using Exception B or C on form FTB 5806. See instructions.			
45	**Total amount due.** Add line 39, line 40, line 42, and line 44a. Then, subtract line 41 from the result	⊙	45	0 00

MOTORPOINT ACUPUNCTURE INC
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Schedule Q Questions ***(continued from Side 1)***

C Principal business activity code. **Do not** leave blank ● 621399
Business activity MEDICAL Product or service ACUPUNCTURE

D Is this S corporation filing on a water's-edge basis pursuant to R&TC Sections 25110 and 25113 for the current taxable year? ● ☐ Yes ☒ No

E Does this tax return include Qualified Subchapter S Subsidiaries? ● ☐ Yes ☒ No

F Date incorporated (mm/dd/yyyy) 12/31/2012 Where: ● State CA Country

G Maximum number of shareholders in the S corporation at any time during the year. **Do not** leave blank ● 1

H Date business began in California or date income was first derived from California sources (mm/dd/yyyy) ● 12/31/2012

I Is the S corporation under audit by the IRS or has it been audited in a prior year? ● ☐ Yes ☒ No

J Effective date of federal S election (mm/dd/yyyy) ● 12/31/2012

L Accounting method ● **(1)** ☒ Cash **(2)** ☐ Accrual **(3)** ☐ Other

M Location of principal accounting records SEE STMT 1

N "Doing business as" (DBA) name. See instructions ● MOTORPOINT ACUPUNCTURE INC

O Have all required information returns (e.g., federal Forms 1099, 8300, and state Forms 592, 592-B etc.) been filed with the Franchise Tax Board? ☒ N/A ☐ Yes ☐ No

P Is this S corporation apportioning or allocating income to California using Schedule R? ● ☐ Yes ☒ No

Q Has the S corporation included a reportable transaction or listed transaction within this return? See instructions for definitions ● ☐ Yes ☒ No
If "Yes," complete and attach federal Form 8886, for each transaction.

R Did this S corporation file the federal Schedule M-3 (Form 1120-S)? ● ☐ Yes ☒ No

S Is form FTB 3544, Side 2, Part B, List of Assigned Credit Received and/or Claimed by an Assignee, attached to the return? ● ☐ Yes ☒ No

T Check if corporation: **(1)** ☐ Aggregated activities for IRC Section 465 at-risk purposes
(2) ☐ Grouped activities for IRC Section 469 passive activity purposes

U **(1)** Has this business entity previously filed an unclaimed property Holder Remit Report with the State Controller's Office? ● ☐ Yes ☒ No
(2) If "Yes," when was the last report filed? (mm/dd/yyyy) ● **(3)** Amount last remitted ■ $

Schedule J Add-On Taxes and Recapture of Tax Credits. See instructions.

1	LIFO recapture due to S corporation election (IRC Section 1363(d) deferral $) ●	1		00
2	Interest computed under the look-back method for completed long-term contracts (attach form FTB 3834) ●	2		00
3	Interest on tax attributable to installment **a)** Sales of certain timeshares and residential lots ●	3a		00
	b) Method for nondealer installment obligations ●	3b		00
4	IRC Section 197(f)(9)(B)(ii) election ●	4		00
5	Credit recapture name ●	5		00
6	Combine line 1 through line 5. Revise the amount on Side 2, line 40 or line 41, whichever applies, by this amount. Write "Schedule J" to the left of line 40 or line 41 ●	6		00

Sign Here

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

Signature of officer ▶ Jordan Allen | Title PRESIDENT | Date 10/14/2023 | ● Telephone

Officer's email address (optional)

Paid Preparer's Use Only

Preparer's signature ▶ LEONID TSIPIS EA | Date | Check if self-employed ▶ ☐ | ● PTIN P00110245

Firm's name (or yours, if self-employed) and address ▶ ZADOYEN INCOME TAX
17337 VENTURA BLVD STE 100
ENCINO, CA 91316

● Firm's FEIN

● Telephone 818-990-6785

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule F **Computation of Trade or Business Income.** See instructions.

Income	1 a) Gross receipts or sales 44,932 b) Less returns and allowances ____ c) Balance	1c	44,932	00
	2 Cost of goods sold from Schedule V, line 8	2		00
	3 Gross profit. Subtract line 2 from line 1c	3	44,932	00
	4 Net gain (loss). Attach schedule	4		00
	5 Other income (loss). Attach schedule	5		00
	6 **Total income (loss).** Combine line 3 through line 5	6	44,932	00
Deductions	7 Compensation of officers. Attach schedule. See instructions	7		00
	8 Salaries and wages	8		00
	9 Repairs and maintenance	9		00
	10 Bad debts	10		00
	11 Rents	11	6,450	00
	12 Taxes	12	825	00
	13 Interest	13	1,032	00
	14 a) Depreciation ____ b) Less depreciation reported elsewhere ____ c) Balance	14c		00
	15 Depletion	15		00
	16 Advertising	16		00
	17 Pension, profit-sharing plans, etc	17		00
	18 Employee benefit programs	18		00
	19 a) Total travel and entertainment 2,879 b) Deductible amount	19b	1,440	00
	20 Other deductions. Attach schedule SEE STMT 2	20	16,171	00
	21 **Total deductions.** Add line 7 through line 20	21	25,918	00
	22 Ordinary income (loss) from trade or business. Subtract line 21 from line 6. Enter here and on Side 1, line 1	22	19,014	00

The corporation may not be required to complete Schedule L and Schedule M-1. See Schedule L and Schedule M-1 instructions for reporting requirements.

Schedule L **Balance Sheet**

Assets	Beginning of taxable year (a)	Beginning of taxable year (b)	End of taxable year (c)	End of taxable year (d)
1 Cash				
2 a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 Federal and state government obligations				
5 Other current assets. Attach schedule(s)				
6 Loans to shareholders. Attach schedule(s)				
7 Mortgage and real estate loans				
8 Other investments. Attach schedule(s)				
9 a Buildings and other fixed depreciable assets				
b Less accumulated depreciation	( )		( )	
10 a Depletable assets				
b Less accumulated depletion	( )		( )	
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
13 Other assets. Attach schedule(s)				
14 **Total assets**				
Liabilities and shareholders' equity				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities. Attach schedule(s)				
18 Loans from shareholders. Attach schedule(s)				
19 Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities. Attach schedule(s)				
21 Capital stock				
22 Paid-in or capital surplus				
23 Retained earnings				
24 Adjustments. Attach schedule(s)				
25 Less cost of treasury stock		( )		( )
26 **Total liabilities and shareholders' equity**				

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.

If the S corporation **completed** federal **Schedule M-3 (Form 1120-S).** See instructions.

1 Net income per books		5 Income recorded on books this year not included on Schedule K, line 1 through line 10b (itemize) a Tax-exempt interest $ b Other $	
2 Income included on Schedule K, line 1 through line 10b, not recorded on books this year (itemize)		c Total. Add line 5a and line 5b	
3 Expenses recorded on books this year not included on Schedule K, line 1 through line 12e (itemize) a Depreciation $ b State taxes $ c Travel and entertainment $ d Other $		6 Deductions included on Schedule K, line 1 through line 12e, not charged against book income this year (itemize) a Depreciation $ b State tax refunds $ c Other $ d Total. Add line 6a through line 6c	
e Total. Add line 3a through line 3d		7 Total. Add line 5c and line 6d	
4 Total. Add line 1 through line 3e		8 Income (loss) (Schedule K, line 19, col. d). Subtract line 7 from line 4	

Schedule M-2 CA Accumulated Adjustments Account, Other Adjustments Account, and Other Retained Earnings. See instructions.

Important: Use California figures and federal procedures.	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Other retained earnings (see instructions)
1 Balance at beginning of year	0	0	0
2 Ordinary income from Form 100S, Side 1, line 1	19,014		
3 Other additions			
4 Loss from Form 100S, Side 1, line 1	( )		
5 Other reductions SEE STMT 3	(1,439)	( )	( )
6 Combine line 1 through line 5	17,575	0	0
7 Distributions other than dividend distributions			
8 Balance at end of year. Subtract line 7 from line 6	17,575	0	
9 Retained earnings at end of year. Add line 8, column (a) through column (c)			17,575
10 If the corp. has C corp. E&P at the end of the taxable year, enter the amount. See instructions			

Schedule V Cost of Goods Sold

1 Inventory at beginning of year	1		00
2 Purchases	2		00
3 Cost of labor	3		00
4 Other IRC Section 263A costs. Attach schedule	4		00
5 Other costs. Attach schedule	5		00
6 Total. Add line 1 through line 5	6		00
7 Inventory at end of year	7		00
8 Cost of goods sold. Subtract line 7 from line 6	8		00

Was there any change in determining quantities, costs, or valuations between opening and closing inventory? ☐ Yes ☐ No
If "Yes," attach an explanation. Enter California seller's permit number, if any ▶
Method of inventory valuation
Check if the LIFO inventory method was adopted this taxable year for any goods. If checked, attach federal Form 970 ☐
If the LIFO inventory method was used for this taxable year, enter the amount of closing inventory computed under LIFO

MOTORPOINT ACUPUNCTURE INC
3508425

Schedule K S Corporation Shareholder's Shares of Income, Deductions, Credits, etc.

	(a) Pro-rata share items		(b) Amount from federal K (1120-S)	(c) California Adjustment	(d) Total amounts using California law
Income (Loss)	1 Ordinary business income (loss)	1	19,014	⊙	● 19,014
	2 Net rental real estate income (loss). Attach federal Form 8825	2			●
	3 a Other gross rental income (loss)	3a			⊙
	b Expenses from other rental activities. Att. sch.	3b			⊙
	c Other net rental income (loss). Subtract line 3b from line 3a	3c			●
	4 Interest income	4			●
	5 Dividends. See instructions	5			●
	6 Royalties	6			●
	7 Net short-term capital gain (loss). Attach Schedule D (100S)	7		⊙	●
	8 Net long-term capital gain (loss). Attach Schedule D (100S)	8	⊙	⊙	●
	9 Net IRC Section 1231 gain (loss)	9	⊙	⊙	●
Other Inc. (Loss)	10 a Other portfolio income (loss). Attach schedule	10a		⊙	●
	b Other income (loss). Attach schedule.	10b		⊙	●
Deductions	11 IRC Section 179 expense deduction. Attach Schedule B (100S).	11			⊙
	12 a Charitable contributions	12a			●
	b Investment interest expense	12b			●
	c 1 IRC Section 59(e)(2) expenditures	12c1			
	2 Type of expenditures	12c2			
	d Deductions-portfolio. Attach schedule	12d			●
	e Other deductions. Attach schedule	12e		⊙	⊙
Credits	13 a Low-income housing credit. See instructions	13a			●
	b Credits related to rental real estate activities. Attach schedule	13b			●
	c Credits related to other rental activities. See instructions. Attach schedule	13c			●
	d Other credits. Attach schedule	13d			●
	14 Total withholding allocated to all shareholders	14			
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86	15a			
	b Adjusted gain or loss. See instructions	15b			
	c Depletion (other than oil and gas)	15c			
	d Gross income from oil, gas, and geothermal properties	15d			
	e Deductions allocable to oil, gas, and geothermal properties	15e			
	f Other AMT items	15f			
Items Affecting Shareholder Basis	16 a Tax-exempt interest income	16a			
	b Other tax-exempt income	16b			●
	c Nondeductible expenses	16c	1,439		1,439
	d Total property distributions (including cash) other than dividends distribution reported on line 17c	16d			●
Other Information	17 a Investment income. See instructions	17a			
	b Investment expenses. See instructions	17b			
	c Total dividend distributions paid from accumulated earnings and profits	17c			●
	d Other items and amounts not included in lines 1 - 17b and lines 18a-e that are required to be reported separately to shareholders. Attach schedule SEE STMT 4	17d			● 44,932
Other State Taxes	18 a Type of income	18a			
	b Name of state	18b			
	c Total gross income from sources outside California. Attach schedule	18c			
	d Total applicable deductions and losses. Attach schedule	18d			
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued	18e			●
Recon-ciliation	19 Income (loss) (required only if Schedule M-1 must be completed). Combine line 1, line 2, and line 3c through line 10b. From the result, subtract the sum of lines 11, 12a, 12b, 12c1, 12d and 12e	19			●

TAXABLE YEAR **2022** **Shareholder's Share of Income, Deductions, Credits, etc.**

CALIFORNIA SCHEDULE **K-1 (100S)**

TYB 01-01-2022 TYE 12-31-2022
612-18-2795
JORDAN ALLEN

4954 DEL MONTE AVE
SAN DIEGO CA 92109

3508425 80-0854203
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

A Current year allocation percentage ● 100.000000 %

B Shareholder's number of shares: Beginning 1,000 and Ending 1,000

C Loans from shareholder: Beginning $ and Ending $

D Reportable transaction or tax shelter registration number(s):

E Check here if this is: ● **(1)** ☐ A final Schedule K-1 **(2)** ☐ An amended Schedule K-1

F What type of entity is this shareholder? ● **(1)** ☒ Individual **(2)** ☐ Estate/trust **(3)** ☐ Qualified exempt organization **(4)** ☐ Single member LLC

G Is this shareholder a resident of California? ● ☒ Yes ▶ ☐ No

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

		(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Income (Loss)	1	Ordinary business income (loss)	19,014		● 19,014	▶ 19,014
	2	Net rental real estate income (loss)			●	▶
	3	Other net rental income (loss)			⊙	⊙
	4	Interest income			●	▶
	5	Dividends. See instructions			●	▶
	6	Royalties			●	▶
	7	Net short-term capital gain (loss)			●	▶
	8	Net long-term capital gain (loss)			●	▶
	9	Net IRC Section 1231 gain (loss)			●	▶
Other Income (Loss)	10 a	Other portfolio income (loss). Attach schedule			●	▶
	b	Other income (loss)			●	▶

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Caution: Refer to the shareholder's instructions for Schedule K-1 (100S) before entering information from this schedule on your California tax return.

	(a) Pro-rata share items	(b) Amount from federal Schedule K-1 (Form 1120-S)	(c) California adjustment	(d) Total amounts using California law. Combine col. (b) and col. (c) where applicable	(e) California source amounts and credits
Deductions	11 IRC Section 179 expense deduction. Attach schedules				
	12 a Charitable contributions				
	b Investment interest expense				
	c 1 IRC Section 59(e)(2) expenditures				
	2 Type of expenditures				
	d Deductions-portfolio				
	e Other deductions				
Credits	13 a Low-income housing credit. See instructions. Attach schedule				
	b Credits related to rental real estate activities other than on line 13(a). Attach schedule				
	c Credits related to other rental activities. See instructions. Attach schedule				
	d Other credits. Attach schedule				
	14 Total withholding (equals amount on Form 592-B if calendar year)				
Alternative Minimum Tax (AMT) Items	15 a Depreciation adjustment on property placed in service after 12/31/86				
	b Adjusted gain or loss				
	c Depletion (other than oil and gas)				
	d Gross income from oil, gas, and geothermal properties				
	e Deductions allocable to oil, gas, and geothermal properties				
	f Other AMT items. Attach schedule				
Items Affecting Shareholder Basis	16 a Tax-exempt interest income				
	b Other tax-exempt income				
	c Nondeductible expenses	1,439		1,439	1,439
	d Total property distributions (including cash) other than dividends distribution reported on line 17c				
	e Repayment of loans from shareholders				
Other Information	17 a Investment income. See instructions				
	b Investment expenses. See instructions				
	c Total taxable dividend distribution paid from accumulated earnings and profits. See instructions				
	d Other information. See instructions STMT 1			44,932	
Other State Taxes	18 a Type of income				
	b Name of state				
	c Total gross income from sources outside California. Attach schedule				
	d Total applicable deductions and losses. Attach schedule				
	e Total other state taxes. Check one: ☐ Paid ☐ Accrued				

19 ☐ More than one activity for at-risk purposes. See instructions

20 ☐ More than one activity for passive activity purposes. See instructions

MOTORPOINT ACUPUNCTURE INC 3508425

Shareholder's name JORDAN ALLEN

Shareholder's identifying number 612-18-2795

Other Shareholder Information

Table 1 — Each shareholder's share of nonbusiness income from intangibles. See instructions.

Interest	$	Royalties	$	Dividends	$
IRC Section 1231 Gains/Losses	$	Capital Gains/Losses	$	Other	$

FOR USE BY SHAREHOLDERS ONLY. SEE INSTRUCTIONS.

Table 2 — Shareholder's pro-rata share of business income and factors. See instructions.

A. Shareholder's share of the S corporation's business income $

B. Shareholder's share of the nonbusiness income from real and tangible property sourced or allocable to California:

Capital Gains/Losses	$	Rents/Royalties	$
IRC Section 1231 Gains/Losses	$	Other	$

C. Shareholder's share of the S corporation's property, payroll, and sales:

Factors	Total within and outside California	Total within California
Property: Beginning	$	$
Ending	$	$
Annual Rent Expense	$	$
Payroll	$	$
Sales	$	$

Statement 1 - Form 100S, Side 3, Question M - Location of Principal Accounting Records

Address	City	State	Zip Code	Country
4954 DEL MONTE	SAN DIEGO	CA	92107	

Statement 2 - Form 100S, Side 4, Schedule F, Line 20 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 675
BANK CHARGES	165
BUS & MEDICAL SUPPLIES	4,097
BUS. PROMOTION & DEVELOPMENT	978
DUES & PROF. MEMBERSHIPS	582
FINANCE CHARGES	99
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,233
MERCHANT FEES	308
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	552
STORAGE	1,200
TELEPHONE & INTERNET	521
TRANSPORTATION & TRAVEL EXP	4,124
WEB EXPENSES	155
WORKING CLOTHES & CLEANING	1,177
Total	$ 16,171

Statement 3 - Form 100S, Side 5, Schedule M-2 - Accumulated Adjustments Account Other Reductions

Description	Amount
Travel & Entertainment	$ 1,439
Total	$ 1,439

Statement 4 - Form 100S, Side 6, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Gross Sales	$ 44,932
Total	$ 44,932

Statement 1 - Form 100S, Schedule K-1, Line 17d - Other Information

Description	Amount
Aggregate Gross Receipts less Returns and Allowances	44,932

Form **1120-S**

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.
Go to *www.irs.gov/Form1120S* for instructions and the latest information.

OMB No. 1545-0123

2022

For calendar year 2022 or tax year beginning , ending

A S election effective date: 12/31/12	TYPE OR PRINT	Name: MOTORPOINT ACUPUNCTURE INC	**D** Employer identification number: 80-0854203
B Business activity code number (see instructions): 621399		Number, street, and room or suite no. If a P.O. box, see instructions.: 4954 DEL MONTE	**E** Date incorporated: 12/31/2012
C Check if Sch. M-3 attached ☐		City or town, state or province, country, and ZIP or foreign postal code: SAN DIEGO CA 92107	**F** Total assets (see instructions): $

G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. ☐ Yes ☒ No

H Check if: **(1)** ☐ Final return **(2)** ☐ Name change **(3)** ☐ Address change **(4)** ☐ Amended return **(5)** ☐ S election termination

I Enter the number of shareholders who were shareholders during any part of the tax year 1

J Check if corporation: **(1)** ☐ Aggregated activities for section 465 at-risk purposes **(2)** ☐ Grouped activities for section 469 passive activity purposes

Caution: Include **only** trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a: 44,932		
	b	Returns and allowances	1b:		
	c	Balance. Subtract line 1b from line 1a		1c	44,932
	2	Cost of goods sold (attach Form 1125-A)		2	
	3	Gross profit. Subtract line 2 from line 1c		3	44,932
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)		4	
	5	Other income (loss) (see instructions—attach statement)		5	
	6	**Total income (loss).** Add lines 3 through 5		6	44,932
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions–attach Form 1125-E)		7	
	8	Salaries and wages (less employment credits)		8	
	9	Repairs and maintenance		9	
	10	Bad debts		10	
	11	Rents		11	6,450
	12	Taxes and licenses		12	825
	13	Interest (see instructions)		13	1,032
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)		14	
	15	Depletion **(Do not deduct oil and gas depletion.)**		15	
	16	Advertising		16	
	17	Pension, profit-sharing, etc., plans		17	
	18	Employee benefit programs		18	
	19	Other deductions (attach statement) See Stmt 1		19	17,611
	20	**Total deductions.** Add lines 7 through 19		20	25,918
	21	**Ordinary business income (loss).** Subtract line 20 from line 6		21	19,014
Tax and Payments	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a:		
	b	Tax from Schedule D (Form 1120-S)	22b:		
	c	Add lines 22a and 22b (see instructions for additional taxes)		22c	
	23a	2022 estimated tax payments and 2021 overpayment credited to 2022	23a:		
	b	Tax deposited with Form 7004	23b:		
	c	Credit for federal tax paid on fuels (attach Form 4136)	23c:		
	d	Add lines 23a through 23c		23d	
	24	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐		24	
	25	**Amount owed.** If line 23d is smaller than the total of lines 22c and 24, enter amount owed		25	
	26	**Overpayment.** If line 23d is larger than the total of lines 22c and 24, enter amount overpaid		26	
	27	Enter amount from line 26: **Credited to 2023 estimated tax** **Refunded**		27	

Sign Here

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

Jordan Allen — 10/14/23

Signature of officer: JORDAN ALLEN — Date — Title: PRESIDENT

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name: Leonid Tsipis EA	Preparer's signature: Leonid Tsipis EA	Date	Check ☐ if self-employed	PTIN: P00110245
Firm's name: Zadoyen Income Tax			Firm's EIN	
Firm's address: 17337 Ventura Blvd Ste 100 Encino, CA 91316			Phone no. 818-990-6785	

For Paperwork Reduction Act Notice, see separate instructions. Form **1120-S** (2022)

DAA

Schedule B Other Information (see instructions)

		Yes	No
1	Check accounting method: **a** [X] Cash **b** [ ] Accrual **c** [ ] Other (specify)		
2	See the instructions and enter the: **a** Business activity **MEDICAL** **b** Product or service **ACUPUNCTURE**		
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation		X
4	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in the profit, loss, or capital in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below		X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

5a	At the end of the tax year, did the corporation have any outstanding shares of restricted stock? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of restricted stock		
	(ii) Total shares of non-restricted stock		
b	At the end of the tax year, did the corporation have any outstanding stock options, warrants, or similar instruments? If "Yes," complete lines (i) and (ii) below.		X
	(i) Total shares of stock outstanding at the end of the tax year		
	(ii) Total shares of stock outstanding if all instruments were executed		
6	Has this corporation filed, or is it required to file, **Form 8918,** Material Advisor Disclosure Statement, to provide information on any reportable transaction?		X
7	Check this box if the corporation issued publicly offered debt instruments with original issue discount [ ] If checked, the corporation may have to file **Form 8281,** Information Return for Publicly Offered Original Issue Discount Instruments.		
8	If the corporation **(a)** was a C corporation before it elected to be an S corporation **or** the corporation acquired an asset with a basis determined by reference to the basis of the asset (or the basis of any other property) in the hands of a C corporation, **and (b)** has net unrealized built-in gain in excess of the net recognized built-in gain from prior years, enter the net unrealized built-in gain reduced by net recognized built-in gain from prior years. See instructions $		
9	Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
10	Does the corporation satisfy one or more of the following? See instructions		X
a	The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b	The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than $27 million and the corporation has business interest expense.		
c	The corporation is a tax shelter and the corporation has business interest expense. If "Yes," complete and attach **Form 8990,** Limitation on Business Interest Expense Under Section 163(j).		
11	Does the corporation satisfy **both** of the following conditions?	X	
a	The corporation's total receipts (see instructions) for the tax year were less than $250,000.		
b	The corporation's total assets at the end of the tax year were less than $250,000. If "Yes," the corporation is not required to complete Schedules L and M-1.		

Schedule B Other Information (see instructions) *(continued)*

		Yes	No
12	During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt?		X
	If "Yes," enter the amount of principal reduction $		
13	During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions		X
14a	Did the corporation make any payments in 2022 that would require it to file Form(s) 1099?		X
b	If "Yes," did or will the corporation file required Form(s) 1099?		
15	Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
	If "Yes," enter the amount from Form 8996, line 15 $		

Schedule K Shareholders' Pro Rata Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 1, line 21)	1	19,014
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Interest income	4	
	5	Dividends: a Ordinary dividends	5a	
		b Qualified dividends 5b		
	6	Royalties	6	
	7	Net short-term capital gain (loss) (attach Schedule D (Form 1120-S))	7	
	8a	Net long-term capital gain (loss) (attach Schedule D (Form 1120-S))	8a	
	b	Collectibles (28%) gain (loss) 8b		
	c	Unrecaptured section 1250 gain (attach statement) 8c		
	9	Net section 1231 gain (loss) (attach Form 4797)	9	
	10	Other income (loss) (see instructions) Type:	10	
Deductions	11	Section 179 deduction (attach Form 4562)	11	
	12a	Charitable contributions	12a	
	b	Investment interest expense	12b	
	c	Section 59(e)(2) expenditures Type:	12c	
	d	Other deductions (see instructions) Type:	12d	
Credits	13a	Low-income housing credit (section 42(j)(5))	13a	
	b	Low-income housing credit (other)	13b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable)	13c	
	d	Other rental real estate credits (see instructions) Type:	13d	
	e	Other rental credits (see instructions) Type:	13e	
	f	Biofuel producer credit (attach Form 6478)	13f	
	g	Other credits (see instructions) Type:	13g	
International	14	Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance ☐		
Alternative Minimum Tax (AMT) Items	15a	Post-1986 depreciation adjustment	15a	
	b	Adjusted gain or loss	15b	
	c	Depletion (other than oil and gas)	15c	
	d	Oil, gas, and geothermal properties – gross income	15d	
	e	Oil, gas, and geothermal properties – deductions	15e	
	f	Other AMT items (attach statement)	15f	
Items Affecting Shareholder Basis	16a	Tax-exempt interest income	16a	
	b	Other tax-exempt income	16b	
	c	Nondeductible expenses	16c	1,439
	d	Distributions (attach statement if required) (see instructions)	16d	
	e	Repayment of loans from shareholders	16e	
	f	Foreign taxes paid or accrued	16f	

Schedule K Shareholders' Pro Rata Share Items *(continued)*			Total amount
Other Information	17a Investment income	17a	
	b Investment expenses	17b	
	c Dividend distributions paid from accumulated earnings and profits	17c	
	d Other items and amounts (attach statement) See Statement 2		
Recon-ciliation	18 **Income (loss) reconciliation.** Combine the amounts on lines 1 through 10 in the far right column. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f	18	

Schedule L Balance Sheets per Books	Beginning of tax year		End of tax year	
Assets	**(a)**	**(b)**	**(c)**	**(d)**
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts	( )		( )	
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities (see instructions)				
6 Other current assets (attach statement)				
7 Loans to shareholders				
8 Mortgage and real estate loans				
9 Other investments (attach statement)				
10a Buildings and other depreciable assets				
b Less accumulated depreciation	( )		( )	
11a Depletable assets				
b Less accumulated depletion	( )		( )	
12 Land (net of any amortization)				
13a Intangible assets (amortizable only)				
b Less accumulated amortization	( )		( )	
14 Other assets (attach statement)				
15 Total assets				
Liabilities and Shareholders' Equity				
16 Accounts payable				
17 Mortgages, notes, bonds payable in less than 1 year				
18 Other current liabilities (attach statement)				
19 Loans from shareholders				
20 Mortgages, notes, bonds payable in 1 year or more				
21 Other liabilities (attach statement)				
22 Capital stock				
23 Additional paid-in capital				
24 Retained earnings				
25 Adjustments to shareholders' equity (attach statement)				
26 Less cost of treasury stock		( )		( )
27 Total liabilities and shareholders' equity				

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	5	Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):
2	Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize)	a	Tax-exempt interest $
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):	6	Deductions included on Schedule K, lines 1 through 12 and 16f, not charged against book income this year (itemize):
a	Depreciation $	a	Depreciation $
b	Travel and entertainment $	7	Add lines 5 and 6
4	Add lines 1 through 3	8	Income (loss) (Schedule K, line 18). Subtract line 7 from line 4

Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)

		(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
1	Balance at beginning of tax year	92,335			
2	Ordinary income from page 1, line 21	19,014			
3	Other additions				
4	Loss from page 1, line 21	( )			
5	Other reductions Stmt 3	(1,439)			( )
6	Combine lines 1 through 5	109,910			
7	Distributions				
8	Balance at end of tax year. Subtract line 7 from line 6	109,910			

671121

Final K-1 ☐ Amended K-1 ☐ OMB No. 1545-0123

Schedule K-1 (Form 1120-S)
Department of the Treasury
Internal Revenue Service

2022
For calendar year 2022, or tax year

beginning ____ ending ____

Shareholder's Share of Income, Deductions, Credits, etc.

▶ See separate instructions.

Part I Information About the Corporation

A Corporation's employer identification number
80-0854203

B Corporation's name, address, city, state, and ZIP code
MOTORPOINT ACUPUNCTURE INC

4954 DEL MONTE
SAN DIEGO CA 92107

C IRS Center where corporation filed return
e-file

D Corporation's total number of shares
Beginning of tax year 1,000
End of tax year 1,000

Part II Information About the Shareholder

E Shareholder's identifying number
612-18-2795

F Shareholder's name, address, city, state, and ZIP code
JORDAN ALLEN
4954 DEL MONTE AVE

SAN DIEGO CA 92109

G Current year allocation percentage 100.000000 %

H Shareholder's number of shares
Beginning of tax year 1,000
End of tax year 1,000

I Loans from shareholder
Beginning of tax year $ 0
End of tax year $ 0

For IRS Use Only

Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss) 19,014	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked ▶ ☐
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16	Items affecting shareholder basis C* 1,439
10	Other income (loss)		
		17	Other information V* STMT
11	Section 179 deduction		
12	Other deductions		

18 ☐ More than one activity for at-risk purposes*
19 ☐ More than one activity for passive activity purposes*

* See attached statement for additional information.

Section 199A Information Worksheet

Form **1120-S** | For calendar year 2022 or tax year beginning , ending | **2022**

Name: **MOTORPOINT ACUPUNCTURE INC**

Employer Identification Number: **80-0854203**

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Ordinary business income (loss)	19,014				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Statement 1 - Form 1120-S, Page 1, Line 19 - Other Deductions

Description	Amount
ACCOUNTING & PROF. SERVICES	$ 675
BANK CHARGES	165
BUS & MEDICAL SUPPLIES	4,097
BUS. PROMOTION & DEVELOPMENT	978
DUES & PROF. MEMBERSHIPS	582
FINANCE CHARGES	99
MALPRACTICE INSURANCE	298
MEMBERSHIP & SUBSCRIPTIONS	1,233
MERCHANT FEES	308
PRINTING & COPYING	7
PROF. SERVICES/CONSULTING	552
STORAGE	1,200
TELEPHONE & INTERNET	521
TRANSPORTATION & TRAVEL EXP	4,124
WEB EXPENSES	155
WORKING CLOTHES & CLEANING	1,177
50% of Meals	1,440
Total	$ 17,611

Statement 2 - Form 1120-S, Page 4, Schedule K, Line 17d - Other Items and Amounts

Description	Amount
Section 199A Information - See Attached Wrk	$

Statement 3 - Form 1120-S, Page 5, Schedule M-2, Line 5(a) - Other Reductions

Description	Amount
Travel & Entertainment	$ 1,439
Total	$ 1,439

Schedule K-1, Box 16, Code C - Nondeductible Expenses

Description	Shareholder Amount
Page 1 Meals	$ 1,439
Total	$ 1,439

Form **1120-S** Schedule K-1

Schedule K-1, Box 17, Code V Shareholder's Section 199A Information

2022

For calendar year 2022 or tax year beginning , ending

Name
MOTORPOINT ACUPUNCTURE INC
JORDAN ALLEN

Taxpayer Identification Number
80-0854203
612-18-2795

	Activity Description	Pass-Through Entity EIN	PTP	Aggregated	SSTB
Column A	Page 1 Activity		☐	☐	☐
Column B			☐	☐	☐
Column C			☐	☐	☐
Column D			☐	☐	☐
Column E			☐	☐	☐

QBI or Qualified PTP items:	Column A	Column B	Column C	Column D	Column E
Ordinary business income (loss)	19,014				
Net rental real estate income (loss)					
Other net rental income (loss)					
Royalty income (loss)					
Section 1231 gain (loss)					
Other income (loss)					
Section 179 deduction					
Other deductions					
W-2 wages					
Qualified property					

Other Information:

QBI allocable to cooperative pmts received	
W-2 wages allocable to qualified payments	
Section 199A(g) deduction	

Section 199A REIT dividends

Form **8879-CORP** (December 2022)

Department of the Treasury
Internal Revenue Service

E-file Authorization for Corporations

For calendar year 2022, or tax year beginning _____, ending _____

Use for *efile* authorizations for Form 1120, 1120-F or 1120S.
Do not send to the IRS. Keep for your records.
Go to *www.irs.gov/Form8879CORP* for the latest information.

OMB No. 1545-0123

Name of corporation: MOTORPOINT ACUPUNCTURE INC

Employer identification number: 80-0854203

Part I Information (Whole dollars only)

1	Total income (Form 1120, line 11)	1	
2	Total income (Form 1120-F, Section II, line 11)	2	
3	Total income (loss) (Form 1120-S, line 6)	3	44,932

Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☐ I authorize _____ to enter my PIN _____ as my signature
ERO firm name **do not enter all zeros**
on the corporation's electronically filed income tax return.

☒ As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature Jordan Allen Date 10/12/23 Title PRESIDENT
JORDAN ALLEN

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 96072491316
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112,** IRS *e-file* Application and Participation, and **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature Leonid Tsipis EA Date 10/12/23

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

034

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2022** | FORM **8453-C**

California e-file Return Authorization for Corporations

Corporation name	California Corporation No., CA SOS file no., or FEIN
MOTORPOINT ACUPUNCTURE INC	3508425

Part I Tax Return Information (whole dollars only)

1	Total income (Form 100, line 9; Form 100S, line 8; Form 100W, line 9 or Form 100X, line 6)	1	19,014
2	Taxable income (Form 100, line 22; Form 100S, line 20; Form 100W, line 22 or Form 100X, line 10)	2	19,014
3	Total tax (Form 100, line 30; Form 100S, line 30; Form 100W, line 30 or Form 100X, line 19)	3	800
4	Tax due (Form 100, line 39; Form 100S, line 40; Form 100W, line 36 or Form 100X, line 21)	4	
5	Overpayment (Form 100, line 40; Form 100S, line 41; Form 100W, line 37 or Form 100X, line 28)	5	

Part II Settle the Account Electronically for Taxable Year 2022

6 ☐ Direct deposit of refund (For Forms 100, 100S, and 100W only.)

7 ☐ Electronic funds withdrawal **7a** Amount _____ **7b** Withdrawal date (mm/dd/yyyy) _____

Part III Schedule of Estimated Tax Payments for Taxable Year 2023 (These are NOT installment payments for the current amount the corporation owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

Part IV Banking Information (Have you verified the corporation's banking information?)

10 Routing number _____

11 Account number _____ **12** Type of account: ☐ Checking ☐ Savings

Part V Declaration of Officer

I authorize the corporate account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above corporation and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the corporation's 2022 California income tax return. To the best of my knowledge and belief, the corporation's return is true, correct, and complete. If the corporation is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the corporation's tax liability, the corporation will remain liable for the tax liability and all applicable interest and penalties. I authorize the corporation return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the corporation's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

Signature of officer	Date	Title
Jordan Allen	10/12/2023	PRESIDENT

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above corporation's return and that the entries on form FTB 8453-C 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 corporation's return. I declare, however, that form FTB 8453-C accurately reflects the data on the return.) I have obtained the corporate officer's signature on form FTB 8453-C before transmitting this return to the FTB; I have provided the corporate officer 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, 2022 Handbook for Authorized e-file Providers. I will keep form FTB 8453-C on file for **four** years from the due date of the return or **four** years from the date the corporation 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 corporation'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
LEONID TSIPIS EA	10/12/2023	X	☐	P00110245

Firm's name (or yours if self-employed) and address: ZADOYEN INCOME TAX, 17337 VENTURA BLVD STE 100, ENCINO CA

Firm's FEIN:

ZIP code: 91316

Under penalties of perjury, I declare that I have examined the above corporation'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:

CA Consent to Disclosure

Form **8453-C**

For calendar year 2022 or fiscal year beginning and ending

2022

Name	California Corporation Number	Employer Identification Number
MOTORPOINT ACUPUNCTURE INC	**3508425**	**80-0854203**

I consent to allow my ERO, Intermediate Service Provider, and/or my Transmitter to send this business return to the FTB. Additionally, I consent to allow FTB to send my ERO, Intermediate Service Provider, and/or my Transmitter an acknowledgment of receipt of transmission and an indication of whether or not this business return is accepted, and, if rejected the reason(s) for the rejection. If the processing of the return or refund is delayed, I authorize the FTB to disclose to my Intermediate Service Provider and/or Transmitter the reason(s) for the delay, or when the refund was sent.

By using this system to prepare and submit this tax return, I consent to the disclosure to the FTB of all information pertaining to my use of this system, including the Internet Provider address.

Form **8879**
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization

▶ **ERO must obtain and retain completed Form 8879.**
▶ **Go to *www.irs.gov/Form8879* for the latest information.**

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name	Social security number
JORDAN ALLEN	612-18-2795
Spouse's name	Spouse's social security number

Part I Tax Return Information — Tax Year Ending December 31, 2022 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

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

1	Adjusted gross income	1	26,508
2	Total tax	2	1,109
3	Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	
4	Amount you want refunded to you	4	2,084
5	Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize Zadoyen Income Tax (ERO firm name) to enter or generate my PIN 82795 (Enter five digits, but don't enter all zeros) as my signature on the income tax return (original or amended) I am now authorizing.

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ Jordan Allen Date ▶ 10/12/23

Spouse's PIN: check one box only

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

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶ Date ▶

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 96072491316 (Don't enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345,** Handbook for Authorized IRS *e-file* Providers of Individual Income Tax Returns.

ERO's signature ▶ Leonid Tsipis EA Date ▶ 10/12/23

ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So

034 **DO NOT MAIL THIS FORM TO THE FTB**

TAXABLE YEAR **2022** **California e-file Signature Authorization for Individuals** FORM **8879**

Your name	Your SSN or ITIN
JORDAN ALLEN	612-18-2795
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income (AGI). See instructions	1	26,508
2	Amount You Owe. See instructions	2	
3	Refund or No Amount Due. See instructions	3	

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2022, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

[X] I authorize ZADOYEN INCOME TAX (ERO firm name) to enter my PIN 82795 (Do not enter all zeros) as my signature on my 2022 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶ _____ Date ▶ 10-12-2023

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

[ ] I authorize _____ (ERO firm name) to enter my PIN _____ (Do not enter all zeros) as my signature on my 2022 e-filed California individual income tax return.

[ ] I will enter my PIN as my signature on my 2022 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature ▶ _____ Date ▶ _____

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN. 96072491316

Enter your six-digit EFIN followed by your five-digit self-selected PIN. **Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature for the 2022 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2022 Handbook for Authorized e-file Providers.

ERO's signature ▶ LEONID TSIPIS EA Date ▶ 10-12-2023

Filing Instructions

Individual Income Tax Return

Taxable Year Ended December 31, 2022

Name: JORDAN ALLEN

Federal Filing Instructions

Your 2022 Form 1040 shows a total overpayment of $2,084, which is to be refunded to you in its entirety.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

***Important*: Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.**

Retain a copy of the signed and dated Form 8879 for your records.

California Filing Instructions

Your 2022 Form 540 shows no balance due.

Sign and date Form CA 8879, California e-file Signature Authorization for Individuals. Return it as soon as possible to:

Zadoyen Income Tax
17337 Ventura Blvd Ste 100
Encino, CA 91316

Your return is being filed electronically. Do not mail Form 540.

Leon Tsipis E. A.
17337 Ventura Blvd Ste 100
Encino, CA 91316
818-990-6785

October 12, 2023

CONFIDENTIAL

JORDAN ALLEN
4954 DEL MONTE AVE
SAN DIEGO, CA 92109

Dear JORDAN:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)
California Resident Income Tax Return (Form 540)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 (www.irs.gov/pub/irs-pdf/p4524.pdf) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Leon Tsipis E.A.

Taxpayer Name JORDAN ALLEN
Spouse Name

DO NOT SUBMIT THIS DOCUMENT TO IRS UNLESS REQUESTED TO DO SO

ERO Declaration
I declare that the information contained in this electronic tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the taxpayer. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature
I am signing this Tax Return by entering my PIN below.
ERO's PIN 96072491316

Taxpayer Declarations
Perjury Statement
Under penalties of perjury, I declare that I have examined this return, including any accompanying statements and schedules and, to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure
I consent to allow my Intermediate Service Provider, transmitter, or Electronic Return Originator (ERO) to send my return to IRS and to receive the following information from IRS: a) an acknowledgment of receipt or reason for rejection of transmission; b) the reason for any delay in processing or refund; and, c) the date of any refund.

Electronic Funds Withdrawal Consent
If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH Electronic Funds Withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal consent.

I am signing this Tax Return/Form and Electronic Funds Withdrawal Consent, if applicable, by entering my Self-Select PIN below.
Date (all numerics) 10/12/23

Taxpayer's PIN (enter five numbers, other than all zeroes) 82795

Spouse's PIN (enter five numbers, other than all zeroes)

Form 1310 Signature and Verification
Completion of this section indicates that I am requesting a refund of taxes overpaid by or on behalf of the decedent. Under penalties of perjury, I declare that I have examined this Form 1310 claim, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of person claiming refund

Date

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** | **2022** | OMB No. 1545-0074 | IRS Use Only–Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

Your first name and middle initial	Last name	Your social security number
JORDAN	ALLEN	612-18-2795
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. 4954 DEL MONTE AVE — Apt. no.

City, town or post office. If you have a foreign address, also complete spaces below. SAN DIEGO — State: CA — ZIP code: 92109

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐	(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
	RYU ALLEN	603-85-5347	Son	☒	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
	b	Household employee wages not reported on Form(s) W-2			1b	
	c	Tip income not reported on line 1a (see instructions)			1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
	e	Taxable dependent care benefits from Form 2441, line 26			1e	
	f	Employer-provided adoption benefits from Form 8839, line 29			1f	
	g	Wages from Form 8919, line 6			1g	
	h	Other earned income (see instructions)			1h	
	i	Nontaxable combat pay election (see instructions)	1i			
	z	Add lines 1a through 1h			1z	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b Taxable interest	2b	199
	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	Soc. sec. ben.	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	Other income from Schedule 1, line 10			8	26,864
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	27,063
	10	Adjustments to income from Schedule 1, line 26			10	555
	11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	26,508
	12	**Standard deduction or itemized deductions** (from Schedule A)			12	19,400
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	1,422
	14	Add lines 12 and 13			14	20,822
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	5,686

Standard Deduction for –
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Form 1040 (2022) **JORDAN ALLEN** **612-18-2795** Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	568
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	568
	19	Child tax credit or credit for other dependents from Schedule 8812		19	568
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	568
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,109
	24	Add lines 22 and 23. This is your **total tax**		24	1,109
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26	
	27	Earned income credit (EIC)	27	2,474	
	28	Additional child tax credit from Schedule 8812	28	719	
	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	3,193
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	3,193
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	2,084
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	2,084
Direct deposit? See instructions.	b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings			
	d	Account number XXXXXXXXXXXXXXXXX			
	36	Amount of line 34 you want **applied to your 2023 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: **Leonid Tsipis EA** Phone no. **818-990-6785** Personal identification number (PIN): **91316**

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Jordan Allen	10/14/23	ACUPUNCTURIST	
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 instr.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name: **Zadoyen Income Tax** Phone no. **818-990-6785**

Firm's address: **17337 Ventura Blvd Ste 100 Encino CA 91316** 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

2022

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **JORDAN ALLEN**

Your social security number: 612-18-2795

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	7,850
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	19,014
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	26,864

JORDAN ALLEN 612-18-2795

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**	555
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 or 1040-SR, line 10, or Form 1040-NR, line 10a			**26**	555

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

2022

Attachment Sequence No. **02**

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

JORDAN ALLEN

Your social security number

612-18-2795

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE		4	1,109
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)

JORDAN ALLEN 612-18-2795

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	1,109

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JORDAN ALLEN	612-18-2795

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

B Enter code from instructions: 621399

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.) 4954 DEL MONTE AVE

City, town or post office, state, and ZIP code SAN DIEGO CA 92109

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2022, check here [ ]

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	7,850
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	7,850
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	7,850
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	7,850

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	7,850
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	7,850
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			0		19,014
B					
C					
D					
29a Totals					19,014
b Totals					

30	Add columns (h) and (k) of line 29a	30	19,014
31	Add columns (g), (i), and (j) of line 29b	31	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	19,014

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	19,014
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022

Attachment Sequence No. **17**

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

JORDAN ALLEN

Social security number of person with **self-employment** income **612-18-2795**

Part I Self-Employment Tax

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

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

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

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	7,850
3	Combine lines 1a, 1b, and 2	3	7,850
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	7,249
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue	4c	7,249
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income — 5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-	5b	0
6	Add lines 4c and 5b	6	7,249
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 2022	7	147,000
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 $147,000 or more, skip lines 8b through 10, and go to line 11 — 8a		
b	Unreported tips subject to social security tax from Form 4137, line 10 — 8b		
c	Wages subject to social security tax from Form 8919, line 10 — 8c		
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	147,000
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)	10	899
11	Multiply line 6 by 2.9% (0.029)	11	210
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**	12	1,109
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15** — 13	13	555

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,060, **or (b)** your net farm profits[2] were less than $6,540.

14	Maximum income for optional methods	14	6,040
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,540 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above	17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

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

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

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **43**

Name(s) shown on return
JORDAN ALLEN

Your social security number
612-18-2795

If you are separated from your spouse, filing a separate return and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name Last name **RYU ALLEN**	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC; see instructions. If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	603-85-5347		
3 Child's year of birth	Year 2010 *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2022?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2022 • If the child lived with you for more than half of 2022 but less than 7 months, enter "7." • If the child was born or died in 2022 and your home was the child's home for more than half the time he or she was alive during 2022, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812
(Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return

JORDAN ALLEN

Your social security number

612-18-2795

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	26,508
2a	Enter income from Puerto Rico that you excluded	**2a**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**			
c	Enter the amount from line 15 of your Form 4563	**2c**			
d	Add lines 2a through 2c			**2d**	
3	Add lines 1 and 2d			**3**	26,508
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,000			**5**	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	
8	Add lines 5 and 7			**8**	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0
11	Multiply line 10 by 5% (0.05)			**11**	
12	Is the amount on line 8 more than the amount on line 11?			**12**	2,000
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from the **Credit Limit Worksheet A**			**13**	568
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents.**			**14**	568

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

JORDAN ALLEN 612-18-2795

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			☐
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0-on line 27		**16a**	1,432
b	Number of qualifying children under 17 with the required social security number: 1 x $1,500. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.		**16b**	1,500
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the **smaller** of line 16a or line 16b		**17**	1,432
18a	Earned income (see instructions)	**18a** 7,295		
b	Nontaxable combat pay (see instructions) **18b**			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	**19** 4,795		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		**20**	719
	Next. On line 16b, is the amount $4,500 or more? ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	**21**		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	**22**		
23	Add lines 21 and 22	**23**		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	**24**		
25	Subtract line 24 from line 23. If zero or less, enter -0-		**25**	
26	Enter the **larger** of line 20 or line 25		**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	**27**	719

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

2022

Attachment Sequence No. **55**

Name(s) shown on return: **JORDAN ALLEN**

Your taxpayer identification number: 612-18-2795

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 $170,050 ($340,100 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	MOTORPOINT ACUPUNCTURE INC	80-0854203	19,014
ii	ACUPUNCTURE SERVICES	612-18-2795	7,295
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	26,309		
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	26,309		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,262
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	0		
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	5,262
11	Taxable income before qualified business income deduction (see instructions)	11	7,108		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	7,108		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	1,422
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	1,422
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2022)

Form **8867**
(Rev. November 2022)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 22
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN ALLEN	612-18-2795
Preparer's name	**Preparer taxpayer identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Records of gross receipts provided by taxpayer			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN ALLEN 612-18-2795

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	X	

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	2
2a	Modified AGI. Enter your modified AGI. See instructions	2a	26,508		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	26,508
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	17,420
5	Household income as a percentage of federal poverty line (see instructions)			5	152 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0008
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	21	8b	2
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount				

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

9 ☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

10 ☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. ☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual premium tax credit allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						
Monthly Calculation	**(a)** Monthly enrollment premiums (Forms(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly premium tax credit allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	1,029	753	2	751	751	669
13 February	1,029	753	2	751	751	759
14 March	1,030	753	2	751	751	759
15 April	1,030	753	2	751	751	759
16 May	1,030	753	2	751	751	759
17 June	1,030	753	2	751	751	759
18 July	1,030	753	2	751	751	759
19 August	1,030	753	2	751	751	759
20 September	1,030	753	2	751	751	759
21 October	1,030	753	2	751	751	759
22 November	1,030	753	2	751	751	759
23 December	1,031	769	2	767	767	769

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	9,028
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	9,028
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2022)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: 612-18-2795

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: 80-0854203

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	100,000
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	19,014		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	19,014
5	Stock basis before distributions. Add lines 1, 2, and 4			5	119,014
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	119,014
8a	Nondeductible expenses	8a	1,439		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,439
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	117,575
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	117,575

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	0			
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	0			
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Form **1040**	**Shareholder's Basis Worksheet Page 1**	**2022**

Name: **JORDAN ALLEN** | Taxpayer Identification Number: **612-18-2795**

Name of Entity MOTORPOINT ACUPUNCTURE INC | **EIN** 80-0854203

Passive Activity Type Not Passive | **K1 Unit** 1

Shareholder Stock Basis

1.	Beginning of year stock basis. Per IRC 1367(a)(2) do not enter an amount below zero	1.	100,000
	Increases to stock basis		
2.	Capital contributions made or additional stock acquired	2.	
3.	Ordinary business income	3.	19,014
4.	Net rental real estate income	4.	
5.	Other net rental income	5.	
6.	Interest, dividends and royalties	6.	
7.	Net capital gains	7.	
8.	Net section 1231 gain and ordinary business gain	8.	
9.	Tax-exempt interest, other tax-exempt income and recapture credits	9.	
10.	Other income	10.	
11.	Excess of deductions for depletion over basis of property (other than oil and gas)	11.	
12.	Other increases to stock basis	12.	
13.	Total increases to stock basis. Combine lines 2 through 12	13.	19,014
14.	**Stock basis before distributions and items of loss or deductions.** Add line 1 and line 13 and enter the result here	14.	119,014
	Decreases to stock basis		
15.	Distributions allowed	15.	
16.	**Stock basis after distributions and before items of loss or deductions.** Subtract line 15 from line 14. If zero or less, enter - 0 -	16.	119,014
17.	Losses and deductions applied against stock basis. (See Shareholder Basis Worksheet Page 2)	17.	1,439
18.	Other decreases to stock basis	18.	
19.	Amount used to restore loan basis	19.	
20.	Total decreases (other than distributions) to stock basis. Combine lines 17 through 19	20.	1,439
21.	**Stock basis at the end of year.** (Subtract line 20 from line 16). Per IRC 1367(a)(2) do not enter an amount below zero	21.	117,575

Shareholder Loan Basis

Type of Loan: Formal Note [ ] Open account debt [X]

22.	Beginning of year loan basis. Per IRC 1367(b)(2)(A) do not enter an amount below zero	22.	
23.	Loans to corporation	23.	
24.	Loan basis restored from line 19 above	24.	
25.	Other increases to loan basis	25.	
26.	Loan repayments from line 40	26.	
27.	**Loan basis before losses and deductions.** Combine lines 22 through 26	27.	0
28.	Losses and deductions applied against loan basis. (See Shareholder Basis Worksheet Page 2)	28.	
29.	Other decreases to loan basis	29.	
30.	Total decreases to loan basis. Add lines 28 and 29	30.	0
31.	**Loan basis at the end of year** (Subtract line 30 from line 27). Per IRC 1367(b)(2)(A) do not enter an amount below zero	31.	0
32.	**Stock and loan basis at the end of the year** (Add lines 21 and line 31)	32.	117,575

Gain Recognized on Excess Distributions

33.	Property distributions reported in Box 16, Code D, Schedule K-1 (1120S)	33.	
34.	Stock basis before distributions and loss items (line 14) less gain from the entire disposition of stock reported on line 18.	34.	
35.	**Total gain recognized on excess distributions.** (Subtract line 34 from line 33)	35.	

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____

Gain Recognized on Repayment of Shareholder Loan

36.	Loan basis at beginning of tax year	36.	
37.	Basis restored - amount used in prior years to offset losses	37.	
38.	Loan basis before loan repayment. Add line 36 and line 37	38.	
39.	Face amount of shareholder loan at beginning of tax year	39.	
40.	Loan repayments to shareholder during tax year	40.	
41.	Nontaxable return of loan basis. Divide line 38 by line 39 and multiply the result by line 40	41.	
42.	**Gain recognized on repayment of shareholder loan** (Subtract line 41 from line 40)	42.	

- Sch D/8949, short-term capital gain _____
- Sch D/8949, long-term capital gain _____
- Ordinary income on Form 4797 _____

Form **1040** | **Shareholder's Basis Worksheet Page 2** | **2022**

Name **JORDAN ALLEN** | Id No. **612-18-2795**

Entity Name MOTORPOINT ACUPUNCTURE INC **EIN** 80-0854203 **Passive Activity Type** Not Passive **K1 Unit** 1

Basis reduced by nondeductible items before loss and deduction items

Loss Allocated to Shareholder Stock and Loan Basis

	Suspended Losses	Current Year Loss	Total Loss	Percent	Allowed Stock Loss	Disallowed Stock Loss	Percent	Allowed Loan Loss	Disallowed Loss Carryforward	Total Allowed Loss
Nondeductible noncapital exp & oil/gas depletion deduction:		1,439	1,439	1.0000	1,439					1,439
Losses and deductions:										
Ordinary business loss										
Net rental real estate loss										
Other net rental loss										
Short-term capital loss										
Long-term capital loss										
28% capital loss										
Section 1231 loss										
4797 - Ordinary loss										
Other portfolio loss										
1256 contracts and straddles										
Other losses - Schedule E										
Other losses - 1040 Sch 1										
Section 179 expense										
Cash contributions										
Cash contributions (30%)										
Noncash contributions (50%)										
Noncash contributions (30%)										
Cap gain prop 50% org (30%)										
Cap gain prop (20%)										
Portfolio deductions (other)										
Investment interest expense										
Depletion										
Deductions-royalty income										
Section 59(e)(2) expenditures										
Preproductive period exp.										
Reforestation expense ded.										
Other deductions										
Foreign taxes										
Total losses and deductions				1.0000						
Total nonded and deductible items		1,439	1,439		1,439					1,439

TAXABLE YEAR | FORM

2022 California Resident Income Tax Return 540

APE

612-18-2795 ALLE 22 PBA 621399
JORDAN ALLEN

A
R
RP

4954 DEL MONTE AVE
SAN DIEGO CA 92109

08-16-1981

Principal Residence

Enter your county at time of filing (see instructions)
SAN DIEGO

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

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

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

City | State | ZIP code

Filing Status

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

1 [ ] Single

2 [ ] Married/RDP filing jointly. See instr.

3 [ ] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 [X] 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 $140 = $	140
8	**Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2	8	X $140 = $	
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 $140 = $	

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	RYU		
Last Name	ALLEN		
SSN. See Instructions.	603-85-5347		
Dependent's relationship to you	SON		

Total dependent exemptions ... 10 | 1 | X $433 = $ | 433

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ... 11 $ 573

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 ... 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ... 13 | 26,508 | .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 | 26,508 | .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 | 26,508 | .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 ... $5,202
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP $10,404

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions 18 | 10,404 | .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- ... 19 | 16,104 | .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
[ ] FTB 3800 [ ] FTB 3803 ... 31 | 161 | .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $229,908, see instructions. ... 32 | 573 | .00

33 Subtract line 32 from line 31. If less than zero, enter -0- ... 33 | 0 | .00

34 Tax. See instructions. Check the box if from [ ] Schedule G-1 [ ] FTB 5870A ... 34 | | .00

35 Add line 33 and line 34 ... 35 | 0 | .00

Special Credits

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions ... 40 | | .00

43 Enter credit name [ ] code [ ] and amount ... 43 | | .00

44 Enter credit name [ ] code [ ] and amount ... 44 | | .00

Your name: ALLEN Your SSN or ITIN: 612-18-2795

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	0 .00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	0 .00

Payments

71	California income tax withheld. See instructions	71	.00
72	2022 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or 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	0 .00

Use Tax

91 **Use Tax.** Do not leave blank. See instructions ● 91 0 .00

If line 91 is zero, check if ⊙ [X] No use tax is owed. ⊙ [ ] You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage. If you did not check the box, see instructions. ● [X]

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

Overpaid Tax/Tax Due

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

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2023** estimated tax	●	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	●	**99**	.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	⊙	**100**	.00

Contributions

		Code	Amount
	California Seniors Special Fund. See instructions	● **400**	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	● **401**	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	● **403**	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	● **405**	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	● **406**	.00
	Emergency Food for Families Voluntary Tax Contribution Fund	● **407**	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	● **408**	.00
	California 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
	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
	California Community and Neighborhood Tree Voluntary Tax Contribution Fund	● **446**	.00
110	Add amounts in code 400 through code 446. This is your total contribution	● **110**	.00

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.

Your name: ALLEN Your SSN or ITIN: 612-18-2795

Interest and Penalties

112 Interest, late return penalties, and late payment penalties ..... **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** ..... ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment ..... **114** .00

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

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** ● **115** 0 .00

Refund and Direct Deposit

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

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **116** Direct deposit amount .00

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

● Routing number ● Type ☐ Checking ☐ Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions ..... ☐

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)**

LEONID TSIPIS EA

Firm's name (or yours, if self-employed) ● PTIN

ZADOYEN INCOME TAX P00110245

Firm's address ● Firm's FEIN

17337 VENTURA BLVD STE 100
ENCINO CA 91316

Do you want to allow another person to discuss this tax return with us? See instructions .. ● X Yes ☐ No

Print Third Party Designee's Name | Telephone Number

LEONID TSIPIS EA 818-990-6785

TAXABLE YEAR

CALIFORNIA FORM

2022 Head of Household Filing Status Schedule 3532

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return

JORDAN ALLEN

SSN or ITIN

612-18-2795

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

a Not legally married/RDP during 2022 ..... **1a** [X]

b Surviving spouse/RDP (my spouse/RDP died before 01/01/2022) ..... **1b** [ ]

c Marriage/RDP was annulled ..... **1c** [ ]

d Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2022 ..... **1d** [ ]

e Legally married/RDP and did not live with spouse/RDP during 2022 ..... **1e** [ ]

f Legally married/RDP and lived with spouse/RDP during 2022. List the beginning and ending dates for each period when you lived together ..... **1f** [ ]

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

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

a Son, daughter, stepson, or stepdaughter ..... **2a** [X]

b Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece ..... **2b** [ ]

c Eligible foster child ..... **2c** [ ]

d Father, mother, stepfather, or stepmother ..... **2d** [ ]

e Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt ..... **2e** [ ]

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name ..... RYU

Last Name ..... ALLEN

SSN 603-85-5347

DOB (mm/dd/yyyy). If your qualifying person is age 19 or older in 2022, go to line 3a. If not, go to line 4. 11-08-2010

a Was your qualifying person a full time student under age 24 in 2022? ..... **3a** [ ] Yes [ ] No

b Was your qualifying person permanently and totally disabled in 2022? ..... **3b** [ ] Yes [ ] No

4 Enter qualifying person's gross income in 2022. See instructions .....

5 Number of days your qualifying person lived with you during 2022. See instructions. 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days. See instructions.

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2022** OMB No. 1545-0074 IRS Use Only–Do not write or staple in this space.

Filing Status Check only one box. ☐ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☒ Head of household (HOH) ☐ Qualifying surviving spouse (QSS)

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

Your first name and middle initial	Last name	Your social security number
JORDAN	ALLEN	612-18-2795
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. 4954 DEL MONTE AVE — Apt. no.

City, town or post office. If you have a foreign address, also complete spaces below. SAN DIEGO — State CA — ZIP code 92109

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

Digital Assets At any time during 2022, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, gift, 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, 1958 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1958 ☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐	(1) First name / Last name	(2) Social security number	(3) Relationship to you	(4) Child tax credit	(4) Credit for other dependents
	RYU ALLEN	603-85-5347	Son	☒	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	
	b	Household employee wages not reported on Form(s) W-2			1b	
	c	Tip income not reported on line 1a (see instructions)			1c	
	d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
	e	Taxable dependent care benefits from Form 2441, line 26			1e	
	f	Employer-provided adoption benefits from Form 8839, line 29			1f	
	g	Wages from Form 8919, line 6			1g	
	h	Other earned income (see instructions)			1h	
	i	Nontaxable combat pay election (see instructions)	1i			
	z	Add lines 1a through 1h			1z	
Attach Sch. B if required.	2a	Tax-exempt interest	2a	b Taxable interest	2b	199
	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	Soc. sec. ben.	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	Other income from Schedule 1, line 10			8	26,864
	9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	27,063
	10	Adjustments to income from Schedule 1, line 26			10	555
	11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	26,508
	12	**Standard deduction or itemized deductions** (from Schedule A)			12	19,400
	13	Qualified business income deduction from Form 8995 or Form 8995-A			13	1,422
	14	Add lines 12 and 13			14	20,822
	15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	5,686

Standard Deduction for –
- Single or Married filing separately, $12,950
- Married filing jointly or Qualifying surviving spouse $25,900
- Head of household, $19,400
- If you checked any box under *Standard Deduction*, see instructions.

Form 1040 (2022) **JORDAN ALLEN** **612-18-2795** Page **2**

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐		16	568
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	568
	19	Child tax credit or credit for other dependents from Schedule 8812		19	568
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	568
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	1,109
	24	Add lines 22 and 23. This is your **total tax**		24	1,109
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	
If you have a qualifying child, attach Sch. EIC.	26	2022 estimated tax payments and amount applied from 2021 return		26	
	27	Earned income credit (EIC)	27	2,474	
	28	Additional child tax credit from Schedule 8812	28	719	
	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	3,193
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	3,193
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	2,084
	35a	Amount of line 34 you want **refunded to you.** If Form 8888 is attached, check here ☐		35a	2,084
Direct deposit? See instructions.	b	Routing number XXXXXXXXX c Type: ☐ Checking ☐ Savings			
	d	Account number XXXXXXXXXXXXXXXXX			
	36	Amount of line 34 you want **applied to your 2023 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 **Leonid Tsipis EA** Phone no. **818-990-6785** Personal identification number (PIN) **91316**

Sign Here

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

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see instr.)
Jordan Allen	10/14/23	ACUPUNCTURIST	
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 instr.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
Leonid Tsipis EA	Leonid Tsipis EA		P00110245	☐ Self-employed

Firm's name **Zadoyen Income Tax** Phone no. **818-990-6785**

Firm's address **17337 Ventura Blvd Ste 100 Encino CA 91316** 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

2022

Attachment Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR: **JORDAN ALLEN**

Your social security number: 612-18-2795

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes			1	
2a	Alimony received			2a	
b	Date of original divorce or separation agreement (see instructions):				
3	Business income or (loss). Attach Schedule C			3	7,850
4	Other gains or (losses). Attach Form 4797			4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			5	19,014
6	Farm income or (loss). Attach Schedule F			6	
7	Unemployment compensation			7	
8	Other income:				
a	Net operating loss	8a	( )		
b	Gambling	8b			
c	Cancellation of debt	8c			
d	Foreign earned income exclusion from Form 2555	8d	( )		
e	Income from Form 8853	8e			
f	Income from Form 8889	8f			
g	Alaska Permanent Fund dividends	8g			
h	Jury duty pay	8h			
i	Prizes and awards	8i			
j	Activity not engaged in for profit income	8j			
k	Stock options	8k			
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l			
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m			
n	Section 951(a) inclusion (see instructions)	8n			
o	Section 951A(a) inclusion (see instructions)	8o			
p	Section 461(l) excess business loss adjustment	8p			
q	Taxable distributions from an ABLE account (see instructions)	8q			
r	Scholarship and fellowship grants not reported on Form W-2	8r			
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	( )		
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t			
u	Wages earned while incarcerated	8u			
z	Other income. List type and amount:	8z			
9	Total other income. Add lines 8a through 8z			9	
10	Combine lines 1 through 7 and 9. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8			10	26,864

JORDAN ALLEN 612-18-2795

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**	555
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 or 1040-SR, line 10, or Form 1040-NR, line 10a			**26**	555

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

2022

Attachment Sequence No. **02**

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

JORDAN ALLEN

Your social security number

612-18-2795

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE			4	1,109
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)

JORDAN ALLEN 612-18-2795

Part II Other Taxes *(continued)*

17	Other additional taxes:				
a	Recapture of other credits. List type, form number, and amount:	**17a**			
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	**17b**			
c	Additional tax on HSA distributions. Attach Form 8889	**17c**			
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	**17d**			
e	Additional tax on Archer MSA distributions. Attach Form 8853	**17e**			
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	**17f**			
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	**17g**			
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	**17h**			
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	**17i**			
j	Section 72(m)(5) excess benefits tax	**17j**			
k	Golden parachute payments	**17k**			
l	Tax on accumulation distribution of trusts	**17l**			
m	Excise tax on insider stock compensation from an expatriated corporation	**17m**			
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	**17n**			
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	**17o**			
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	**17p**			
q	Any interest from Form 8621, line 24	**17q**			
z	Any other taxes. List type and amount:	**17z**			
18	Total additional taxes. Add lines 17a through 17z			**18**	
19	Reserved for future use			**19**	
20	Section 965 net tax liability installment from Form 965-A	**20**			
21	Add lines 4, 7 through 16, and 18. These are your **total other taxes.** Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			**21**	1,109

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2022

Attachment Sequence No. **09**

Name of proprietor	Social security number (SSN)
JORDAN ALLEN	612-18-2795

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

B Enter code from instructions: 621399

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.) 4954 DEL MONTE AVE

City, town or post office, state, and ZIP code SAN DIEGO CA 92109

F Accounting method: **(1)** [X] Cash **(2)** [ ] Accrual **(3)** [ ] Other (specify)

G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses — [X] Yes [ ] No

H If you started or acquired this business during 2022, check here [ ]

I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions — [ ] Yes [X] No

J If "Yes," did you or will you file required Form(s) 1099? — [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked [ ]	1	7,850
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	7,850
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	7,850
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6	7	7,850

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest (see instructions):			24	Travel and meals:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a	28	0
29	Tentative profit or (loss). Subtract line 28 from line 7	29	7,850
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. **Simplified method filers only:** Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	7,850
32	If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3,** and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Name(s) shown on return. Do not enter name and social security number if shown on other side. **Your social security number**

JORDAN ALLEN 612-18-2795

Caution: The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss, receive a distribution, dispose of stock, or receive a loan repayment from an S corporation, you **must** check the box in column **(e)** on line 28 and attach the required basis computation. If you report a loss from an at-risk activity for which **any** amount is **not** at risk, you **must** check the box in column **(f)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? If you answered "Yes," see instructions before completing this section ☐ Yes ☒ No

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if basis computation is required	(f) Check if any amount is not at risk
A	MOTORPOINT ACUPUNCTURE INC	S	☐	80-0854203	☒	☐
B			☐		☐	☐
C			☐		☐	☐
D			☐		☐	☐

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss allowed (see Schedule K-1)	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A			0		19,014
B					
C					
D					
29a Totals					19,014
b Totals					

30	Add columns (h) and (k) of line 29a	30	19,014
31	Add columns (g), (i), and (j) of line 29b	31	(0)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31	32	19,014

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A		
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs)—Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see instructions)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Schedule 1 (Form 1040), line 5	41	19,014
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120-S), box 17, code AD; and Schedule K-1 (Form 1041), box 14, code F. See instructions	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040, Form 1040-SR, or Form 1040-NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

SCHEDULE SE (Form 1040)

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

OMB No. 1545-0074

2022

Attachment Sequence No. **17**

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

JORDAN ALLEN

Social security number of person with **self-employment** income **612-18-2795**

Part I Self-Employment Tax

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

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

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

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

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

2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order		2	7,850
3	Combine lines 1a, 1b, and 2		3	7,850
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3		4a	7,249
	Note: If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop;** you don't owe self-employment tax. **Exception:** If less than $400 and you had **church employee income,** enter -0- and continue		4c	7,249
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (0.9235). If less than $100, enter -0-		5b	0
6	Add lines 4c and 5b		6	7,249
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 2022		7	147,000
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 $147,000 or more, skip lines 8b through 10, and go to line 11	8a		
b	Unreported tips subject to social security tax from Form 4137, line 10	8b		
c	Wages subject to social security tax from Form 8919, line 10	8c		
d	Add lines 8a, 8b, and 8c		8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	147,000
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124)		10	899
11	Multiply line 6 by 2.9% (0.029)		11	210
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4**		12	1,109
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter the result here and on **Schedule 1 (Form 1040), line 15**	13	555	

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

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] wasn't more than $9,060, **or (b)** your net farm profits[2] were less than $6,540.

14	Maximum income for optional methods		14	6,040
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $6,040. Also include this amount on line 4b above		15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $6,540 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution:** You may use this method no more than five times.

16	Subtract line 15 from line 14		16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also, include this amount on line 4b above		17	

[1] From Sch. F, line 9; and Sch. K-1 (Form 1065), box 14, code B.

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

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

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

SCHEDULE EIC
(Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **43**

Name(s) shown on return
JORDAN ALLEN

Your social security number
612-18-2795

If you are separated from your spouse, filing a separate return and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: **RYU** Last name: **ALLEN**	First name Last name	First name Last name
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2022 or you are claiming the self-only EIC; see instructions. If your child was born and died in 2022 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	603-85-5347		
3 Child's year of birth	Year 2010 *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ____ *If born after 2003 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2022, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2022?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	Son		
6 Number of months child lived with you in the United States during 2022 • If the child lived with you for more than half of 2022 but less than 7 months, enter "7." • If the child was born or died in 2022 and your home was the child's home for more than half the time he or she was alive during 2022, enter "12."	12 months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*	____ months *Do not enter more than 12 months.*

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2022

Attachment Sequence No. **47**

Name(s) shown on return: **JORDAN ALLEN**

Your social security number: 612-18-2795

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR		1	26,508
2a	Enter income from Puerto Rico that you excluded	2a		
b	Enter the amounts from lines 45 and 50 of your Form 2555	2b		
c	Enter the amount from line 15 of your Form 4563	2c		
d	Add lines 2a through 2c		2d	
3	Add lines 1 and 2d		3	26,508
4	Number of qualifying children under age 17 with the required social security number	4	1	
5	Multiply line 4 by $2,000		5	2,000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	6		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.			
7	Multiply line 6 by $500		7	
8	Add lines 5 and 7		8	2,000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000		9	200,000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.		10	0
11	Multiply line 10 by 5% (0.05)		11	
12	Is the amount on line 8 more than the amount on line 11?		12	2,000
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.			
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.			
13	Enter the amount from the **Credit Limit Worksheet A**		13	568
14	Enter the smaller of line 12 or 13. **This is your child tax credit and credit for other dependents.**		14	568

Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

JORDAN ALLEN 612-18-2795

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27			☐
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0-on line 27		**16a**	1,432
b	Number of qualifying children under 17 with the required social security number: 1 x $1,500. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27.		**16b**	1,500
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the **smaller** of line 16a or line 16b		**17**	1,432
18a	Earned income (see instructions)	**18a** 7,295		
b	Nontaxable combat pay (see instructions) **18b**			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☒ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	**19** 4,795		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		**20**	719
	Next. On line 16b, is the amount $4,500 or more? ☒ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, see instructions	**21**		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	**22**		
23	Add lines 21 and 22	**23**		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	**24**		
25	Subtract line 24 from line 23. If zero or less, enter -0-		**25**	
26	Enter the **larger** of line 20 or line 25		**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	**27**	719

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

2022

Attachment Sequence No. **55**

Name(s) shown on return: **JORDAN ALLEN**

Your taxpayer identification number: 612-18-2795

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 $170,050 ($340,100 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	MOTORPOINT ACUPUNCTURE INC	80-0854203	19,014
ii	ACUPUNCTURE SERVICES	612-18-2795	7,295
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	26,309		
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	26,309		
5	Qualified business income component. Multiply line 4 by 20% (0.20)			5	5,262
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	0		
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	5,262
11	Taxable income before qualified business income deduction (see instructions)	11	7,108		
12	Net capital gain (see instructions)	12			
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	7,108		
14	Income limitation. Multiply line 13 by 20% (0.20)			14	1,422
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	1,422
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-			16	(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-			17	( )

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

Form **8995** (2022)

Form **8867**
(Rev. November 2022)
Department of the Treasury
Internal Revenue Service

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC), Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
Go to *www.irs.gov/Form8867* for instructions and the latest information.

OMB No. 1545-0074
For tax year 20 22
Attachment Sequence No. **70**

Taxpayer name(s) shown on return	Taxpayer identification number
JORDAN ALLEN	612-18-2795
Preparer's name	**Preparer taxpayer identification number**
Leonid Tsipis EA	P00110245

Part I Due Diligence Requirements

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

		Yes	No	N/A
1	Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you? (See instructions if relying on prior year earned income.)	X		
2	If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	X		
3	Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	X		
4	Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If **"Yes,"** answer questions 4a and 4b. If **"No,"** go to question 5.)		X	
a	Did you make reasonable inquiries to determine the correct, complete, and consistent information?			
b	Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)			
5	Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	X		
	List those documents provided by the taxpayer, if any, that you relied on: Records of gross receipts provided by taxpayer			
6	Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	X		
7	Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year?	X		
	(If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)			
a	Did you complete the required recertification Form 8862?			
8	If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	X		

JORDAN ALLEN 612-18-2795

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

		Yes	No	N/A
9a	Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? **(If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)**	X		
b	Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	X		
c	Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	X		

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

		Yes	No	N/A
10	Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	X		
11	Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	X		
12	Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	X		

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

		Yes	No
13	Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?		

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

		Yes	No
14	Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	X	

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);

B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;

C. Submit Form 8867 in the manner required; **and**

D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.

1. A copy of this Form 8867.
2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

		Yes	No
15	Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	X	

Form **8962**

Department of the Treasury
Internal Revenue Service

Premium Tax Credit (PTC)

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to *www.irs.gov/Form8962* for instructions and the latest information.

OMB No. 1545-0074
2022
Attachment Sequence No. **73**

Name shown on your return: **JORDAN ALLEN**

Your social security number: **612-18-2795**

A. You cannot take the PTC if your filing status is married filing separately unless you qualify for an exception. See instructions. If you qualify, check the box ☐

Part I Annual and Monthly Contribution Amount

1	Tax family size. Enter your tax family size. See instructions			1	2
2a	Modified AGI. Enter your modified AGI. See instructions	2a	26,508		
b	Enter the total of your dependents' modified AGI. See instructions	2b			
3	Household income. Add the amounts on lines 2a and 2b. See instructions			3	26,508
4	Federal poverty line. Enter the federal poverty line amount from Table 1-1, 1-2, or 1-3. See instructions. Check the appropriate box for the federal poverty table used **a** ☐ Alaska **b** ☐ Hawaii **c** ☒ Other 48 states and DC			4	17,420
5	Household income as a percentage of federal poverty line (see instructions)			5	152 %
6	Reserved for future use				
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions			7	0.0008
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	21	8b	2
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount				

Part II Premium Tax Credit Claim and Reconciliation of Advance Payment of Premium Tax Credit

Are you allocating policy amounts with another taxpayer or do you want to use the alternative calculation for year of marriage? See instructions.

9 ☐ **Yes.** Skip to Part IV, Allocation of Policy Amounts, or Part V, Alternative Calculation for Year of Marriage. ☒ **No.** Continue to line 10.

See the instructions to determine if you can use line 11 or must complete lines 12 through 23.

10 ☐ **Yes.** Continue to line 11. Compute your annual PTC. Then skip lines 12-23 and continue to line 24. ☒ **No.** Continue to lines 12-23. Compute your monthly PTC and continue to line 24.

Annual Calculation	**(a)** Annual enrollment premiums (Form(s) 1095-A, line 33A)	**(b)** Annual applicable SLCSP premium (Form(s) 1095-A, line 33B)	**(c)** Annual contribution amount (line 8a)	**(d)** Annual maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Annual premium tax credit allowed (smaller of (a) or (d))	**(f)** Annual advance payment of PTC (Form(s) 1095-A, line 33C)
11 Annual Totals						

Monthly Calculation	**(a)** Monthly enrollment premiums (Forms(s) 1095-A, lines 21-32, column A)	**(b)** Monthly applicable SLCSP premium (Form(s) 1095-A, lines 21-32, column B)	**(c)** Monthly contribution amount (amount from line 8b or alternative marriage monthly calculation)	**(d)** Monthly maximum premium assistance (subtract (c) from (b); if zero or less, enter -0-)	**(e)** Monthly premium tax credit allowed (smaller of (a) or (d))	**(f)** Monthly advance payment of PTC (Form(s) 1095-A, lines 21-32, column C)
12 January	1,029	753	2	751	751	669
13 February	1,029	753	2	751	751	759
14 March	1,030	753	2	751	751	759
15 April	1,030	753	2	751	751	759
16 May	1,030	753	2	751	751	759
17 June	1,030	753	2	751	751	759
18 July	1,030	753	2	751	751	759
19 August	1,030	753	2	751	751	759
20 September	1,030	753	2	751	751	759
21 October	1,030	753	2	751	751	759
22 November	1,030	753	2	751	751	759
23 December	1,031	769	2	767	767	769

24	Total premium tax credit. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here	24	9,028
25	Advance payment of PTC. Enter the amount from line 11(f) or add lines 12(f) through 23(f) and enter the total here	25	9,028
26	Net premium tax credit. If line 24 is greater than line 25, subtract line 25 from line 24. Enter the difference here and on Schedule 3 (Form 1040), line 9. If line 24 equals line 25, enter -0-. Stop here. If line 25 is greater than line 24, leave this line blank and continue to line 27	26	0

Part III Repayment of Excess Advance Payment of the Premium Tax Credit

27	Excess advance payment of PTC. If line 25 is greater than line 24, subtract line 24 from line 25. Enter the difference here	27	
28	Repayment limitation (see instructions)	28	
29	Excess advance premium tax credit repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 2	29	

For Paperwork Reduction Act Notice, see your tax return instructions. Form **8962** (2022)

Part IV Allocation of Policy Amounts

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

Allocation 1

30	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 2

31	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 3

32	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

Allocation 4

33	**(a)** Policy Number (Form 1095-A, line 2)	**(b)** SSN of other taxpayer	**(c)** Allocation start month	**(d)** Allocation stop month

Allocation percentage applied to monthly amounts	**(e)** Premium Percentage	**(f)** SLCSP Percentage	**(g)** Advance Payment of the PTC Percentage

34 Have you completed all policy amount allocations?

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

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

Part V Alternative Calculation for Year of Marriage

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

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

Form **7203**
(Rev. December 2022)
Department of the Treasury
Internal Revenue Service

S Corporation Shareholder Stock and Debt Basis Limitations

Attach to your tax return.
Go to *www.irs.gov/Form7203* for instructions and the latest information.

OMB No. 1545-2302

Attachment Sequence No. **203**

Name of shareholder: **JORDAN ALLEN**
Identifying number: 612-18-2795

A Name of S corporation: **MOTORPOINT ACUPUNCTURE INC**
B Employer identification number: 80-0854203

C Stock block (see instructions):

D Check applicable box(es) to indicate how stock was acquired:
(1) ☐ Original shareholder **(2)** ☐ Purchased **(3)** ☐ Inherited **(4)** ☐ Gifted **(5)** ☐ Other:

E Check if you have a Regulations section 1.1367-1(g) election in effect during the tax year for this S corporation ☐

Part I Shareholder Stock Basis

1	Stock basis at the beginning of the corporation's tax year			1	100,000
2	Basis from any capital contributions made or additional stock acquired during the tax year			2	
3a	Ordinary business income (enter losses in Part III)	3a	19,014		
b	Net rental real estate income (enter losses in Part III)	3b			
c	Other net rental income (enter losses in Part III)	3c			
d	Interest income	3d			
e	Ordinary dividends	3e			
f	Royalties	3f			
g	Net capital gains (enter losses in Part III)	3g			
h	Net section 1231 gain (enter losses in Part III)	3h			
i	Other income (enter losses in Part III)	3i			
j	Excess depletion adjustment	3j			
k	Tax-exempt income	3k			
l	Recapture of business credits	3l			
m	Other items that increase stock basis	3m			
4	Add lines 3a through 3m			4	19,014
5	Stock basis before distributions. Add lines 1, 2, and 4			5	119,014
6	Distributions (excluding dividend distributions)			6	
	Note: If line 6 is larger than line 5, subtract line 5 from line 6 and report the result as a capital gain on Form 8949 and Schedule D. See instructions.				
7	Stock basis after distributions. Subtract line 6 from line 5. If the result is zero or less, enter -0-, skip lines 8 through 14, and enter -0- on line 15			7	119,014
8a	Nondeductible expenses	8a	1,439		
b	Depletion for oil and gas	8b			
c	Business credits (sections 50(c)(1) and (5))	8c			
9	Add lines 8a through 8c			9	1,439
10	Stock basis before loss and deduction items. Subtract line 9 from line 7. If the result is zero or less, enter -0-, skip lines 11 through 14, and enter -0- on line 15			10	117,575
11	Allowable loss and deduction items. Enter the amount from line 47, column (c)			11	
12	Debt basis restoration (see net increase in instructions for line 23)			12	
13	Other items that decrease stock basis			13	
14	Add lines 11, 12, and 13			14	
15	**Stock basis at the end of the corporation's tax year.** Subtract line 14 from line 10. If the result is zero or less, enter -0-			15	117,575

Part II Shareholder Debt Basis

Section A—Amount of Debt (If more than three debts, see instructions.)

	Description	(a) Debt 1 ☐ Formal note ☐ Open account	(b) Debt 2 ☐ Formal note ☐ Open account	(c) Debt 3 ☐ Formal note ☐ Open account	(d) Total
16	Loan balance at the beginning of the corporation's tax year				
17	Additional loans (see instructions)				
18	Loan balance before repayment. Add lines 16 and 17				
19	Principal portion of debt repayment (this line doesn't include interest)				
20	Loan balance at the end of the corporation's tax year. Subtract lines 19 from line 18				

JORDAN ALLEN 612-18-2795

Part II Shareholder Debt Basis *(continued)*

Section B—Adjustments to Debt Basis

	Description	(a) Debt 1	(b) Debt 2	(c) Debt 3	(d) Total
21	Debt basis at the beginning of the corporation's tax year				
22	Enter the amount, if any, from line 17				
23	Debt basis restoration (see instructions)				
24	Debt basis before repayment. Add lines 21, 22, and 23				
25	Divide line 24 by line 18				
26	Nontaxable debt repayment. Multiply line 25 by line 19				
27	Debt basis before nondeductible expenses and losses. Subtract line 26 from line 24	0			
28	Nondeductible expenses and oil and gas depletion deductions in excess of stock basis				
29	Debt basis before losses and deductions. Subtract line 28 from line 27. If the result is zero or less, enter -0-	0			
30	Allowable losses in excess of stock basis. Enter the amount from line 47, column (d)				
31	**Debt basis at the end of the corporation's tax year.** Subtract line 30 from line 29. If the result is zero or less, enter -0-	0			

Section C—Gain on Loan Repayment

32	Repayment. Enter the amount from line 19				
33	Nontaxable repayments. Enter the amount from line 26				
34	**Reportable gain.** Subtract line 33 from line 32	0			

Part III Shareholder Allowable Loss and Deduction Items

	Description	(a) Current year losses and deductions	(b) Carryover amounts (column (e)) from the previous year	(c) Allowable loss from stock basis	(d) Allowable loss from debt basis	(e) Carryover amounts
35	Ordinary business loss					
36	Net rental real estate loss					
37	Other net rental loss					
38	Net capital loss					
39	Net section 1231 loss					
40	Other loss					
41	Section 179 deductions					
42	Charitable contributions					
43	Investment interest expense					
44	Section 59(e)(2) expenditures					
45	Other deductions					
46	Foreign taxes paid or accrued					
47	**Total loss.** Add lines 35 through 46 for each column. Enter the total loss in column (c) on on line 11 and enter the total loss in column (d) on line 30					

Exhibit 10 - Joice Amaral Allen’s USCIS Notices I-918 and I-765

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
EAC2203650571		I918 - APPLICATION FOR U NONIMMIGRANT STATUS
Received Date	**Priority Date**	**Applicant**
11/02/2021		AMARAL, JOICE C
Notice Date	**Page**	**Beneficiary**
11/05/2021	1 of 2	AMARAL, JOICE C

JOICE C AMARAL
c/o CONNECTICUT INST FOR REFUGEES & IM
34 WOODLAND AVE
STAMFORD CT 06902

Notice Type: Receipt Notice
Fee Waived

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. **This is a courtesy copy, not the official notice.**

What the Official Notice Said

We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.

Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.

Contacting the Agency

If your safe mailing address changes and you do not have an attorney of record or representative on your case you must submit your address change in writing, with your signature, to the Vermont Service Center. Otherwise, you might not receive notice of your action on this case. If any other changes need to be made you also must contact the Vermont Service Center in writing. Please include what changes need to be made and your signature.

If you are an attorney of record and your client has cases filed with us you can contact the VAWA/T/U Customer Service Hotline: 1-802-527-4888.

Vermont Service Center
U.S. Citizenship & Immigration Services
75 Lower Welden Street
Saint Albans, VT 05479-0001

Processing time - Processing times vary by case type. Go to www.uscis.gov to see the current processing times listed by case type and office.

- View your case status on our website's Case Status Online page.
- You can also sign up to receive free email updates as we process your case.
- During most of the time while your case is pending, the processing status will not change. This is because we are working on cases that were filed before your case.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.
- If you do not receive an initial decision or update from us within our current processing time, contact the **VAWA Hotline 1-802-527-4888** or visit our website at www.uscis.gov

Biometrics - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:

- A passport or national photo ID issued by your country,
- A driver's license,
- A military photo ID, or
- A state-issued photo ID card.

If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.
Return of Original Documents - Use Form G-884, Request for the Return of Original Documents, to request the return of original documents submitted to establish eligibility for an immigration or citizenship benefit. You only need to submit one Form G-884 if you are requesting multiple documents contained

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
EAC2203650571		I918 - APPLICATION FOR U NONIMMIGRANT STATUS
Received Date	**Priority Date**	**Applicant**
11/02/2021		AMARAL, JOICE C
Notice Date	**Page**	**Beneficiary**
11/05/2021	2 of 2	AMARAL, JOICE C

in a single USCIS file. However, if the requested documentation is in more than one USCIS file, you must submit a separate request for each file. (For example: If you wish to obtain your mother's birth certificate and your parents' marriage certificate, both of which are in the USCIS file that pertains to her, submit one Form G-884 with your mother's information.)

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

If this is an interview or biometrics appointment notice, please see the back of this notice for important information.

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number		Case Type
EAC2203650571		I918 - PETITION FOR U NONIMMIGRANT STATUS
Received Date 11/02/2021	**Priority Date**	**Applicant** A220 620 896 AMARAL, JOICE C
Notice Date 12/14/2023	**Page** 1 of 1	**Beneficiary** A220 620 896 AMARAL, JOICE C

CONNECTICUT INST FOR REFUGEES & IM
c/o SHELLY ANN TOMLINSON
34 WOODLAND AVE
STAMFORD CT 06902

Notice Type: Bona Fide Determination Notice

CORRESPONDENCE

On 11/02/2021, you submitted a Form I-918, Petition for U Nonimmigrant Status. As the statutory cap for U-1 nonimmigrant status has been reached for this fiscal year, U.S. Citizenship and Immigration Services (USCIS) may not grant U-1 nonimmigrant status to any petitioner until new visas become available. Under 8 U.S.C. 1184(p)(6) and 1103(a), the Department of Homeland Security (DHS) may conduct a bona fide determination, and if warranted as a matter of discretion, provide employment authorization and deferred action.

At this time, the evidence demonstrates your petition for U nonimmigrant status is bona fide, and you warrant a favorable exercise of discretion to receive employment authorization and deferred action. Because USCIS has determined your petition is bona fide and you warrant a favorable exercise of discretion, you may be issued an employment authorization document and may be placed in deferred action. Deferred action is an act of administrative convenience to the government which gives some cases lower priority for removal.

Under 8 U.S.C. 1184(p)(6), if USCIS determines your petition is bona fide, you may submit a Form I-765, Application for Employment Authorization with this office. USCIS grants employment authorization based on the bona fide determination and favorable exercise of discretion described above under 8 U.S.C. 1184(p)(6), as well as under 8 CFR 274a.12(c)(14), which gives the agency the authority to provide employment authorization to noncitizens placed in deferred action. You filed a Form I-765 based on your pending Form I-918, which USCIS has determined is bona fide. Please be aware that your currently filed Form I-765 will be adjudicated as if it were filed under 8 CFR, section 274a.12(c)(14). You will receive separate correspondence regarding the adjudication of your Form I-765.

Priority for the issuance of U nonimmigrant status will be determined by the date the petition was received by USCIS. Once a visa is available to you, USCIS will determine your eligibility for U nonimmigrant status, and whether you are admissible to the United States.

If you are represented by an attorney, all further correspondence should be accompanied by Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative.

This notice does not constitute valid U nonimmigrant status or employment authorization, and may not be used to demonstrate legal immigration or employment status.

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

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

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
EAC2203650589		I765 - APPLICATION FOR EMPLOYMENT AUTHORIZATION
Received Date	**Priority Date**	**Applicant**
11/02/2021		AMARAL, JOICE C
Notice Date	**Page**	**Beneficiary**
11/05/2021	1 of 2	AMARAL, JOICE C

JOICE C AMARAL
c/o SHELLY ANN TOMLINSON
CONNECTICUT INST FOR REFUGEES & IM
34 WOODLAND AVE
STAMFORD CT 06902

Notice Type: Receipt Notice
Fee Waived
Class requested: C14

We have received the application or petition ("your case") listed above. This notice only shows that your case was filed on the "Received Date" listed above. It does NOT grant you any immigration status or immigration benefit, and it is not evidence that your case is still pending. We will notify you in writing when we make a decision on your case or if we need additional information.

Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.

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

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

Automatic 180 day Employment Authorization Document (EAD) Extension - This notice, by itself, does not grant any immigration status or benefit, nor is it evidence that this case is still pending. However, if:

- You have timely filed to renew your current Form I-765 EAD; and
- Your EAD renewal is under a category that is eligible for an automatic 180 day extension (see www.uscis.gov/I-765 for a list of categories); and
- The category on your current EAD matches the "Class Requested" listed on this Notice of Action (Note: If you are a Temporary Protected Status beneficiary or applicant, your EAD and this Notice must contain either the A12 or C19 class, but they do not need to match each other.) and
- You do not receive your renewal EAD before your current EAD expires;
- Then this Notice of Action automatically extends the validity of your EAD for up to 180 days from the expiration date printed on the face of the card. If all of the above conditions apply with respect to your EAD renewal application, you may present this Notice of Action with your expired EAD to your employer for employment eligibility verification (Form I-9) purposes. If your renewal application is denied, the automatic extension immediately terminates, and you may not provide this Notice of Action with your expired EAD for Form I-9 purposes. If your EAD is a combo card, the automatic extension does not apply to advance parole. For more information, please visit our website at www.uscis.gov/I-765.

Processing time - Processing times vary by form type.

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

You can receive updates on your case.

- Visit the Case Status Online website at www.uscis.gov/casestatus. Provide your receipt number and get the latest update on your case.
- Create an account at my.uscis.gov/account and receive email updates on your case.

Biometrics - We require biometrics (fingerprints, a photo, and a signature) for some types of cases. If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for biometrics processing. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:

- A passport or national photo ID issued by your country,
- A driver's license,
- A military photo ID, or

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Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number		Case Type
EAC2203650589		I765 - APPLICATION FOR EMPLOYMENT AUTHORIZATION
Received Date	**Priority Date**	**Applicant**
11/02/2021		AMARAL, JOICE C
Notice Date	**Page**	**Beneficiary**
11/05/2021	2 of 2	AMARAL, JOICE C

- A state-issued photo ID card.

If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.

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

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

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

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USCIS Contact Center: www.uscis.gov/contactcenter

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

Form I-797C, Notice of Action

THIS NOTICE DOES NOT GRANT ANY IMMIGRATION STATUS OR BENEFIT.

Receipt Number	USCIS Account Number	Case Type
EAC2203650589		I765 - APPLICATION FOR EMPLOYMENT AUTHORIZATION
Received Date	**Priority Date**	**Applicant** A220 620 896
11/02/2021		AMARAL, JOICE C
Notice Date	**Page**	
12/21/2023	1 of 1	

JOICE C AMARAL
c/o CONNECTICUT INST FOR REFUGEES & IM
34 WOODLAND AVE
STAMFORD CT 06902

Notice Type: Approval Notice
Class: C14
Valid from 12/21/2023 to 12/20/2027

We have mailed an official notice about this case (and any relevant documentation) according to the mailing preferences you chose on Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative. **This is a courtesy copy, not the official notice.**

What the Official Notice Said

We have approved your application for employment authorization. We will send your Employment Authorization Document (EAD) (also known as an EAD card or Form I-766) to you separately. Your EAD card should be produced within one to two weeks. Your EAD card will be mailed via U.S. Postal Service (USPS) Priority Mail with Delivery Confirmation to the address you designated. The time frame in which you will receive your EAD card may vary, depending on USPS delivery times. Please allow a total of 30 days from approval before inquiring with USCIS. We encourage you to use Case Status Online https://egov.uscis.gov/ to find your USPS tracking number for EAD card delivery. If you have not received your EAD card within this time frame, please visit https://egov.uscis.gov/e-request/Intro.do for instructions on how to submit an inquiry.

Your EAD card is proof that you are allowed to work in the United States. Show the card to your employer to verify your authorization to work during the dates on the card. You cannot use this approval notice as proof of your employment authorization.

When you receive your EAD card, please check that all the information on the card is correct. If you need to change any information on the card, please mail all of the following to the office listed below:

- A letter explaining what information needs to be corrected,
- Your EAD card,
- A photocopy of this notice, and
- Evidence to show what the correct information should be. For example, if you need to correct your name, submit a copy of your birth certificate or official name change.

If You Have a Pending Form I-485

If you have a pending or approved Form I-140 and a pending Form I-485, you may request to change employers if your Form I-485 has been pending for at least 180 days. In order to do so, you need to submit documentation about your new job offer. For more information on how to request a change of employers and what information you must submit, please visit the USCIS website at www.uscis.gov.

If your EAD card expires before we make a final decision on your Form I-485, you may apply for a new EAD card.

THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA OR EVIDENCE OF EMPLOYMENT AUTHORIZATION.
NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

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