



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) Jussiara	Middle Name (if any) COSTA	Family Name (Last Name) PEREIRA	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State ▼	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 675 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			





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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Marcio	Middle Name (if any) N/A	Family Name (Last Name) DOS REIS	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 1440.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



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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**.

[I-765, Application for Employment Authorization](#)

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Marcio	Middle Name (if any) N/A	Family Name (Last Name) DOS REIS	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 260.00
Credit Card Expiration Date CVV Code (mm/yyyy)			

FedEx, UPS, and DHL deliveries:
USCIS
Attn: AOS (Box 805887)
131 S. Dearborn St., 3rd Floor
Chicago, IL 60603-5517

RE: Form I-130, Petition for Alien Relative
Petitioner: Jussiara Costa Pereira (A# 066-124-649)
Beneficiary: Marcio dos Reis (A# 235-858-005)

Dear Sir or Madam,

Please find enclosed Form I-130, Petition for Alien Relative, along with all required supporting documentation, submitted by counsel on behalf of Mr. Marcio dos Reis.

Please note that the beneficiary, Mr. Marcio dos Reis, was placed in removal proceedings in December 2025. Such proceedings were terminated in March 2026. Accordingly, jurisdiction to adjudicate the beneficiary's adjustment of status now properly rests with USCIS (See Exhibit 14).

Form G-1450, Authorization for Credit Card Transactions

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

- Marcio dos Reis' 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. Jussiara Costa Pereira's Identification Documents

- Jussiara Costa Pereira's Birth Certificate with English Translation;
- Jussiara Costa Pereira's Valid Passport;
- Jussiara Costa Pereira's Certificate of Naturalization;
- Jussiara Costa Pereira's Driver License;

II. Marcio dos Reis' Identification Documents:

- Marcio dos Reis' Birth Certificate with English Translation;
- Marcio dos Reis' Valid Passport;

- Marcio dos Reis' Copy of I-94;
- Marcio dos Reis' Driver License;

IV. Jussara Costa Pereira and Marcio dos Reis' Marriage Certificate

VI. Evidence of Bona Fide Marriage

- Jussara Costa Pereira' Personal Declaration with English Translation;
- Marcio dos Reis' Personal Declaration with English Translation;
- Jussara Costa Pereira and Marcio dos Reis' Joint Bank Account - Wells Fargo;
- Jussara Costa Pereira' Life Insurance listing Marcio dos Reis as Spouse and Beneficiary;

- Jussara Costa Pereira's Health Insurance listing Marcio dos Reis as Beneficiary;
- Marcio dos Reis' Car Insurance listing Jussara Costa Pereira as Beneficiary;
- Jussara Costa Pereira and Marcio dos Reis' Lease Agreement;
- Jussara Costa Pereira and Marcio dos Reis' Apartment Deposit Confirmation;

Letter of Support

- Letter of Support Delivered by Pastor Giuliano Malotti;
- Letter of Support Delivered by Vinicius Sales Reis;
- Letter of Support Delivered by Lucas Vasconcelos Barum;
- Letter of Support Delivered by Andrei Renato Foster;
- Letter of Support Delivered by Anita Sylvania da Silva Ventorin;

Photographic Evidence of Relationship

VII. Evidence of Jussara Costa Pereira's Dissolution of Prior Marriage

VIII. Evidence of Marcio dos Reis' Dissolution of Prior Marriage

IX. Most Recent IRS Income Tax Return filed Jointly by Jussara Costa Pereira and Marcio dos Reis

- Jussara Costa Pereira's IRS Federal Income Tax Return - 2025

X. Petitioner's Financial Information - Jussara Costa Pereira

- Jussara Costa Pereira's IRS Federal Income Tax Return - 2023
- Jussara Costa Pereira's IRS Federal Income Tax Return - 2024
- Jussara Costa Pereira's Instacart Earning Summary - 2025
- Jussara Costa Pereira's Bank Statements (September 2025 to March 2026)

XI. Marcio dos Reis' Financial Information

- Marcio dos Reis' Payslips (December 2025 to March 2026)

XII. Evidence that Marcio dos Reis' Income will Continue from the Current Source After Obtaining Lawful Permanent Resident Status

- Employment Verification Letter (Baja Beach Cafe)

- Employment Verification Letter (Brazilian Gardening Service)

XIII. Proof of Termination of Proceedings and USCIS Authority to Adjudicate Form I-485 - Marcio dos Reis

XIV. Records of Business Operation and Specialized Services Rendered under O-1B Nonimmigrant Status - Marcio dos Reis

XV. Brazilian Corporate Tax Identification and Business Registration Certificate - Marcio dos Reis

XVI. Marcio dos Reis' photo 2x2

A handwritten signature in blue ink, appearing to be "O. Haverroth Silva".

Date: 04/08/2026

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

**JUSSIARA COSTA PEREIRA'S SIGNED
FORMS**



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

Address of Attorney or Accredited Representative

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

Contact Information of Attorney or Accredited Representative

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

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

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

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

2.b. Name of Recognized Organization
N/A

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

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

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

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



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130 I-130A 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) PEREIRA

6.b. Given Name (First Name) Jussiara

6.c. Middle Name Costa

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- 0 6 6 1 2 4 6 4 3

Client's Contact Information

10. Daytime Telephone Number

6194157418

11. Mobile Telephone Number (if any)

6194157418

12. Email Address (if any)

jussiara65@gmail.com

Mailing Address of Client

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

13.a. Street Number and Name PO Box 90487

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

13.c. City or Town San Diego

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

13.f. Province N/A

13.g. Postal Code N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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



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

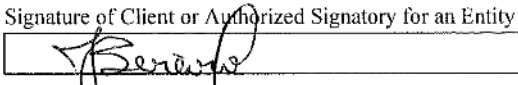
Options Regarding Receipt of USCIS Notices and Documents

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

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

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

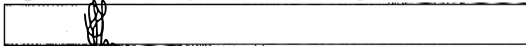
Signature of Client or Authorized Signatory for an Entity

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

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative



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

2. a. Signature of Law Student or Law Graduate

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



Part 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)
5.b. Given Name (First Name)
5.c. Middle Name

Other Information

6. City/Town/Village of Birth
7. Country of Birth
8. Date of Birth (mm/dd/yyyy)
9. Sex Male Female

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name
10.b. Street Number and Name
10.c. Apt. Ste. Flr.
10.d. City or Town
10.e. State 10.f. ZIP Code
10.g. Province
10.h. Postal Code
10.i. Country
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
12.b. Apt. Ste. Flr.
12.c. City or Town
12.d. State 12.e. ZIP Code
12.f. Province
12.g. Postal Code
12.h. Country
13.a. Date From (mm/dd/yyyy)
13.b. Date To (mm/dd/yyyy)

Physical Address 2

14.a. Street Number and Name
14.b. Apt. Ste. Flr.
14.c. City or Town
14.d. State 14.e. ZIP Code
14.f. Province
14.g. Postal Code
14.h. Country
15.a. Date From (mm/dd/yyyy)
15.b. Date To (mm/dd/yyyy)

Your Marital Information

16. How many times have you been married?
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) **09/16/2025**

Place of Your Current Marriage (if married)

19.a. City or Town **San Diego**

19.b. State **CA**

19.c. Province

19.d. Country
USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name) **DOS REIS**

20.b. Given Name (First Name) **Marcio**

20.c. Middle Name **N/A**

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

Spouse 2

22.a. Family Name (Last Name) **Mendes Carneiro**

22.b. Given Name (First Name) **Manuel**

22.c. Middle Name **N/A**

23. Date Marriage Ended (mm/dd/yyyy) **10/28/2023**

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name (Last Name) **Pereira**

24.b. Given Name (First Name) **Joao Antonio**

24.c. Middle Name **N/A**

25. Date of Birth (mm/dd/yyyy) **06/24/1925**

26. Sex Male Female

27. Country of Birth
Brazil

28. City/Town/Village of Residence
Gandu

29. Country of Residence
Deceased

Parent 2's Information

Full Name of Parent 2

30.a. Family Name (Last Name) **Costa Pereira**

30.b. Given Name (First Name) **Julieta**

30.c. Middle Name **N/A**

31. Date of Birth (mm/dd/yyyy) **05/08/1927**

32. Sex Male Female

33. Country of Birth
Brazil

34. City/Town/Village of Residence
Gandu

35. Country of Residence
Deceased

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
44962715

39.b. Place of Issuance
San Diego

39.c. Date of Issuance (mm/dd/yyyy) **07/25/2023**



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

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

40.a. Class of Admission

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

Place of Admission

40.c. City or Town

40.d State

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

Yes No

Employment History

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

Employer 1

42. Name of Employer/Company

43.a. Street Number and Name

43.b. Apt. Ste. Flr.

43.c. City or Town

43.d. State

43.e. ZIP Code

43.f. Province

43.g. Postal Code

43.h. Country

44. Your Occupation

45.a. Date From (mm/dd/yyyy)

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

Employer 2

46. Name of Employer/Company

47.a. Street Number and Name

47.b. Apt. Ste. Flr.

47.c. City or Town

47.d. State

47.e. ZIP Code

47.f. Province

47.g. Postal Code

47.h. Country

48. Your Occupation

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

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

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 Inches

4. Weight

Pounds

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- 2 3 5 8 5 8 0 0 5

2. USCIS Online Account Number (if any)

▶ N/A

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

▶ 8 1 4 3 4 9 2 7 8

Beneficiary's Full Name

- 4.a. Family Name (Last Name) **DOS REIS**
- 4.b. Given Name (First Name) **Marcio**
- 4.c. Middle Name **N/A**

Other Names Used (if any)

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

- 5.a. Family Name (Last Name) **N/A**
- 5.b. Given Name (First Name) **N/A**
- 5.c. Middle Name **N/A**

Other Information About Beneficiary

6. City/Town/Village of Birth
Sao Paulo
7. Country of Birth
Brazil
8. Date of Birth (mm/dd/yyyy) **08/08/1976**
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 **5550 Balboa Arms**
- 11.b. Apt. Ste. Flr. **94**
- 11.c. City or Town **San Diego**
- 11.d. State **CA** 11.e. ZIP Code **92117**
- 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. **Same**
- 12.c. City or Town **Same**
- 12.d. State **Same** 12.e. ZIP Code **Same**

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)
8582227565



Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)
8582227565
16. Email Address (if any)
mreis2@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?
▶ 2
18. Current Marital Status
 Single, Never Married Married Divorced
 Widowed Separated Annulled
19. Date of Current Marriage (if currently married)
(mm/dd/yyyy) 09/16/2025

Place of Beneficiary's Current Marriage
(if married)

- 20.a. City or Town San Diego
- 20.b. State CA
- 20.c. Province
- 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) PEREIRA
- 21.b. Given Name (First Name) Jussiara
- 21.c. Middle Name Costa
22. Date Marriage Ended (mm/dd/yyyy) Present

Spouse 2

- 23.a. Family Name (Last Name) DAS NEVES
- 23.b. Given Name (First Name) Aline Maria
- 23.c. Middle Name N/A

24. Date Marriage Ended (mm/dd/yyyy) 09/20/2021

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

- 25.a. Family Name (Last Name) SALES REIS
- 25.b. Given Name (First Name) Vinicius
- 25.c. Middle Name N/A
26. Relationship Child
27. Date of Birth (mm/dd/yyyy) 11/17/1998
28. Country of Birth Brazil

Person 2

- 29.a. Family Name (Last Name) PEREIRA
- 29.b. Given Name (First Name) Jussiara
- 29.c. Middle Name Costa
30. Relationship Spouse
31. Date of Birth (mm/dd/yyyy) 02/16/1965
32. Country of Birth Brazil

Person 3

- 33.a. Family Name (Last Name) PEREIRA NETO
- 33.b. Given Name (First Name) Joao Antonio
- 33.c. Middle Name N/A
34. Relationship Stepchild
35. Date of Birth (mm/dd/yyyy) 11/29/1988
36. Country of Birth Brazil



Part 4. Information About Beneficiary
(continued)

Person 4

37.a. Family Name (Last Name) **PEREIRA NOGUEIRA**

37.b. Given Name (First Name) **Franco**

37.c. Middle Name **N/A**

38. Relationship **Stepchild**

39. Date of Birth (mm/dd/yyyy) **06/18/1985**

40. Country of Birth **Brazil**

Person 5

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

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

41.c. Middle Name **N/A**

42. Relationship **N/A**

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

44. Country of Birth **N/A**

Beneficiary's Entry Information

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

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

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

46.b. Form I-94 Arrival-Departure Record Number
▶ **7 7 0 1 4 1 7 5 4 A 2**

46.c. Date of Arrival (mm/dd/yyyy) **02/16/2022**

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
08/15/2022

47. Passport Number
FT765726

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)
07/31/2027

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)
Baja Beach Cafe

51.b. Street Number and Name **701 Thomas Ave**

51.c. Apt. Ste. Flr. **N/A**

51.d. City or Town **San Diego**

51.e. State **CA** 51.f. ZIP Code **92109**

51.g. Province **N/A**

51.h. Postal Code **N/A**

51.i. Country
USA

52. Date Employment Began (mm/dd/yyyy)
02/28/2023

Additional Information About Beneficiary

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

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
 Removal Exclusion/Deportation
 Rescission Other Judicial Proceedings

55.a. City or Town
San Diego

55.b. State **CA**

56. Date (mm/dd/yyyy)
12/02/2025



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)

57.b. Given Name (First Name)

57.c. Middle Name

58.a. Street Number and Name

58.b. Apt. Ste. Flr.

58.c. City or Town

58.d. Province

58.e. Postal Code

58.f. Country

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

59.a. Street Number and Name

59.b. Apt. Ste. Flr.

59.c. City or Town

59.d. State 59.e. ZIP Code

59.f. Province

59.g. Postal Code

59.h. Country

60.a. Date From (mm/dd/yyyy)

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

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

61.b. State

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

62.b. Province

62.c. Country

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. City or Town

3.b. State

4. Date Filed (mm/dd/yyyy)

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

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

Relative 1

6.a. Family Name (Last Name)

6.b. Given Name (First Name)

6.c. Middle Name

7. Relationship



Part 5. Other Information (continued)

Relative 2

8.a. Family Name (Last Name)

8.b. Given Name (First Name)

8.c. Middle Name

9. Relationship

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number

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

5. Petitioner's Email Address (if any)

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)

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)
[Signature Box]
- 7.b. Date of Signature (mm/dd/yyyy) [Date Box]

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.
- 3.c. City or Town
San Diego
- 3.d. State CA 3.e. ZIP Code 92169
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country
USA



Part 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) 
[Signature box]
- 8.b. Date of Signature (mm/dd/yyyy) 03/04/2026



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)
 1.b. Given Name (First Name)
 1.c. Middle Name
 2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.





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).

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

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- 2 3 5 8 5 8 0 0 5

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

Your Full Name

3.a. Family Name (Last Name) **DOS REIS**

3.b. Given Name (First Name) **Marcio**

3.c. Middle Name **N/A**

Address History

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

Physical Address 1

4.a. Street Number and Name **550 Balboa Arms**

4.b. Apt. Ste. Flr. **94**

4.c. City or Town **San Diego**

4.d. State **CA** 4.e. ZIP Code **92117**

4.f. Province **N/A**

4.g. Postal Code **N/A**

4.h. Country **USA**

5.a. Date From (mm/dd/yyyy) **02/06/2026**

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

Physical Address 2

6.a. Street Number and Name **4080 Hancock St**

6.b. Apt. Ste. Flr. **4306**

6.c. City or Town **San Diego**

6.d. State **CA** 6.e. ZIP Code **92110**

6.f. Province **N/A**

6.g. Postal Code **N/A**

6.h. Country **USA**

7.a. Date From (mm/dd/yyyy) **10/01/2025**

7.b. Date To (mm/dd/yyyy) **02/06/2026**

Last Physical Address Outside the United States

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

8.a. Street Number and Name **Rua Belem Sao Francisco 202**

8.b. Apt. Ste. Flr. **N/A**

8.c. City or Town **Sao Paulo**

8.d. Province **N/A**

8.e. Postal Code **03802000**

8.f. Country **Brazil**



Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) **10/01/2010**

9.b. Date To (mm/dd/yyyy) **02/16/2023**

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) **DOS REIS**

10.b. Given Name (First Name) **Carlos**

10.c. Middle Name **N/A**

11. Date of Birth (mm/dd/yyyy) **01/16/1955**

12. Sex Male Female

13. City/Town/Village of Birth **Jaguapita**

14. Country of Birth **Brazil**

15. City/Town/Village of Residence **Sao Paulo**

16. Country of Residence **Brazil**

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) **EUGENIO DOS REIS**

17.b. Given Name (First Name) **Valdenizia**

17.c. Middle Name **N/A**

18. Date of Birth (mm/dd/yyyy) **10/04/1957**

19. Sex Male Female

20. City/Town/Village of Birth **Cancao**

21. Country of Birth **Brazil**

22. City/Town/Village of Residence **Una**

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 **Baja Beach Cafe**

2.a. Street Number and Name **701 Thomas Ave**

2.b. Apt. Ste. Flr. **N/A**

2.c. City or Town **San Diego**

2.d. State **CA** 2.e. ZIP Code **92109**

2.f. Province **N/A**

2.g. Postal Code **N/A**

2.h. Country **USA**

3. Your Occupation **Cook**

4.a. Date From (mm/dd/yyyy) **02/28/2023**

4.b. Date To (mm/dd/yyyy) **Present**

Employer 2

5. Name of Employer/Company **Brazilian Gardening Service**

6.a. Street Number and Name **6675 Missin George Rd**

6.b. Apt. Ste. Flr. **N/A**

6.c. City or Town **San Diego**

6.d. State **CA** 6.e. ZIP Code **92120**

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
Gardner

8.a. Date From (mm/dd/yyyy) **07/01/2025**

8.b. Date To (mm/dd/yyyy) **Present**

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
Marcio dos Reis 25920573821

2.a. Street Number and Name **Av Botussuru 666**

2.b. Apt. Ste. Flr. **N/A**

2.c. City or Town **Sao Paulo**

2.d. State **SP** 2.e. ZIP Code **03802000**

2.f. Province **N/A**

2.g. Postal Code **N/A**

2.h. Country
Brazil

3. Your Occupation
Owner

4.a. Date From (mm/dd/yyyy) **12/21/2011**

4.b. Date To (mm/dd/yyyy) **Present**

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number
8582227565

4. Spouse Beneficiary's Mobile Telephone Number (if any)
8582227565

5. Spouse Beneficiary's Email Address (if any)
mreis2@gmail.com

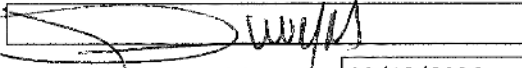
Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

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


6.b. Date of Signature (mm/dd/yyyy) **03/13/2026**

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

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

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

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
INACIO PENNA MELLO
- 1.b. Interpreter's Given Name (First Name)
Andre Vinicius
2. Interpreter's Business or Organization Name (if any)
HS Law Corp

Interpreter's Mailing Address

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

Interpreter's Contact Information

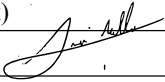
4. Interpreter's Daytime Telephone Number
4154252508
5. Interpreter's Mobile Telephone Number (if any)
4154252508
6. Interpreter's Email Address (if any)
andre@yousalaw.com

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

- 7.b. Date of Signature (mm/dd/yyyy) **03/13/2026**

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

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

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
Haverroth Silva
- 1.b. Preparer's Given Name (First Name)
Otavio
2. Preparer's Business or Organization Name (if any)
HS Law Corp

Preparer's Mailing Address

- 3.a. Street Number and Name
PO Box 90487
- 3.b. Apt. Ste. Flr. **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
- 5. Preparer's Mobile Telephone Number (if any)
- 6. Preparer's Email Address (if any)

Preparer's Statement


- 7.a. I am not an attorney or accredited representative but have prepared this form on behalf of the spouse beneficiary and with the spouse beneficiary's consent.
- 7.b. I am an attorney or accredited representative and my representation of the spouse beneficiary in this case extends does not extend beyond the preparation of this form.

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature (sign in ink) 
- 8.b. Date of Signature (mm/dd/yyyy)



Part 7. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d. **9110 Judicial Dr, apt 8326, San Diego CA 92122**
From 11/2023 to 10/2025

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

4.d. **9110 Judicial Dr, Apt 5224**
San Diego, Ca - 92122
From 03/2022 to 11/2023

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

5.d. **The spouse beneficiary mother's name changed after she got married. Her name as a single woman was Valdemizia Eugenio de Souza, whereas her current married name is Valdenizia Eugenio dos Reis.**

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

6.d. **Tatui Brasil Surfboards LLC**
4721 Lithrop, San Diego, CA 92117
Owner
From 05/16/2022 to 02/02/2023

MARCIO DOS REIS 25920573821
Av Boturussu, 666, São Paulo SP 03.802-000, Brazil
Owner
From 12/21/2011 to 02/15/2022

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

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

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
PEREIRA	Jussiara	Costa



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

5550 Balboa Arms

Apt. Ste. Flr. Number

94

City or Town

San Diego

State

CA

ZIP Code

92117

Province

N/A

Postal Code

N/A

Country

USA

Other Information

5. Country of Domicile

USA

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

02/16/1965

7. Country of Birth

Brazil

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

▶ 2 1 6 9 5 8 6 8 9

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-0 6 6 1 2 4 6 4 3

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)

DOS REIS

Given Name (First Name)

Marcio

Middle Name (if applicable)

N/A

2. Current Mailing Address

In Care Of Name (if any)

Otavio Haverroth Silva

Street Number and Name

PO Box 90487

Apt. Ste. Flr. Number

N/A

City or Town

San Diego

State

CA

ZIP Code

92169

Province

N/A

Postal Code

N/A

Country

USA

Other Information

3. Country of Citizenship or Nationality

Brazil

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

08/08/1976

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

▶ A-2 3 5 8 5 8 0 0 5

6. USCIS Online Account Number (if any)

▶ N/A

7. Daytime Telephone Number

8582227565

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)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

Relationship to Principal Immigrant

N/A

Date of Birth (mm/dd/yyyy)

N/A

Alien Registration Number (A-Number, if any)

▶ N/A

USCIS Online Account Number (if any)

▶ N/A



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

5. Family Member 2

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

6. Family Member 3

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

7. Family Member 4

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

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



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Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

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

Household Size: 2

Part 6. Sponsor's Employment and Income

I am currently:

1. Employed as a/an Shopper
2. Name of Employer 1 Instacart
3. Name of Employer 2 (if applicable) Delicious by juju
4. Self-Employed as a/an (Occupation) Owner
5. Retired Since (mm/dd/yyyy)
6. Unemployed Since (mm/dd/yyyy)
7. My current individual annual income is: \$ 12,284.00

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.



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

8. Person 1

Name Marcio dos Reis	Relationship Spouse
Current Income \$ 51,100.00	

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.) \$ **63,384.00**
- 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. **Marcio dos Reis is the intending immigrant spouse**

Federal Tax Return Information

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

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

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



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

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

	Tax Year	Total Income
16.a. Most Recent	2025	\$ 61,356
16.b. 2nd Most Recent	2024	\$ 13,926
16.c. 3rd Most Recent	2023	\$ 22,005

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

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

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

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

Your Assets (if applicable)

1. Enter the balance of all cash, savings, and checking accounts. \$
2. Enter the net cash value of real-estate holdings. (Net value means assessed value minus mortgage debt.) \$
3. Enter the net cash value of all stocks, bonds, certificates of deposit, and any other assets not already included in **Item Number 1.** or **Item Number 2.** \$
4. Add together **Item Numbers 1. - 3.** and enter the number here. \$

Assets of your household members (if applicable)

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

5. Add together the household members' assets reported on all the Form I-864A **Part 4., Item Number 6.** and enter the number here. **TOTAL:** \$



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

Assets of the principal sponsored immigrant (if applicable).

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

- 6. Enter the balance of the principal immigrant's savings and checking accounts. \$
- 7. Enter the net cash value of all the principal immigrant's real estate holdings. (Net value means investment value minus mortgage debt.) \$
- 8. Enter the current cash value of the principal immigrant's stocks, bonds, certificates of deposit, and other assets not included in **Item Number 6.** or **Item Number 7.** \$
- 9. Add together **Item Numbers 6. - 8.** and enter the number here. \$

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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



Part 8. Sponsor's Contract, Contact Information, Certification, and Signature (continued)**What Other Consequences Are There?**

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

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

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

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

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



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

Sponsor's Statement

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
6194157418
4. Sponsor's Mobile Telephone Number (if any)
6194157418
5. Sponsor's Email Address (if any)
jussiara65@gmail.com

Sponsor's Declaration and Certification

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature  Date of Signature (mm/dd/yyyy)
03/26/2026

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



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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

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

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

Preparer's Full Name

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

Preparer's Contact Information

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

Preparer's Certification and Signature

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

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



Part 11. Additional Information

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

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

2. A-Number (if any) ▶ A-

3. Page Number Part Number Item Number

Name of employer 3: **Uber Technologies - Shopper**

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A

6. Page Number Part Number Item Number

N/A



MARCIO DOS REIS' SIGNED FORMS



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

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

3.b. Apt. Ste. Flr. **N/A**

3.c. City or Town **San Diego**

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

3.f. Province **N/A**

3.g. Postal Code **N/A**

3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**

5. Mobile Telephone Number (if any) **5102419336**

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all** applicable items.

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

Licensing Authority

California

1.b. Bar Number (if applicable)

343486

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

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

HS Law Corp

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

2.b. Name of Recognized Organization

N/A

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

N/A

3. I am associated with

N/A

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

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

4.b. Name of Law Student or Law Graduate

N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

N / A

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

Applicant Petitioner Requestor

Beneficiary/Derivative Respondent (ICE, CBP)

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

6.a. Family Name (Last Name) DOS REIS

6.b. Given Name (First Name) Marcio

6.c. Middle Name N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

N/A

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

A- 2 3 5 8 5 8 0 0 5

Client's Contact Information

10. Daytime Telephone Number

8582227565

11. Mobile Telephone Number (if any)

8582227565

12. Email Address (if any)

mreis2@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) 03/25/2026

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) 03/25/2026

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


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



Part 6. Additional Information

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

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

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

2.d.
~~N/A~~
~~N/A~~
~~N/A~~
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3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.
~~N/A~~
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4.a. Page Number 4.b. Part Number 4.c. Item Number

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

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

6.d.
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~~N/A~~





Application to Register Permanent Residence or Adjust Status

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

USCIS
Form I-485
OMB No. 1615-0023
Expires 10/31/2027

For USCIS Use Only

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

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

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

▶ **START HERE - Type or print in black ink.** A-Number ▶ A- 2 3 5 8 5 8 0 0 5

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.
For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information.**

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

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

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

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

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

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

3. Date of Birth (mm/dd/yyyy) 08/08/1976

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

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

N/A
N/A



A-Number ▶ A-

2	3	5	8	5	8	0	0	5
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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	3	5	8	5	8	0	0	5
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5. Have you ever used, or been assigned, any other A-Number? Yes No

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

N/A

6. Sex Male Female

7. Place of Birth

City or Town of Birth	Country of Birth
Sao Paulo	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

FT765726

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

07/31/2027

Country that Issued this Passport or Travel Document

Brazil

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

M4013394

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

09/18/2017

Place and Date of Last Arrival into the United States

City or Town	State	Date of Last Arrival (mm/dd/yyyy)
New Orleans	LA	02/16/2022

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):

B2

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

--

I came into the United States without admission or parole.

Other:

--



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

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

Family Name (Last Name) DOS REIS	Given Name (First Name) Marcio
--	--

Form I-94 Arrival/Departure Record Number ▶

7	7	0	1	4	1	7	5	4	A	2
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Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status **08/15/2022**

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

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any)
Marcio dos Reis

Street Number and Name 5550 Balboa Arms	Apt.	Ste.	Flr.	Number 94
---	------	------	------	---------------------

City or Town San Diego	State CA	ZIP Code 92117
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Date You First Resided at This Address (mm/dd/yyyy) **02/06/2026**

Is this your current mailing address? Yes No

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

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

In Care Of Name (if any)
Otavio Haverroth Silva

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

City or Town San Diego	State CA	ZIP Code 92169
----------------------------------	--------------------	--------------------------



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)

Marcio dos Reis

Street Number and Name

4080 Hancock St

Apt. Ste. Flr. Number

4396

City or Town

San Diego

State

CA

ZIP Code

92110

Province

N/A

Postal Code

N/A

Country

USA

Dates of Residence

From (mm/dd/yyyy) **10/01/2025**

To (mm/dd/yyyy) **02/06/2026**

Most Recent Address Outside the United States

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

Street Number and Name

202 Rua Belem Sao Francisco

Apt. Ste. Flr. Number

N/A

City or Town

Sao Paulo

State

SP

ZIP Code

03802000

Province

N/A

Postal Code

N/A

Country

Brazil

Dates of Residence

From (mm/dd/yyyy) **01/10/2010**

To (mm/dd/yyyy) **02/16/2022**

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	1	4	3	4	9	2	7	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 Yes No in removal, exclusion, rescission, or deportation proceedings?
2. Receipt Number of Underlying Petition (if any) Priority Date from Underlying Petition (if any)
 (mm/dd/yyyy)

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

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

Principal Applicant's Name

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

Principal Applicant's A-Number (if any) ► A- Principal Applicant's Date of Birth
 (mm/dd/yyyy)

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 YesIf you answered "Yes," is this relative your (select **only one** box): Father Mother Child Adult Son Adult Daughter Brother Sister None of These

Is the relative above a:

 U.S. Citizen U.S. National Lawful Permanent Resident None of These**3.c. Special Immigrant** Special Immigrant Juvenile, Form I-360 Certain Afghan or Iraqi National, Form I-360 or Form DS-157 Certain International Broadcaster, Form I-360 Certain G-4 International Organization or Family Member or NATO-6 Employee or Family Member, Form I-360 Certain U.S. Armed Forces Members (also known as the Six and Six program), Form I-360 Panama Canal Zone Employees, Form I-360 Certain Physicians, Form I-360 Certain Employee or Former Employee of the U.S. Government Abroad, DS-1884

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

 Minister of Religion Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

The Cuban Adjustment Act

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

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

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

Lautenberg Parolees

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

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

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

3.g. Additional Options

Diversity Visa program

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

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

Individual Born in the United States Under Diplomatic Status

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

Other Eligibility

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

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

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



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

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

- 1.a. I have earned or can receive credit for 40 qualifying quarters (credits) of work in the United States (as defined by the Social Security Act (SSA)). (Attach your SSA earnings statements. Do not count any quarters during which you received a means-tested public benefit.)
- 1.b. I am under 18 years of age, unmarried, the child of a U.S. citizen, am not likely to become a public charge, and will automatically become a U.S. citizen under INA section 320, upon my admission as a lawful permanent resident.
- 1.c. I am applying under the widow or widower of a U.S. citizen (Form I-360) immigrant category.
- 1.d. I am applying as a VAWA self-petitioner.
- 1.e. None of these exemptions apply to me and I am not required by statute to submit an Affidavit of Support Under Section 213A of the INA, nor am I required to request an exemption.
- 1.f. None of these exemptions apply to me and I am not requesting an exemption as I am required to submit an Affidavit of Support Under Section 213A of the INA.

Part 4. Additional Information About You

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

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

2. Location of U.S. Embassy or U.S. Consulate
- | | |
|--------------|---------|
| City or Town | Country |
| N/A | N/A |

3. Decision (for example, approved, refused, denied, withdrawn) 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)	Name of Employer, Company, or School
Employer	Baja Beach Cafe

Your Occupation (if unemployed or retired, so state)

Cook



Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

791 Thomas Ave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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City or Town State ZIP Code

San Diego	CA	92109
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Province Postal Code Country

N/A	N/A	USA
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Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy)

02/28/2023

 To (mm/dd/yyyy)

Present

If unemployed or retired, source of financial support:

N/A

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

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

MARCIO DOS REIS 25920573821	owner
------------------------------------	--------------

Address of Employer, Company, or School

Street Number and Name Apt. Ste. Flr. Number

666 Av Boturussu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
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City or Town State ZIP Code

Sao Paulo	SP	03.802-000
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Province Postal Code Country

N/A	N/A	Brazil
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Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy)

12/21/2011

 To (mm/dd/yyyy)

02/16/2022

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

DOS REIS	Carlos	N/A
-----------------	---------------	------------

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

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

N/A	N/A	N/A
------------	------------	------------

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

01/16/1955



Part 5. Information About Your Parents (continued)4. Country of Birth

Brazil

Information About Your Parent 25. Parent 2's Legal Name
Family Name (Last Name)

EUGENIO DOS REIS

 Given Name (First Name)

Valdenizia

 Middle Name (if applicable)

N/A

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

EUGENIO DE SOUSA

 Given Name (First Name)

Valdenizia

 Middle Name (if applicable)

N/A

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

10/04/1957

8. Country of Birth

Brazil

Part 6. Information About Your Marital History1. 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)?

2

Information About Your Current Marriage (including if you are legally separated)4. Current Spouse's Legal Name
Family Name (Last Name)

COSTA PEREIRA

 Given Name (First Name)

Jussiara

 Middle Name (if applicable)

N/A

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

0	6	6	1	2	4	6	4	3
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 6. Current Spouse's Date of Birth (mm/dd/yyyy)

02/16/1965

7. Current Spouse's Country of Birth

Brazil

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

5550 Balboa Arms Dr

 Apt. Ste. Flr. Number

94

City or Town

San Diego

 State

CA

 ZIP Code

92117

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 State or Province

Country

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

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

Information About Prior Marriages (if any)

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

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

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

13. Prior Spouse's Country of Birth

14. Prior Spouse's Country of Citizenship or Nationality

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

16. Place of Marriage to Prior Spouse

City or Town State or Province

Country

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town State or Province

Country

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

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

Annulled Divorced Spouse Deceased Other (Explain):



Part 7. Information About Your Children

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

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

3

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)

SALES REIS

Given Name (First Name)

Vinicius

Middle Name (if applicable)

N/A

A-Number (if any) ► A-

N/A

Date of Birth (mm/dd/yyyy)

10/18/1997

Country of Birth

Brazil

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

Biological child

Is this child also applying now on a separate Form I-485?

Yes No

3. Child 2

Current Legal Name

Family Name (Last Name)

PEREIRA NETO

Given Name (First Name)

Joao Antonio

Middle Name (if applicable)

N/A

A-Number (if any) ► A-

N/A

Date of Birth (mm/dd/yyyy)

11/29/1988

Country of Birth

Brazil

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



Part 8. Biographic Information

1. Ethnicity (Select **only one** box)
 Hispanic or Latino Not Hispanic or Latino
2. Race (Select **all applicable** boxes)
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White
3. Height Feet Inches 4. Weight Pounds
5. Eye Color (Select **only one** box)
 Black Blue Brown Gray Green Hazel Maroon Pink Unknown/Other
6. Hair Color (Select **only one** box)
 Bald (No hair) Black Blond Brown Gray Red Sandy White Unknown/Other

Part 9. General Eligibility and Inadmissibility Grounds

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

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

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

Organization 1

2. Name of Organization
3. City or Town State or Province
 Country
4. Nature of Organization, including its purposes and activities, whether illicit or legitimate.

 Nature of involvement in organization, including role or positions(s) held, whether illicit or legitimate.
5. Dates of Membership or Dates of Involvement
 From (mm/dd/yyyy) To (mm/dd/yyyy)

Organization 2

6. Name of Organization



Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town State or Province

Country

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

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

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 23. Have you **EVER** committed a crime of any kind (even if you were not arrested, cited, charged with, or tried for that crime, or convicted)? Yes No
- 24. Have you **EVER** pled guilty to or been convicted of a crime or offense (even if the violation was subsequently expunged or sealed by a court, or if you were granted a pardon, amnesty, a rehabilitation decree, or other act of clemency)? Yes No

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

- 25. Have you **EVER** been ordered punished by a judge or had conditions imposed on you that restrained your liberty (such as a prison sentence, suspended sentence, house arrest, parole, alternative sentencing, drug or alcohol treatment, rehabilitative programs or classes, probation, or community service)? Yes No
- 26. Have you **EVER** violated (or attempted or conspired to violate) any controlled substance law or regulation of a state, the United States, or a foreign country? Yes No
- 27. Have you **EVER** trafficked in or benefited from, or knowingly aided, abetted, assisted, conspired or colluded in the illegal trafficking of any controlled substances, such as chemicals, illegal drugs, or narcotics? Yes No
- 28. Are you the spouse, son, or daughter of an alien who illicitly trafficked or aided (or otherwise abetted, assisted, conspired, or colluded) in the illicit trafficking of a controlled substance, such as chemicals, illegal drugs, or narcotics and you obtained, within the last 5 years, any financial or other benefit from this activity of your spouse or parent? Yes No
- 29. If your answer to **Item Number 28.** is "Yes," did you know or should you have reasonably known that the financial or other benefit you obtained resulted from this activity of your spouse or parent? Yes No
- 30. Have you **EVER** engaged in prostitution or are you coming to the United States to engage in prostitution? Yes No
- 31. Have you **EVER** directly or indirectly procured or attempted to procure, or imported prostitutes or persons for the purpose of prostitution? Yes No
- 32. Have you **EVER** received any proceeds or money from prostitution? Yes No
- 33. Do you intend to engage in illegal gambling or any other form of commercialized vice, such as prostitution, bootlegging, or the sale of child pornography, while in the United States? Yes No
- 34. Have you **EVER** exercised immunity (diplomatic or otherwise) to avoid being prosecuted for a criminal offense in the United States? Yes No
- 35.a. Have you **EVER** served as a foreign government official? Yes No
- 35.b. If your answer to **Item Number 35.a.** is "Yes," have you **EVER** been responsible for, enforced, or directly carried out violations of religious freedoms? Yes No
- 36. Have you **EVER** induced by force, fraud, or coercion (or otherwise been involved in) the trafficking of another person for commercial sex acts (sex trafficking)? Yes No

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

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- 38. Have you **EVER** knowingly aided, abetted, assisted, conspired, or colluded with others in trafficking in persons for commercial sex acts or involuntary servitude, peonage, debt bondage, or slavery? Yes No
- 39. Are you the spouse, son, or daughter of an alien who engaged in the trafficking in persons and have received or obtained, within the last 5 years, any financial or other benefits from this activity of your spouse or your parent? Yes No
- 40. If your answer is "Yes" to **Item Number 39.**, did you know or reasonably should have known that this benefit resulted from this activity of your spouse or parent? Yes No
- 41. Have you **EVER** engaged in money laundering or have you **EVER** knowingly aided, assisted, abetted, conspired, or colluded with others in money laundering or do you seek to enter the United States to engage in such activity? Yes No

Security and Related

Do you intend to:

- 42.a. Engage in any activity that violates or evades any law relating to espionage (including spying) or sabotage in the United States? Yes No
- 42.b. Engage in any activity in the United States that violates or evades any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes No
- 42.c. Engage in any activity whose purpose includes opposing, controlling, or overthrowing the U.S. Government by force, violence, or other unlawful means while in the United States? Yes No
- 42.d. Engage in any other unlawful activity? Yes No

Have you **EVER**:

- 43.a. Received any weapons training, paramilitary training, or other military-type training? Yes No
- 43.b. Committed kidnapping, assassination, or hijacking or sabotage of a conveyance (including an aircraft, vessel, vehicle, or train)? Yes No
- 43.c. Used a weapon or explosive or any dangerous device with the intent to endanger the safety of another person or people or cause damage to property? Yes No
- 43.d. Threatened, attempted, conspired, prepared, or planned to do any of the things described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.e. Incited, under circumstances indicating an intention to cause death or serious bodily harm/injury, any of the activities described in **Item Numbers 43.b. - 43.c.**? Yes No
- 43.f. Participated in, or been a member of, a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.g. Recruited members or asked for money or things of value for a group or organization that did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.h. Provided money, a thing of value, services or labor, or any other assistance or support for any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 43.i. Provided money, a thing of value, services or labor, or any other assistance or support for an individual, group, or organization who did any of the activities described in **Item Numbers 43.b. - 43.e.**? Yes No
- 44. Do you intend to engage in any of the activities listed in any part of **Item Numbers 43.b. - 43.e.**? Yes No
- 45. Do you intend to engage in any activity that could endanger the welfare, safety, or security of the United States? Yes No

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

47. Have you **EVER** sold, provided, or transported weapons, or assisted any person in selling, providing, or transporting weapons, which you knew or believed would be used against another person? Yes No
48. Have you **EVER** worked, volunteered, or otherwise served in any prison, jail, prison camp, detention facility, labor camp, or any other place where people were detained, or have you **EVER** directed or participated in any other activity that involved detaining people? Yes No
49. Have you **EVER** been a member of, assisted, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes No
50. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? Yes No
51. Have you **EVER** served in, been a member of, assisted (helped), or participated in any armed group (a group that carries weapons), for example: paramilitary unit (a group of people who act like a military group, but are not part of the official military), self-defense unit, vigilante unit, rebel group, or guerrilla group? Yes No

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

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

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

- 53.a. Torture? Yes No
- 53.b. Genocide? Yes No
- 53.c. Killing, or trying to kill, any person? Yes No
- 53.d. Intentionally and severely injuring or trying to injure any person? Yes No
54. Have you **EVER** recruited, enlisted, conscripted, or used any person under 15 years of age to take part in hostilities or to serve in or help an armed force or group, or attempted or worked with others to do so? Yes No
55. Have you **EVER** used any person under 15 years of age to take part in hostilities, for instance, participating in combat or providing services related to combat (such as sabotage or serving as a courier) or providing support services (such as transporting supplies), or attempted or worked with others to do so? Yes No

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)**Public Charge**

Each alien who is subject to the public charge ground of inadmissibility in INA section 212(a)(4) must complete **Item Numbers 57. - 66.** An alien is subject to the public charge ground of inadmissibility if the alien does not fall under one of the categories exempt from the public charge ground of inadmissibility listed below. If you fall under one of the exempt categories listed below, please select the exempt category, and skip **Item Numbers 57. - 66.** If you do not fall under one of the exempt categories listed below, select "I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**"

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

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

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

- Syrian National Adjusting Status under Public Law 106-378
- Spouse, Child, or Parent of a U.S. Active-Duty Service Member in the Armed Forces under the National Defense Authorization Act (NDAA) (Form I-130 or Form I-360)
- I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66.**

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

57. What is the size of your household?

58. Indicate your annual household income.
 \$0-27,000 \$27,001-52,000 \$52,001-85,000 \$85,001-141,000 Over \$141,000

59. Identify the total value of your household assets.
 \$0-18,400 \$18,401-136,000 \$136,001-321,400 \$321,401-707,100 Over \$707,100

60. Identify the total value of your household liabilities (including both secured and unsecured liabilities).
 \$0 \$1-10,100 \$10,101-57,700 \$57,701-186,800 Over \$186,800

61. What is the highest degree or grade of school you have completed?
 Less than a high school diploma. If you select this option, indicate the highest grade of school you have completed.

 High school diploma, GED, or alternative credential 1 or more years of college credit, no degree
 Associate's degree Bachelor's degree Master's degree Professional degree (JD, MD, DMD, etc.)
 Doctorate degree

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

List of Certifications
Accounting science, chef, irrigation technician

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

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Illegal Entries and Other Immigration Violations

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

NOTE: If your answer to **Item Number 67**, is "Yes," attach a written statement explaining why you failed or refused to attend or remain in attendance at the removal proceeding, including any explanation of a reasonable cause for that failure or refusal.

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

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

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

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

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

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

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

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

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



Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

Miscellaneous Conduct

79. Do you plan to practice polygamy in the United States? Yes No
80. Are you accompanying an alien who is inadmissible and who has been certified by a medical officer as helpless from sickness, mental or physical disability, or infancy, and who requires your protection or guardianship, as described in INA section 232(c)? Yes No
81. Have you **EVER** assisted in detaining, retaining, or withholding custody of a U.S. citizen child outside the United States from a person who has been granted custody of the child? Yes No
82. Have you **EVER** voted in violation of any Federal, state, or local constitutional provision, statute, ordinance, or regulation in the United States? Yes No
83. Have you **EVER** renounced U.S. citizenship to avoid being taxed by the United States? Yes No

Have you **EVER**:

- 84.a. Applied for exemption or discharge from training or service in the U.S. armed forces or in the U.S. National Security Training Corps on the ground that you are an alien? Yes No
- 84.b. Been relieved or discharged from such training or service on the ground that you are an alien? Yes No
- 84.c. Been convicted of desertion from the U.S. armed forces? Yes No
85. Have you **EVER** left or remained outside the United States to avoid or evade training or service in the U.S. armed forces in time of war or a period declared by the President to be a national emergency? Yes No
86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?



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

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

1. Applicant's Daytime Telephone Number 2. Applicant's Mobile Telephone Number (if any)

85822275658582227565

3. Applicant's Email Address (if any)

mreis2@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



Date of Signature (mm/dd/yyyy)

03/25/2026**Part 11. Interpreter's Contact Information, Certification, and Signature*****Interpreter's Full Name***

1. Interpreter's Family Name (Last Name) Interpreter's Given Name (First Name)

INACIO PENNA MELLOAndre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp***Interpreter's Contact Information***

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

41542525084154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com***Interpreter's Certification and Signature***

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

03/25/2026

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

Preparer's Full Name

- | | |
|--|--|
| <p>1. Preparer's Family Name (Last Name)</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">HAVERROTH SILVA</div> | <p>Preparer's Given Name (First Name)</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">Otavio</div> |
| <p>2. Preparer's Business or Organization Name</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">HS Law Corp</div> | |

Preparer's Contact Information

- | | |
|--|--|
| <p>3. Preparer's Daytime Telephone Number</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">5102419336</div> | <p>4. Preparer's Mobile Telephone Number (if any)</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">5102419336</div> |
| <p>5. Preparer's Email Address (if any)</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">otavio@legalhs.com</div> | |

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.

- | | |
|--|--|
| <p>6. Preparer's Signature</p> <div style="border: 1px solid black; padding: 2px; width: 95%;"> </div> | <p>Date of Signature (mm/dd/yyyy)</p> <div style="border: 1px solid black; padding: 2px; width: 95%;">03/25/2026</div> |
|--|--|

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

<p>USCIS Officer's Printed Name or Stamp</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<p>Date of Signature (mm/dd/yyyy)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>
---	--

<p>Applicant's Signature (sign in ink)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<p>USCIS Officer's Signature (sign in ink)</p> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>
---	---



Part 14. Additional Information

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

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

2. Page Number Part Number Item Number

9110 Judicial Dr. Apt 8326, San Diego CA 92122

From 11/01/2023 to 10/01/2025

9155 Judicial Dr Apt 5224, San Diego CA 92122
From 03/01/2022 to 11/01/2023

3. Page Number Part Number Item Number

Brazilian Gardening Service

Gardner
From 07/01/2023 until present

6675 Mission George Rd San diego , CA92120

4. Page Number Part Number Item Number

Tatui Brasil Surfboards LLC
Owner
From 05/16/2022 to 02/02/2023
4721 Lithrop, San Diego, CA 92117

5. Page Number Part Number Item Number

Franco Pereira Nogueira
Birthdate 06/18/1985
Brazil
Stepchild

Part 14. Additional Information

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

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

2. Page Number Part Number Item Number

The applicant was previously approved for O-1B (Receipt Number: WAC2230650382) status on January 16, 2023. While in lawful status, the applicant filed a Form I-140, Immigrant Petition for Alien Workers (Receipt Number: IOE0931735573), on May 5, 2025. This petition was denied by USCIS on August 28, 2025.

3. Page Number Part Number Item Number

The applicant was admitted in B-2 status in Feb 2022 and obtained an O-1B approval as a surfboard artist (WAC2230650382) on Jan 16, 2023. On May 16, 2022, the applicant established Tatui Brasil Surfboards LLC, which unfortunately did not generate sufficient income. Due to severe financial hardship, the applicant violated his O-1B conditions by engaging in unauthorized employment as a cook (starting Feb 28, 2023) and gardener (starting July 1, 2025) to cover basic subsistence. Furthermore, following the expiration of his O-1B status and grace period on Oct 13, 2025, the applicant continued to engage in unauthorized employment to support himself. The applicant acknowledges these violations and is committed to full legal compliance moving forward.

4. Page Number Part Number Item Number

The applicant was admitted with B-2 status in February 16 2022 and in January 16, 2023 had an O-1B approved as a surfboard artist (Receipt Number: WAC2230650382). On May 16, 2023, the applicant established the company Tatui Brasil Surfboards LLC in San Diego, CA, however, the entity did not generate sufficient income. Due to the company's lack of revenue and resulting severe financial hardship, the applicant engaged in unauthorized employment as a cook in February 28, 2023 and gardener in July 1, 2025 during the validity of his O-1B status to cover subsistence costs.

5. Page Number Part Number Item Number

On December 2, 2025, the applicant was issued a Notice to Appear (NTA) and placed in removal proceedings before the Immigration Court. Subsequently, the applicant filed a Motion to Terminate. On March 18, 2026, the Immigration Judge granted the motion and officially terminated the removal proceedings without prejudice.



Part 14. Additional Information

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

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

2. Page Number Part Number Item Number

The applicant was admitted to the United States in B-2 status in February 16, 2022, with authorization to remain until August 16, 2022. On January 16, 2023, the applicant's change of status to O-1B was approved (Receipt No. WAC2230650382), valid through August 14, 2025. While maintaining lawful status, the applicant filed Form I-140 (Receipt No. IOE0931735573) on May 5, 2025; this petition was denied on August 28, 2025. Following the expiration of the O-1B status, the applicant benefited from the 60-day grace period, extending the period of authorized stay through October 13, 2025. The applicant remained in the United States beyond this date without further authorization. Accordingly, unlawful presence began accruing on October 14, 2025.

3. Page Number Part Number Item Number

N/A

4. Page Number Part Number Item Number

N/A

5. Page Number Part Number Item Number

N/A





Application For Employment Authorization

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

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

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 is attached.	Attorney State Bar Number (if applicable) <input type="text" value="343486"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="007492625438"/>
--	--	--	---

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

Part 1. Reason for Applying

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

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

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

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

Part 2. Information About You

Your Full Legal Name

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

Other Names Used

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

Additional Information

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



Part 2. Information About You (continued)

Your U.S. Mailing Address

- 5.a. In Care Of Name (if any)
- 5.b. Street Number and Name
- 5.c. Apt. Ste. Flr.
- 5.d. City or Town
- 5.e. State 5.f. ZIP Code
[\(USPS ZIP Code Lookup\)](#)
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
- 7.b. Apt. Ste. Flr.
- 7.c. City or Town
- 7.d. State 7.e. ZIP Code

Other Information

8. Alien Registration Number (A-Number) (if any)
▶ A-
9. USCIS Online Account Number (if any)
▶
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).
▶

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
- 14.b. Country



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 Paulo

15.b. State/Province of Birth

Sao Paulo

15.c. Country of Birth

Brazil

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

08/08/1976

Information About Your Last Arrival in the United States

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

▶ 7 7 0 1 4 1 7 5 4 A 2

18. Passport Number of Your Most Recently Issued Passport

FT765726

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)

07/31/2027

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

02/16/2022

23. Place of Your Last Arrival Into the United States

New Orleans

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

B2

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

Adjustment of status - I-485 pending

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

▶ N- N/A

Information About Your Eligibility Category

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

(c) (9) (N/A)

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

28.a. Degree N/A

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

N/A

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

N/A

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

▶ N/A

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

Yes No

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

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

▶ N/A

31.b. If you entered the eligibility category **(c)(35)** or **(c)(36)** in **Item Number 27.**, have you **EVER** been arrested for and/or convicted of any crime?

Yes No

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



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

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

Applicant's Statement

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

- 1.a. I can read and understand English, and I have read and understand every question and instruction on this application and my answer to every question.
- 1.b. The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in , a language in which I am fluent, and I understood everything.
2. At my request, the preparer named in **Part 5.**, , prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4. Applicant's Mobile Telephone Number (if any)
5. Applicant's Email Address (if any)
6. Select this box if you are a Salvadoran or Guatemalan national eligible for benefits under the ABC settlement agreement.

Applicant's Certification

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


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

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

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

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

Applicant's Signature

- 7.a. Applicant's Signature 
- 7.b. Date of Signature (mm/dd/yyyy)

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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



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

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

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

Provide the following information about the preparer.

Preparer's Full Name

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

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. Apt. Ste. Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

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



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

Preparer's Statement


- 7.a. I am not an attorney or accredited representative but have prepared this application on behalf of the applicant and with the applicant's consent.
- 7.b. I am an attorney or accredited representative and my representation of the applicant in this case extends does not extend beyond the preparation of this application.

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

Preparer's Certification

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

Preparer's Signature

- 8.a. Preparer's Signature 
- 8.b. Date of Signature (mm/dd/yyyy)



Part 6. Additional Information

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

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

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

3.d.

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

4.d.

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

5.d.

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

6.d.

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

7.d.



Exhibit list

Exhibits:

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Exhibit 1 - Jussiara Costa Pereira's Identification Documents

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Jussiara Costa Pereira's U.S Valid Passport	4
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Jussiara Costa Pereira's Driver License	6

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Marcio dos Reis' Valid Passport	10-28
Marcio dos Reis' Copy of I-94	29-30
Marcio dos Reis' Driver License	31

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Jussiara Costa Pereira and Marcio dos Reis' Marriage Certificate	32
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Exhibit 4 - Evidence of Bona Fide Marriage

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Jussiara Costa Pereira and Marcio dos Reis' Lease Agreement	53-55
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Exhibit 6 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Photographic Evidence of Relationship	66-81
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Exhibit 7 - Evidence of Jussiara Costa Pereira's Dissolution of Prior Marriage

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Exhibit 8 - Evidence of Marcio dos Reis' Dissolution of Prior Marriage

Marcio dos Reis' Divorce Certificate with English Translation	83-87
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Exhibit 9 - Most Recent IRS Income Tax Return filed Jointly by Jussiara Costa Pereira and Marcio dos Reis

Jussiara Costa Pereira's IRS Federal Income Tax Return - 2025 88-145

Exhibit 10 - Petitioner's Financial Information - Jussiara Costa Pereira

Jussiara Costa Pereira's IRS Federal Income Tax Return - 2023 146-192

Jussiara Costa Pereira's IRS Federal Income Tax Return - 2024 193-232

Jussiara Costa Pereira's Instacart Earning Summary - 2025 233-236

Jussiara Costa Pereira's Bank Statements (September 2025 to March 2026) 237-261

Exhibit 11 - Marcio dos Reis' Financial Information

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Exhibit 12 - Evidence that Marcio dos Reis' Income will Continue from the Current Source After Obtaining Lawful Permanent Resident Status

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Employment Verification Letter (Brazilian Gardening Service) 269-270

Exhibit 13 - Evidence of termination of Marcio dos Reis' removal proceedings

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Evidence of termination of Marcio dos Reis Removal Proceedings 275-277

Exhibit 14 - Records of Business Operation and Specialized Services Rendered under O-1B Nonimmigrant Status

Articles of Organization for Tatui Brasil Surfboards LLC 278

Marcio dos Reis' Business Entity Filing Acknowledgment - Tatui Brasil Surfboards LLC 279

Exhibit 15 - Brazilian Corporate Tax Identification and Business Registration Certificate - Marcio dos Reis

Marcio dos Reis' Brazilian Company Certificate 280-282

**Exhibit 1 - Jussiara
Costa Pereira's
Identification
Documents**

Authenticity Seal
Court of Justice of the State of Bahia
Notarial or Registry Act
0995.AB032971-7
ZUCAOL6GPH
Consult:
www.tjba.jus.br/autenticidade



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name

JUSSIARA COSTA PEREIRA

CPF

--

REGISTRATION

009761 01 55 1969 1 00089 597 0038986 92

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
FEBRUARY SIXTEENTH NINETEEN SIXTY-FIVE	16	02	1965

TIME OF BIRTH	PLACE OF BIRTH
02:00 P.M.	JEQUIÉ/BA

CITY OF REGISTRATION AND STATE	LOCATION, CITY OF BIRTH, AND STATE	SEX
JEQUIÉ/BA	IN THIS CITY	FEMALE

PARENTS

JOÃO ANTONIO PEREIRA JULIETA COSTA PEREIRA

GRANDPARENTS

JOVINO ANTONIO PEREIRA ENEDINA MARIA PEREIRA JOSÉ BENTO DA COSTA ADÉLIA SILVA COSTA
--

TWINS

NAME AND REGISTRATION OF THE TWINS

NO	Nothing on record.
-----------	---------------------------

REGISTRATION DATE IN FULL

LIVE BIRTH REGISTRATION NUMBER

ON THE THIRD (03) DAY OF THE MONTH OF JANUARY (01) OF THE YEAR NINETEEN SIXTY-NINE (1969)	
--	--

NOTES / ANNOTATIONS

Nothing on record.

OFFICE NAME: JEQUIÉ CIVIL REGISTRY OFFICE - 1ST OFFICE

REGISTRAR: JOSÉ FABIANO ARAÚJO CARDOSO

CITY: JEQUIÉ-BA

ADDRESS: RUA NESTOR RIBEIRO, 814, CENTRO, ZIP CODE: 45200-240

TELEPHONE: (73)3525-0899

E-MAIL

The certificate's content is true. I certify
JEQUIÉ, BA, January 24, 2018.

RECO

Signature of the Registrar



Tellesphoro Assis
Authorized Clerk

ARPENRRASII 000E4F707

I, Marina Viana 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.

Marina Viana

Date: January 29, 2026.

Selo de Autenticidade
Tribunal de Justiça do Estado da Bahia
Ato Notarial ou de Registro
0995.AB032971-7
ZUCA0L6GPH
Consulte:
www.tjba.jus.br/autenticidade



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

NOME
JUSSIARA COSTA PEREIRA

CPF

MATRÍCULA

009761 01 55 1969 1 00089 597 0038986 92

DATA DE NASCIMENTO POR EXTENSO

DEZESSEIS DE FEVEREIRO DE UM MIL NOVECENTOS E SESENTA E CINCO

DIA
16

MÊS
02

ANO
1965

HORA DE NASCIMENTO

14:00

NATURALIDADE

JEQUIÉ/BA

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

JEQUIÉ-BA

LOCAL, MUNICÍPIO DE NASCIMENTO E UF

NESTE MUNICÍPIO

SEXO

FEMININO

FILIAÇÃO

**JOÃO ANTONIO PEREIRA
JULIETA COSTA PEREIRA**

AVÓS

**JOVINO ANTONIO PEREIRA
ENEDINA MARIA PEREIRA
JOSÉ BENTO DA COSTA
ADÉLIA SILVA COSTA**

GÊMEOS

NÃO

NOME E MATRÍCULA DOS GÊMEOS

Nada Consta.

DATA DO REGISTRO POR EXTENSO

AOS TRÊS (03) DIAS DO MÊS DE JANEIRO (01) DO ANO DE UM MIL NOVECENTOS E SESENTA E NOVE (1969)

Nº DECLARAÇÃO DE NASCIDO VIVO

OBSERVAÇÕES / AVERBAÇÕES

Nada Consta.

NOME DO OFÍCIO: **CARTÓRIO DE RCPN DE JEQUIÉ - 1º OFÍCIO**

OFICIAL(A): **JOSÉ FABIANO ARAÚJO CARDOSO**

MUNICÍPIO: **JEQUIÉ-BA**

ENDEREÇO: **RUA NESTOR RIBEIRO, 814, CENTRO, CEP: 45200-240**

TELEFONE: **(73)3525-0899**

E-MAIL:

O conteúdo da certidão é verdadeiro. Dou fé.
JEQUIÉ, BA, 24 de Janeiro de 2018.

RECO *Tellesphoro Assis*

Assinatura do Oficial(a)

Tellesphoro Assis
Escrevente Autorizado

Reconheço a firma do Oficial do Registro Civil como verdadeira, do que dou fé.

Em 25 de Janeiro de 2018, em Jequié, Bahia, a verdade.

Joana

Joana Paula Borges Santos Bomfim - Tabelã
Nairane Costa Fortalesa - Escrevente
Savio Fortalesa Sousa - Escrevente

11/1

Selo de Autenticidade
Tribunal de Justiça do Estado da Bahia
Ato Notarial ou de Registro
1000.AB575964-7
Consulte a validade em www.tjba.jus.br/autenticidade

11/1

ARPENBRASII 7 1 000511707

THE UNITED STATES OF AMERICA

No. 44962715

CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: FEBRUARY 16, 1965

Sex: FEMALE

Height: 5 feet 03 inches

Marital status: DIVORCED

Country of former nationality:
BRAZIL

USCIS Registration No. A066 124 643

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Jussara Pereira
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security

at: SAN DIEGO, CALIFORNIA

The Secretary having found that:

JUSSIARA COSTA PEREIRA

residing at:

SAN DIEGO, CALIFORNIA

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

CABRILLO NATIONAL MONUMENT

at: SAN DIEGO, CALIFORNIA

on: JULY 25, 2023

such person is admitted as a citizen of the United States of America.

U. M. Juddo

U. S. Citizenship and Immigration Services



ALTERATION OR MISUSE OF THIS DOCUMENT IS
A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM I-560 (REV. 10-17)

California USA DRIVER LICENSE



DL **Y5364104**

CLASS C

EXP **02/16/2028**

END NONE

LN PEREIRA

FN JUSSIARA COSTA

4125 W POINT LOMA BLVD APT 211
SAN DIEGO, CA 92110

DOB **02/16/1965**

RSTR CORR LENS

02161965



SEX F

HAIR BRN

EYES BRN

HGT 5'-03"

WGT 185 lb

DD 08/11/2023519A9/DDFD/28

ISS

08/11/2023

Jussara

Exhibit 2 - Marcio dos Reis' Identification Documents



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
MARCIO DOS REIS

CPF

259.205.738-21

Registration

115410 01 55 1979 1 00149 220 0022533 61

Date of Birth in Full	Day	Month	Year
August eighth, nineteen seventy-six	08	08	1976

Time of Birth	City of Birth	State
9:00 PM	São Paulo	SP

Place of Birth	City of Birth	State	Sex
Rua Elias de Almeida, 40 back house, Jardim Joamar	São Paulo	SP	male

Father's Name	City of Birth	State
CARLOS DOS REIS	Jaguapitã	PR

Respective Grandparents
JOAQUIM DOS REIS; MAGNOLIA LUZIA REIS;

Mother's Name	City of Birth	State
VALDENIZIA EUGENIO DOS REIS	Cancão	BA

Respective Grandparents
ROSALVO EUGENIO DE SOUSA; IRACI RODRIGUES DE SOUSA;

Registration Date in Full	Live Birth Registration Number
July second, nineteen seventy-nine	NOTHING ON RECORD

Notes/ Annotations
Note: The registered person married Aline Maria das Neves in this Capital, in São Miguel Paulista (District of the Municipality of São Paulo), on 05/14/2015. Both retained the same names, as per Book B-286, Pages 155 and Entry 85267. São Paulo, 05/22/2015. The aforementioned couple divorced according to the sentence issued by the Honorable Judge of the 2nd Family and Succession Court of the Regional Forum V of this Sub-district - SP, Dr. Adriana Andrade Peci, dated 09/20/2021, which became final on 09/20/2021, case number 10173252420218260002. Both retained the same names. São Paulo, 10/13/2021. Registration: To record the CPF of the registered person as CPF number 259.205.738-21, according to CNJ Provision 63/2017, registered on 02/28/2025.

Voluntary Registration Notes
NOTHING ON RECORD

CNS No. 115410
Civil Registry Office of Natural Persons
São Paulo - 22nd Subdistrict - Tucuruvi - SP

Girleide Alves dos Santos Sirqueira - Registrar

Avenida Nova Cantareira, No. 2503 - Tucuruvi CEP:
02341000- Phone: (11)29530125
e-mail: girleide@cartoriotucuruvi.com.br

The contents of this certificate are true. I certify.

São Paulo - SP, 02/28/2025.

Digital Seal: 1154102CE000000634513256
Amount charged for this certificate: R\$90.06



Electronically signed by: Stephany De Oliveira Santos - 02/28/2025-07:09:05 AM, pursuant to Article 19 of Law No. 6.015/73, and Article 228-F of the National Code of Norms of the National Council of Justice of the Extrajudicial Forum (CNN/CN/Extra)
CNS: 115410-Clerk SP-São Paulo 22nd Subdistrict - Tucuruvi
Validation: <https://certidao.registrocivil.org.br/validar>
[Click here](#) to validate the certificate

Validator Code: x5ga-31q8

The QR Code for the inspection seal of the State Courts of Justice will be available in the certificate validation table at the address mentioned above if not present on the certificate itself. This certificate may be materialized within 30 days from its issuance date at any Civil Registry Office in Brazil.

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

Marina Viana

Date: January 29, 2026.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome
MARCIO DOS REIS

Número do CPF
259.205.738-21

Matrícula

115410 01 55 1979 1 00149 220 0022533 61

Data de nascimento oito de agosto de um mil e novecentos e setenta e seis	Dia 08	Mês 08	Ano 1976
Horário de nascimento 21:00 horas	Município da naturalidade São Paulo	UF SP	
Local de nascimento Rua Elias de Almeida, 40 fds, Jardim Joamar	Município de nascimento São Paulo	UF SP	Sexo masculino
Nome do(a) genitor(a) CARLOS DOS REIS	Município de nascimento Jaguapitã	UF PR	
Avô(s) respectivo(s) JOAQUIM DOS REIS; MAGNOLIA LUZIA REIS;			
Nome do(a) genitor(a) VALDENIZIA EUGENIO DOS REIS	Município de nascimento Cancão	UF BA	
Avô(s) respectivo(s) ROSALVO EUGENIO DE SOUSA; IRACI RODRIGUES DE SOUSA;			
Data de registro dois de julho de um mil e novecentos e setenta e nove	DNV NÃO CONSTA		
Anotações/Averbações Anotação: O registrado casou - se nesta Capital em São Miguel Paulista- (Distrito do Município de São Paulo), aos 14/05/2015, com Aline Maria das Neves, ambos continuaram com os mesmos nomes, conforme Livro B-286, Folhas 155 e Termo 85267. São Paulo, 22/05/2015. O casal acima referido divorciou- se conforme sentença proferida pelo MM. Juiz de Direito da 2ª Vara da Família e das Sucessões do Foro Regional V deste Subdistrito- SP, Dra. Adriana Andrade Pecl, datada de 20/09/2021, transitado em julgado aos 20/09/2021, autos 10173252420218260002, ambos permaneceram com os mesmo nomes. São Paulo, 13/10/2021. Averbação: Para que conste o CPF do(a) registrado(a) como sendo CPF nº 259.205.738-21, conforme Provimento 63/2017 do CNJ., averbado no dia 28/02/2025.			
Anotações voluntárias de cadastro NÃO CONSTA			

CNS Nº 115410
Oficial de Registro Civil das Pessoas Naturais
São Paulo - 22º Subdistrito - Tucuruvi - SP

O Conteúdo da certidão é verdadeiro. Dou fé.

São Paulo - SP, 28/02/2025.

Girleide Alves dos Santos Siqueira - Oficial
Avenida Nova Cantareira, nº 2503 - Tucuruvi CEP:
02341000 - Fone: (11)29530125
e-mail: girleide@cartoriotucuruvi.com.br

Selo digital: 1154102CE000000634513256
Valor cobrado por esta certidão: R\$ 90,06



Assinado eletronicamente por: Stephany De Oliveira Santos - 28/02/2025 - 07:09:05, nos termos do artigo 19 da Lei nº 6.015/73, e do artigo 228-F do Código Nacional de Normas da Corregedoria Nacional de Justiça do Conselho Nacional de Justiça - Foro Extrajudicial (CNN/CNJ-Extra)
CNS: 115410 - Escrevente - SP - São Paulo - 22º Subdistrito - Tucuruvi
Validação: <https://certidao.registrocivil.org.br/validar> Código Validador: x5ga-3tq8
[Clique aqui para validar a certidão](#)

O QR Code do selo de fiscalização dos Tribunais de Justiça Estaduais estará disponível na tabela de validação desta certidão no endereço mencionado abaixo quando não estiver presente na própria certidão. Esta certidão poderá ser materializada em até 30 dias da data de sua emissão em qualquer Ofício de Registro Civil de Pessoas Naturais do Brasil.

SOLICITE SUAS CERTIDÕES DIRETAMENTE NO REGISTRO CIVIL.ORG.BR E EVITE INTERMEDIÁRIOS

serp



Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passeport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que presten al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.



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

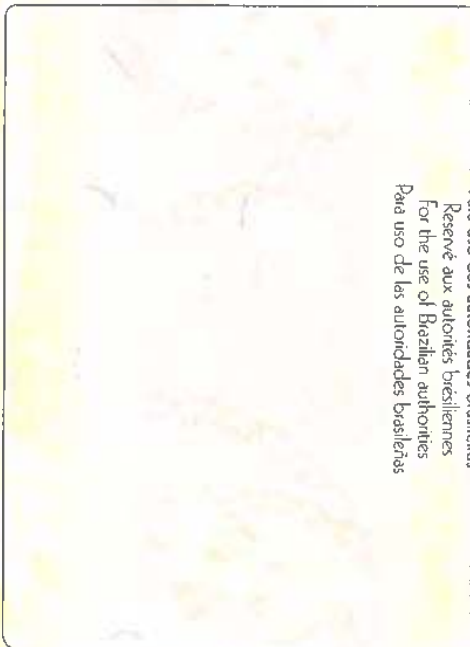
PASSEPORT

PASSPORT

PASAPORTE



BRASIL



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



INFORMAÇÕES PARA O TITULAR

INFORMAÇÕES PARA O TITULAR

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

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

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

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

○ 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. ○ titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

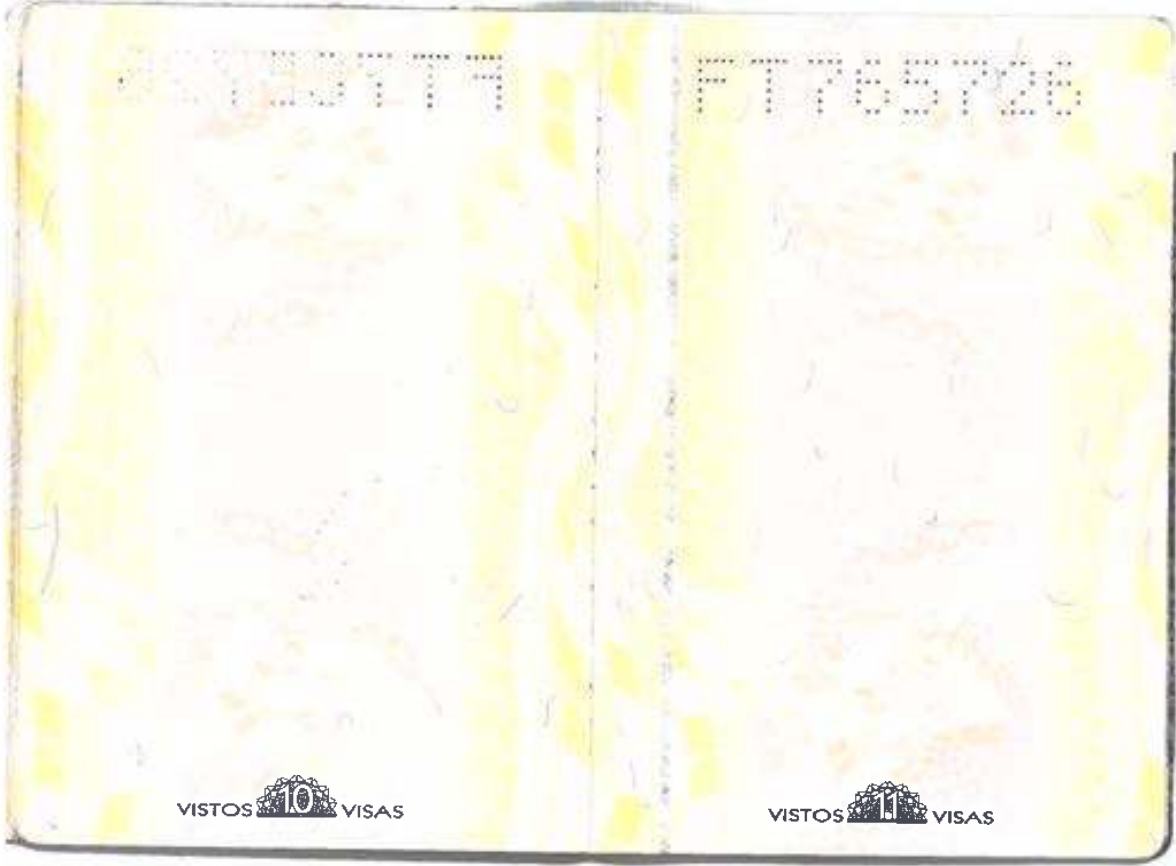
○ menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

○ 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 / Consulta
www.portalconsular.mre.gov.br www.pf.gov.br

















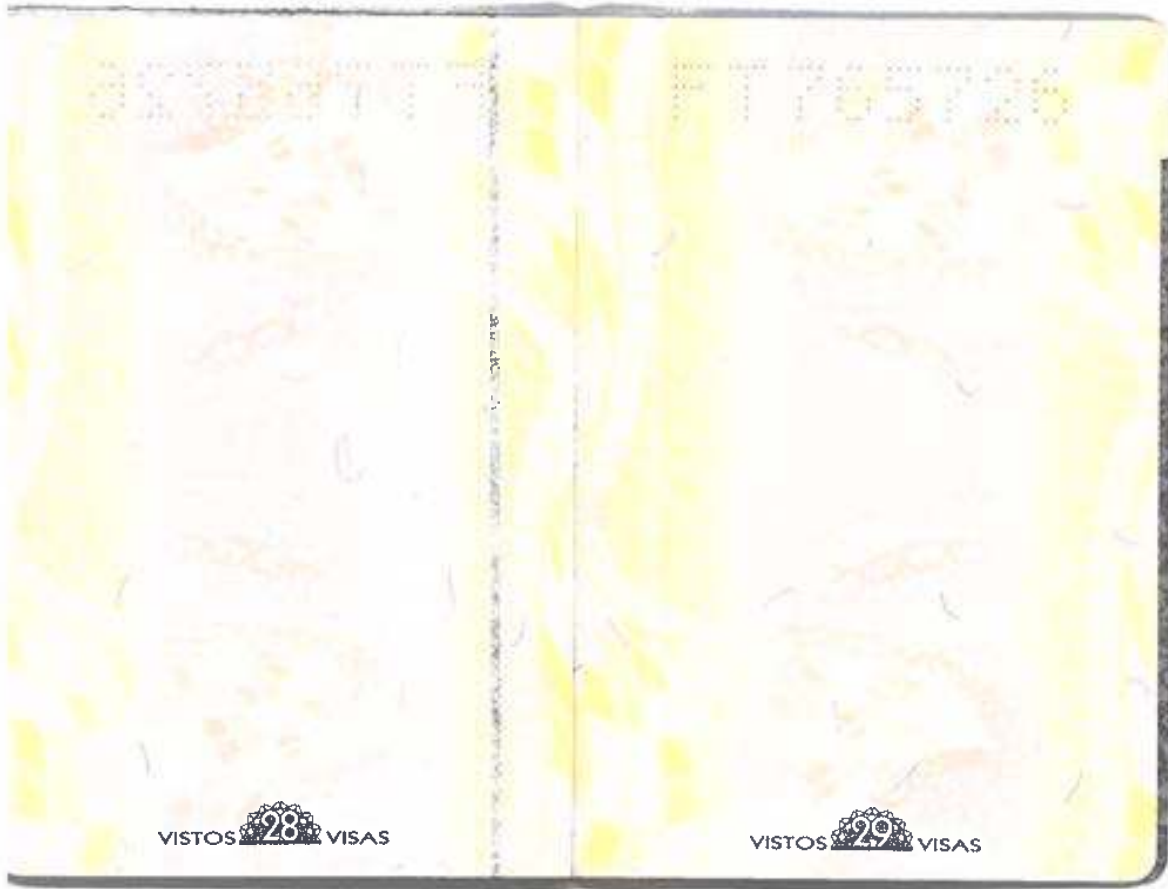


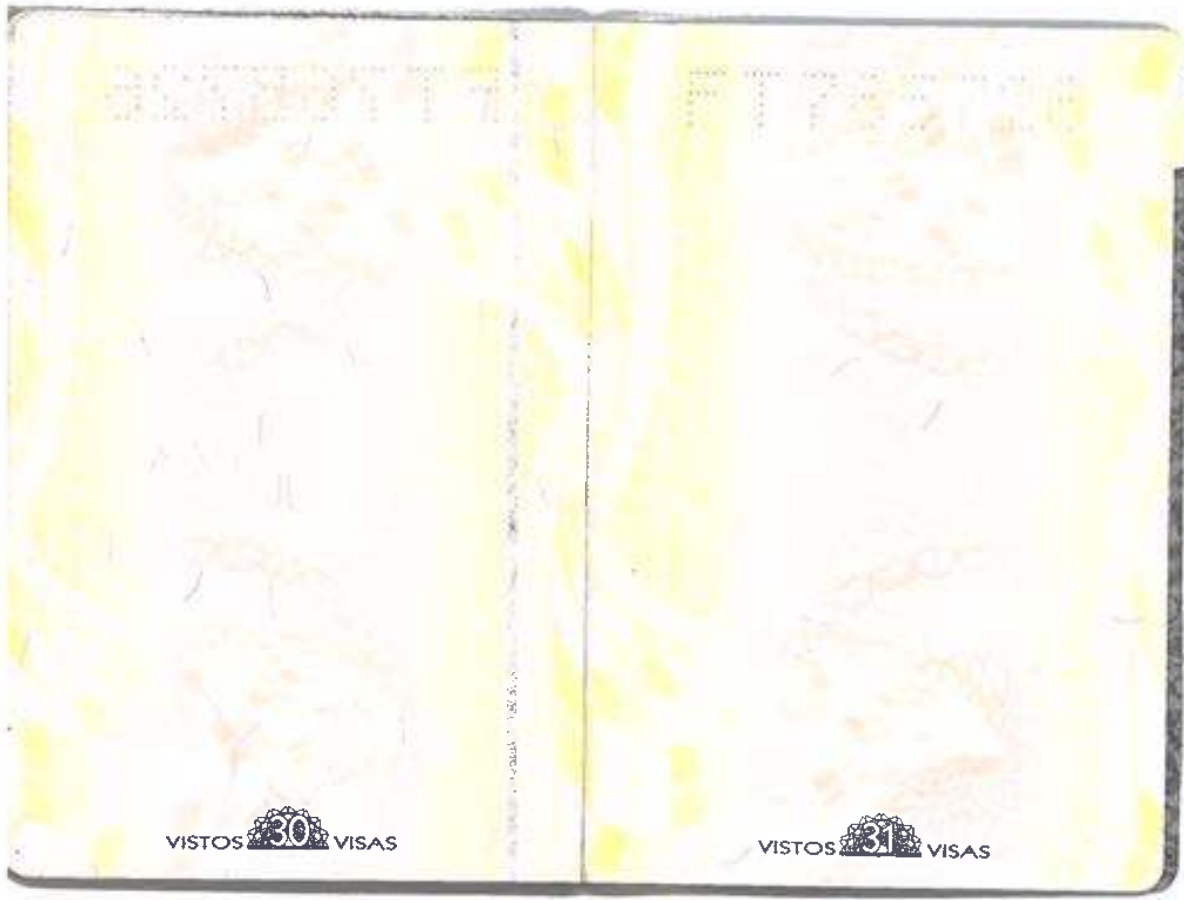
VISTOS **22** VISAS

VISTOS **22** VISAS









VISTOS **30** VISAS

VISTOS **31** VISAS

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

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

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

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

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

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

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

Name / 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: **MARCIO DOS REIS**



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

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 770141754A2

Arrival/Issued Date: 2022 February 16

Class of Admission: B2

Admit Until Date: 2022 August 15

Details provided on the I-94 Information form:

Last/Surname: DOS REIS

First (Given) Name: MARCIO

Birth Date: 1976 August 08

Document Number: FT765726

Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.

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

View Travel History

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

Travel History Results

Document Number: **FT765726**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2022-02-16	Arrival	NEW
2	2019-10-31	Departure	HOU
3	2019-10-17	Arrival	WAS
4	2018-11-03	Departure	MIA
5	2018-10-20	Arrival	MIA
6	2018-04-30	Departure	MIA
7	2018-04-20	Arrival	MIA
8	2017-10-30	Departure	Unavailable
9	2017-10-16	Arrival	LOS

OMB No. 1651-0111 Expiration Date: 09/30/2025

California ^{USA} DRIVER LICENSE



DL **Y9267325**

EXP **08/08/2026**

LN **DOS REIS**

FN **MARCIO**

9110 JUDICIAL DR 8326
SAN DIEGO, CA 92122

DOB **08/08/1976**

^{MDPS}
RSTR NONE

CLASS C
LIMITED-TERM
END NONE



08081976

DONOR

SEX **M**

HAIR **BLK**

EYES **HZL**

HGT **5'-08"**

WGT **154 lb**

^{MDPS} ISS

DD 05/12/2022519D7/H5FD/26

03/27/2023

Marcio Dos Reis

**Exhibit 3 - Jussiara
Costa Pereira and
Marcio dos Reis'
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

4202537014697

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

Form with fields for State File Number, Local Registration Number, First Name, Middle, Current Last, Date of Birth, State/Country of Birth, etc.

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

Jordan Z. Marks (Signature)

Sep 16, 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



006069646

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**Exhibit 4 - Evidence
of Bona Fide
Marriage**

I, Jussiara Costa Pereira, residing at 5550 Balboa Arms Unit 94, San Diego, CA 92117, telephone (619) 415-7418, email jussiara65@gmail.com, hereby declare that I have known Marcio dos Reis since 2023, when we met at OB1 Church in Ocean Beach, San Diego. From the beginning, our involvement in the same church brought us closer, and what started as a sincere friendship gradually grew into a deeper and more special bond.

I declare with all my heart that our story is built on love, respect, and purpose. Our conversations have always been deep and genuine. We have shared our stories, experiences, and everything we have gone through in life. This created a connection between us based on trust, respect, and understanding.

In early September 2025, I took the initiative to propose to him. Knowing that he is a quieter and more introverted man, I wanted to clearly express how certain I was about my feelings. I proposed to him because I recognized in him a man of character, a man of God—someone I admired not only for what he does, but for who he is.

We are very happy with this decision and confident that it was a step guided by love and faith. It was a very special and emotional moment for both of us. His reaction, a mix of laughter and tears, touched my heart and confirmed that our decision was being guided by true love. He accepted, and we decided to set a date shortly thereafter. In a simple and discreet manner, we got married on September 16, 2025. It was a mature and conscious decision, grounded in faith and in the commitment we made before God.

We have a strong Christian foundation, and we believe this is what spiritually strengthens our union. We are both adults and understand the importance of this union at this stage in life, valuing companionship, respect, and stability. Even with a busy routine full of daily responsibilities, we strive to remain dedicated to one another. We seek to build a home filled with peace, communication, and love.

Our children get along well, which brings us even more confidence and joy as we move forward. We have plans for the future, such as continuing to work with dedication, achieving our own home, living with greater stability, and taking meaningful vacations.

We also hope, when possible, to bring his mother to spend time with us, further strengthening our family bonds. I ask that God continue to bless our union and Marcio's life, as he is an honest, hardworking man with a sensitive heart and strong faith. I am grateful to have him by my side and for the life we are building together—simple, Christian, and grounded in respect, care, and love.

I declare under penalty of perjury that the statements contained in this letter are true.


03/23/2026

// SIGNATURE //

Jussiara Costa Pereira

I, André Vinicius Inacio Penna Mello, 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.



Andre Penna Mello

Date: 03/24/2026

Eu, Jussiara Costa Pereira, residente na 5550 Balboa Arms Unit 94, San Diego, CA 92117, telefone (619) 415-7418, email jussiara65@gmail.com, declaro que conheço Marcio dos Reis desde 2023, quando nos conhecemos na igreja OB1, em Ocean Beach, San Diego. Desde o início, nossa convivência na mesma igreja nos aproximou, e o que começou como uma amizade sincera foi crescendo e se transformando em um sentimento mais forte e especial.

Eu declaro com todo o meu coração que a nossa história é construída com amor, respeito e propósito. Nossas conversas sempre foram profundas e verdadeiras. Compartilhamos nossas histórias, experiências, e tudo o que já vivemos ao longo da vida. Isso criou entre nós uma conexão baseada em confiança, respeito e compreensão. No início de setembro de 2025, tomei a iniciativa de pedi-lo em casamento. Sabendo que ele é um homem mais calado e introvertido, quis demonstrar de forma clara o quanto eu tinha certeza dos meus sentimentos. Eu o pedi em casamento porque reconheci nele um homem de caráter, um homem de Deus, alguém que eu admirava não apenas pelo que faz, mas por quem ele é.

Estamos muito felizes com essa decisão e certos de que foi um passo guiado por amor e fé. Foi um momento muito especial para nós dois e cheio de emoção. A reação dele, misturada entre riso e choro, marcou meu coração e confirmou que nossa decisão estava sendo guiada por amor verdadeiro. Ele aceitou, e decidimos marcar uma data próxima. De forma simples e discreta, nos casamos no dia 16 de setembro de 2025. Foi uma decisão madura, consciente e fundamentada na fé e no compromisso que assumimos diante de Deus. Temos uma base cristã sólida, e acreditamos que é isso que fortalece nossa união espiritualmente.

Somos duas pessoas adultas e entendemos a importância dessa união nesta fase da vida, valorizando o companheirismo, o respeito e a estabilidade. Mesmo com uma rotina cheia de responsabilidades diárias, tentamos manter nossa dedicação um ao outro. Buscamos construir um lar com paz, diálogo e amor. Nossos filhos estão se dando bem, e isso nos dá ainda mais segurança e alegria para seguir em frente. Temos planos para o futuro, como continuar trabalhando com dedicação, conquistar nossa própria casa, viver com mais estabilidade e realizar boas viagens de férias.

Também desejamos, quando possível, trazer a mãe dele para passar um tempo conosco, fortalecendo ainda mais nossos laços familiares. Peço que Deus continue abençoando nossa união e a vida do Marcio, pois ele é um homem honesto, trabalhador, de coração sensível e cheio de fé. Sou grata por tê-lo ao meu lado e por estarmos construindo juntos uma vida simples, cristã e baseada no respeito, carinho e amor.

Declaro, sob pena de perjúrio, que as declarações contidas nesta carta são verdadeiras.

03/23/2026


Jussiara Costa Pereira

I, Marcio dos Reis, residing at 5550 Balboa Arms Unit 94, San Diego, CA 92117, telephone (858) 222-7565, email mreis2@gmail.com, hereby declare that I have known Jussiara Costa Pereira since 2023, when I met her at OB1 Church in Ocean Beach, San Diego.

We are part of the same church, and our friendship has only grown, gradually developing into a deeper affection. Our conversations have always been based on our feelings, our past experiences, and what each of us has gone through in life.

In 2025, I had a strong and wonderful surprise. As I am a quiet and introverted man, Jussiara proposed to me. My reaction and feelings were very different—an overwhelming mix of laughter and tears.

I accepted without hesitation. We set a date shortly thereafter, and without many people knowing, we got married on September 16, 2025.

We share a Christian foundation in life, and I believe that is why we are spiritually strengthened. We are both mature adults, and I believe our union has been very important.

Although our daily lives are extremely busy with work and household responsibilities, we remain dedicated to one another. Our families and children get along well, and we intend to continue living our lives in a simple, faith-based way, with respect, care, and love.

We plan to take meaningful vacations soon and are thinking about our future together.

May God bless us greatly, and may He bless Jussiara, as she is an honest, hardworking woman with a heart full of kindness.

I declare under penalty of perjury that the statements contained in this letter are true.

03/23/2026

// SIGNATURE//

Marcio dos Reis

I, André Vinicius Inacio Penna Mello, 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.



Andre Penna Mello

Date: 03/24/2026

Eu Marcio dos reis, residente na 5550 Balboa Arms Unit 94, San Diego, CA 92117, telefone (858) 222-7565, email mreis2@gmail.com, declaro que conheço a Jussiara Costa Pereira, desde 2023, onde a conheci na igreja OB1 em Ocean Beach San diego.

Fazemos parte da mesma igreja e nossa amizade só aumentou e começou a virar um carinho mais forte.

Nossas conversas sempre foram baseadas em sentimentos e passado e o que cada um já passou na vida.

Em 2025 tive um forte e maravilhosa surpresa, pois sou um homem calado, e introvertido, a Jussiara me pediu em casamento.

Minha reação e sentimento foi algo muito diferente, uma mistura de riso e choro.

Eu aceitei sem pensar, marcamos uma data próxima e sem muitas pessoas sabendo nos casamos no dia 16 setembro 2025.

Temos uma base cristã de vida, então acredito que por isso somos fortalecidos espiritualmente.

Somos duas pessoas adultas e com meia idade, então acredito que foi muito importante nossa união.

Embora nosso dia a dia seja extremamente cheio com o trabalho e as obrigações do dia a dia e da casa, mantemos nossa dedicação um no outro.

Nossas famílias e filhos estão se dando bem e assim vamos levar nossas vidas, simples, religiosa e com respeito, carinho e amor.

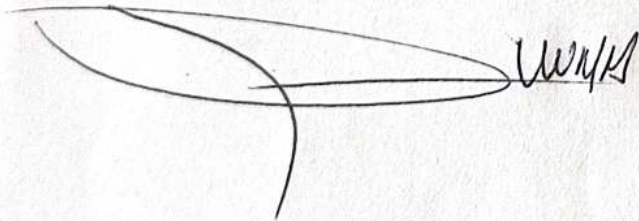
Logo faremos boas viagens de férias e pensando no futuro.

Que Deus nos abençoe muito, e que abençoe a Jussiara pois ela é uma mulher honesta batalhadora e com o coração cheio de bondade.

Declaro, sob pena de perjúrio, que as declarações contidas nesta carta são verdadeiras.

03/23/2026

Marcio dos Reis

A handwritten signature in black ink, appearing to be 'M. dos Reis', written over a large, stylized, horizontal oval scribble.



JUSSIARA C PEREIRA
MARCIO DOS REIS
4080 HANCOCK ST APT 4306
SAN DIEGO CA 92110-6203

Questions?

Available by phone 24 hours a day, 7 days a week:

We accept all relay calls, including 711

1-800-TO-WELLS (1-800-869-3557)

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Online: [wellsfargo.com](https://www.wellsfargo.com)

Write: Wells Fargo Bank, N.A. (114)

P.O. Box 6995

Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

File your taxes early to help prevent identity theft.

File early to help prevent someone else from filing taxes in your name. Find other tips at [wellsfargo.com/spottaxscams](https://www.wellsfargo.com/spottaxscams).

Spot check fraud. Report it quickly.

If you write checks, make sure the person you sent it to actually receives and deposits it. Fraudsters target the mail and look for checks they can alter and deposit into their own accounts. They may keep the amount the same, so it's important to look at the check image and see if it has been changed. You can view checks online, or request check images by contacting us via phone or visiting a branch location. Report check fraud as soon as you notice it.



Statement period activity summary

Beginning balance on 1/17	\$80.29
Deposits/Additions	5,122.06
Withdrawals/Subtractions	- 5,133.88
Ending balance on 2/17	\$68.47

Account number: 8391729699 (primary account)

JUSSIARA C PEREIRA
MARCIO DOS REIS

California account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 121042882

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
1/21		Stripe Instacart St-T1U9R0I9T3B1 Jussiara Carneiro	8.91		89.20
1/29		Online Transfer From Jussiara C Pereira Business Checking xxxxxx2886 Ref #lb0Wn43B5N on 01/29/26	40.00		129.20
1/30		Online Transfer From Jussiara C Pereira Business Checking xxxxxx2886 Ref #lb0Wnmdtgg on 01/30/26	200.00		
1/30		Purchase authorized on 01/29 Ysi*Pacifichights 858-2796420 CA S356029852789317 Card 7515		43.95	
1/30		Purchase authorized on 01/29 Ysi*Pacifichights 858-2796420 CA S306029853476075 Card 7515		43.95	241.30
2/4		Purchase authorized on 02/03 Ysi*Pacifichights 858-2796420 CA S466034715381452 Card 7515		203.95	37.35
2/6		Zelle From Jussiara Pereira on 02/06 Ref # Bacnwsams1AK Cox	52.00		
2/6		Venmo Acctverify 260206 1048121273639 Jussiara Pereira	0.04		
2/6		Venmo Acctverify 260206 1048121273754 Jussiara Pereira	0.11		
2/6		Online Transfer From Jussiara C Pereira Business Checking xxxxxx2886 Ref #lb0Wrdz86K on 02/06/26	500.00		
2/6		Venmo Acctverify 260206 1048121273667 Jussiara Pereira		0.04	
2/6		Venmo Acctverify 260206 1048121273624 Jussiara Pereira		0.11	589.35
2/9		Zelle From Jussiara Pereira on 02/09 Ref # Bacp7Ycojrs1	10.00		
2/9		Zelle From Jussiara Pereira on 02/09 Ref # Backlk9B0W6N Rent If February	1,990.00		
2/9		Zelle From Marcio Dos Reis on 02/09 Ref # Bacv796Lhamz	1.00		
2/9		ATM Cash Deposit on 02/09 3505 Sports Arena Blvd St San Diego CA 0005987 ATM ID 9886P Card 7515	300.00		2,890.35
2/10		Zelle From Marcio Dos Reis on 02/10 Ref # Bacsqs919Pxb	1,990.00		
2/10		Zelle to Marcio on 02/10 Ref # Wfct0Zsgx6J6		300.00	
2/10		Zelle to Carneiro Jussiara on 02/10 Ref # Wfct0Zsxlfl		1,700.00	
2/10		Cox Comm San Purchase 021026 7Fmiejk6Rmkuyb1 Wells Fargo		51.17	2,829.18
2/11		11Residential LI Web Pmts 021126 NH4M9L Jussiarapereira		2,710.71	118.47
2/17		Zelle From Anita DA Silva Ventorin on 02/17 Ref # Bacwxyiavgu	30.00		
2/17		Online Transfer to Jussiara C Pereira Business Checking xxxxxx2886 Ref #lb0Ww5Vpr8 on 02/16/26		80.00	68.47
Totals			\$5,122.06	\$5,133.88	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 01/17/2026 - 02/17/2026 Standard monthly service fee \$5.00 You paid \$0.00

We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. This is the final period with the fee waived. For the next fee period, you need to meet one of the options to avoid the monthly service fee.



Monthly service fee summary (continued)

How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Total amount of qualifying electronic deposits	\$250.00	\$9.06 <input type="checkbox"/>
• Age of primary account owner	13 - 24	<input type="checkbox"/>

RD/RD



IMPORTANT ACCOUNT INFORMATION

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan. Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score. Get started at wellsfargo.com/personalloan.



Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts
Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- If your account has a negative balance:
Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
- In case of errors or questions about your electronic transfers:
Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 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 account number (if any).
 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.
- In case of errors or questions about other transactions (that are not electronic transfers):
Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.



JUSSIARA C PEREIRA
MARCIO DOS REIS
4080 HANCOCK ST APT 4306
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Questions?

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You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Two trending crypto scams to watch out for:

1. **Crypto investments:** Scammers befriend you on social media or through "wrong number" texts. They guide you to download a fake crypto app and then steal your "investment".
2. **Crypto ATM deposits:** Someone posing as a government official warns you about the security of your account and advises you to deposit cash into a Crypto ATM to "keep your money safe". Instead, you are actually depositing money in their account.

Red flags: Unexpected contact, promises of big investment returns, or threats about your account security.

Remember, no reputable organization will ask you to make cash deposits into a Crypto ATM. You may not get your money back.



Statement period activity summary

Beginning balance on 12/16	\$0.00
Deposits/Additions	547.34
Withdrawals/Subtractions	- 467.05
Ending balance on 1/16	\$80.29

Account number: 8391729699 (primary account)

JUSSIARA C PEREIRA
MARCIO DOS REIS

California account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 121042882

Transaction history

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
12/16		eDeposit IN Branch 12/16/25 04:54:41 PM 5522 Balboa Ave San Diego CA	30.00		30.00
1/7		Stripe Instacart St-N7F0Q1M2R1B5 Jussiara Carneiro	302.31		332.31
1/12		Cox Comm San Purchase 011026 Tpeg2Bnchyldqz Wells Fargo		51.17	281.14
1/13		SD Gas & Elec Paid Sdge1 210001114448 Jussiara,Carneiro		65.88	215.26
1/14		Stripe Instacart St-K9K6Y7D7Y6T9 Jussiara Carneiro	215.03		430.29
1/15		Transfer to Jussiara C Pereira Business Checking Ref #Op0Wgzgry2 xxxxxx2886		350.00	80.29
Totals			\$547.34	\$467.05	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For a complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period 12/16/2025 - 01/16/2026	Standard monthly service fee \$5.00	You paid \$0.00
------------------------------------	-------------------------------------	-----------------

We waived the fee this fee period to allow you to meet one of the options to avoid the monthly service fee. Your fee waiver is about to expire. You will need to meet one of the options to avoid the monthly service fee.

How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE of the following each fee period		
• Total amount of qualifying electronic deposits	\$250.00	\$517.34 <input type="checkbox"/>
• Age of primary account owner	13 - 24	<input type="checkbox"/>

RD/RD

 **IMPORTANT ACCOUNT INFORMATION**

Provision of Emergency Services to Wells Fargo Visa Debit Card Holders

We provide certain emergency services to our Wells Fargo Visa Debit Card holders, including a cardholder inquiry service, emergency card replacement, and lost/stolen card reporting. To obtain emergency services related to your Wells Fargo Visa Debit Card, please call the toll-free or international collect-call telephone number on the back of your card.



Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.

Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.

Get started at wellsfargo.com/personalloan.



Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts
Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.
- If your account has a negative balance:
Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.
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 1. Tell us your name and account number (if any).
 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.
- In case of errors or questions about other transactions (that are not electronic transfers):
Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.



Beneficiary Agreement Request

Policy(ies): 793104000

On the life of: Jussiara Costa Pereira

Request is hereby made, subject to the rights of present collateral assignees of record, if any, to change the Beneficiary as follows. The right is reserved to change the beneficiary. The General Provisions on page 2 are part of this Agreement. This request revokes any prior beneficiary designations.

First (Primary) Beneficiary:

Name(s)	Relationship to Insured	Birthdate	SSN	Phone No.	%
<u>João Antonio Pereira Neto</u>	<u>Son</u>	<u>11/29/1988</u>			<u>40</u>
<u>Franco Pereira Nogueira</u>	<u>Son</u>	<u>06/18/1985</u>		<u>6199853880</u>	<u>40</u>
<u>Marcio dos Reis</u>	<u>Spouse</u>	<u>08/08/1976</u>	<u>814349278</u>	<u>8582227565</u>	<u>20</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____
 Trustees: _____
 Grantor: _____
 Trust Name: _____

Second (Contingent) Beneficiary: (To receive if there is no existing First Beneficiary.)

Name(s)	Relationship to Insured	Birthdate	SSN	Phone No.	%
<u>João Antonio Pereira Neto</u>	<u>Son</u>	<u>11/29/1988</u>			<u>50</u>
<u>Franco Pereira Nogueira</u>	<u>Son</u>	<u>06/18/1985</u>		<u>6199853880</u>	<u>50</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If naming a Trust as Beneficiary, please provide the following information from the trust agreement:

Trust Date: _____ Trust ID #: _____
 Trustees: _____
 Grantor: _____
 Trust Name: _____

Beneficiary Address(es): (Attach a separate sheet if additional space for the address is needed.)

Name:	Street Address:	City, State, Zip Code:
<u>Franco Pereira Nogueira</u>	<u>7695 Stalmer St, Unit A</u>	<u>San Diego, CA, 92111</u>
<u>João Antonio Pereira Neto</u>	<u>4080 Hancock St</u>	<u>San Diego, CA, 92110</u>
<u>Marcio dos Reis</u>	<u>4080 Hancock St</u>	<u>San Diego, CA, 92110</u>
_____	_____	_____
_____	_____	_____

Short Term Survivorship: If there are no applicable state laws, any beneficiary under this Agreement who survives the Insured but dies prior to noon of the tenth day after the death of the Insured, unless otherwise provided, will be considered as not having survived the Insured.

Beneficiary Agreement Request - General Provisions

Standard wording for common arrangements

Children born to or legally adopted by John Doe.	Children of John Doe by Mary Doe and any children who may be legally adopted by both John Doe and Mary Doe.
John Doe, "with provision for issue"	Estate of Insured
Trustee or any successor trustee under the last will and testament of the Insured.	Lawful children of Insured

Effect of Assignments: Any assignment of a policy payable under this Agreement transfers the interest of any beneficiary whom the assignor has the right to change.

Agreement Covering Annuity Contract: If any annuity contract is covered by this Agreement, the word "policy" means "annuity contract" and the word "Insured" means "the named individual upon whose death the annuity death benefit will be paid".

Order of Payment to First Beneficiary Class and Second Beneficiary Class: Payment of the death benefit will be made in one sum exclusively to the First Beneficiaries who are living at the death of the Insured, if any; otherwise to the Second Beneficiaries who are living, if any. Payment to each of said class of beneficiary will be in equal shares per capita. If payment is made in unequal shares with no living beneficiary of a share, that share will be apportioned in equal shares per capita to the then living beneficiaries of the same class. If this Agreement covers more than one policy or only a portion of a policy, pro rata portions of the death benefit of each policy covered by the Agreement shall be paid to each beneficiary entitled to payment.

Owner: The term "Owner" shall mean the designated owner of the policy at the time of claim. Payment of the death benefit will be made in one sum to the owner or the owner's estate.

Estate: The term "Estate" shall mean the court appointed executors or administrators of that person's estate. Please keep in mind that such designation could require opening an estate through the probate court before payment can be made to the estate representative.

Children: If this Agreement provides for unnamed "children" of any person, then children includes only children born to or legally adopted by that person.

Provision for Issue/Per Stirpes: The terms "provision for issue" or "per stirpes" of any person shall include only the living children born to or legally adopted by such person. The share of the proceeds of a deceased person, designated as beneficiary and who did not survive the Insured, will be paid, in equal shares to only the living children born to or legally adopted by the deceased person.

Trust Beneficiary: Unless otherwise provided, the following provision shall apply when a trust is named as Beneficiary. If the trust provides for successor trustees, the designation in this policy includes successor trustees. Likewise, if the trust allows amendments, the trust, if so amended, remains as a named Beneficiary. In no event is the Company responsible for the application or disposition of any proceeds it pays to a trust named as beneficiary. Payment to a Trust named as beneficiary is a full discharge of the liability of the Company. A Trust named as Beneficiary is considered to be a Beneficiary who did not survive the Insured if: 1) the trust has been terminated; or 2) the specified testamentary trust does not qualify as such; or 3) for any other reason a Trust Beneficiary is not entitled to any proceeds.

Minor Beneficiaries: If designating a minor beneficiary, please use the following format: *(guardian/custodian name) as custodian for (minor's name) under the [State] Uniform Transfers to Minors Act (UTMA)*. Please note, if a beneficiary is a minor at the time of claim, we may require a certified copy of the court appointment of a legal guardian for the estate of the minor. Payment will be made to the named custodian, as applicable, or to the court-appointed legal guardian of the minor's estate.

Spousal Consent Attestation: If you live in AZ, CA, ID, LA, NM, NV, TX, WA & WI, your spouse may have rights to the benefits of this life insurance policy or annuity contract under state law. In a community property state, any property acquired by a couple during their marriage is generally equally owned by both spouses. We recommend you consult with an attorney to determine if spousal consent would be required in connection with this request. We disclaim all liability for any actions taken or not taken on this notice to the fullest extent permitted by law.

Notice: Notwithstanding any provision of this policy, this Beneficiary Agreement shall be effective as of its date of execution and upon its recording at the Administrative/Home Office. This Agreement is valid whether the Insured is living at the time of recording or not. This does not prejudice the Company on account of any payment made by it before receipt of this Agreement at the Administrative/Home Office. If at the death of the Insured there is no existing beneficiary, EXCEPT as may be otherwise provided in this Agreement, the death benefit will be paid in one sum to:

1. the owner or the owner's estate, or
2. the Insured's estate on any policy that is part of a pension or profit sharing plan.

Authorizing Signatures:

Owner: JUSSIARA COSTA PEREIRA

Date: (mm/dd/yyyy) 01.16.2026

Spousal or Witness: _____

Your spouse's signature is required if the policy is governed by ERISA.

If you reside in Massachusetts and the policy is not an annuity, a witness signature is required. Please note, a named beneficiary CANNOT be a witness.

Administrative/Home Office Use Only:

Recorded and copy returned to owner

By: _____, Registrar Date: (mm/dd/yyyy) _____

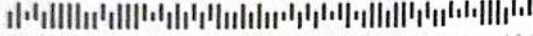
Your copy of this agreement with the Company's written acknowledgment of recording should be filed with the policy. Corrections, mark-outs, erasures **must be** initialed by the policyowner. Once a form has been recorded it cannot be reused. Prior to signing any form, you may wish to consult with your tax advisor to discuss any possible tax consequences that may occur as a result of the requested changes.



P.O. Box 629028
 El Dorado Hills, CA 95762-9028



AB 02 000762 45575 H 4 A



C/O: PEREIRA, JUSSIARA COSTA
 4080 HANCOCK ST APT 4306
 SAN DIEGO, CA 92110-6203

Group/Subgroup: 500222/7000
 Medical Record Number: 00-0032109721
 Member Exchange ID: 578920911
 Region: California

J.D.

Go paperless

Cut the clutter and save time by getting materials online.

It's a fast, easy and secure way to view and keep your important documents.

Visit kp.org/paperless to get started.

February 2, 2026

Dear C/O: Pereira, Jussira Costa,

Welcome to Kaiser Permanente! You've made the right choice for your health.

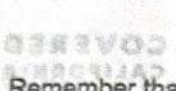
You (and your family members listed below) are now enrolled in the BRONZE 60 HMO plan with coverage starting on February 1, 2026.

Your total monthly premium under this plan is \$1,495.78, and has been reduced by your advanced premium tax credit and State Subsidy and/or Supplemental Subsidy, which is (\$1,119.89).

Your total monthly member responsibility is \$375.89.

Your plan and premium will last until December 31, 2026.

Your premium and coverage start date are based on the information you gave us. If you feel this information isn't correct, call us at 1-800-634-4579 (TTY 711). Please note that if you make a change to your information, your premium may change.



Remember that enrolling in a new plan won't automatically end any other coverage you have. To avoid paying more than one premium or having a gap in coverage, make sure to cancel any other coverage the day before your new plan starts.

If someone in your family applied for a different plan, they'll get a separate letter.

Member name	Medical Record Number	Coverage start date
Jussiara C Pereira	00-0032109721	February 1, 2026
Marcio Dos Reis	00-0032109722	February 1, 2026

Additional information about your monthly premiums

As your partner in health, we want to make sure you understand your coverage and billing. Your health plan includes coverage for voluntary termination of pregnancy. Federal law requires us to disclose that the full premium for your plan includes \$1.00 per member per month for this coverage. If you have a premium tax credit, no portion of the credit applies toward this coverage.

Getting started with Kaiser Permanente

As a Kaiser Permanente member, you have many convenient online tools to help you manage your care. See the guide that came with this letter for important details on getting started and making the most of your membership.

Get care when and where it works for you

Sign in at kp.org to choose from a range of 24/7 virtual care options. Start an e-visit, schedule video visits or phone appointments, or email your care team with nonurgent questions. Learn more at kp.org/getcare.

We're happy to be your partner on this journey, and look forward to a long and healthy relationship with you.

Sincerely,
Kaiser Permanente
Membership Administration

Enclosures:

1. Nondiscrimination Notice and Notice of Language Assistance
2. Getting Started with Kaiser Permanente

If you worked with a broker, they may receive monetary payments or other compensation from Kaiser Permanente in connection with this coverage. Our standard compensation is \$14 per member per month plus a potential bonus. To learn more, visit kp.org/brokercompensation.

*When appropriate and available. If you travel out of state, virtual care may be limited due to state laws that may prevent doctors from providing care across state lines. Laws differ by state.

In California, KFHP plans are offered and underwritten by Kaiser Foundation Health Plan, Inc.,
One Kaiser Plaza, Oakland, CA 94612



**AMENDED DECLARATIONS PAGE – CALIFORNIA
PERSONAL AUTO PROGRAM**

Aspire General Insurance Services - CA DOI LIC# 010876
Underwritten by ASPIRE GENERAL INSURANCE COMPANY

P.O. Box 2426 • Rancho Cucamonga, CA 91729-2426 • (916) 503-6313 • www.AGICINS.com

Prepared on 9/26/2025

THIS DECLARATIONS PAGE IS PART OF YOUR POLICY, PLEASE READ CAREFULLY.

AMENDED PERSONAL AUTO POLICY DECLARATIONS

Policy Information:

Policy Number: GPSV-00712408-00
Inception: 9/25/2025 12:01 AM
Expiration: 7/28/2026 12:01 AM
Time Applied For*: 9/25/2025 4:13 PM

Policy Premium

Total Premiums: \$1,919.00
Total Fraud Fees: \$5.28
SR Filing Fee: \$0.00
Policy Fee: \$28.00

*Inception time shall not be prior to the time applied for, or if this is a replacement declarations, not prior to the time of coverage change

Named Insured(s):

Marcio Dos Reis
4080 Hancock St Apt 4306
San Diego, CA 92110-6203
Cell: (858) 222-7565

Email:

Additional Fees when applicable:

Cancellation \$50, Reinstatement \$10, SR22 Filing \$15, SR22 Reinstatement \$25, Non-Sufficient Funds \$25, Endorsement \$5, EFT Installment \$10, Non-EFT Installment \$14, Return Mail \$5, Fraud Fee \$0.88 per vehicle semi-annual, Policy Fee \$35



CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Involved in an Accident? Call (916) 306-1831

Named Insured: Marcio Dos Reis
Jussiara costa Pereira **Policy #:** GPSV-00712408-00

Effective Date: 9/25/2025 4:13 PM - **Expiration Date:** 7/28/2026 12:01 AM
Insurance Company: Aspire General Insurance Company
PO Box 2426
Rancho Cucamonga, CA 91729-2426
NAIC Code: 15290

Year/Make/Model **Vehicle Identification Number**
2010 Toyota PRIUS JTDKN3DU1A0139578

Customer Service Assistance: (916) 503-6313

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Involved in an Accident? Call (916) 306-1831

Named Insured: Marcio Dos Reis
Jussiara costa Pereira **Policy #:** GPSV-00712408-00

Effective Date: 9/25/2025 4:13 PM - **Expiration Date:** 7/28/2026 12:01 AM
Insurance Company: Aspire General Insurance Company
PO Box 2426
Rancho Cucamonga, CA 91729-2426
NAIC Code: 15290

Year/Make/Model **Vehicle Identification Number**
2010 Toyota PRIUS JTDKN3DU1A0139578

Customer Service Assistance: (916) 503-6313

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Involved in an Accident? Call (916) 306-1831

Named Insured: Marcio Dos Reis
Jussiara costa Pereira **Policy #:** GPSV-00712408-00

Effective Date: 9/25/2025 4:13 PM - **Expiration Date:** 7/28/2026 12:01 AM
Insurance Company: Aspire General Insurance Company
PO Box 2426
Rancho Cucamonga, CA 91729-2426
NAIC Code: 15290

Year/Make/Model **Vehicle Identification Number**
2015 Toyota RAV4 XLE JTMWFREV6FD069343

CALIFORNIA EVIDENCE OF LIABILITY INSURANCE

This policy complies with Sections 16056 or 16500.5 of the California Vehicle Code.

Involved in an Accident? Call (916) 306-1831

Named Insured: Marcio Dos Reis
Jussiara costa Pereira **Policy #:** GPSV-00712408-00

Effective Date: 9/25/2025 4:13 PM - **Expiration Date:** 7/28/2026 12:01 AM
Insurance Company: Aspire General Insurance Company
PO Box 2426
Rancho Cucamonga, CA 91729-2426
NAIC Code: 15290

Year/Make/Model **Vehicle Identification Number**
2015 Toyota RAV4 XLE JTMWFREV6FD069343

RESIDENTIAL LEASE AGREEMENT SUMMARY

Tenant(s):	Jussiara Pereira and MARCIO DOS REIS	
Authorized Occupants:	Jussiara Pereira and MARCIO DOS REIS	
Guarantor(s):		
Landlord:	5550 Balboa Arms LLC	
Community:	Pacific Sands	
Unit Address:	5550 Balboa Arms Dr #94, San Diego, CA 92117	
Lease Commencement Date:	02/09/2026	Lease End Date: 02/08/2027

SECURITY DEPOSITS

This is the refundable security deposit that you (and your roommate(s), if applicable) will pay on or before move-in.

Security Deposit	500.00
Holding Deposit	200.00
Total Deposits: \$700.00	

MOVE IN CHARGES

These are the charges you and any roommate(s) will pay on or before move-in. Total does not include taxes or concessions, if applicable.

Security Deposit	500.00
Rent for 20 days	2,210.71
** Taxable Charge	Total Due at Move In: \$2,710.71

MONTHLY CHARGES

These are the charges you and any roommate(s) will pay each month. Total does not include taxes or concessions, if applicable.

Rent	3,095.00
** Taxable Charge	TOTAL MONTHLY PAYMENT: \$3,095.00

CONCESSIONS

One Time Rent Concession(s)	Amount	Effective Date	
6 Weeks Free!	\$3095.00	03/01/2026	
Recurring Rent Concession(s)	Duration (Months)	Amount	Effective Date
<i>Amounts for partial months may be subject to proration.</i>			

UTILITIES

Tenant must transfer all utilities or services for which they are responsible into their name on or before the Commencement Date. If any utilities or services billed to Landlord are Tenant's responsibility, Tenant must promptly reimburse Landlord. Should Tenant fail to transfer utilities or services for which they are responsible to their name, Landlord may impose a Utility Vacant Cost Recovery fee. Additional fees may apply based on local regulations. **Please refer to your Utility Addendum for further details on Tenant responsibilities.**

RENTERS INSURANCE

Renters Insurance [X] IS or [] IS NOT required. If required and Tenant fails to obtain coverage, Landlord may purchase a Landlord Placed Tenant Liability Insurance policy ("LPTLI") at Tenant's expense, with a monthly cost of \$29.00, plus a monthly administrative fee of \$0.00, due with monthly rent.



DEPOSIT RECEIPT

NAME(S): Jussiara Pereira and MARCIO DOS REIS

Date: January 29, 2026
Property: Pacific Sands

APT. ADDRESS: 5550 Balboa Arms Dr #94
APT. NO.: 94

RECEIPT:

Receipt from applicant(s) in the sum of: \$0.00
 To be applied as follows:
 REFUNDABLE Security Deposit: \$0.00
 ADDITIONAL Security Deposit: \$0.00
 NONREFUNDABLE Credit Check Fee: \$80.00
 Balance, if any, to be applied toward rent if application is accepted by Owners: \$0.00
 Total funds received herewith: \$80.00

Applicant hereby agrees that the above credit check fee is NONREFUNDABLE and that the deposit and any remaining balance is non-interest bearing and does not constitute a rental payment on the above referenced apartment.

MOVE-IN BALANCE DUE:

TOTAL ADDITIONAL PAYMENTS REQUIRED PRIOR TO MOVE-IN (Must be paid Electronically via Debit Card or with the Walk in Payment System). Applicant(s) will be required to sign the Rental Agreement, Community Guidelines and any applicable addenda and have paid the following PRIOR TO RECEIVING THE KEYS:

BALANCE of Security Deposit:	<u>\$700.00</u>	O.A.C.
Additional Deposit for Pet(s):	<u>\$0.00</u>	
First Month's Rent Due in Advance:	<u>\$1,989.64</u>	
Less Any Applicable Credits/Concessions:	<u>\$0.00</u>	For _____
Total Amount Due Prior to Move-In	<u>\$2,689.64</u>	

Other Comments: _____
 *Additional Deposit might be increased based on screening results.
 **This is an estimated move in cost, final amount will be on Rental Agreement.

UTILITIES:

Applicant(s) agree to arrange for the following utilities to be billed directly to them (account # required at Move In):

Gas (577) 889-7343 Electricity (577) 889-7343 Water _____
 Sewer _____ Trash _____

Applicant(s) agree the office will setup the following utilities to be billed:

Gas Electricity Water Sewer Trash

OCCUPANCY TERMS:

The occupancy is to consist of: 1 # of Occupants
 Occupancy will begin on: February 11, 2026 Rental Rate \$3,095.00 per month
 Rent shall be due and payable in advance on the first day of each month. Tenancy shall be on a month-to-month basis unless otherwise indicated below.
 Tenancy shall be: 12 Month Lease **[X] RENTERS INSURANCE REQUIRED**
 The following pets may be kept in the unit: _____

DEPOSIT REFUNDS:

It is agreed that the application fee and earnest money received hereby, except for the non-refundable application fee will be held to reserve the apartment home and take it off the market. The non-refundable application fee does not guarantee the approval of the apartment. I am aware that upon approval of the application the earnest money is charged and applied towards any move in costs. I understand that the earnest money is refundable three (3) Days from the date the application is submitted in the event the application is cancelled. Should the application not meet the qualifying criteria the earnest money will not be charged.

RECEIPT RECAP:

No cash is accepted in Office
 Document #: 327030516, 327030680 Check Money Order Cashier's Check Online Payment

ACKNOWLEDGEMENT:

Date January 29, 2026 Apartment Rent: **\$3,095.00**
 I have read the above information and hereby agree to all the terms and conditions contained therein. Includes:
 Microwave Refrigerator Washer/Dryer
 Dishwasher Range Storage
 Parking Space Garage Other:
Jussiara Pereira 01/29/2026 MARCIO DOS REIS 02/09/2026
 _____ Date _____ Date
 _____ Date _____ Date
 _____ Date _____ Date (Agent for Owner) Date


Document Information


Document Reference Number: 2103201



Document Pages: 1

Signatures: 2
Initials: 0

Status: Completed

Signature Summary	Signature	Initials	Timestamp	Signing Status
Jussiara Pereira		JP	01/29/2026 03:48:23 PM PST	Completed
Document Started: Email Address:	01/29/2026 03:46:19 PM PST jussiara65@gmail.com			

MARCIO DOS REIS		MDR	02/09/2026 11:32:02 AM PST	Completed
Document Started: Email Address:	02/09/2026 11:31:44 AM PST mreis2@gmail.com			

Signature Details	Page	Signature/Initials	Signing Status	Tracking Details
Jussiara Pereira	1		Completed	IP Address: 72.220.128.44 Timestamp: 01/29/2026 03:47:55 PM PST User Agent: Chrome on Windows
MARCIO DOS REIS	1		Completed	IP Address: 172.56.244.140 Timestamp: 02/09/2026 11:31:59 AM PST User Agent: Chrome on iPhone

**Exhibit 5 - Evidence
of Bona Fide
Marriage: Letters of
Support**



December 11, 2024

Pastor Julian Malotti
Lead Pastor at OB One Church
4790 Santa Monica Ave.
San Diego, CA 92107

To: USCIS - United States Citizenship and Immigration Services

Marcio Reis - Character Reference Letter

To whom it may concern

Marcio Reis has been attending our church since February 2022. He is an example of people who hold a Christian character and values. He is a loving, humble, servant, kind, and super creative. I have seen his art and his artistic giftings are phenomenal.

He is present in most if not all church services. He takes his relationship with God very seriously. He also attends the midweek Bible study, and after the Bible study Marcio cooks for the entire group to end the night a time of fellowship. In other words, Marcio Reis makes the church feels like family by going above and beyond by serving the group with his great cooking. He has sacrificially and selflessly served our church people by consistently volunteering his time for the benefit of others.

In a nutshell, Marcio exemplifies someone who loves God and loves people and wants to make a positive and eternal difference in the world we live in. I am proud to have him as a part of our church family.

If you have any questions about him please feel free to contact me at julian@ob1church.com

Respectfully

A handwritten signature in dark ink, appearing to read "Julian Malotti", with a stylized flourish underneath.

Pastor Julian Malotti

California USA DRIVER LICENSE

FEDERAL LIMITS APPLY



DL **B6665414**

CLASS C

EXP **03/13/2029**

END NONE

LN MALOTTI

FN GIULIANO

2752 ARIANE DR 113
SAN DIEGO, CA 92117

DOB **03/13/1975**

RSTR NONE

03131975

SEX **M**

HAIR **BLK**

EYES **BRN**

HGT **5'-09"**

WGT **155 lb**

GM78

ISS

DD 01/05/2024519A9/BBFD/29

01/05/2024

Giuliano

My name is Vinicius Sales Reis, Marcio's soon, currently residing at 5550 Balboa Arms, San Diego, CA. I was born in São Paulo, São Paulo, Brazil, on November 18, 1997.

I would like to provide support for the marital relationship between Jussiara Costa Pereira and Marcio dos Reis.

I know both of them and have a great appreciation for them. We enjoy going out for dinner and spending time together. I am very happy for them and sincerely wish them happiness in their life together.

They announced their marriage on September 16, 2025.

I was very happy for the couple and wish them happiness and success in their marriage.

Thank you for the opportunity to share this information.

Sincerely,



Vinicius Sales Reis

Date: 10/11/2025

Dear USCIS Officer,

This is Lucas Vasconcelos Barum, currently residing at, 4373 Mt Abernathy Ave, San Diego- CA. Zip: 92117, I was born in Curitiba- Brazil on 6/17/1980.

I would like to provide support for the marital relationship between JUSSIARA COSTA PEREIRA and MARCIO DOS REIS.

I have known Jussira since 2020, and Marcio since 2023, from the church, and they have been to my house several times for church meetings and birthday parties.

We noticed they love each other and make a beautiful couple. We can see a real relationship. I know she meet Marcio from the church since 2023, and they have been living together at 4080 Hancock St. Apt. 4306 since August 2025.

They announced their marriage on 9-16-2025.

I was very happy for the couple that day and I wish them all happiness and love.

Thank you for the opportunity to share this information with you.

For any assistance, I can be contacted on 619-756-4168 or on email : lucasbarum@hotmail.com.

Signature Lucas Barum 10/20/2025

Full name: Lucas Vasconcelos Barum

**SEE ATTACHED
CALIFORNIA
ACKNOWLEDGMENT**

California USA DRIVER LICENSE

FEDERAL
LIMITS
APPLY



DL **D5334219**

CLASS C

EXP **06/17/2029**

END NONE

LN BARUM

FN LUCAS VASCONCELOS

4374 MT ABERNATHY AVE
SAN DIEGO, CA 92117

DOB **06/17/1980**

RSTR NONE

06171980

Lucas Barum

SEX M

HAIR BRN

EYES BRN

HGT 6'-00"

WGT 195 lb

ISS

DD 06/17/2019519RB/CCFD/29

06/26/2024

Data: 10/15/2025

Dear USCIS Officer,

This is ANITA SILVANIA DA S VENTORIN, currently residing at, 5672 Riley St. Apt 2, San Diego- CA. Zip: 92110, I was born in Vitoria- ES- Brazil on 04-11-1968.

I wish to provide support for the marital relationship between JUSSIARA COSTA PEREIRA and MARCIO DOS REIS.


I have known JUSSIARA COSTA PEREIRA since 2023, we met at dinner at Jussiara's house, where I noticed the love and good relationship between them.. I know she meet Marcio from the church since 2023, and they have been living together at 4080 Hancock St. Apt. 4306 since August 2025.

They announced their marriage on 9-16-2025.


I am very happy for the couple, and I wish them all happiest life together.

Thank you for the opportunity to share this information with you.

For any assistance, I can be contacted on 619-314-2399 or on email : anitabee0@yahoo.com.

Signature 
Full name: Anita Silvania da S Ventorin

**SEE ATTACHMENT
FOR NOTARIZATION**


10.15.25

California USA DRIVER LICENSE



DL **W8914339**

CLASS C

EXP **04/11/2028**

END NONE

LN DA SILVA VENTORIN

FN ANITA SILVANIA

5672 RILEY ST APT 2
SAN DIEGO, CA 92110

DOB **04/11/1968**

RSTR CORR LENS

04111968



SEX F

HAIR BLN

EYES GRN

HGT 5'-05"

WGT 143 lb

ISS

DD 01/24/202550646/BBFD/28

01/24/2025



**Exhibit 6 - Evidence
of Bona Fide
Marriage:
Photographic
Evidence of
Relationship**



July 2025 - Church gathering at Lucas Barum's house - San Diego



September, 16 2025 - Civil wedding, San Diego



September 16, 2025 - Civil wedding, San Diego



September 16, 2025 - Civil wedding, San Diego



September 16, 2025 - After the Civil wedding, San Diego.



October 2025 - with our friends from
OB1 Church, San Diego



December 2025 – Family Christmas celebration at the home of Franco Nogueira, Jussiara’s son, in San Diego.



December 2025 – afternoon coffee in our home in San Diego.



February 2026 - Our home in San Diego



March 2026 – With Vinicius Reis, Marcio's son, in our new home – Balboa Arms Dr., San Diego.



March 2026 - Hiking day



March 2026- Enjoying the day off in our
home in San Diego



March 2026 - Celebrating the new home
in San Diego



March 2026 - With a friend from church
in San Diego



March 2026 - Our friends Andrei Renato Foster and George Foster. San Diego



March 2026 - At the home of Lucas Barum
and his family

**Exhibit 7 - Evidence
of Jussiara Costa
Pereira's Dissolution
of Prior Marriage**

Certified Portuguese to English Translator
Toll-Free: 1.800.210.2049 – Fax: 1.407.675.3350
www.certifiedportuguesetoenglishtranslator.net
Email: translator@certifiedportuguesetoenglishtranslator.com



Dr. LARS D. BRADLEY

Translator and Interpreter
ATA No. 217763

I, the undersigned, Translator and Commercial Interpreter in and for the City of San Diego, State of California, United States of America, hereby CERTIFY that the document written in Portuguese was submitted to me for translation into English, which I have done as follows:

Translation No.2 16 23



Federative Republic of Brazil
Natural Individual Civil Registry
Civil Marriage

MARRIAGE CERTIFICATE

Names:

Manuel Mendes Carneiro
Jussiara Costa Pereira

Registration:

012146 01 55 2015 2 00005 124 0002091 14

Single full names, birth places and dates, nationality, and parenthood

Groom: Manuel Mendes Carneiro, born in Marques de Pombal, Lisboa, nationality: Portuguese, occupation: merchant, on June 2nd, 1943. Son of João Barbosa Carneiro and Dulce Domingos Mendes Carneiro.

Bride: Jussiara Costa Pereira, born in Jequié, BA, nationality: Brazilian, occupation: merchant, pm February 16th, 1965. Daughter of João Antonio Pereira and Julieta Costa Pereira.

Marriage Registry Date:

December 22nd, 2015

Marriage Regime:

Legal Property Separation

Name on which each party will sign as(if any alteration):

Groom will sign the same name
Jussiara Pereira Carneiro

Observations/Annotations:

Annotation: the parties divorced per ruling set on 10/28/2022 by Law Judge, Antonio Monaco Neto, for the Family Circuit Court for the County of Salvador/BA under docket no.8140081-44.202.8.05.0001 and forwarded on 10/28/2022 in accordance with the judicial mandate. The ex-groom will sign as single: Jussiara Costa Pereira. There is no estate to be divided. I certify and attest. Maria Jose Rodrigues Porto de Souza, Sworn Clerk.

The content of this certificate is true and I attest.

Angical, BA, February 16th, 2023

Signature
Officer

1

THIS WAS THE full text of said document, the true translation of which I hereby CERTIFY and ATTEST. The Certified Translation meets USCIS Foreign Language Document Translation and U.S. Code of Federal Regulations 8CFR 103.2(B)(3).
IN WITNESS WHEREOF, given in San Diego, California, United States of America, this February 16th, 2023

Lars D. Bradley
ATA No. 217763

**Exhibit 8 - Evidence
of Marcio dos Reis'
Dissolution of Prior
Marriage**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

To verify the authenticity of this document,
scan the printed QR Code or visit the
website: <https://selodigital.tisp.jus.br>

MARRIAGE CERTIFICATE

NAMES	CPF
MARCIO DOS REIS	259.205.738-21
ALINE MARIA DAS NEVES	280.296.548-47

REGISTRATION
118190 01 55 2015 2 00286 155 0085267-95

FULL BIRTH NAMES, DATES OF BIRTH, CITY OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

MARCIO DOS REIS, BRAZILIAN, born on August eighth, nineteen seventy-six (08/08/1976), in São Paulo, State of São Paulo, single, son of CARLOS DOS REIS and VALDENIZIA EUGENIO DOS REIS.

ALINE MARIA DAS NEVES, BRAZILIAN, born on December twenty-second, nineteen eighty-one (12/22/1981), in São Paulo, State of São Paulo, single, daughter of SEBASTIÃO QUENCHIQUIT DAS NEVES and LAURIETE MARIA DAS NEVES.

DATE OF MARRIAGE REGISTRATION (IN FULL)	DAY	MONTH	YEAR
MAY FOURTEENTH, TWO THOUSAND FIFTEEN	14	05	2015

PROPERTY REGIME

PARTIAL COMMUNITY PROPERTY

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

HE: Continues to use the same name: **MARCIO DOS REIS**
SHE: Continues to use the same name: **ALINE MARIA DAS NEVES**

ANNOTATIONS / NOTES TO BE ADDED

Registered in book B-0286, on pages 155, under No. 85267. The contracting parties are registered with CPF numbers 259.205.738-21 and 280.296.548-47, according to a query conducted on this date in the database of the Brazilian Federal Revenue, made available by the Civil Registry Information Center - CRC. **CONTINUED ON THE BACK**

REGISTRATION NOTES

*The registration notes above do not exempt the interested party from presenting the original document when required by the requesting agency or when necessary for the identification of the holder.

**CIVIL REGISTRY OFFICE OF NATURAL PERSONS
AND NOTARY PUBLIC OF THE DISTRICT OF SÃO MIGUEL PAULISTA**

Andrea Santos Gigliotti - Registrar
Certificate typed by **ROBERTO DINIZ - CLERK**
Avenida Marechal Tito, 108 - Vila Americana, São Paulo, SP, ZIP: 08010-090
Phone: (11) 3054-3838

The content of this certificate is true. I certify.
SÃO PAULO, October 11, 2021.

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

ROBERTO VIEIRA DINIZ JUNIOR
CLERK

Exempt from Fees

Civil Registry Office of Natural
Persons and Notary Public of the District
of São Miguel Paulista - São Paulo
ANDRESSA SANTOS GIGLIOTTI
Civil Registry Registrar

118190 - AA000237682

ANNOTATIONS

In the margin of the record, the following is noted: ANNOTATION OF CPF/MF IN ACCORDANCE WITH PROVISION 63/2017 - National Justice Council (CNJ). I CERTIFY THAT THE CONTRACTING PARTIES ARE REGISTERED WITH CPF/MF, HE UNDER No. 259.205.738-21, AND SHE UNDER No. 280.296.548-47.

ANNOTATION: CONSENSUAL DIVORCE, BY JUDGMENT ISSUED BY DR. ADRIANA ANDRADE PESCI, HONORABLE JUDGE OF THE 2ND FAMILY AND SUCCESSIONS COURT OF THE 5TH REGIONAL FORUM OF THIS DISTRICT, OF 09/20/2021, WHICH BECAME FINAL ON THE SAME DATE. THERE WAS NO CHANGE OF NAMES UPON MARRIAGE. ALL IN ACCORDANCE WITH THE MANDATE ISSUED FROM CASE NO. 1017325-24.2021.8.26.0005, HERE REGISTERED AND FILED UNDER NO. 2915/2021. SÃO PAULO, 10/11/2021. I CERTIFY. I, ROBERTO VIEIRA DINIZ JUNIOR, AUTHORIZED CLERK, HAVE WRITTEN AND SIGNED IT. DIGITAL SEAL NUMBER: 1181902AV0000000288728217

The content of this certificate is true. I certify.
SÃO PAULO, October 11, 2021

---//signature//---

ROBERTO VIEIRA DINIZ JUNIOR
CLERK

Civil Registry Office of Natural
Persons and Notary Public of the District
of São Miguel Paulista - São Paulo
ANDRESSA SANTOS GIGLIOTTI
Civil Registry Registrar

REGISTRATION DETAILS

Registration	0018830155 1987 1 0003 050 0000533 31	cc (55) Type of Service Provided, being: 55: Civil Registration Service for Natural Persons	fff (0003)	Book number
Standard	aaaaaaabccc dddd e ffff ggg hhhhhh ii	ddddd (1987) Year of Registration	ggg (050)	Sheet number
aaaaaa (00188-3) National Service Code (Unique identification of the registry office)		e (1) Type of book, being: 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 4: Book C (Death) 5: Book C (Stillborn Registry) 6: Book D (Publication of Births) 7: Book E (Other Acts Related to Civil Registration)	hhhhhh (00000533)	Term Number
bb (01) Collection Code, being: 01 - Own Collection Other Incorporated Collections			i (31)	Check Digit
DETAILS				

Exclusive use for issuing civil registration certificates for natural persons



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: March 2, 2026.

Selo Digital n°: 1181902PV000000028673021R



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Para conferir a procedência deste documento efetue a leitura do QR Code impresso ou acesse o endereço eletrônico <https://selodigital.tjsp.jus.br>

CERTIDÃO DE CASAMENTO

MARCIO DOS REIS	CPF 259.205.738-21
ALINE MARIA DAS NEVES	CPF 280.296.548-47

MATRÍCULA
118190 01 55 2015 2 00286 155 0085267-95

NOMES COMPLETOS DE SOLTEIRO, DATAS DE NASCIMENTO, NATURALIDADE, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES
MARCIO DOS REIS, nacionalidade BRASILEIRA, nascido no dia oito de agosto de mil novecentos e setenta e seis (08/08/1976), em SÃO PAULO - SP, estado civil solteiro, filho de CARLOS DOS REIS e de VALDENIZIA EUGENIO DOS REIS.
ALINE MARIA DAS NEVES, nacionalidade BRASILEIRA, nascida no dia vinte e dois de dezembro de mil novecentos e oitenta e um (22/12/1981), em SÃO PAULO - SP, estado civil solteira, filha de SEBASTIÃO QUENCHIQUIT DAS NEVES e de LAURIETE MARIA DAS NEVES.

DATA DE REGISTRO DO CASAMENTO POR EXTENSO
QUATORZE DE MAIO DE DOIS MIL E QUINZE

DIA	MÊS	ANO
14	05	2015

REGIME DE BENS DO CASAMENTO
COMUNHÃO PARCIAL DE BENS

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)
ELE: Continua a usar o mesmo nome **MARCIO DOS REIS**
ELA: Continua a usar o mesmo nome **ALINE MARIA DAS NEVES**

AVERBAÇÕES/ANOTAÇÕES A ACRESCEM
Registro feito no livro B-0286, às folhas 155, sob o n° 85267. Os contraentes são inscritos nos cpfs n° 259.205.738-21 e n° 280.296.548-47 conforme consulta realizada nesta data junto a base de dados da Receita Federal do Brasil disponibilizada pela central de informações do registro civil - CRC. CONTINUA NO VERSO

ANOTAÇÕES DE CADASTRO
* As anotações de cadastro acima não dispensam a parte interessada da apresentação do documento original, quando exigido pelo órgão solicitante ou quando necessário para identificação de seu portador.

OFICIAL DE REGISTRO CIVIL DAS PESSOAS NATURAIS
E TABELIÃO DE NOTAS DO DISTRITO DE - SÃO MIGUEL PAULISTA
Andrea Santos Gigliotti - Oficial
Certidão digitada por ROBERTO DINIZ - ESCRIVENTE
Av. Marechal Tito, 108 - Vila Americana, São Paulo - SP, CEP:08010-090
Tel: (11) 3054-3838

O conteúdo da certidão é verdadeiro. Dou fé.
SÃO PAULO, 11 de outubro de 2021

Roberto Diniz
ROBERTO VIEIRA DINIZ JUNIOR
ESCRIVENTE

Oficial de Registro Civil das Pessoas
Naturais e Tabelião de Notas do Distrito
de São Miguel Paulista - SP
ANDREA SANTOS GIGLIOTTI
Oficial de Registro Civil

Isento de Emolumentos

118190 - AA000237682

118190 - AA000237682 08/21



AVERBAÇÕES

À margem do termo consta o seguinte: AVERBAÇÃO DE CPF/MF NOS TERMOS DO PROV. 63/2017 - CNJ, FAÇO CONSTAR QUE OS CONTRAENTES SÃO INSCRITOS NOS CPF/MF, ELE SOB N° 259.205.738-21, E ELA SOB N° 280.296.548-47

AVERBAÇÃO: DIVORCIADOS CONSENSUALMENTE, POR SENTENÇA PROFERIDA PELA DRA. ADRIANA ANDRADE PESCI, MM. JUÍZA DE DIREITO DA 2ª VARA DA FAMÍLIA E SUCESSÕES DO FORO REGIONAL V DESTE DISTRITO, DATADA DE 20/09/2021, QUE TRANSITOU EM JULGADO NESTA MESMA DATA, NÃO HOUVE ALTERAÇÃO DOS NOMES POR OCASIÃO DO MATRIMÔNIO. TUDO NOS TERMOS DO MANDADO EXTRAÍDO DO PROCESSO N.1017325-24.2021.8.26.0005, AQUI REGISTRADO E ARQUIVADO SOB N.2915/2021, SÃO PAULO, 11/10/2021. DOU FÉ. EU, ROBERTO VIEIRA DINIZ JUNIOR, ESCRIVENTE AUTORIZADO, ESCREVI E SUBSCREVO. SELO DIGITAL NÚMERO: 1181902AV0000000288728217

O conteúdo da certidão é verdadeiro. Dou fé

SÃO PAULO, 11 de outubro de 2021

Roberto Vieira Diniz Junior
ROBERTO VIEIRA DINIZ JUNIOR
ESCRIVENTE

Oficial de Registro Civil das Pessoas Naturais e Tabela de Notas do Distrito de São Miguel Paulista - SP
ANDREA SANTOS GIGLIOTTI
Oficial de Registro Civil

ffrr (0003)	Numero do livro	ffrr (0003)	Numero do livro
999 (058)	Numero da folha	999 (058)	Numero da folha
hhhhhh (000533)	Numero do Termo	hhhhhh (000533)	Numero do Termo
ff (31)	Digito Verificador	ff (31)	Digito Verificador

cc (95) Tipo de Serviço Prestado, sendo:
55: Serviço de Registro Civil das Pessoas Naturais
6666 (1937) Ano de Registro

9 (1) Tipo de livro, sendo:
1: Livro A - Matrimonial
2: Livro B - Autôgrafos
3: Livro C - Autôgrafos
4: Livro D - Autôgrafos
5: Livro E - Autôgrafos
6: Livro F - Autôgrafos
7: Livro G - Autôgrafos
8: Livro H - Autôgrafos
9: Livro I - Autôgrafos

DETALHAMENTO DA MATRÍCULA
Matrícula 0018830155 0887 1 0003 050 0000533 31
Padrão aaaaabbbcc ddde fff ggg hhhhhh ii
DETALHAMENTO
aaaaa (00188-3) Código Nacional da Serventia
(Identificação única de cada termo)
bb (01) Tipo de termo, sendo:
Outros - Atos incorporados

Uso exclusivo para emissão de certidões de registro civil das pessoas naturais



**Exhibit 9 - Most
Recent IRS Income
Tax Return filed
Jointly by Jussiara
Costa Pereira and
Marcio dos Reis**

FOR TAX YEAR 2025

JUSSIARA COSTA PEREIRA & MARCIO DOS REIS

Office Tax Services
39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
(858) 247-1680

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 12, 2026

Jussiara Costa Pereira & Marcio Dos Reis
5550 Balboa Arms Driver APT 94
San Diego, CA 92117

Subject: Engagement Letter for Preparation of Your 2025 Tax Return

Dear Jussiara Costa Pereira & Marcio Dos Reis:

Thank you for choosing Office Tax Services to assist you with your 2025 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

Scope of Services

We will prepare the 2025 federal and state income tax returns for Jussiara Costa Pereira & Marcio Dos Reis based on the information you provide. While we may request clarification on certain items, we will not audit, verify, or independently validate the data submitted.

Our work will not include accounting services, and you are responsible for providing the financial reports required to prepare an accurate tax return. This engagement does not include procedures designed to detect fraud, errors, or illegal acts. However, if we identify any material errors, irregularities, or illegal acts, we will notify you promptly.

To ensure efficiency and quality in our workflow, your tax return may be prepared by qualified professionals located overseas if we determine this to be the best approach. Regardless of where the preparation occurs, we will maintain the highest standards of quality and confidentiality throughout the process.

Should we encounter instances of unclear tax law or conflicts in its interpretation, we will outline the reasonable courses of action along with the risks and consequences of each. The ultimate decision on which alternative to pursue will rest with you.

Responsibilities

Your Responsibilities:

Provide all necessary information and documentation required to prepare the tax return accurately and completely. Ensure that financial records and original documents are organized and available for review, if necessary. Carefully review all tax return documents before signing and submitting them.

Our Responsibilities:

Prepare the 2025 tax return 100% accurately, based on the information provided by you.
Explain the results of the tax return, including details such as deductions, credits, and other relevant information.
Inform you of any amounts due or refunds resulting from the tax return.
File the 2025 tax return (electronically or via paper) upon receiving your signed authorization.
Provide you with a copy of the prepared tax return upon the completion of the process.
Notify you promptly of any material errors, fraud, or irregularities identified during the preparation process.

Exclusive Online Account

As part of our service, you will receive access to an exclusive online account where your tax-related documents will be securely stored and accessible until December 31st of the current year.

If you choose not to continue our services for the following year, we will not retain the account or documents after this date. It is your responsibility to download and securely save any necessary documents before the account is closed.

Fees and Payment

Our fee is based on the forms required for the current year and billed at standard rates. Payment is due upon presentation of the invoice. The tax return draft, including results, will be available only after payment is received in full.

We do not offer refunds for services rendered. However, 50% of the initial payment may be credited toward future services, including ITIN applications, income tax preparation, business formation, or bookkeeping, . Credit requests must be submitted via email to contact@officetaxservices.com within 30 days of the service date and include the type of service, service date, and reason for the request. Consultation fees are non-creditable.

Document Retention Policy

We will return your original records upon the conclusion of our engagement. Copies of your records and our work papers will be retained for up to seven years, after which they will be securely destroyed. If you elect not to continue our services, you must save all necessary documents before the closure of your online account.

Filing Process

We can file your 2025 tax return electronically or via paper, as long as we receive your signed authorization document. Our engagement will conclude upon the submission of your 2025 tax return to the appropriate taxing authorities.

Any subsequent correspondence, audits, or amendments related to the 2025 tax return may incur additional fees. These services will be billed separately at our standard rates, and you will be informed in advance of any associated costs.

Acknowledgment and Agreement

To confirm that this letter accurately reflects the terms of our engagement, please sign in the space provided below.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:

_____ Taxpayer

_____ Spouse

Date _____

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 12, 2026

Jussiara Costa Pereira & Marcio Dos Reis
5550 Balboa Arms Driver APT 94
San Diego, CA 92117

Jussiara Costa Pereira & Marcio Dos Reis:

Below is a summary of your 2025 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$3,875 Balance Due	Direct Debit from **9699 (\$650) Mail a check (\$3,225)
California Income Tax	\$942 Balance Due	Direct Debit from **9699

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * California Income Tax

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted March 12, 2026

Mail payment on or before due date to the following address:

Federal Income Tax due April 15, 2026

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

ESTIMATED TAX FOR 2026

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$970	April 15, 2026	Mail a check
2nd	\$970	June 15, 2026	Mail a check
3rd	\$970	September 15, 2026	Mail a check
4th	\$970	January 15, 2027	Mail a check

Sincerely,



Cristina M Hass

Office Tax Services

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 12, 2026

Jussiara Costa Pereira & Marcio Dos Reis
5550 Balboa Arms Driver APT 94
San Diego, CA 92117

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning _____, 2025, ending _____, 2025, See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse Other

Your first name and middle initial: **Jussiara** Last name: **Costa Pereira** Your social security number: **216-95-8689**

If joint return, spouse's first name and middle initial: **Marcio** Last name: **Dos Reis** Spouse's social security number: **814-34-9278**

Home address (number and street). If you have a P.O. box, see instructions. **5550 Balboa Arms Driver** Apt. no. **94** 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 **92117** Presidential Election Campaign

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

Filing Status Single Head of household (HOH) Qualifying surviving spouse (QSS) Married filing jointly (even if only one had income) Married separately (MFS). Enter spouse's SSN above and full name here: 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	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> 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	1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	54,100
	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	54,100
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.	2a Tax-exempt interest 2a	2b Taxable interest	
	3a Qualified dividends 3a 5	b Ordinary dividends	3b 5
	c Check if your child's dividends are included in 1 <input type="checkbox"/> Line 3a 2 <input type="checkbox"/> Line 3b	2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>	
	4a IRA distributions 4a	b Taxable amount	4b
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> QCD 3 <input type="checkbox"/>		
	5a Pensions and annuities 5a	b Taxable amount	5b
	c Check if (see instructions) 1 <input type="checkbox"/> Rollover 2 <input type="checkbox"/> PSO 3 <input type="checkbox"/>		
	6a Social security benefits 6a	b Taxable amount	6b
	c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>		
	d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>		
7a Capital gain or (loss). Attach Schedule D if required	7a	94	
b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss) _____			
8 Additional income from Schedule 1, line 10	8	12,284	
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income	9	66,483	
10 Adjustments to income from Schedule 1, line 26	10	5,127	
11a Subtract line 10 from line 9. This is your adjusted gross income	11a	61,356	

Tax and Credits

11b Amount from line 11a (adjusted gross income)
12a Someone can claim
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

11b 61,356
12e 31,500
13a
13b 10,993
14 42,493
15 18,863
16 1,883
17 2,131
18 4,014
19
20 10
21 10
22 4,004
23 1,736
24 5,740

Standard deduction for-

- Single or Married filing separately, \$15,750
Married filing jointly or Qualifying surviving spouse, \$31,500
Head of household, \$23,625
If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

e Standard deduction or itemized deductions (from Schedule A)
13a Qualified business income deduction from Form 8995 or Form 8995-A
b Additional deductions from Schedule 1-A, line 38
14 Add lines 12e, 13a, and 13b
15 Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income
16 Tax (see instructions). Check if any from Form(s): 1 8814 2 4972 3
17 Amount from Schedule 2, line 3
18 Add lines 16 and 17
19 Child tax credit or credit for other dependents from Schedule 8812
20 Amount from Schedule 3, line 8
21 Add lines 19 and 20
22 Subtract line 21 from line 18. If zero or less, enter -0-
23 Other taxes, including self-employment tax, from Schedule 2, line 21
24 Add lines 22 and 23. This is your total tax

Payments and Refundable Credits

25 Federal income tax withheld from:
a Form(s) W-2
b Form(s) 1099
c Other forms (see instructions)
d Add lines 25a through 25c
26 2025 estimated tax payments and amount applied from 2024 return

25a 1,885
25b
25c
25d 1,885
26

If you have a qualifying child, you may need to attach Sch. EIC.

27a Earned income credit (EIC)
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
29 American opportunity credit from Form 8863, line 8
30 Refundable adoption credit from Form 8839, line 13
31 Amount from Schedule 3, line 15
32 Add lines 27a, 28, 29, 30, and 31. These are your total other payments and refundable credits
33 Add lines 25d, 26, and 32. These are your total payments

27a
28
29
30
31
32 0
33 1,885

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid
35a Amount of line 34 you want refunded to you. If Form 8888 is attached, check here
b Routing number
c Type: Checking Savings
d Account number
36 Amount of line 34 you want applied to your 2026 estimated tax

34 0
35a 0
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
38 Estimated tax penalty (see instructions)

37 3,875
38 20

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 Cristina M Hass
Phone no. 858-247-1680
Personal identification number (PIN) 54321

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 91714 Date 03-06-2026 Your occupation Delivery
Spouse's signature. If a joint return, both must sign. 97302 Date 03-06-2026 Spouse's occupation Cheff
Phone no. 619-415-7418 Email address jussiara65@gmail.com

Paid Preparer Use Only

Preparer's signature Date 03-12-2026 PTIN P01914573 Check if: Self-employed
Preparer's name Cristina M Hass Phone no. 858-247-1680
Firm's name Office Tax Services
Firm's address 39415 DOMAINE MICHAEL DR Murrieta, CA 92563 Firm's EIN 81-1921295

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

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

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 12,284
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684		4
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5
6	Farm income or (loss). Attach Schedule F		6
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> 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 ABLÉ account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s ()	
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
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 12,284

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

EEA

Part II Adjustments to Income			
11	Educator expenses		11
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12
13	Health savings account deduction. Attach Form 8889		13
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here <input type="checkbox"/>		14
15	Deductible part of self-employment tax. Attach Schedule SE		15 868
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17 4,159
18	Penalty on early withdrawal of savings		18
19a	Alimony paid		19a
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions): _____		
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>		20 100
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount: _____ _____	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26 5,127

**SCHEDULE 1-A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Deductions

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **1A**

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

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b		1	61,356
2a	Enter any income from Puerto Rico that you excluded	2a		
b	Enter the amount from Form 2555, line 45	2b		
c	Enter the amount from Form 2555, line 50	2c		
d	Enter the amount from Form 4563, line 15	2d		
e	Add lines 2a, 2b, 2c, and 2d	2e		
3	Add lines 1 and 2e	3		61,356

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.			
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b	0	
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions	4c		
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions	5		10,993
6	Add lines 4c and 5	6		10,993
7	Enter the smaller of the amount on line 6 or \$25,000	7		10,993
8	Enter the amount from line 3	8		61,356
9	Enter \$150,000 (\$300,000 if married filing jointly)	9		300,000
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13	10		(238,644)
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	11		
12	Multiply line 11 by \$100	12		
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-	13		10,993

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a		
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b		
c	Add lines 14a and 14b	14c		
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)	15		
16	Enter the amount from line 3	16		
17	Enter \$150,000 (\$300,000 if married filing jointly)	17		
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21	18		
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)	19		
20	Multiply line 19 by \$100	20		
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-	21		

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

Schedule 1-A (Form 1040) 2025 Created 11/4/25

EEA

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVL paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

	(i) Vehicle identification number (VIN)	Interest for this loan:	
		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a			
b			
23	Add lines 22a and 22b, column (iii)	23	
24	Enter the smaller of the amount on line 23 or \$10,000	24	
25	Enter the amount from line 3	25	
26	Enter \$100,000 (\$200,000 if married filing jointly)	26	
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30	27	
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)	28	
29	Multiply line 28 by \$200.	29	
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-	30	

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31	
32	Enter \$75,000 (\$150,000 if married filing jointly)	32	
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33	
34	Multiply line 33 by 6% (0.06)	34	
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35	
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a	
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b	
37	Enhanced deduction for seniors. Add lines 36a and 36b	37	

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	10,993
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**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **02**

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

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	2,131
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (I)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y	1z	2,131
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	2,131

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	1,736
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919 .	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares . .	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2025 Created 5/8/25

EEA

Part II Other Taxes *(continued)*

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount:			
_____	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation . .	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . .	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount:			
_____	17z		
18 Total additional taxes. Add lines 17a through 17z		18	
19 Recapture of net EPE from Form 4255, line 1d, column (l)		19	
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21	1,736

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2025
Attachment
Sequence No. **03**

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

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Part I Nonrefundable Credits

1	Foreign tax credit. Attach Form 1116 if required		1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2	
3	Education credits from Form 8863, line 19		3	
4	Retirement savings contributions credit. Attach Form 8880		4	10
5a	Residential clean energy credit from Form 5695, line 15		5a	
b	Energy efficient home improvement credit from Form 5695, line 32		5b	
6	Other nonrefundable credits:			
a	General business credit. Attach Form 3800	6a		
b	Credit for prior year minimum tax. Attach Form 8801	6b		
c	Adoption credit. Attach Form 8839	6c		
d	Credit for the elderly or disabled. Attach Schedule R	6d		
e	Reserved for future use	6e		
f	Clean vehicle credit. Attach Form 8936	6f		
g	Mortgage interest credit. Attach Form 8396	6g		
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h		
i	Qualified electric vehicle credit. Attach Form 8834	6i		
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j		
k	Credit to holders of tax credit bonds. Attach Form 8912	6k		
l	Amount on Form 8978, line 14. See instructions	6l		
m	Credit for previously owned clean vehicles. Attach Form 8936	6m		
z	Other nonrefundable credits. List type and amount: _____ _____	6z		
7	Total other nonrefundable credits. Add lines 6a through 6z		7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8	10

Part II Other Payments and Refundable Credits

9	Net premium tax credit. Attach Form 8962		9	
10	Amount paid with request for extension to file (see instructions)		10	
11	Excess social security and tier 1 RRTA tax withheld		11	
12	Credit for federal tax on fuels. Attach Form 4136		12	
13	Other payments or refundable credits:			
a	Form 2439	13a		
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b		
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c		
d	Deferred amount of net 965 tax liability (see instructions)	13d		
z	Other refundable credits (see instructions): _____ _____	13z		
14	Total other payments or refundable credits. Add lines 13a through 13z		14	
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15	0

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

Schedule 3 (Form 1040) 2025 Created 11/17/25

EEA

**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

2025

Attachment
Sequence No. **07**

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

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Medical and Dental Expenses	1	Medical and dental expenses (see instructions)	1		1,450		
	2	Enter amount from Form 1040 or 1040-SR, line 11b	2	61,356			
	3	Multiply line 2 by 7.5% (0.075)	3		4,602		
	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 (SALT).					
	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 <input type="checkbox"/>	5a		1,127		
	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		1,127		
	e	Enter the smaller of line 5d or \$40,000 (\$20,000 if married filing separately). If Form 1040 or 1040-SR, line 11b is more than \$500,000 (\$250,000 if married filing separately), or if you completed Form 2555, Form 4563, or excluded income from Puerto Rico, see instructions	5e		1,127		
	6	Other taxes. List type and amount: _____ _____	6				
7	Add lines 5e and 6	7				1,127	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	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 <input type="checkbox"/>					
	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 <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	11				
	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				
	13	Carryover from prior year	13				
	14	Add lines 11 through 13	14				
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 12e	17				1,127
	18	If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2025 Created 11/20/25

EEA

**SCHEDULE B
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Interest and Ordinary Dividends

Attach to Form 1040 or 1040-SR.

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **08**

Name(s) shown on return: **Jussiara Costa Pereira & Marcio Dos Reis** Your social security number: **216-95-8689**

Part I

Interest

(See instructions and the Instructions for Form 1040, line 2b.)

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Amount
1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	1
2 Add the amounts on line 1	2
3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3
4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR, line 2b . . .	4

Note: If line 4 is over \$1,500, you must complete Part III. **Amount**

Part II

Ordinary Dividends

(See instructions and the Instructions for Form 1040, line 3b.)

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

5 List name of payer: <u>Robinhood Markets Inc as agent for Robinhood</u>	5	5
_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	5	
DIVIDEND SUBTOTAL 5		
6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR, line 3b . . .	6	5

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

Foreign Accounts and Trusts

Caution: If required, failure to file FinCEN Form 114 may result in substantial penalties. Additionally, you may be required to file Form 8938, Statement of Specified Foreign Financial Assets. See instructions.

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

	Yes	No
7a At any time during 2025, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions		X
If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements		
b If you are required to file FinCEN Form 114, list the name(s) of the foreign country(-ies) where the financial account(s) are located: _____		
8 During 2025, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

**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 Jussiara Costa Pereira		Social security number (SSN) 216-95-8689
A Principal business or profession, including product or service (see instructions) Delivery		B Enter code from instructions 492000
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.) **5550 Balboa Arms Driver APT 94**
City, town or post office, state, and ZIP code **San Diego, CA 92117**

F Accounting method: (1) 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 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 No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	37,012
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	37,012
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	37,012
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	37,012

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	24,613	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	115	20 Rent or lease (see instructions):	20a	
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20b	
12 Depletion	12		b Other business property	21	
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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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		27b Other expenses (from line 48)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	12,284			
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 <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

EEA

Name(s) Jussiara Costa Pereira SSN 216-95-8689

Part III Cost of Goods Sold (see instructions)

Table with 2 columns: Description and Amount. Rows include: 33 Method(s) used to value closing inventory; 34 Was there any change in determining quantities, costs, or valuations; 35 Inventory at beginning of year; 36 Purchases less cost of items withdrawn for personal use; 37 Cost of labor; 38 Materials and supplies; 39 Other costs; 40 Add lines 35 through 39; 41 Inventory at end of year; 42 Cost of goods sold.

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) 02-01-2023
44 Of the total number of miles you drove your vehicle during 2025, enter the number of miles you used your vehicle for:
a Business 35,162 b Commuting (see instructions) c Other 3,200
45 Was your vehicle available for personal use during off-duty hours? [X] Yes [] No
46 Do you (or your spouse) have another vehicle available for personal use? [] Yes [X] No
47a Do you have evidence to support your deduction? [X] Yes [] No
b If "Yes," is the evidence written? [X] Yes [] No

Part V Other Expenses. List below business expenses not included on lines 8-27a, or line 30.

Table with 2 columns: Description and Amount. Multiple empty rows for listing expenses.

48 Total other expenses. Enter here and on line 27a 48

**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 Jussiara Costa Pereira		Social security number (SSN) 216-95-8689
A Principal business or profession, including product or service (see instructions) Catering Food		B Enter code from instructions 722300
C Business name. If no separate business name, leave blank. DELICIOUS BY JUJU		D Employer ID number (EIN) (see instr.) 84-4509823
E Business address (including suite or room no.) 5550 Balboa Arms Driver APT 94 City, town or post office, state, and ZIP code San Diego, CA 92117		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2025, check here		<input type="checkbox"/>
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	15,388
2 Returns and allowances	2	73
3 Subtract line 2 from line 1	3	15,315
4 Cost of goods sold (from line 42)	4	6,166
5 Gross profit. Subtract line 4 from line 3	5	9,149
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	250
7 Gross income. Add lines 5 and 6	7	9,399

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	98	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	1,815	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	883	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11	137	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	29
15 Insurance (other than health)	15	1,044	23 Taxes and licenses	23	108
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	1,770	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
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		27b Other expenses (from line 48)	27b	779
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				0
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 <input checked="" type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2025 Created 4/3/25

EEA

Name(s) Jussiara Costa Pereira SSN 216-95-8689

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)		
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
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	6,166
39	Other costs	39	
40	Add lines 35 through 39	40	6,166
41	Inventory at end of year	41	0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	6,166

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) 05-01-2024

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 2,593 b Commuting (see instructions) _____ c Other 3,200

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.

<u>Internet</u>	119
<u>Bank charges</u>	70
<u>Merchant fees</u>	29
<u>Phone</u>	124
<u>Postage and shipping</u>	17
<u>Software</u>	420
48 Total other expenses. Enter here and on line 27a	779

**SCHEDULE D
(Form 1040)**

Capital Gains and Losses

OMB No. 1545-0074

2025

Department of the Treasury
Internal Revenue Service

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.

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

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 or Form 1099-DA 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 or Box G checked	477	421		56
2 Totals for all transactions reported on Form(s) 8949 with Box B or Box H checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C or Box I checked				
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 page 2				7 56

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 or Form 1099-DA 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 or Box J checked	218	180		38
9 Totals for all transactions reported on Form(s) 8949 with Box E or Box K checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F or Box L 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 page 2				15 38

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

Schedule D (Form 1040) 2025 Created 10/6/25

EEA

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7a. 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 7a. Then, go to line 22. 	16	94
<p>17 Are lines 15 and 16 both gains?</p> <p><input checked="" type="checkbox"/> Yes. Go to line 18.</p> <p><input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p>		
<p>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</p>	18	
<p>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</p>	19	
<p>20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952?</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p>		
<p>21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7a, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 ()
<p>22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a?</p> <p><input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16.</p> <p><input type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.</p>		

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.

Name(s) shown on return: **Jussiara Costa Pereira & Marcio Dos Reis**
 Social security number or taxpayer identification number: **216-95-8689**

Before you check Box A, B, C, G, H, or I below, see whether you received any Form(s) 1099-B, Form(s) 1099-DA, or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B or Form 1099-DA. They 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 and Form(s) 1099-DA 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, C, G, H, or I 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 **was not** reported to the IRS
- (C)** Short-term transactions, other than digital asset transactions, not reported to you on **Form 1099-B** or **Form 1099-DA**
- (G)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was** reported to the IRS (see **Note** above)
- (H)** Short-term transactions reported on **Form(s) 1099-DA** showing basis **was not** reported to the IRS
- (I)** Short-term digital asset transactions not reported to you on **Form 1099-DA** or **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 <i>Column (e)</i> 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.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	VANGUARD S&P 500 ETF	VARIOUS	09-25-2025	477	421			56
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 or Box G above is checked), line 2 (if Box B or Box H above is checked), or line 3 (if Box C or Box I above is checked)								
				477	421			56

Note: If you checked Box A or Box G 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.

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

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2025

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

Jussiara Costa Pereira

216-95-8689

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()
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	12,284
3	Combine lines 1a, 1b, and 2	3	12,284
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	11,344
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	11,344
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	
6	Add lines 4c and 5b	6	11,344
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025	7	176,100
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11	8a	
b	Unreported tips subject to social security tax from Form 4137, line 10	8b	
c	Wages subject to social security tax from Form 8919, line 10	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	176,100
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1,407
11	Multiply line 6 by 2.9% (0.029)	11	329
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3	12	1,736
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	868

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

Schedule SE (Form 1040) 2025 Created 5/7/25

EEA

Credit for Qualified Retirement Savings Contributions

2025

Attachment
 Sequence No. **54**

Attach to Form 1040, 1040-SR, or 1040-NR.
 Go to www.irs.gov/Form8880 for the latest information.

Name(s) shown on return Jussiara Costa Pereira & Marcio Dos Reis	Your social security number 216-95-8689
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You **cannot** take this credit if **either** of the following applies.

- CAUTION!**
- The amount on Form 1040, 1040-SR, or 1040-NR, line 11a, is more than \$39,500 (\$59,250 if head of household; \$79,000 if married filing jointly).
 - The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2008; **(b)** is claimed as a dependent on someone else's 2025 tax return; or **(c)** was a **student** (see instructions).

	(a) You	(b) Your spouse
1	100	
2		
3	100	
4		
5	100	
6	100	
7		100
8	61,356	

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2025. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2025 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2022 and **before** the due date (including extensions) of your 2025 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11a*
- Enter the applicable decimal amount from the table below.

IF line 8 is...		AND your filing status is...		
Over...	But not over...	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
THEN enter on line 9...				
	\$23,750	0.5	0.5	0.5
\$23,750	\$25,500	0.5	0.5	0.2
\$25,500	\$35,625	0.5	0.5	0.1
\$35,625	\$38,250	0.5	0.2	0.1
\$38,250	\$39,500	0.5	0.1	0.1
\$39,500	\$47,500	0.5	0.1	0.0
\$47,500	\$51,000	0.2	0.1	0.0
\$51,000	\$59,250	0.1	0.1	0.0
\$59,250	\$79,000	0.1	0.0	0.0
\$79,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- | | | | |
|-----------|---|----|-------|
| 10 | Multiply line 7 by line 9 | 10 | 10 |
| 11 | Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions | 11 | 4,014 |
| 12 | Credit for qualified retirement savings contributions. Enter the smaller of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4 | 12 | 10 |

* See Pub. 590-A, Contributions to Individual Retirement Arrangements, for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, income from Puerto Rico, or income from American Samoa.

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

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8962 for instructions and the latest information.

Attachment
Sequence No. **73**

Name shown on your return

Your social security number

Jussiara Costa Pereira

216-95-8689

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	61,356
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	61,356
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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	20,440
5	Household income as a percentage of federal poverty line (see instructions)	5	300 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0600
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount 8a		3,681
8b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount 8b		307

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	11,207	10,735	3,681	7,054	7,054	9,185
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						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						

24	Total PTC. Enter the amount from line 11, column (e), or add lines 12 through 23, column (e), and enter the total here	24	7,054
25	Advance payment of PTC. Enter the amount from line 11, column (f), or add lines 12 through 23, column (f), and enter the total here	25	9,185
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	

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	2,131
28	Repayment limitation (see instructions)	28	3,250
29	Excess advance PTC repayment. Enter the smaller of line 27 or line 28 here and on Schedule 2 (Form 1040), line 1a	29	2,131

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

Expenses for Business Use of Your Home
 File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used
 for business during the year.
 Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s) **Jussiara Costa Pereira** Your social security number **216-95-8689**

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1	112
2	Total area of home	2	576
3	Divide line 1 by line 2. Enter the result as a percentage	3	19.44 %
For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7.			
4	Multiply days used for daycare during year by hours used per day	4	hr.
5	If you started or stopped using your home for daycare during the year, see instructions; otherwise, enter 8,760	5	hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6	
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7	19.44 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home. See instructions	8	2,736
See instructions for columns (a) and (b) before completing lines 9-22.			
9	Casualty losses (see instructions)	9	
10	Deductible mortgage interest (see instructions)	10	
11	Real estate taxes (see instructions)	11	
12	Add lines 9, 10, and 11	12	
13	Multiply line 12, column (b), by line 7	13	
14	Add line 12, column (a), and line 13	14	
15	Subtract line 14 from line 8. If zero or less, enter -0-	15	2,736
16	Excess mortgage interest (see instructions)	16	
17	Excess real estate taxes (see instructions)	17	
18	Insurance	18	
19	Rent	19	14,400
20	Repairs and maintenance	20	
21	Utilities	21	1,845
22	Other expenses (see instructions)	22	
23	Add lines 16 through 22	23	16,245
24	Multiply line 23, column (b), by line 7	24	3,158
25	Carryover of prior year operating expenses (see instructions)	25	
26	Add line 23, column (a), line 24, and line 25	26	3,158
27	Allowable operating expenses. Enter the smaller of line 15 or line 26	27	2,736
28	Limit on excess casualty losses and depreciation. Subtract line 27 from line 15	28	
29	Excess casualty losses (see instructions)	29	
30	Depreciation of your home from line 42 below	30	
31	Carryover of prior year excess casualty losses and depreciation (see instructions)	31	
32	Add lines 29 through 31	32	
33	Allowable excess casualty losses and depreciation. Enter the smaller of line 28 or line 32	33	
34	Add lines 14, 27, and 33	34	2,736
35	Casualty loss portion, if any, from lines 14 and 33. Carry amount to Form 4684 . See instructions	35	
36	Allowable expenses for business use of your home. Subtract line 35 from line 34. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	36	2,736

Part III Depreciation of Your Home

37	Enter the smaller of your home's adjusted basis or its fair market value. See instructions	37	
38	Value of land included on line 37	38	
39	Basis of building. Subtract line 38 from line 37	39	
40	Business basis of building. Multiply line 39 by line 7	40	
41	Depreciation percentage (see instructions)	41	%
42	Depreciation allowable (see instructions). Multiply line 40 by line 41. Enter here and on line 30 above	42	

Part IV Carryover of Unallowed Expenses to 2026

43	Operating expenses. Subtract line 27 from line 26. If less than zero, enter -0-	43	422
44	Excess casualty losses and depreciation. Subtract line 33 from line 32. If less than zero, enter -0-	44	

Form PMT

ACH Payment

2025

(This information is e-filed with the return. Do not include it if paper-filing)

Name(s) shown on return Jussiara Costa Pereira & Marcio Dos Reis	Taxpayer's SSN 216-95-8689
	Spouse's SSN 814-34-9278
Routing Transit Number 121042882	
Bank Account Number 8391729699	
Type of Account: 1 Checking	
Amount of Tax Payment 650	
Requested Payment Date 04-15-2026	
Taxpayer's Daytime Phone Number 619-415-7418	
Type of Form being filed 1040	

Taxpayer's Signature	Date
Spouse's Signature	Date

Installment Agreement Request

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

OMB No. 1545-0074

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

Part I Installment Agreement Request

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

Enter tax year(s) or period(s) involved (for example, 2018 and 2019, or January 1, 2019 to June 30, 2019) ▶ **2025**

1a Your first name and initial Jussiara	Last name Costa Pereira	Your social security number 216-95-8689
If a joint return, spouse's first name and initial Marcio	Last name Dos Reis	Spouse's social security number 814-34-9278
Current address (number and street). If you have a P.O. box and no home delivery, enter your box number. 5550 Balboa Arms Driver		Apt. number 94
City, town or post office, state, and ZIP code. If a foreign address, also complete the spaces below (see instructions). San Diego CA 92117		
Foreign country name	Foreign province/state/county	Foreign postal code

1b If this address is new since you filed your last tax return, check here

2 Name of your business (must no longer be operating) _____ Employer identification number (EIN) _____

3 Your home phone number _____ Best time for us to call _____ **4** **619-415-7418** Your work phone number _____ Ext. _____ Best time for us to call _____

5 Enter the total amount you owe as shown on your tax return(s) (or notice(s))	5	3,875
6 If you have any additional balances due that aren't reported on line 5, enter the amount here (even if the amounts are included in an existing installment agreement)	6	
7 Add lines 5 and 6 and enter the result	7	3,875
8 Enter the amount of any payment you're making with this request. See instructions	8	650
9 Amount owed. Subtract line 8 from line 7 and enter the result	9	3,225
10 Divide the amount on line 9 by 72.0 and enter the result	10	45
11a Enter the amount you can pay each month. Make your payment as large as possible to limit interest and penalty charges, as these charges will continue to accrue until you pay in full. If you have an existing installment agreement, this amount should represent your total proposed monthly payment amount for all your liabilities. If no payment amount is listed on line 11a, a payment will be determined for you by dividing the balance due on line 9 by 72 months	11a	\$ 650
b If the amount on line 11a is less than the amount on line 10 and you're able to increase your payment to an amount that is equal to or greater than the amount on line 10, enter your revised monthly payment	11b	\$

12 Enter the date you want to make your payment each month. Don't enter a date later than the 28th **12** **20**

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

▶ **a** Routing number **121042882** ▶ **b** Account number **8391729699**

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

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

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

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

Your signature	Date	Spouse's signature. If a joint return, both must sign.	Date
----------------	------	--	------

1040

Overflow Statement

2025

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Jussiara Costa Pereira & Marcio Dos Reis

Tax Identification Number

216-95-8689

Schedule C, Line 10 - Commissions and Fees

<u>Description</u>	<u>Amount</u>
Uber fees	\$ 115
Total:	\$ 115

Schedule C, Line 6 - Other Income

<u>Description</u>	<u>Amount</u>
Rewards	\$ 250
Total:	\$ 250

Schedule C, Line 17 - Legal and Professional Services

<u>Description</u>	<u>Amount</u>
Accounting	\$ 1,675
Professional fees	95
Total:	\$ 1,770

Tips

<u>Description</u>	<u>Amount</u>
Instacart	\$ 10,993
Total:	\$ 10,993

Summary of Estimates

2026

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira & Marcio Dos

216-95-8689

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2026	06-15-2026	09-15-2026	01-15-2027	Total
Total Installment Amount	970	970	970	970	3,880
Overpayment Applied	0	0	0	0	0
Net Installment Due	970	970	970	970	3,880

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

Federal Income Tax Withheld

(This page is not filed with the return. It is for your records only.)

2025 PG01

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Description

Amount

W2 - BOARDWALK F&B LLC

246

W2 - CABANAS LANDSCAPE

1,639

W-2 Subtotal

1,885

Total Withholdings

1,885

		a Employee's social security number 814-34-9278		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 46-4755103				1 Wages, tips, other compensation 34,853		2 Federal income tax withheld 246					
c Employer's name, address, and ZIP code BOARDWALK F&B LLC 8272 W SUNSET BLVD STE D Los Angeles CA 90046				3 Social security wages 34,853		4 Social security tax withheld 2,161					
				5 Medicare wages and tips 34,853		6 Medicare tax withheld 505					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Marcio		Last name Dos Reis		Suff.		11 Nonqualified plans		12a See instructions for box 12			
GOLDEN HAVEN DRIVE San Diego CA 92122				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 03041290		16 State wages, tips, etc. 34,853		17 State income tax 320		18 Local wages, tips, etc. 34,853		19 Local income tax 418		20 Locality name SDI	

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
 This information is being furnished to the Internal Revenue Service.
 EEA
 The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Office Tax Services

		a Employee's social security number 814-34-9278		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 85-3671778				1 Wages, tips, other compensation 19,247		2 Federal income tax withheld 1,639					
c Employer's name, address, and ZIP code CABANAS LANDSCAPE 5070 NARRAGANSETT AVE APT 208 San Diego CA 92107				3 Social security wages 19,247		4 Social security tax withheld 1,193					
				5 Medicare wages and tips 19,247		6 Medicare tax withheld 279					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Marcio		Last name Dos Reis		Suff.		11 Nonqualified plans		12a See instructions for box 12			
9110 GOLDEN HAVEN DR San Diego CA 92122				13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 13776257		16 State wages, tips, etc. 19,247		17 State income tax 158		18 Local wages, tips, etc. 19,247		19 Local income tax 231		20 Locality name SDI	

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.
EEA
The information on this Form W-2 was used to prepare the taxpayer's 2025 Federal tax return by Office Tax Services

W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2025

Tax ID Number

Name(s) as shown on return

Jussiana Costa Pereira & Marcio Dos FEDERAL		STATE		216-95-8689		CITY/LOCAL			
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
S	BOARDWALK F&B LLC	34,853	246	CA	34,853	320	SDI	418	
S	CABANAS LANDSCAPE	19,247	1,639	CA	19,247	158	SDI	231	
	Taxpayer Totals								
	Spouse Totals	54,100	1,885		54,100	478		54,100	649
	Totals	54,100	1,885		54,100	478		54,100	649

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2025

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions	\$	1,888
Tax from Qualified Dividends/Capital Gain Worksheet	\$	1,883
\$ 1,883		Tax computed using the most advantageous method allowed

TAX_COMPLD

1040

Explanation of Schedule A, Income Taxes

2025

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

Schedule A, Line 5a - STATE AND LOCAL INCOME TAXES

<u>Description</u>	<u>Amount</u>
Form W-2 - BOARDWALK F&B LLC	\$ 738
Form W-2 - CABANAS LANDSCAPE	389
Total:	<u>\$ 1,127</u>

**Qualified Business Income Deduction
Simplified Computation**

2025

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Jussiara Costa Pereira & Marcio Dos Reis

216-95-8689

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	Schedule C: Delivery	216-95-8689	7,257
ii	TIPS: Tips allocable to trade/business		(10,993)
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(3,736)
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	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	0
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	0
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	0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction (see instructions)	11	18,863
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	43
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	18,820
14	Income limitation. Multiply line 13 by 20% (0.20)	14	3,764
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	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(3,736)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EEA

Line 11 Enter your taxable income figured before any QBI deduction, computed as follows:

Form 1040 or 1040-SR, line 11a,	61,356
minus Form 1040 or 1040-SR, Schedule 1-A, Line 38,	10,993
minus Form 1040 or 1040-SR, line 12e,	31,500
Taxable income figured before any QBI deduction.	18,863

**TAX RETURN COMPARISON
2023 / 2024 / 2025**

2025

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Jussiara Costa Pereira & Marcio Dos Reis	Identifying number 216-95-8689
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	2023	2024	2025	Difference 2024-2025
Filing Status	Single	Single	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	1,031		54,100	54,100
Taxable interest and dividends			5	5
Taxable state and local refunds				
Alimony				
Business income (loss)	23,268	16,289	12,284	(4,005)
Gains (losses)	1,400		94	94
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	25,699	16,289	66,483	50,194
Adjusted Gross Income				
Half of self-employment tax	1,644	1,151	868	(283)
IRA deduction	2,050	1,200	100	(1,100)
Other adjustments		12	4,159	4,147
Total Adjusted Gross Income	22,005	13,926	61,356	47,430
Deductions				
Medical deductions	1,302			
State and local taxes	679	406		(406)
Interest				
Contributions	923	728		(728)
Other deductions				
Total itemized deductions	2,904	1,134		(1,134)
Standard deduction	13,850	14,600	31,500	16,900
Total deductions claimed	13,850	14,600	31,500	16,900
Qualified Business Income Deduction	1,631			
Other Deductions from Schedule 1A			10,993	10,993
Tax and Credits				
Taxable Income	6,524		18,863	18,863
Tax	653		4,014	4,014
Credits	400		10	10
Self-employment tax	3,288	2,301	1,736	(565)
Other taxes				
Total Tax	3,541	2,301	5,740	3,439
Payments				
Withholdings			1,885	1,885
Estimated tax payments	1,710	940		(940)
Earned income credit		265		(265)
Other payments and credits	1,690	1,672		(1,672)
Estimated tax penalty			20	20
Overpayment		576		(576)
Overpayment applied				
Refund		576		(576)
Balance Due	141		3,875	3,875
Marginal tax rate	10.00	10.00	10.00	
Effective tax rate	10.01		21.28	21.28

Account Transaction Summary

2025

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira & Marcio Dos Reis

XXX-XX-8689

Account #1

Financial Institution	Wells Fargo
Routing Transit Number	121042882
Account Number	8391729699
Account Type	checking

Federal Main Form

Federal Debit	(650)	Date of Debit	04-15-2026
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State Main Form(s)

CA Debit	(942)	Date of Debit	04-15-2026
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Net Debit	<u>(1,592)</u>		
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PLEASE VERIFY BANK INFORMATION

1. Bank Name
2. Bank Routing Transit Number
3. Bank Account Number
4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize Office Tax Services to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

1099-NEC Detail Listing

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Jussiara Costa Pereira & Marcio Dos Reis	Tax ID Number 216-95-8689
---	-------------------------------------

T/S	Payer Name	Nonemployee compensation	Federal	State	
			W/H	Income	W/H
T	Maplebear Inc	36,003			
T	UBER TECHNOLOGIES INC	210			
<hr/>					
T	Taxpayer Totals	36,213			
S	Spouse Totals				
<hr/>					
	Overall Totals	36,213			
<hr/>					

2025 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

216-95-8689 COST 814-34-9278
JUSSIARA COSTA PEREIRA
MARCIO DOS REIS

25 PBA 722300

5550 BALBOA ARMS DRIVER APT 94
SAN DIEGO CA 92117

02-16-1965 08-08-1976

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.

[Empty address field]

City

State

ZIP code

[Empty city, state, and zip code fields]

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 [] Single

4 [] Head of household (with qualifying person). See instructions.

2 [X] Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 [] Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions. [Empty box]

3 [] Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr

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: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions **10** X \$475 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 \$

12 State wages from your federal Form(s) W-2, box 16 **12**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11b

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C

17 California adjusted gross income. Combine line 15 and line 16

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**

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

• FTB 3800 • FTB 3803 **31**

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions

33 Subtract line 32 from line 31. If less than zero, enter -0-

34 Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A • **34**

35 Add line 33 and line 34

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions

43 Enter credit name code • and amount . . . **43**

44 Enter credit name code • and amount . . . **44**

Your name: **JUSSIARA COSTA PE** Your SSN or ITIN: **216958689**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	• 45	<input type="text"/>	<input type="text" value=".00"/>
	46	Nonrefundable Renter's Credit. See instructions	• 46	<input type="text"/>	<input type="text" value=".00"/>
	47	Add line 40 through line 46. These are your total credits	⊙ 47	<input type="text" value="0"/>	<input type="text" value=".00"/>
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	<input type="text" value="470"/>	<input type="text" value=".00"/>

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	• 61	<input type="text"/>	<input type="text" value=".00"/>
	62	Behavioral Health Services Tax. See instructions	• 62	<input type="text"/>	<input type="text" value=".00"/>
	63	Other taxes and credit recapture. See instructions	• 63	<input type="text"/>	<input type="text" value=".00"/>
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	• 64	<input type="text" value="470"/>	<input type="text" value=".00"/>

Payments	71	California income tax withheld. See instructions	• 71	<input type="text" value="478"/>	<input type="text" value=".00"/>
	72	2025 California estimated tax and other payments. See instructions	• 72	<input type="text"/>	<input type="text" value=".00"/>
	73	Withholding (Form 592-B and/or Form 593). See instructions	• 73	<input type="text"/>	<input type="text" value=".00"/>
	74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	• 74	<input type="text"/>	<input type="text" value=".00"/>
	75	Earned Income Tax Credit (EITC). See instructions	• 75	<input type="text"/>	<input type="text" value=".00"/>
	76	Young Child Tax Credit (YCTC). See instructions	• 76	<input type="text"/>	<input type="text" value=".00"/>
	77	Foster Youth Tax Credit (FYTC). See instructions	• 77	<input type="text"/>	<input type="text" value=".00"/>
	78	Add line 71 through line 77. These are your total payments. See instructions	⊙ 78	<input type="text" value="478"/>	<input type="text" value=".00"/>

Use Tax	91	Use Tax. Do not leave blank. See instructions	• 91	<input type="text"/>	<input type="text" value=".00"/>
	If line 91 is zero, check if: <input checked="" type="radio"/> <input type="checkbox"/> No use tax is owed. <input checked="" type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	• <input type="checkbox"/>	<input type="text"/>	<input type="text" value=".00"/>
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	• 92	<input type="text" value="950"/>	<input type="text" value=".00"/>

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙ 93	<input type="text" value="478"/>	<input type="text" value=".00"/>
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊙ 94	<input type="text"/>	<input type="text" value=".00"/>
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊙ 95	<input type="text"/>	<input type="text" value=".00"/>
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊙ 96	<input type="text" value="472"/>	<input type="text" value=".00"/>
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊙ 97	<input type="text"/>	<input type="text" value=".00"/>

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2026 estimated tax ●	98	<input type="text"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 ●	99	<input type="text"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ●	100	<input type="text" value="470"/>	<input type="text" value=".00"/>

		<u>Code</u>	<u>Amount</u>	
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . ●	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund ●	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . ●	439	<input type="text"/>	<input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text"/>	<input type="text" value=".00"/>
	California ALS Research Network Voluntary Tax Contribution Fund ●	447	<input type="text"/>	<input type="text" value=".00"/>
California Pediatric Cancer Research Voluntary Tax Contribution Fund ●	448	<input type="text"/>	<input type="text" value=".00"/>	
Parkinson's Disease Research Voluntary Tax Contribution Fund ●	449	<input type="text"/>	<input type="text" value=".00"/>	
110 Add amounts in code 400 through code 449. This is your total contribution . . . ●	110	<input type="text"/>	<input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

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
Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112
113 Underpayment of estimated tax.
Check the box: • **FTB 5805 attached** • **FTB 5805F attached** 113
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114

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

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number Checking Savings • Account number • 116 Direct deposit amount
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number Checking Savings • Account number • 117 Direct deposit amount

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions . . .

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Organ Donor Election
By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.
If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.
To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.
 Primary taxpayer
 Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name: Your SSN or ITIN:



IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Your email address. Enter only one email address.

Preferred phone number

Print paid preparer's name

Paid preparer's phone number

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions Yes No

Print Third Party Designee's Name

Telephone Number

2025

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 814349278

b. Employer identification number (EIN) 464755103

c. Employer's name BOARDWALK FB LLC

Employer's address 8272 W SUNSET BLVD STE D

City LOS ANGELES State CA ZIP code 90046

e. Employee's first name* MARCIO Initial* Last name* DOS REIS Suffix*

f. Employee's address* GOLDEN HAVEN DRIVE

City* SAN DIEGO State* CA ZIP code* 92122

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 34853	4. <input type="radio"/> Social security tax withheld <input type="radio"/> 2161	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 246	6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 505	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/> 34853	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12c. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>
12b. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12d. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type SDI Amount 418

16. State wages, tips, etc. 34853

15. State and employer's state ID number

State CA Employer's state ID number 03041290

17. State income tax 320

Franchise Tax Board Privacy Notice on Collection

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 - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2025

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 814349278

b. Employer identification number (EIN) 853671778

c. Employer's name CABANAS LANDSCAPE

Employer's address 5070 NARRAGANSETT AVE APT 208

City SAN DIEGO State CA ZIP code 92107

e. Employee's first name* MARCIO Initial* Last name* DOS REIS Suffix*

f. Employee's address* 9110 GOLDEN HAVEN DR

City* SAN DIEGO State* CA ZIP code* 92122

1. <input type="radio"/> Wages, tips, other compensation <input type="radio"/> 19247	4. <input type="radio"/> Social security tax withheld <input type="radio"/> 1193	8. <input type="radio"/> Allocated tips (not included in box 1) <input type="radio"/>
2. <input type="radio"/> Federal income tax withheld <input type="radio"/> 1639	6. <input type="radio"/> Medicare tax withheld <input type="radio"/> 279	10. <input type="radio"/> Dependent care benefits <input type="radio"/>
3. <input type="radio"/> Social security wages <input type="radio"/> 19247	7. <input type="radio"/> Social security tips <input type="radio"/>	11. <input type="radio"/> Nonqualified plans <input type="radio"/>

12. Codes and amounts

12a. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12c. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>
12b. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>	12d. <input type="radio"/> Code <input type="radio"/> Amount <input type="radio"/>

13. Check the appropriate box for: Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)

Type SDI Amount 231

16. State wages, tips, etc. 19247

15. State and employer's state ID number

State CA Employer's state ID number 13776257

17. State income tax 158

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Health Coverage Exemptions and Individual Shared Responsibility Penalty

2025

3853

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on your California tax return: Jussiara Costa Pereira; SSN or ITIN: 216-95-8689

Part I Applicable Household Members. List all members of your applicable household whether or not they have an exemption or an Exemption Certificate Number (ECN) granted by the Marketplace. See instructions.

Table with 6 columns: Member ID, First Name, Last Name, Initial, SSN, Date of Birth (mm/dd/yyyy), Modified AGI, ECN 1, ECN 2, ECN 3. Includes entries for Jussiara Costa Pereira and Marcio Dos Reis.

Part II Coverage Exemption Claimed on Your Tax Return for Your Household

1 If you are claiming a coverage exemption because your applicable household income or gross income is below the filing threshold, check the box here. See Instructions []

Part III Coverage and Exemptions Claimed on Your Tax Return for Individuals. If you and/or a member of your applicable household are reporting any coverage or are claiming exemptions for the tax year, complete Part III. See instructions.

Coverage and Exemption Codes

			(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)
			Full-Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1	First Name Jussiara	Initial Z	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name Costa Pereira			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
2	First Name Marcio	Initial X	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
	Last Name Dos Reis			<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
3	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	First Name []	Initial []	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Last Name []			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Part IV Individual Shared Responsibility Penalty

1 Your Individual Shared Responsibility Penalty. Enter on Form 540, line 92; Form 540NR, line 91; or Form 540 2EZ, line 27.
See instructions 1 950

TAXABLE YEAR **2025** **California e-file Payment Record for Individuals** FORM **8455**

Your name Jussiara Costa Pereira	Your SSN or ITIN 216-95-8689
Spouse's/RDP's name Marcio Dos Reis	Spouse's/RDP's SSN or ITIN 814-34-9278

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. (Form 540, line 17; Form 540 2EZ, line 16; or Form 540NR, line 32)	1	61,356
2 Amount you owe. (Form 540, line 111; Form 540 2EZ, line 35; Form 540NR, line 121; or Schedule X, line 7)	2	942

Part II Return Payment Information for Taxable Year 2025 (pay by 4/15/2026)

3 Electronic funds withdrawal amount	942
4 Withdrawal date (mm/dd/yyyy)	04-15-2026

Part III Scheduled Estimated Tax Payments for Taxable Year 2026 These are **not** installments of the current amount you owe.

	First Payment 4/15/2026	Second Payment 6/15/2026	Third Payment 9/15/2026	Fourth Payment 1/15/2027
5 Amount				
6 Withdrawal date				

Part IV Banking Information for Electronic Funds Withdrawals from Parts II and III

7 Routing number	121042882
8 Account number	8391729699
9 Type of account:	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

General Information

Form FTB 8455, California e-file Payment Record for Individuals, is a summary of electronic funds withdrawals that you have authorized with your 2025 e-file tax return as part of your California e-file Signature Authorization for Individuals (form FTB 8879). You are to receive a copy of form FTB 8455 or a comparable form at the time you sign form FTB 8879. Form FTB 8455 does not serve as proof of filing or proof of payment. Your proof of filing is the acknowledgement containing the date we accepted your tax return. Your proof of payment is your banking records.

Be sure the banking information is correct before transmitting your tax return. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, we will send you a notice that may include penalties and interest.

To cancel your tax return payment or an estimated tax payment, you must call FTB e-Programs Customer Service at 916.845.0353 at least two working days before the scheduled date of the payment.

If you cancel a payment, you are still liable for any amount you owe. Make your payments by the due dates above to avoid a late payment penalty. For more payment options, go to ftb.ca.gov/pay.

Franchise Tax Board Privacy Notice on Collection

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 – Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

KEEP THIS FORM FOR YOUR RECORDS - DO NOT MAIL TO THE FRANCHISE TAX BOARD (FTB)

CA Individual Payment Information

Payment Information

Payment Type 14 Return Allowable Value = {Return, 1stQtrEstimate, 2ndQtrEstimate, 3rdQtrEstimate, 4thQtrEstimate}

Routing Number 9 121042882

Account Number 17 8391729699

Account Type 1 1 Allowable Value = {1 = Checking or 2 = Savings}

Amount 10 942

Requested Date 10 2026-04-15

Tax Year 4 2025

Daytime Phone 10 6194157418

CA-COMP	Three-year State Tax Return Comparison			2025
Name(s) as shown on return Jussiara Costa Pereira & Marcio Dos Reis			Taxpayer ID Number 216-95-8689	
[State] Income Tax Return	2023	2024	2025	Difference 2024-2025
Filing Status	S	S	MFJ	
Gross Income	22,005	13,926	61,356	47,430
Additions				
Subtractions				
Exemptions	144	149	306	157
Standard Deduction	5,363	5,540	11,412	5,872
Itemized Deduction				
Deductions	5,363			
Taxable Income	16,642	8,386	49,944	41,558
Actual State Income				
State Income Tax	84		470	470
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld			478	478
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund		155		(155)
Balance Due	8		942	942
Marginal tax rate	2.000000	1.000000	2.000000	1.000000
Effective tax rate	0.500000		0.940000	0.940000

**Exhibit 10 -
Petitioner's Financial
Information - Jussiara
Costa Pereira**

FOR TAX YEAR 2023

JUSSIARA COSTA PEREIRA

Office Tax Services
5820 Miramar Rd suite 210
San Diego, CA 92121
(858)247-1680

Office Tax Services

5820 Miramar Rd suite 210
San Diego, CA 92121
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

February 27, 2024

Jussiara Costa Pereira
4080 Hancock Street APT 4306
San Diego, CA 92110

Subject: Preparation of Your 2023 Tax Returns

Jussiara Costa Pereira:

Thank you for choosing Office Tax Services to assist you with your 2023 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2023 federal and state income tax returns. We will depend on you to provide the information we need to prepare complete and accurate returns. We may ask you to clarify some items but will not audit or otherwise verify the data you submit. An Organizer is enclosed to help you collect the data required for your return. The Organizer will help you avoid overlooking important information. By using it, you will contribute to the efficient preparation of your returns and help minimize the cost of our services.

We will not perform accounting services to prepare your tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for you to clarify some of the information you submit. We will inform you of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Email us if you have concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on your behalf, the alternative you select. Your return may be prepared overseas if our workflow chooses it as the best option.

We will return your original records to you at the end of this engagement. Store these records, along with all supporting documents, canceled checks, etc., in a secure location in case these items are needed later to prove accuracy and completeness of a return. We are not responsible for storage of your tax return and documents for more than a year.

After the tax return preparation, we require full payment for our services before the disclosure of the tax return results. Once the draft is submitted, you will have the opportunity to add full protection coverage and support for any event of audit, letter, or identity theft that might happen after your tax return is filed. This support is only offered via protection plus and before your tax return is filed. We will request your careful review, approval, and signature before submitting your tax return to the tax authorities.

Our return policy contemplates no return of the initial amount paid since it is a service. You can have a credit of 50% of the initial value for future services, towards any service (ITIN, income tax, business formation, or bookkeeping). Credit policy does not apply to consultations rendered. To request a credit, please send an email to contact@officetaxservices.com with the type of service, the date of service, and the reason for the credit within 30 days of the service date.

Our engagement to prepare your 2023 tax returns will conclude with the delivery of the completed returns to you (if paper-filing) or your signature and our subsequent submittal of your tax return (if e-filing). If you have not selected to e-file your returns with our office, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes the arrangements for this work, sign this letter in the proper space indicated.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date

Office Tax Services

5820 Miramar Rd suite 210
San Diego, CA 92121
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

February 27, 2024

Jussiara Costa Pereira
4080 Hancock Street APT 4306
San Diego, CA 92110

Jussiara Costa Pereira:

Below is a summary of your 2023 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$141 Balance Due	Mail a check
California Income Tax	\$8 Balance Due	Mail a check

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * California Income Tax

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted February 27, 2024

Mail payment on or before due date to the following address:

Federal Income Tax

Internal Revenue Service
P.O. Box 802501
Cincinnati, OH 45280-2501

California Income Tax

Franchise Tax Board
PO Box 942867
Sacramento, CA 94267-0008

ESTIMATED TAX FOR 2024

Federal Income Tax

Quarter	Estimate Due	Due Date	Transaction Method
1st	\$470	April 15, 2024	Mail a check
2nd	\$470	June 17, 2024	Mail a check
3rd	\$470	September 16, 2024	Mail a check
4th	\$470	January 15, 2025	Mail a check

Sincerely,

Cristina Hass

Cristina M Hass
Office Tax Services

Office Tax Services

5820 Miramar Rd suite 210
San Diego, CA 92121
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

February 27, 2024

Jussiara Costa Pereira
4080 Hancock Street APT 4306
San Diego, CA 92110

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

Office Tax Services

5820 Miramar Rd suite 210
 San Diego, CA 92121
 contact@officetaxservices.com
 Phone: (858)247-1680 | Fax: (858)251-0279

Customer Name	Customer Information	
Jussiara Costa Pereira 4080 Hancock Street APT 4306 San Diego, CA 92110	Invoice #:	
	Date:	February 27, 2024
	Phone:	(619)415-7418
	E-mail:	jussiara65@gmail.com

Your 2023 tax return was prepared by Cristina M Hass.

Description	Fee
Federal And Supplemental Forms	
Form 1040	U.S. Individual Income Tax Return
Schedule A	Itemized Deductions
Schedule C	Profit or Loss from Business
Form 4797	Sales of Business Property
California Forms	

Total Forms	4	Forms Subtotal	450.00
Adjustments			
Discount			-75.00
		Subtotal	375.00
		Total Balance Due	375.00

Payment due upon receipt. Thank you for your business!

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____ See separate instructions.

Your first name and middle initial **Jussiara** Last name **Costa Pereira** Your social security number **216-95-8689**

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. **4080 Hancock Street** Apt. no. **4306** Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below. **San Diego** State **CA** ZIP code **92110** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here . . .

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a	1,031
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	1,031

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

c If you elect to use the lump-sum election method, check here (see instructions)	<input type="checkbox"/>	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here	<input type="checkbox"/>	
8 Additional income from Schedule 1, line 10	8	24,668
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	25,699
10 Adjustments to income from Schedule 1, line 26	10	3,694
11 Subtract line 10 from line 9. This is your adjusted gross income	11	22,005
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	1,631
14 Add lines 12 and 13	14	15,481
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	6,524

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. 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

Jussiara Costa Pereira

Your social security number

216-95-8689

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	23,268
4	Other gains or (losses). Attach Form 4797		4	1,400
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		5	
6	Farm income or (loss). Attach Schedule F		6	
7	Unemployment compensation		7	
8	Other income:			
a	Net operating loss	8a ()		
b	Gambling	8b		
c	Cancellation of debt	8c		
d	Foreign earned income exclusion from Form 2555	8d ()		
e	Income from Form 8853	8e		
f	Income from Form 8889	8f		
g	Alaska Permanent Fund dividends	8g		
h	Jury duty pay	8h		
i	Prizes and awards	8i		
j	Activity not engaged in for profit income	8j		
k	Stock options	8k		
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l		
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m		
n	Section 951(a) inclusion (see instructions)	8n		
o	Section 951A(a) inclusion (see instructions)	8o		
p	Section 461(l) excess business loss adjustment	8p		
q	Taxable distributions from an ABL 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	24,668

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

Schedule 1 (Form 1040) 2023

EEA

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 1,644
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 2,050
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26 3,694

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **02**

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

Jussiara Costa Pereira

Your social security number

216-95-8689

Part I Tax			
1	Alternative minimum tax. Attach Form 6251	1	0
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	0

Part II Other Taxes			
4	Self-employment tax. Attach Schedule SE	4	3,288
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2023

EEA

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

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074
2023
Attachment
Sequence No. **03**

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

Your social security number
216-95-8689

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required	1	
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441	2	
3	Education credits from Form 8863, line 19	3	
4	Retirement savings contributions credit. Attach Form 8880	4	400
5a	Residential clean energy credit from Form 5695, line 15	5a	
b	Energy efficient home improvement credit from Form 5695, line 32.	5b	
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936.	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z	7	
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20.	8	400

(continued on page 2)

Part II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9 1,690
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 1,690

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

Your social security number

Jussiara Costa Pereira

216-95-8689

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.					
	1 Medical and dental expenses (see instructions)	1	2,952			
	2 Enter amount from Form 1040 or 1040-SR, line 11	2	22,005			
	3 Multiply line 2 by 7.5% (0.075)	3	1,650			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-				4	1,302	
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 <input checked="" type="checkbox"/>	5a	679			
	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	679			
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)	5e	679			
	6 Other taxes. List type and amount: _____	6				
7 Add lines 5e and 6				7	679	
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 <input type="checkbox"/>					
	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	923		
		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			
13 Carryover from prior year		13				
14 Add lines 11 through 13					14	923
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	2,904
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>					

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2023

EEA

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **09**

Name of proprietor Jussiara Costa Pereira	Social security number (SSN) 216-95-8689
A Principal business or profession, including product or service (see instructions) Delivery	B Enter code from instructions 492000
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.) **4080 Hancock Street APT 4306**
City, town or post office, state, and ZIP code **San Diego, CA 92110**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2023, check here

I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	40,519
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	40,519
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	40,519
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	40,519

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	17,251	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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	17,251	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	23,268	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	23,268			

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

EEA

Name(s) Jussiara Costa Pereira	SSN 216-95-8689
--	---------------------------

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36 Purchases less cost of items withdrawn for personal use	36
37 Cost of labor. Do not include any amounts paid to yourself	37
38 Materials and supplies	38
39 Other costs	39
40 Add lines 35 through 39	40
41 Inventory at end of year	41
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month/day/year) 02-01-2023

44 Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business 26,337 b Commuting (see instructions) _____ c Other 6,250

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

48 Total other expenses. Enter here and on line 27a	48
--	-----------

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2023

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

Jussiara Costa Pereira

216-95-8689

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	23,268
3	Combine lines 1a, 1b, and 2	3	23,268
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	21,488
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	21,488
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	
6	Add lines 4c and 5b	6	21,488
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2023	7	160,200
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$160,200 or more, skip lines 8b through 10, and go to line 11	8a	1,031
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	1,031
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	159,169
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	2,665
11	Multiply line 6 by 2.9% (0.029)	11	623
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3	12	3,288
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,644

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

Schedule SE (Form 1040) 2023

EEA

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2023

Attachment
Sequence No. **27**

Name(s) shown on return Jussiara Costa Pereira	Identifying number 216-95-8689
1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions	1a
b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	1b
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	1c

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft					6	0
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows					7	0
<p>Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.</p> <p>Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.</p>							
8	Nonrecaptured net section 1231 losses from prior years. See instructions					8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions					9	

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):						
11	Loss, if any, from line 7					11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable					12	
13	Gain, if any, from line 31					13	1,400
14	Net gain or (loss) from Form 4684, lines 31 and 38a					14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36					15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824					16	
17	Combine lines 10 through 16					17	1,400
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.						
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions					18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4					18b	1,400

For Paperwork Reduction Act Notice, see separate instructions. Form 4797 (2023)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A 2014 Toyota Prius C	06-17-2021	02-24-2023
B		
C		
D		

These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20	6,200			
21 Cost or other basis plus expense of sale	21	12,000			
22 Depreciation (or depletion) allowed or allowable	22	7,200			
23 Adjusted basis. Subtract line 22 from line 21	23	4,800			
24 Total gain. Subtract line 23 from line 20	24	1,400			
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a	7,200			
b Enter the smaller of line 24 or 25a	25b	1,400			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975. See instructions	26a				
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b				
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the smaller of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage. See instructions	27b				
c Enter the smaller of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b Enter the smaller of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b Enter the smaller of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	1,400
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	1,400
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation. See instructions	34	
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Alternative Minimum Tax - Individuals

2023

Attachment
 Sequence No. **32**

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

Go to www.irs.gov/Form6251 for instructions and the latest information.

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Jussiara Costa Pereira	Your social security number 216-95-8689
--	---

Part I	Alternative Minimum Taxable Income (See instructions for how to complete each line.)		
1	Enter the amount from Form 1040 or 1040-SR, line 15, if more than zero. If Form 1040 or 1040-SR, line 15, is zero, subtract line 14 of Form 1040 or 1040-SR from line 11 of Form 1040 or 1040-SR and enter the result here. (If less than zero, enter as a negative amount.)	1	6,524
2a	If filing Schedule A (Form 1040), enter the taxes from Schedule A, line 7; otherwise, enter the amount from Form 1040 or 1040-SR, line 12	2a	13,850
b	Tax refund from Schedule 1 (Form 1040), line 1 or line 8z	2b	()
c	Investment interest expense (difference between regular tax and AMT)	2c	()
d	Depletion (difference between regular tax and AMT)	2d	()
e	Net operating loss deduction from Schedule 1 (Form 1040), line 8a. Enter as a positive amount	2e	()
f	Alternative tax net operating loss deduction	2f	()
g	Interest from specified private activity bonds exempt from the regular tax	2g	()
h	Qualified small business stock, see instructions	2h	()
i	Exercise of incentive stock options (excess of AMT income over regular tax income)	2i	()
j	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	2j	()
k	Disposition of property (difference between AMT and regular tax gain or loss)	2k	()
l	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT)	2l	()
m	Passive activities (difference between AMT and regular tax income or loss)	2m	()
n	Loss limitations (difference between AMT and regular tax income or loss)	2n	()
o	Circulation costs (difference between regular tax and AMT)	2o	()
p	Long-term contracts (difference between AMT and regular tax income)	2p	()
q	Mining costs (difference between regular tax and AMT)	2q	()
r	Research and experimental costs (difference between regular tax and AMT)	2r	()
s	Income from certain installment sales before January 1, 1987	2s	()
t	Intangible drilling costs preference	2t	()
3	Other adjustments, including income-based related adjustments	3	()
4	Alternative minimum taxable income. Combine lines 1 through 3. (If married filing separately and line 4 is more than \$831,150, see instructions.)	4	20,374

Part II	Alternative Minimum Tax (AMT)														
5	Exemption. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">IF your filing status is...</th> <th style="text-align: left;">AND line 4 is not over...</th> <th style="text-align: left;">THEN enter on line 5...</th> </tr> </thead> <tbody> <tr> <td>Single or head of household</td> <td>\$ 578,150</td> <td>\$ 81,300</td> </tr> <tr> <td>Married filing jointly or qualifying surviving spouse</td> <td>1,156,300</td> <td>126,500</td> </tr> <tr> <td>Married filing separately</td> <td>578,150</td> <td>63,250</td> </tr> </tbody> </table> If line 4 is over the amount shown above for your filing status, see instructions.	IF your filing status is...	AND line 4 is not over...	THEN enter on line 5...	Single or head of household	\$ 578,150	\$ 81,300	Married filing jointly or qualifying surviving spouse	1,156,300	126,500	Married filing separately	578,150	63,250	5	81,300
IF your filing status is...	AND line 4 is not over...	THEN enter on line 5...													
Single or head of household	\$ 578,150	\$ 81,300													
Married filing jointly or qualifying surviving spouse	1,156,300	126,500													
Married filing separately	578,150	63,250													
6	Subtract line 5 from line 4. If more than zero, go to line 7. If zero or less, enter -0- here and on lines 7, 9, and 11, and go to line 10	6	0												
7	<ul style="list-style-type: none"> • If you are filing Form 2555, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040 or 1040-SR, line 7; you reported qualified dividends on Form 1040 or 1040-SR, line 3a; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on the back and enter the amount from line 40 here. • All others: If line 6 is \$220,700 or less (\$110,350 or less if married filing separately), multiply line 6 by 26% (0.26). Otherwise, multiply line 6 by 28% (0.28) and subtract \$4,414 (\$2,207 if married filing separately) from the result. 	7	()												
8	Alternative minimum tax foreign tax credit (see instructions)	8	()												
9	Tentative minimum tax. Subtract line 8 from line 7	9	0												
10	Add Form 1040 or 1040-SR, line 16 (minus any tax from Form 4972), and Schedule 2 (Form 1040), line 2. Subtract from the result Schedule 3 (Form 1040), line 1 and any negative amount reported on Form 8978, line 14 (treated as a positive number). If zero or less, enter -0-. If you used Schedule J to figure your tax on Form 1040 or 1040-SR, line 16, refigure that tax without using Schedule J before completing this line. See instructions	10	()												
11	AMT. Subtract line 10 from line 9. If zero or less, enter -0-. Enter here and on Schedule 2 (Form 1040), line 1	11	0												

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

Credit for Qualified Retirement Savings Contributions

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

2023
Attachment
Sequence No. **54**

Name(s) shown on return Jussiara Costa Pereira	Your social security number 216-95-8689
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You **cannot** take this credit if **either** of the following applies.

- CAUTION!**
- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$36,500 (\$54,750 if head of household; \$73,000 if married filing jointly).
 - The person(s) who made the qualified contribution or elective deferral **(a)** was born after January 1, 2006; **(b)** is claimed as a dependent on someone else's 2023 tax return; or **(c)** was a **student** (see instructions).

	(a) You	(b) Your spouse
1	2,050	
2		
3	2,050	
4		
5	2,050	
6	2,000	
7		2,000
8	22,005	

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2023. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2023 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2020 and **before** the due date (including extensions) of your 2023 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9 -				
---	\$21,750	0.5	0.5	0.5
\$21,750	\$23,750	0.5	0.5	0.2
\$23,750	\$32,625	0.5	0.5	0.1
\$32,625	\$35,625	0.5	0.2	0.1
\$35,625	\$36,500	0.5	0.1	0.1
\$36,500	\$43,500	0.5	0.1	0.0
\$43,500	\$47,500	0.2	0.1	0.0
\$47,500	\$54,750	0.1	0.1	0.0
\$54,750	\$73,000	0.1	0.0	0.0
\$73,000	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

	9	x	0.20		
10				400	
11				653	
12				400	

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

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.

Name shown on your return

Jussiara Costa Pereira

Your social security number

216-95-8689

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	22,005
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	22,005
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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	13,590
5	Household income as a percentage of federal poverty line (see instructions)	5	161 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	0.0044
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	97
b	Monthly contribution amount. Divide line 8a by 12. Round to nearest whole dollar amount	8b	8

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	8,235	8,505	97	8,408	8,235	6,545
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						
13 February						
14 March						
15 April						
16 May						
17 June						
18 July						
19 August						
20 September						
21 October						
22 November						
23 December						
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	8,235
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	6,545
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	1,690

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.

Summary of Estimates

2024

Name(s) as shown on return

Jussiara Costa Pereira

Tax ID Number

216-95-8689

Federal

Form: 1040-ES

Payment Schedule

Due Date	04-15-2024	06-17-2024	09-16-2024	01-15-2025	Total
Total Installment Amount	470	470	470	470	1,880
Overpayment Applied	0	0	0	0	0
Net Installment Due	470	470	470	470	1,880

Taxpayer Records

Amount Actually Paid				
Date Paid				
Check #/Confirmation				

		a Employee's social security number 216-95-8689		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 84-3917958				1 Wages, tips, other compensation 609		2 Federal income tax withheld					
c Employer's name, address, and ZIP code Lisiane Bilibio DBA Liquid Bean Cafe 2002 Jimmy Durante Blvd Del Mar CA 92014				3 Social security wages 609		4 Social security tax withheld 38					
				5 Medicare wages and tips 609		6 Medicare tax withheld 9					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Jussiara		Last name Pereira Carneiro		Suff.		11 Nonqualified plans		12a See instructions for box 12			
4125 W Point Loma Blvd San Diego CA 92110				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 16866501		16 State wages, tips, etc. 609		17 State income tax		18 Local wages, tips, etc. 609		19 Local income tax 5		20 Locality name CASDI	

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA
The information on this Form W-2 was used to prepare the taxpayer's 2023 Federal tax return by Office Tax Services

		a Employee's social security number 216-95-8689		OMB No. 1545-0008		Safe, accurate, FAST! Use		IRS e-file		Visit the IRS website at www.irs.gov/efile	
b Employer identification number (EIN) 95-4356030				1 Wages, tips, other compensation 422		2 Federal income tax withheld					
c Employer's name, address, and ZIP code Ralphs Grocery Company 1014 Vine Street Cincinnati OH 45202				3 Social security wages 422		4 Social security tax withheld 26					
				5 Medicare wages and tips 422		6 Medicare tax withheld 6					
				7 Social security tips		8 Allocated tips					
d Control number				9		10 Dependent care benefits					
e Employee's first name and initial Jussiara		Last name Costa Pereira		Suff.		11 Nonqualified plans		12a See instructions for box 12			
4125 W Point Loma Blvd San Diego CA 92110				13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b					
				14 Other		12c					
						12d					
f Employee's address and ZIP code											
15 State Employer's state ID number CA 355-5771-9		16 State wages, tips, etc. 422		17 State income tax		18 Local wages, tips, etc. 422		19 Local income tax 4		20 Locality name CASDI	

Form **W-2** Wage and Tax Statement **2023** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

EEA
The information on this Form W-2 was used to prepare the taxpayer's 2023 Federal tax return by Office Tax Services

W-2 Detail Listing

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

T/S		FEDERAL		STATE		CITY/LOCAL			
		Gross	W/H	Gross	STATE CODE	Gross	CITY CODE	Gross	W/H
Jussiana Costa Pereira				216-95-8689					
Employer Name									
T	Lisiane Bilibio	609		609	CA	609	CASDI		5
T	Ralphs Grocery Company	422		422	CA	422	CASDI		4
Totals		1,031		1,031		1,031			9

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

Jussiara Costa Pereira

216-95-8689

Statement for line 16 of Form 1040

Tax from Tax Table found in form instructions	\$	653
\$ 653	Tax computed using only available method	

TAX_COMPLD

**Qualified Business Income Deduction
Simplified Computation**

2023

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Jussiara Costa Pereira

216-95-8689

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	Schedule C: Delivery	216-95-8689	23,024
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	23,024	
3	Qualified business net (loss) carryforward from the prior year	()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	23,024	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		4,605
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	0	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	0	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		4,605
11	Taxable income before qualified business income deduction (see instructions)	8,155	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	8,155	
14	Income limitation. Multiply line 13 by 20% (0.20)		1,631
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)		1,631
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		(0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		(0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EEA

Amount from Form 1040, line 11..... 22,005
 Amount from Form 1040, line 12..... 13,850

 Line 11 above is the difference between these amounts..... 8,155

**TAX RETURN COMPARISON
2021 / 2022 / 2023**

2023

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Jussiara Costa Pereira				Identifying number 216-95-8689
	2021	2022	2023	Difference 2022-2023
Filing Status	Single	Single	Single	
Number of Dependents				
Income				
Wages, salaries, tips, etc.		2,709	1,031	(1,678)
Taxable interest and dividends				
Taxable state and local refunds				
Alimony				
Business income (loss)	7,174	22,329	23,268	939
Gains (losses)			1,400	1,400
Pensions and IRA distributions				
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation				
Total SS benefits received				
Taxable SS benefits				
Other income (loss)				
Total Income	7,174	25,038	25,699	661
Adjusted Gross Income				
Half of self-employment tax	507	1,578	1,644	66
IRA deduction			2,050	2,050
Other adjustments		778		(778)
Total Adjusted Gross Income	6,667	22,682	22,005	(677)
Deductions				
Medical deductions			1,302	1,302
State and local taxes			679	679
Interest				
Contributions			923	923
Other deductions				
Total itemized deductions			2,904	2,904
Standard deduction	12,550	12,950	13,850	900
Total deductions claimed	12,550	12,950	13,850	900
Qualified Business Income Deduction		1,946	1,631	(315)
Tax and Credits				
Taxable Income		7,786	6,524	(1,262)
Tax		778	653	(125)
Credits			400	400
Self-employment tax	1,014	3,155	3,288	133
Other taxes				
Total Tax	1,014	3,933	3,541	(392)
Payments				
Withholdings		14		(14)
Estimated tax payments	513		1,710	1,710
Earned income credit	1,021			
Other payments and credits	836	1,641	1,690	49
Estimated tax penalty				
Overpayment	1,356			
Overpayment applied				
Refund	1,356			
Balance Due		2,278	141	(2,137)
Marginal tax rate	10.00	10.00	10.00	
Effective tax rate		9.99	10.01	0.02

1099-NEC Detail Listing

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Jussiara Costa Pereira				Tax ID Number 216-95-8689	
T/S	Payer Name	Nonemployee compensation	Federal	State	
			W/H	Income	W/H
T	DoorDash Inc	1,797			CA
T	Maplebear Inc	38,722			CA
T	Taxpayer Totals	40,519			

2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

216-95-8689 COST
JUSSIARA COSTA PEREIRA

23 PBA 492000

4080 HANCOCK STREET APT 4306
SAN DIEGO CA 92110

02-16-1965

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.

[Street address box] [Apt. no/ste. no. box]

City

State

ZIP code

[City box] [State box] [ZIP code box]

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 [X] Single
2 [] Married/RDP filing jointly
3 [] Married/RDP filing separately
4 [] Head of household
5 [] Qualifying surviving spouse/RDP

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here

Exemptions

- 7 Personal: 1 x \$144 = \$144
8 Blind: [] x \$144 = \$
9 Senior: [] x \$144 = \$

Your name: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions 10 X \$446 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$

12 State wages from your federal Form(s) W-2, box 16 12

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 13

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B 14

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C 16

17 California adjusted gross income. Combine line 15 and line 16 17

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

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- 19

31 Tax. Check the box if from: Tax Table Tax Rate Schedule
 • FTB 3800 • FTB 3803 31

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions 32

33 Subtract line 32 from line 31. If less than zero, enter -0- 33

34 Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A 34

35 Add line 33 and line 34 35

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions 40

43 Enter credit name code • and amount 43

44 Enter credit name code • and amount 44

Your name: **JUSSIARA COSTA PE** Your SSN or ITIN: **216958689**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	•	45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	•	46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	⊛	47	0	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊛	48	84	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	•	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	•	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	•	63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	•	64	84	.00

Payments	71	California income tax withheld. See instructions	•	71	<input type="text"/>	.00
	72	2023 California estimated tax and other payments. See instructions	•	72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	•	73	<input type="text"/>	.00
	74	Excess SDI (or VPD) withheld. See instructions	•	74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC). See instructions	•	75	76	.00
	76	Young Child Tax Credit (YCTC). See instructions	•	76	<input type="text"/>	.00
	77	Foster Youth Tax Credit (FYTC). See instructions	•	77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	⊛	78	76	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	•	91	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input checked="" type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	•	92	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	•	92	<input type="text"/>	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊛	93	76	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊛	94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊛	95	76	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊛	96	<input type="text"/>	.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊛	97	<input type="text"/>	.00

Your name: **JUSSIARA COSTA PE**

Your SSN or ITIN: **216958689**

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2024 estimated tax ●	98	<input type="text"/>	.00
	99 Overpaid tax available this year. Subtract line 98 from line 97 ●	99	<input type="text"/>	.00
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ●	100	<input type="text" value="8"/>	.00

		<u>Code</u>	<u>Amount</u>	
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text"/>	.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text"/>	.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text"/>	.00
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text"/>	.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text"/>	.00
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text"/>	.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text"/>	.00
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text"/>	.00
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text"/>	.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . ●	422	<input type="text"/>	.00
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text"/>	.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text"/>	.00
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text"/>	.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text"/>	.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . ●	439	<input type="text"/>	.00
	Rape Kit Backlog Voluntary Tax Contribution Fund ●	440	<input type="text"/>	.00
Suicide Prevention Voluntary Tax Contribution Fund ●	444	<input type="text"/>	.00	
Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text"/>	.00	
110 Add amounts in code 400 through code 445. This is your total contribution . . . ●	110	<input type="text"/>	.00	

Your name: Your SSN or ITIN:

Amount You Owe 111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . • 111 .00
Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: • **FTB 5805 attached** • **FTB 5805F attached** 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number Checking Savings • Account number • 116 Direct deposit amount .00
The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Type
• Routing number Checking Savings • Account number • 117 Direct deposit amount .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions . . .

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Sign your tax return on Side 6

Your name: **JUSSIARA COSTA PE** Your SSN or ITIN: **216958689**



IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature

Date

Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

PTIN

Firm's address

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions Yes No

Print Third Party Designee's Name

Telephone Number

2023 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

JUSSIARA COSTA PEREIRA

Your SSN or ITIN

216-95-8689

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here

Radio button and checkbox for separated status

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Specific Instructions.)

Form section for Part I with questions 1a, 1b, 2, and 3 regarding IRS disallowance, FTB disallowance, Federal AGI, and Federal EIC.

Part II Investment Income Information

Form section for Part II with question 4 regarding Investment Income.

Part III Qualifying Child Information (See Step 3 in the instructions.)

You must complete Part I and Part II before filling out Part III. If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

Form section for Part III with columns for Child 1, Child 2, and Child 3, containing questions 5 through 11 regarding child information.



12 Child's physical address during 2023. See instructions.

Child 1

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	• 13	<input type="text" value="1,031"/>	<input type="text" value=".00"/>
14	IHSS payments. See instructions	• 14	<input type="text"/>	<input type="text" value=".00"/>
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	• 15	<input type="text"/>	<input type="text" value=".00"/>
16	Subtract line 14 and line 15 from line 13	• 16	<input type="text" value="1,031"/>	<input type="text" value=".00"/>
17	Nontaxable combat pay. See instructions	• 17	<input type="text"/>	<input type="text" value=".00"/>
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	• 18	<input type="text" value="21,624"/>	<input type="text" value=".00"/>

a Business name

Street address (number, street, apt. no./ste. no.)

b Business address

City State ZIP code

c Business license number

d SEIN

e Business code

19	California earned income. Add line 16, line 17, and line 18	• 19	<input type="text" value="22,655"/>	<input type="text" value=".00"/>
----	--	------	-------------------------------------	----------------------------------

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20	California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a	• 20	<input type="text" value="76"/>	<input type="text" value=".00"/>
----	---	------	---------------------------------	----------------------------------



Part VI Part-Year Resident California Earned Income Tax Credit

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 ● 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24 23 .00
 - a **Total wages, salaries, tips, and other employee compensation.** See instructions ● 23a .00
If your **total** federal net loss exceeds \$33,497 or your federal AGI
 - b exceeds \$30,950, check the box. See instructions ●
- 24 **Available Young Child Tax Credit** 24 .00
 - If the amount on line 23 is \$25,775 or less, skip line 25 through line 27 and enter \$1,117 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$25,775, complete line 25 through line 28. If applicable, complete lines 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$25,775 from line 23 ● 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not round** 26
- 27 **Reduction amount.** Multiply line 26 by \$21.66. Enter the result as a decimal out to two decimal places, **do not round** ■ 27
- 28 **Young Child Tax Credit.**
 - If you did not need to complete line 25 through line 27, your credit is the \$1,117 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
 This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b ● 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA Exemption credit percentage from Form 540NR, line 38. See instructions . . . 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 ● 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
 - a Primary Taxpayer: My name is the first name listed on this return ●
 - b Spouse/RDP: My name is listed as the spouse/RDP on this joint return ●
- 32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name ●	<input type="text"/>	<input type="text"/>
b Last name ●	<input type="text"/>	<input type="text"/>

2023

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Name(s) as shown on tax return
JUSSIARA COSTA PEREIRA

SSN or ITIN
216-95-8689

Part I Due Diligence Requirements

1 a Preparer's name 1a CRISTINA M HAS

b Preparer's PTIN 1b P01914573

c Preparer's license, registration, or enrollment type. Check one box

CPA EA Attorney [X] CTEC Other (specify)

If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c

d Preparer's license, registration, or enrollment number 1d A284052

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? 2 [X] Yes [] No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? 3 [X] Yes [] No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC) Review information to determine that the taxpayer is eligible to claim the credit and for what amount 4 [X] Yes [] No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) 5 [] Yes [X] No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a [] Yes [] No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) 5b [] Yes [] No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit 6 [X] Yes [] No

List those documents provided by the taxpayer, if any, that you relied on.

Blank lines for listing documents provided by the taxpayer.

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? 7 [X] Yes [] No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? 8 [X] Yes [] No N/A



Part II Due Diligence Questions

- 9 a** Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) **9a** Yes No
- b** Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? **9b** Yes No
- c** Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? **9c** Yes No
 N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A.** Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
- B.** Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C.** Submit form FTB 3596 in the manner required; and
- D.** Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 1. A copy of form FTB 3596,
 2. The EITC worksheet(s) or your own worksheet(s),
 3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
 4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10** Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? **10** Yes No

2023

Sales of Business Property

(Also, Involuntary Conversions and Recapture Amounts Under IRC Sections 179 and 280F(b)(2))

D-1

Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.

Name(s) as shown on tax return: Jussiara Costa Pereira SSN, ITIN, CA SOS file no., California Corp. no., or FEIN: 216-95-8689

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year.

- 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on federal Form 1099-B, Proceeds from Broker and Barter Exchange Transactions, or federal Form 1099-S, Proceeds from Real Estate Transactions (or a substitute statement), that you are including on line 2 or line 10, (column (d), or on line 23
1b Enter the total amount of gain that you are including on lines 2, 10, and 27 due to the partial dispositions of MACRS assets. See instr.
1c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets. See instr.

Table with 7 columns: (a) Description of property, (b) Date acquired (mm/dd/yyyy), (c) Date sold (mm/dd/yyyy), (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)

- 3 Gain, if any, from federal Form 4684, line 39
4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
6 Gain, if any, from line 35, from other than casualty and theft
7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:

IRC Section 179 Assets: For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instr. Partnerships or LLCs (classified as partnerships): Enter the gain or (loss) on Schedule K (565 or 568), line 10. Skip lines 8, 9, 11, and 12 below. S corporations: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. All others: If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: Forms 540 and 540NR filers, enter the gain on Schedule D (540 or 540NR), line 1, and skip lines 8, 9, and 12 below; Forms 100 and 100W filers, enter the gain on Forms 100 or 100W, Side 6, Schedule D, Part II, line 6, and skip lines 8, 9, and 12 below.

- 8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions
9 Subtract line 8 from line 7. If zero or less, enter -0-

S corporations: If line 9 is more than zero, enter this amount on Schedule D (100S), Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. All others: If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: Forms 540 and 540NR filers, enter as a capital gain on Schedule D (540 or 540NR), line 1; Forms 100 and 100W filers, enter the gain on Forms 100 or 100W, Side 6, Schedule D, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instr.

Part II Section A - Ordinary Gains and Losses

Table with 7 columns: (a) Description of property, (b) Date acquired (mm/dd/yyyy), (c) Date sold (mm/dd/yyyy), (d) Gross sales price, (e) Depreciation allowed or allowable since acquisition, (f) Cost or other basis, plus improvements and expense of sale, (g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)

- 11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable. See instructions
13 Gain, if any, from line 34
14 Net gain or (loss) from federal Form 4684, line 31 and line 38a (completed using California amounts)
15 Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions
16 Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
17 Combine line 10 through line 16

18 For all except individual tax returns, enter the amount from line 17 on the appropriate line of your tax return and skip line a and line b below. For individual tax returns, complete line a and line b below; see instructions.

- a If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii) of line 30 or line 35, enter that part of the loss here. See instructions
b Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20



Part II Section B - Adjusting California Ordinary Gain or Loss For individual tax returns (Forms 540 and 540NR) only.

Table with 3 columns: Line number, Description, and Amount. Line 19: 1,400; Line 20: 1,400; Line 21a: 0.

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

Table with 3 columns: Description of property, Date acquired, and Date sold. Row 22A: 2014 Toyota Prius C, 06/17/2021, 02/24/2023.

Main table for Part III with columns for Property A, B, C, and D. Rows 23-32b detailing depreciation and gain calculations for the Toyota Prius C.

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

Summary table with 3 columns: Line number, Description, and Amount. Line 33: 1,400; Line 34: 1,400; Line 35: (blank).

Part IV Recapture Amounts Under IRC Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

Table with 3 columns: Line number, Description, and Amount. Line 36: (blank); Line 37: (blank); Line 38: (blank).

CA-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return Jussiara Costa Pereira			Taxpayer ID Number 216-95-8689	
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	S	S	S	
Gross Income	6,667	22,682	22,005	(677)
Additions				
Subtractions				
Exemptions	129	140	144	4
Standard Deduction		5,202	5,363	161
Itemized Deduction	5,626			
Deductions	5,626	5,202		(5,202)
Taxable Income	1,041	17,480	16,642	(838)
Actual State Income				
State Income Tax		109	84	(25)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	195			
Balance Due		49	8	(41)
Marginal tax rate	1.000000	2.000000	2.000000	
Effective tax rate		0.620000	0.500000	(0.120000)



33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 **California earned income.** Enter the amount from form FTB 3514, line 19 34 .00

35 **Available Foster Youth Tax Credit** 35 .00

- If the amount on line 34 is \$25,775 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
 - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,117 on line 35 and line 39.
 - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,234 on line 35 and line 39.
 If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than \$25,775, complete line 36 through line 38 and enter on line 35 the following amount.
 - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,117 on line 35.
 - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,234 on line 35.
 If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$25,775 from line 34 36 .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round 37

38 **Reduction amount** 38

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.66. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.32. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,117 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,234 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c 39 .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . 40

41 **Part-year resident FYTC.** Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 41 .00

FOR TAX YEAR 2024

JUSSIARA COSTA PEREIRA

Office Tax Services
39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
(858)247-1680

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 25, 2025

Jussiara Costa Pereira
4080 Hancock Street, APT 4306
San Diego, CA 92110

Subject: Engagement Letter for Preparation of Your 2024 Tax Return

Dear Jussiara Costa Pereira:

Thank you for choosing Office Tax Services to assist you with your 2024 taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

Scope of Services

We will prepare the 2024 federal and state income tax returns for Jussiara Costa Pereira based on the information you provide. While we may request clarification on certain items, we will not audit, verify, or independently validate the data submitted.

Our work will not include accounting services, and you are responsible for providing the financial reports required to prepare an accurate tax return. This engagement does not include procedures designed to detect fraud, errors, or illegal acts. However, if we identify any material errors, irregularities, or illegal acts, we will notify you promptly.

To ensure efficiency and quality in our workflow, your tax return may be prepared by qualified professionals located overseas if we determine this to be the best approach. Regardless of where the preparation occurs, we will maintain the highest standards of quality and confidentiality throughout the process.

Should we encounter instances of unclear tax law or conflicts in its interpretation, we will outline the reasonable courses of action along with the risks and consequences of each. The ultimate decision on which alternative to pursue will rest with you.

Responsibilities

Your Responsibilities:

Provide all necessary information and documentation required to prepare the tax return accurately and completely. Ensure that financial records and original documents are organized and available for review, if necessary. Carefully review all tax return documents before signing and submitting them.

Our Responsibilities:

Prepare the 2024 tax return 100% accurately, based on the information provided by you.
Explain the results of the tax return, including details such as deductions, credits, and other relevant information.
Inform you of any amounts due or refunds resulting from the tax return.
File the 2024 tax return (electronically or via paper) upon receiving your signed authorization.
Provide you with a copy of the prepared tax return upon the completion of the process.
Notify you promptly of any material errors, fraud, or irregularities identified during the preparation process.

Exclusive Online Account

As part of our service, you will receive access to an exclusive online account where your tax-related documents will be securely stored and accessible until December 31st of the current year.

If you choose not to continue our services for the following year, we will not retain the account or documents after this date. It is your responsibility to download and securely save any necessary documents before the account is closed.

Fees and Payment

Our fee is based on the forms required for the current year and billed at standard rates. Payment is due upon presentation of the invoice. The tax return draft, including results, will be available only after payment is received in full.

We do not offer refunds for services rendered. However, 50% of the initial payment may be credited toward future services, including ITIN applications, income tax preparation, business formation, or bookkeeping, . Credit requests must be submitted via email to contact@officetaxservices.com within 30 days of the service date and include the type of service, service date, and reason for the request. Consultation fees are non-creditable.

Document Retention Policy

We will return your original records upon the conclusion of our engagement. Copies of your records and our work papers will be retained for up to seven years, after which they will be securely destroyed. If you elect not to continue our services, you must save all necessary documents before the closure of your online account.

Filing Process

We can file your 2024 tax return electronically or via paper, as long as we receive your signed authorization document. Our engagement will conclude upon the submission of your 2024 tax return to the appropriate taxing authorities.

Any subsequent correspondence, audits, or amendments related to the 2024 tax return may incur additional fees. These services will be billed separately at our standard rates, and you will be informed in advance of any associated costs.

Acknowledgment and Agreement

To confirm that this letter accurately reflects the terms of our engagement, please sign in the space provided below.

Thank you for the opportunity to be of service. If you have any questions, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

(Both spouses must sign for preparation of joint returns.)

Accepted By:

Taxpayer

Spouse

Date _____

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 25, 2025

Jussiara Costa Pereira
4080 Hancock Street, APT 4306
San Diego, CA 92110

Jussiara Costa Pereira:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$576 Refund	Direct Deposit to **3116
California Income Tax	\$155 Refund	Direct Deposit to **3116

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * California Income Tax

The following returns were e-filed and accepted:

- * Federal Income Tax - accepted March 26, 2025

ESTIMATED TAX FOR 2025

Sincerely,



Cristina M Hass
Office Tax Services

Office Tax Services

39415 DOMAINE MICHAEL DR
Murrieta, CA 92563
contact@officetaxservices.com
Phone: (858)247-1680 | Fax: (858)251-0279

March 25, 2025

Jussiara Costa Pereira
4080 Hancock Street, APT 4306
San Diego, CA 92110

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (858)247-1680.

Sincerely,



Cristina M Hass
Office Tax Services

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

Your first name and middle initial Jussiara	Last name Costa Pereira	Your social security number 216-95-8689
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. **4080 Hancock Street** Apt. no. **4306**

City, town, or post office. If you have a foreign address, also complete spaces below. **San Diego** State **CA** ZIP code **92110**

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 Single Head of household (HOH)
 Married filing jointly (even if only one had income)
 Married filing separately (MFS) Qualifying surviving spouse (QSS)

Check only one box.
 If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
 If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter 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):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) Check if qualifies for (see instructions):	
				Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Income	1a	1b	1c	1d	1e	1f	1g	1h	1i	1z
1a Total amount from Form(s) W-2, box 1 (see instructions)										
b Household employee wages not reported on Form(s) W-2										
c Tip income not reported on line 1a (see instructions)										
d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)										
e Taxable dependent care benefits from Form 2441, line 26										
f Employer-provided adoption benefits from Form 8839, line 29										
g Wages from Form 8919, line 6										
h Other earned income (see instructions)										
i Nontaxable combat pay election (see instructions)										
z Add lines 1a through 1h										
2a Tax-exempt interest	2a		b Taxable interest	2b						
3a Qualified dividends	3a		b Ordinary dividends	3b						
4a IRA distributions	4a		b Taxable amount	4b						
5a Pensions and annuities	5a		b Taxable amount	5b						
6a Social security benefits	6a		b Taxable amount	6b						
c If you elect to use the lump-sum election method, check here (see instructions)										
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here										
8 Additional income from Schedule 1, line 10										16,289
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income										16,289
10 Adjustments to income from Schedule 1, line 26										2,363
11 Subtract line 10 from line 9. This is your adjusted gross income										13,926
12 Standard deduction or itemized deductions (from Schedule A)										14,600
13 Qualified business income deduction from Form 8995 or Form 8995-A										
14 Add lines 12 and 13										14,600
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income										0

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____ . . .	16	0
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	0
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	0
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	2,301
24	Add lines 22 and 23. This is your total tax	24	2,301	

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	
	26	2024 estimated tax payments and amount applied from 2023 return	26	940
	27	Earned income credit (EIC)	27	265
	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	1,672	
32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	1,937	
33	Add lines 25d, 26, and 32. These are your total payments	33	2,877	

If you have a qualifying child, attach Sch. EIC.

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	576															
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	576															
	b	Routing number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>1</td><td>0</td><td>0</td><td>0</td><td>3</td><td>5</td><td>8</td></tr></table> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	1	2	1	0	0	0	3	5	8								
	1	2	1	0	0	0	3	5	8										
d	Account number <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>3</td><td>2</td><td>5</td><td>1</td><td>1</td><td>0</td><td>6</td><td>5</td><td>3</td><td>1</td><td>1</td><td>6</td><td></td><td></td><td></td><td></td></tr></table>	3	2	5	1	1	0	6	5	3	1	1	6						
3	2	5	1	1	0	6	5	3	1	1	6								
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 **Cristina M Hass** Phone no. **858-247-1680** Personal identification number (PIN)

5	4	3	2	1
---	---	---	---	---

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 91714	Date 03-21-2025	Your occupation Delivery	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.) <table border="1" style="display: inline-table;"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Phone no. 619-415-7418	Email address jussiara65@gmail.com							

Paid Preparer Use Only

Preparer's signature	Date 03-25-2025	PTIN P01914573	Check if: <input type="checkbox"/> Self-employed
Preparer's name Cristina M Hass	Phone no. 858-247-1680		
Firm's name Office Tax Services			
Firm's address 39415 DOMAINE MICHAEL DR Murrieta, CA 92563	Firm's EIN 81-1921295		

**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: Jussiara Costa Pereira Your social security number: 216-95-8689

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

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

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	16,289
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	16,289

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

Schedule 1 (Form 1040) 2024

EEA

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 1,151
16	Self-employed SEP, SIMPLE, and qualified plans		16
17	Self-employed health insurance deduction		17 12
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 1,200
21	Student loan interest deduction		21
22	Reserved for future use		22
23	Archer MSA deduction		23
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z		25
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.		26 2,363

**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

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

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

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

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

Your social security number

Jussiara Costa Pereira

216-95-8689

Part I Tax

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

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4		2,301
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5		
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6		
7	Total additional social security and Medicare tax. Add lines 5 and 6	7		
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8		
9	Household employment taxes. Attach Schedule H	9		
10	Repayment of first-time homebuyer credit. Attach Form 5405 if required	10		
11	Additional Medicare Tax. Attach Form 8959	11		
12	Net investment income tax. Attach Form 8960	12		
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13		
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14		
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15		
16	Recapture of low-income housing credit. Attach Form 8611	16		

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

EEA

Part II Other Taxes *(continued)*

17 Other additional taxes:			
a Recapture of other credits. List type, form number, and amount: _____	17a		
b Recapture of federal mortgage subsidy, if you sold your home see instructions	17b		
c Additional tax on HSA distributions. Attach Form 8889	17c		
d Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d		
e Additional tax on Archer MSA distributions. Attach Form 8853	17e		
f Additional tax on Medicare Advantage MSA distributions. Attach Form 8853 .	17f		
g Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g		
h Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h		
i Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i		
j Section 72(m)(5) excess benefits tax	17j		
k Golden parachute payments	17k		
l Tax on accumulation distribution of trusts	17l		
m Excise tax on insider stock compensation from an expatriated corporation . .	17m		
n Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866 . .	17n		
o Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o		
p Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p		
q Any interest from Form 8621, line 24	17q		
z Any other taxes. List type and amount: _____ _____	17z		
18 Total additional taxes. Add lines 17a through 17z			18
19 Recapture of net EPE from Form 4255, line 1d, column (I)			19
20 Section 965 net tax liability installment from Form 965-A	20		
21 Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b			21
			2,301

**SCHEDULE 3
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Credits and Payments

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **03**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR Jussiara Costa Pereira	Your social security number 216-95-8689
--	---

Part I Nonrefundable Credits			
1	Foreign tax credit. Attach Form 1116 if required		1
2	Credit for child and dependent care expenses from Form 2441, line 11. Attach Form 2441		2
3	Education credits from Form 8863, line 19		3
4	Retirement savings contributions credit. Attach Form 8880		4
5a	Residential clean energy credit from Form 5695, line 15		5a
b	Energy efficient home improvement credit from Form 5695, line 32		5b
6	Other nonrefundable credits:		
a	General business credit. Attach Form 3800	6a	
b	Credit for prior year minimum tax. Attach Form 8801	6b	
c	Adoption credit. Attach Form 8839	6c	
d	Credit for the elderly or disabled. Attach Schedule R	6d	
e	Reserved for future use	6e	
f	Clean vehicle credit. Attach Form 8936	6f	
g	Mortgage interest credit. Attach Form 8396	6g	
h	District of Columbia first-time homebuyer credit. Attach Form 8859	6h	
i	Qualified electric vehicle credit. Attach Form 8834	6i	
j	Alternative fuel vehicle refueling property credit. Attach Form 8911	6j	
k	Credit to holders of tax credit bonds. Attach Form 8912	6k	
l	Amount on Form 8978, line 14. See instructions	6l	
m	Credit for previously owned clean vehicles. Attach Form 8936	6m	
z	Other nonrefundable credits. List type and amount: _____	6z	
7	Total other nonrefundable credits. Add lines 6a through 6z		7
8	Add lines 1 through 4, 5a, 5b, and 7. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 20		8 0

Part II Other Payments and Refundable Credits			
9	Net premium tax credit. Attach Form 8962		9 1,672
10	Amount paid with request for extension to file (see instructions)		10
11	Excess social security and tier 1 RRTA tax withheld		11
12	Credit for federal tax on fuels. Attach Form 4136		12
13	Other payments or refundable credits:		
a	Form 2439	13a	
b	Section 1341 credit for repayment of amounts included in income from earlier years	13b	
c	Net elective payment election amount from Form 3800, Part III, line 6, column (j)	13c	
d	Deferred amount of net 965 tax liability (see instructions)	13d	
z	Other refundable credits (see instructions): _____	13z	
14	Total other payments or refundable credits. Add lines 13a through 13z		14
15	Add lines 9 through 12 and 14. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 31		15 1,672

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

Schedule 3 (Form 1040) 2024

EEA

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

2024

Attachment
Sequence No. **07**

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

Your social security number

Jussiara Costa Pereira

216-95-8689

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1	Medical and dental expenses (see instructions)	1	812	
	2	Enter amount from Form 1040 or 1040-SR, line 11	2	13,926	
	3	Multiply line 2 by 7.5% (0.075)	3	1,044	
	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 <input checked="" type="checkbox"/>		5a	406	
	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	406	
	e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately)		5e	406	
	6 Other taxes. List type and amount:		6		
	7	Add lines 5e and 6	7	406	
Interest You Paid <small>Caution: Your mortgage interest deduction may be limited. See instructions.</small>	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 <input type="checkbox"/>				
	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 <small>Caution: If you made a gift and got a benefit for it, see instructions.</small>	11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions		11	728
		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	
13 Carryover from prior year		13			
14 Add lines 11 through 13		14	728		
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	1,134	
	18 If you elect to itemize deductions even though they are less than your standard deduction, check this box <input type="checkbox"/>				

For Paperwork Reduction Act Notice, see the Instructions for Form 1040.

Schedule A (Form 1040) 2024

EEA

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor Jussiara Costa Pereira		Social security number (SSN) 216-95-8689
A Principal business or profession, including product or service (see instructions) Delivery		B Enter code from instructions 492000
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.) **4080 Hancock Street APT 4306**
City, town or post office, state, and ZIP code **San Diego, CA 92110**

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2024, check here

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No

J If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	40,727
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	40,727
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	40,727
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	40,727

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	25,923	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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	25,923	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	14,804	27a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	14,804			
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 <input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27b 28 25,923

29 Tentative profit or (loss). Subtract line 28 from line 7 29 14,804

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

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.

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.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

EEA

Name(s) Jussiara Costa Pereira SSN 216-95-8689

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year)	<u>02-01-2023</u>
44	Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:	
a	Business	<u>38,691</u>
b	Commuting (see instructions)	
c	Other	<u>6,230</u>
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

48	Total other expenses. Enter here and on line 27a	48

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service

**Profit or Loss From Business
(Sole Proprietorship)**

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **09**

Name of proprietor Jussiara Costa Pereira		Social security number (SSN) 216-95-8689
A Principal business or profession, including product or service (see instructions) Catering Food		B Enter code from instructions 722300
C Business name. If no separate business name, leave blank. DELICIOUS BY JUJU		D Employer ID number (EIN) (see instr.) 84-4509823
E Business address (including suite or room no.) 4080 Hancock Street APT 4306 City, town or post office, state, and ZIP code San Diego, CA 92110		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2024, check here		<input type="checkbox"/>
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	8,964
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	8,964
4 Cost of goods sold (from line 42)	4	3,499
5 Gross profit. Subtract line 4 from line 3	5	5,465
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	5,465

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	858	18 Office expense (see instructions)	18	1,002
9 Car and truck expenses (see instructions)	9	308	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	1,674
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	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	138
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31				1,485
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.					

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2024

EEA

Name(s) Jussiara Costa Pereira SSN 216-95-8689

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	0
36	Purchases less cost of items withdrawn for personal use	3,460
37	Cost of labor. Do not include any amounts paid to yourself	39
38	Materials and supplies	
39	Other costs	
40	Add lines 35 through 39	3,499
41	Inventory at end of year	0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	3,499

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) 05-01-2024

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business 460 **b** Commuting (see instructions) _____ **c** Other 6,230

45 Was your vehicle available for personal use during off-duty hours? Yes No

46 Do you (or your spouse) have another vehicle available for personal use? Yes No

47a Do you have evidence to support your deduction? Yes No

b If "Yes," is the evidence written? Yes No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

Training	138
48 Total other expenses. Enter here and on line 27a	138

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

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

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

OMB No. 1545-0074

2024

Attachment
Sequence No. **17**

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

Social security number of person
with self-employment income

Jussiara Costa Pereira

216-95-8689

Part I Self-Employment Tax

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

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

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

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()
Skip line 2 if you use the nonfarm optional method in Part II. See instructions.			
2	Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	16,289
3	Combine lines 1a, 1b, and 2	3	16,289
4a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	15,043
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	15,043
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	
6	Add lines 4c and 5b	6	15,043
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024	7	168,600
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11	8a	
b	Unreported tips subject to social security tax from Form 4137, line 10	8b	
c	Wages subject to social security tax from Form 8919, line 10	8c	
d	Add lines 8a, 8b, and 8c	8d	
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	168,600
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	1,865
11	Multiply line 6 by 2.9% (0.029)	11	436
12	Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4 , or Form 1040-SS, Part I, line 3	12	2,301
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	1,151

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

Schedule SE (Form 1040) 2024

EEA

For Informational purposes only. Form will not be efiled with the return.

Form **8880**

Credit for Qualified Retirement Savings Contributions

OMB No. 1545-0074

2024

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form8880 for the latest information.

Attachment
Sequence No. **54**

Name(s) shown on return

Your social security number

Jussiara Costa Pereira

216-95-8689

You **cannot** take this credit if **either** of the following applies.

CAUTION!

- The amount on Form 1040, 1040-SR, or 1040-NR, line 11, is more than \$38,250 (\$57,375 if head of household; \$76,500 if married filing jointly).
- The person(s) who made the qualified contribution or elective deferral (a) was born after January 1, 2007; (b) is claimed as a dependent on someone else's 2024 tax return; or (c) was a **student** (see instructions).

- Traditional and Roth IRA contributions, and ABLE account contributions by the designated beneficiary for 2024. **Do not** include rollover contributions
- Elective deferrals to a 401(k) or other qualified employer plan, voluntary employee contributions, and 501(c)(18)(D) plan contributions for 2024 (see instructions)
- Add lines 1 and 2
- Certain distributions received **after** 2021 and **before** the due date (including extensions) of your 2024 tax return (see instructions). If married filing jointly, include **both** spouses' amounts in **both** columns. See instructions for an exception
- Subtract line 4 from line 3. If zero or less, enter -0-
- In each column, enter the **smaller** of line 5 or \$2,000
- Add the amounts on line 6. If zero, **stop**; you can't take this credit
- Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11*
- Enter the applicable decimal amount from the table below.

	(a) You	(b) Your spouse
1	1,200	
2		
3	1,200	
4		
5	1,200	
6	1,200	
7		1,200

8 13,926

If line 8 is -		And your filing status is -		
Over -	But not over -	Married filing jointly	Head of household	Single, Married filing separately, or Qualifying surviving spouse
Enter on line 9 -				
---	\$23,000	0.5	0.5	0.5
\$23,000	\$25,000	0.5	0.5	0.2
\$25,000	\$34,500	0.5	0.5	0.1
\$34,500	\$37,500	0.5	0.2	0.1
\$37,500	\$38,250	0.5	0.1	0.1
\$38,250	\$46,000	0.5	0.1	0.0
\$46,000	\$50,000	0.2	0.1	0.0
\$50,000	\$57,375	0.1	0.1	0.0
\$57,375	\$76,500	0.1	0.0	0.0
\$76,500	---	0.0	0.0	0.0

Note: If line 9 is zero, **stop**; you can't take this credit.

- Multiply line 7 by line 9
- Limitation based on tax liability. Enter the amount from the Credit Limit Worksheet in the instructions
- Credit for qualified retirement savings contributions.** Enter the **smaller** of line 10 or line 11 here and on Schedule 3 (Form 1040), line 4

7	1,200
8	13,926
9	x 0.50
10	600
11	
12	

* See Pub. 590-A for the amount to enter if you claim any exclusion or deduction for foreign earned income, foreign housing, or income from Puerto Rico or for bona fide residents of American Samoa.

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

Form **8880** (2024)

EEA

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

2024

Attachment
Sequence No. **70**

Taxpayer name(s) shown on return Jussiara Costa Pereira		Taxpayer identification number 216-95-8689
Preparer's name Cristina M Hass		Preparer tax identification number P01914573

Part I Due Diligence Requirements

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

	Yes	No	N/A
1 Did you complete the return based on information for the applicable tax year provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-SS, or Schedule 8812 (Form 1040) instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following. • Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status. • Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s) List those documents provided by the taxpayer, if any, that you relied on: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form 8867 (Rev. 11-2024)

EEA

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input type="checkbox"/>	<input type="checkbox"/>	
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the child has not lived with the taxpayer for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- B. Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- C. Submit Form 8867 in the manner required; **and**
- D. Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - 1. A copy of this Form 8867.
 - 2. The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - 3. Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - 4. A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

If you have not complied with all due diligence requirements, you may have to pay a penalty for each failure to comply related to a claim of an applicable credit or HOH filing status (see instructions for more information).

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

Premium Tax Credit (PTC)

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8962 for instructions and the latest information.

Attachment
Sequence No. **73**

Name shown on your return

Your social security number

Jussiara Costa Pereira

216-95-8689

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	13,926
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	13,926
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 <input type="checkbox"/> Alaska b <input type="checkbox"/> Hawaii c <input checked="" type="checkbox"/> Other 48 states and DC	4	14,580
5	Household income as a percentage of federal poverty line (see instructions)	5	95 %
6	Reserved for future use		
7	Applicable figure. Using your line 5 percentage, locate your "applicable figure" on the table in the instructions	7	
8a	Annual contribution amount. Multiply line 3 by line 7. Round to nearest whole dollar amount	8a	
		8b	
		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

- 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	9,442	9,430		9,430	9,430	7,758	
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							
13 February							
14 March							
15 April							
16 May							
17 June							
18 July							
19 August							
20 September							
21 October							
22 November							
23 December							
24 Total PTC. Enter the amount from line 11(e) or add lines 12(e) through 23(e) and enter the total here						24	9,430
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	7,758
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	1,672

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.

**Qualified Business Income Deduction
Simplified Computation**

2024

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

Your taxpayer identification number

Jussiara Costa Pereira

216-95-8689

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$191,950 (\$383,900 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	Schedule C: Delivery	216-95-8689	13,746
ii	Schedule C: DELICIOUS BY JUJU	84-4509823	1,380
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 15,126	
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 15,126	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 3,025
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6 0	
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 0
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 3,025
11	Taxable income before qualified business income deduction (see instructions)	11 (674)	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12 0	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 0	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 0
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 0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-		16 (0)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-		17 (0)

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

EEA

Amount from Form 1040, line 11..... **13,926**
 Amount from Form 1040, line 12..... **14,600**

 Line 11 above is the difference between these amounts..... **(674)**

**TAX RETURN COMPARISON
2022 / 2023 / 2024**

2024

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return Jussiara Costa Pereira	Identifying number 216-95-8689		
	2022	2023	2024
	Difference 2023-2024		
Filing Status	Single	Single	Single
Number of Dependents			
Income			
Wages, salaries, tips, etc.	2,709	1,031	(1,031)
Taxable interest and dividends			
Taxable state and local refunds			
Alimony			
Business income (loss)	22,329	23,268	(6,979)
Gains (losses)		1,400	(1,400)
Pensions and IRA distributions			
Rent and royalty income (loss)			
Part, S-corps, trusts income (loss)			
Farm income (loss)			
Unemployment compensation			
Total SS benefits received			
Taxable SS benefits			
Other income (loss)			
Total Income	25,038	25,699	(9,410)
Adjusted Gross Income			
Half of self-employment tax	1,578	1,644	(493)
IRA deduction		2,050	(850)
Other adjustments	778		12
Total Adjusted Gross Income	22,682	22,005	(8,079)
Deductions			
Medical deductions		1,302	(1,302)
State and local taxes		679	(273)
Interest			
Contributions		923	(195)
Other deductions			
Total itemized deductions		2,904	(1,770)
Standard deduction	12,950	13,850	750
Total deductions claimed	12,950	13,850	750
Qualified Business Income Deduction	1,946	1,631	(1,631)
Tax and Credits			
Taxable Income	7,786	6,524	(6,524)
Tax	778	653	(653)
Credits		400	(400)
Self-employment tax	3,155	3,288	(987)
Other taxes			
Total Tax	3,933	3,541	(1,240)
Payments			
Withholdings	14		
Estimated tax payments		1,710	(770)
Earned income credit			265
Other payments and credits	1,641	1,690	(18)
Estimated tax penalty			
Overpayment			576
Overpayment applied			
Refund			576
Balance Due	2,278	141	(141)
Marginal tax rate	10.00	10.00	10.00
Effective tax rate	9.99	10.01	(10.01)

Account Transaction Summary

2024

Name(s) as shown on return

Jussiara Costa Pereira

Tax ID Number

XXX-XX-8689

Account #1

Financial Institution Bank of America
Routing Transit Number 121000358
Account Number 325110653116
Account Type checking

Federal Main Form

Federal Deposit 576

State Main Form(s)

CA Deposit 155

Net Deposit 731

PLEASE VERIFY BANK INFORMATION

- 1. Bank Name
- 2. Bank Routing Transit Number
- 3. Bank Account Number
- 4. Bank Account Type

This information is used to deposit your refund or to pay any amount due. If you have provided incorrect information, or you have closed the account, you are responsible.

I have reviewed the above information and certify that this information is correct and authorize **Office Tax Services** to use this account.

Your Signature

Date

Spouse's Signature (If Married Filing Jointly)

Date

1099-NEC Detail Listing

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return			Tax ID Number		
Jussiara Costa Pereira			216-95-8689		
T/S	Payer Name	Nonemployee compensation	Federal	State	
			W/H	Income	W/H
T	Maplebear Inc	40,727			
T	Taxpayer Totals	40,727			

2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

216-95-8689 COST
JUSSIARA COSTA PEREIRA

24 PBA 722300

4080 HANCOCK STREET APT 4306
SAN DIEGO CA 92110

02-16-1965

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.

[Street address box] [Apt. no/ste. no. box]

City

State

ZIP code

[City box] [State box] [ZIP code box]

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 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 []

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: Your SSN or ITIN:

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions **10** X \$461 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 \$

12 State wages from your federal Form(s) W-2, box 16 **12**

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11

14 California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions

16 California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C

17 California adjusted gross income. Combine line 15 and line 16

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 . . .

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

• FTB 3800 • FTB 3803

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions

33 Subtract line 32 from line 31. If less than zero, enter -0-

34 Tax. See instructions. Check the box if from: • Schedule G-1 • FTB 5870A •

35 Add line 33 and line 34

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions

43 Enter credit name code • and amount . . .

44 Enter credit name code • and amount . . .

Your name: **JUSSIARA COSTA PE** Your SSN or ITIN: **216958689**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	•	45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	•	46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	⊙	47	<input type="text" value="0"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙	48	<input type="text" value="0"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	•	61	<input type="text"/>	.00
	62	Mental Health Services Tax. See instructions	•	62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	•	63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax	•	64	<input type="text" value="0"/>	.00

Payments	71	California income tax withheld. See instructions	•	71	<input type="text"/>	.00
	72	2024 California estimated tax and other payments. See instructions	•	72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	•	73	<input type="text"/>	.00
	74	Reserved for future use	•	74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC). See instructions	•	75	<input type="text" value="155"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	•	76	<input type="text"/>	.00
	77	Foster Youth Tax Credit (FYTC). See instructions	•	77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	⊙	78	<input type="text" value="155"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	•	91	<input type="text"/>	.00
	If line 91 is zero, check if: <input checked="" type="radio"/> <input checked="" type="checkbox"/> No use tax is owed. <input type="radio"/> <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.					

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage	•	92	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	•	92	<input type="text"/>	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙	93	<input type="text" value="155"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊙	94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	⊙	95	<input type="text" value="155"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92	⊙	96	<input type="text"/>	.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95	⊙	97	<input type="text" value="155"/>	.00

Your name: Your SSN or ITIN:

Overpaid Tax/Tax Due	98 Amount of line 97 you want applied to your 2025 estimated tax ●	98	<input type="text"/>	<input type="text" value=".00"/>
	99 Overpaid tax available this year. Subtract line 98 from line 97 ●	99	<input type="text" value="155"/>	<input type="text" value=".00"/>
	100 Tax due. If line 95 is less than line 64, subtract line 95 from line 64 ●	100	<input type="text"/>	<input type="text" value=".00"/>

		<u>Code</u>	<u>Amount</u>	
Contributions	California Seniors Special Fund. See instructions ●	400	<input type="text"/>	<input type="text" value=".00"/>
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund ●	401	<input type="text"/>	<input type="text" value=".00"/>
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program ●	403	<input type="text"/>	<input type="text" value=".00"/>
	California Breast Cancer Research Voluntary Tax Contribution Fund ●	405	<input type="text"/>	<input type="text" value=".00"/>
	California Firefighters' Memorial Voluntary Tax Contribution Fund ●	406	<input type="text"/>	<input type="text" value=".00"/>
	Emergency Food for Families Voluntary Tax Contribution Fund ●	407	<input type="text"/>	<input type="text" value=".00"/>
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund ●	408	<input type="text"/>	<input type="text" value=".00"/>
	California Sea Otter Voluntary Tax Contribution Fund ●	410	<input type="text"/>	<input type="text" value=".00"/>
	California Cancer Research Voluntary Tax Contribution Fund ●	413	<input type="text"/>	<input type="text" value=".00"/>
	School Supplies for Homeless Children Voluntary Tax Contribution Fund . . . ●	422	<input type="text"/>	<input type="text" value=".00"/>
	State Parks Protection Fund/Parks Pass Purchase ●	423	<input type="text"/>	<input type="text" value=".00"/>
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund ●	424	<input type="text"/>	<input type="text" value=".00"/>
	Keep Arts in Schools Voluntary Tax Contribution Fund ●	425	<input type="text"/>	<input type="text" value=".00"/>
	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund ●	431	<input type="text"/>	<input type="text" value=".00"/>
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund ●	438	<input type="text"/>	<input type="text" value=".00"/>
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund . . . ●	439	<input type="text"/>	<input type="text" value=".00"/>
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund ●	445	<input type="text"/>	<input type="text" value=".00"/>
	California ALS Research Network Voluntary Tax Contribution Fund ●	447	<input type="text"/>	<input type="text" value=".00"/>
110 Add amounts in code 400 through code 447. This is your total contribution . . . ●	110	<input type="text"/>	<input type="text" value=".00"/>	

Your name: Your SSN or ITIN:

Amount You Owe
111 **AMOUNT YOU OWE.** If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**
Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . • 111 .00
Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties
112 Interest, late return penalties, and late payment penalties 112 .00
113 Underpayment of estimated tax.
Check the box: • **FTB 5805 attached** • **FTB 5805F attached** 113 .00
114 Total amount due. See instructions. Enclose, but **do not** staple, any payment 114 .00

115 **REFUND OR NO AMOUNT DUE.** Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.
Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001** . . . • 115 .00

Refund and Direct Deposit
Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip.
See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.
All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Routing number • Type Checking Savings • Account number • 116 Direct deposit amount .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:
• Routing number • Type Checking Savings • Account number • 117 Direct deposit amount .00

Voter Info.
For voter registration information, check the box and go to sos.ca.gov/elections. See instructions . . .

Health Care Coverage Info.
Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions Yes No

Sign your tax return on Side 6

Your name: Your SSN or ITIN:



IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed. Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date Spouse's/RDP's signature (if a joint tax return, both must sign)

Your email address. Enter only one email address.

Preferred phone number

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Firm's name (or yours, if self-employed)

● PTIN

Firm's address

● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions ● Yes No

Print Third Party Designee's Name

Telephone Number

2024 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return: JUSSIARA COSTA PEREIRA; Your SSN or ITIN: 216-95-8689

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)?
b Has the Franchise Tax Board (FTB) previously disallowed your California EITC?
2 Federal AGI (federal Form 1040 or 1040-SR, line 11) 13,926
3 Federal EIC (federal Form 1040 or 1040-SR, line 27) 265

Part II Investment Income Information

4 Investment Income. See instructions for Step 2 - Investment Income

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

Child 1, Child 2, Child 3
5 First name
6 Last name
7 SSN or ITIN
8 Date of birth (mm/dd/yyyy)
9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)?
b Was the child permanently and totally disabled during any part of 2024?
10 Child's relationship to you.
11 Number of days child lived with you in California during 2024.



12 Child's physical address during 2024. See instructions.

Child 1

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3

a Street address (number, street, apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13	Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions	• 13	<input type="text"/>	<input type="text" value=".00"/>
14	IHSS payments. See instructions	• 14	<input type="text"/>	<input type="text" value=".00"/>
15	Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions.	• 15	<input type="text"/>	<input type="text" value=".00"/>
16	Subtract line 14 and line 15 from line 13	• 16	<input type="text" value="0"/>	<input type="text" value=".00"/>
17	Nontaxable combat pay. See instructions	• 17	<input type="text"/>	<input type="text" value=".00"/>
18	Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions	• 18	<input type="text" value="15,138"/>	<input type="text" value=".00"/>

a Business name JUSSIARA COSTA PEREIRA

Street address (number, street, apt. no./ste. no.)

b Business address 4080 HANCOCK STREET

City State ZIP code

c Business license number

d SEIN

e Business code 492000

19	California earned income. Add line 16, line 17, and line 18	• 19	<input type="text" value="15,138"/>	<input type="text" value=".00"/>
----	--	------	-------------------------------------	----------------------------------

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20	California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a	• 20	<input type="text" value="155"/>	<input type="text" value=".00"/>
----	---	------	----------------------------------	----------------------------------



Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85 ● 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24 23 .00
 - a **Total wages, salaries, tips, and other employee compensation.** See instructions ● 23a .00
 - b If your **total** net loss exceeds \$34,602 or your federal AGI exceeds \$31,950, check the box. See instructions ●
- 24 **Available Young Child Tax Credit** 24 .00
 - If the amount on line 23 is \$26,626 or less, skip line 25 through line 27 and enter \$1,154 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$26,626 from line 23 ● 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not** round 26
- 27 **Reduction amount.** Multiply line 26 by \$21.67. Enter the result as a decimal out to two decimal places, **do not** round ● 27
- 28 **Young Child Tax Credit.**
 - If you did not need to complete line 25 through line 27, your credit is the \$1,154 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
 This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b ● 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86 ● 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
 - a Primary Taxpayer: My name is the first name listed on this return ●
 - b Spouse/RDP: My name is listed as the spouse/RDP on this joint return ●
- 32 Qualifying foster youth information. See instructions.

	Primary Taxpayer	Spouse/RDP
a First name ●	<input type="text"/>	<input type="text"/>
b Last name ●	<input type="text"/>	<input type="text"/>



33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 **California earned income.** Enter the amount from form FTB 3514, line 19 34 .00

35 **Available Foster Youth Tax Credit** 35 .00

- If the amount on line 34 is \$26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
 - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35 and line 39.
 - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35 and line 39.
 If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than \$26,626, complete line 36 through line 38 and enter on line 35 the following amount.
 - > If either the taxpayer **or** spouse/RDP is claiming the FYTC, enter \$1,154 on line 35.
 - > If both taxpayer **and** spouse/RDP are claiming the FYTC, enter \$2,308 on line 35.
 If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$26,626 from line 34 36 .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, **do not** round 37

38 **Reduction amount** 38

- If either the taxpayer **or** spouse/RDP is claiming the FYTC, multiply line 37 by \$21.67. Enter the result as a decimal out to two decimal places, **do not** round.
- If both taxpayer **and** spouse/RDP are claiming the FYTC, multiply line 37 by \$43.34. Enter the result as a decimal out to two decimal places, **do not** round.

39 Foster Youth Tax Credit.

- If you did not need to complete line 36 through line 38, and either the taxpayer **or** spouse/RDP is claiming the FYTC, the credit is the \$1,154 from line 35.
- If you did not need to complete line 36 through line 38, and both taxpayer **and** spouse/RDP are claiming the FYTC, the credit is the \$2,308 from line 35.
- If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.

This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c 39 .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions . . . 40

41 **Part-year resident FYTC.** Multiply line line 39 by line 40. This amount should also be entered on Form 540NR, line 87 41 .00

2024

Paid Preparer's Due Diligence Checklist for California Earned Income Tax Credit

3596

Attach to taxpayer's original or amended California Form 540, 540 2EZ, or 540NR.

Table with 2 columns: Name(s) as shown on tax return (JUSSIARA COSTA PEREIRA) and SSN or ITIN (216-95-8689)

Part I Due Diligence Requirements

1 a Preparer's name 1a CRISTINA M HAS

b Preparer's PTIN 1b P01914573

c Preparer's license, registration, or enrollment type. Check one box

- CPA EA Attorney [X] CTEC Other (specify)

If CPA, Attorney, or Other, enter license, registration, or enrollment state 1c

d Preparer's license, registration, or enrollment number 1d A284052

2 Did you complete form FTB 3514, California Earned Income Tax Credit, based on current information provided by the taxpayer or reasonably obtained by you? 2 [X] Yes [] No

3 Did you complete the California Earned Income Tax Credit Worksheet found in the form FTB 3514 instructions, or your own worksheet that provides the same information as the form FTB 3514 worksheet? 3 [X] Yes [] No

4 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following: Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the California Earned Income Tax Credit (EITC) Review information to determine that the taxpayer is eligible to claim the credit and for what amount 4 [X] Yes [] No

5 Did any information provided by the taxpayer, a third party, or reasonably known to you, in connection with preparing form FTB 3514, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 5a and 5b. If "No," go to question 6.) 5 [] Yes [X] No

a Did you make reasonable inquiries to determine the correct, complete, and consistent information? 5a [] Yes [] No

b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of form FTB 3514.) 5b [] Yes [] No

6 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in question 5b, a copy of this form, a copy of applicable worksheets, a record of how, when, and from whom the information used to prepare form FTB 3514 and worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for or to figure the amount for the credit 6 [X] Yes [] No List those documents provided by the taxpayer, if any, that you relied on.

Blank lines for listing documents provided by the taxpayer.

7 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for and the amount of the EITC claimed on the return if his/her return is selected for audit? 7 [X] Yes [] No

8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct federal Form 1040, Form 1040-SR, Schedule C, Schedule F, or Schedule SE? 8 [X] Yes [] No [] N/A



Part II Due Diligence Questions

- 9 a Have you determined that the taxpayer is eligible to claim the EITC for the number of qualifying children claimed, or is eligible to claim the EITC without a qualifying child? (If the taxpayer is claiming the EITC and does not have a qualifying child, skip questions 9b and 9c and go to Part III.) 9a Yes No
- b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year? 9b Yes No
- c Did you explain to the taxpayer the rules about claiming the EITC when a child is the qualifying child of more than one person (tiebreaker rules)? 9c Yes No
 N/A

Part III Credit Eligibility Certification

You have complied with all the due diligence requirements if you:

- A. Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit and in what amount;
- B. Complete form FTB 3596 truthfully and accurately and complete the actions described in this checklist;
- C. Submit form FTB 3596 in the manner required; and
- D. Keep all five of the following records for 4 years from the latest of the dates specified in the instructions under Document Retention:
 1. A copy of form FTB 3596,
 2. The EITC worksheet(s) or your own worksheet(s),
 3. Copies of any taxpayer documents you relied on to determine eligibility for and to figure the amount of EITC,
 4. A record of how, when, and from whom the information used to prepare the form and worksheet(s) was obtained, and
 5. A record of any additional information you relied upon, including questions you asked and the taxpayer's answers.

If you have not complied with all the due diligence requirements for the EITC claimed, you may have to pay a \$500 penalty for each failure to comply.

- 10 Do you certify that all of the answers on form FTB 3596 are, to the best of your knowledge, true, correct, and complete? 10 Yes No

CA-COMP	Three-year State Tax Return Comparison			2024
Name(s) as shown on return Jussiara Costa Pereira			Taxpayer ID Number 216-95-8689	
[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	S	S	S	
Gross Income	22,682	22,005	13,926	(8,079)
Additions				
Subtractions				
Exemptions	140	144	149	5
Standard Deduction	5,202	5,363	5,540	177
Itemized Deduction				
Deductions	5,202	5,363		(5,363)
Taxable Income	17,480	16,642	8,386	(8,256)
Actual State Income				
State Income Tax	109	84		(84)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld				
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund			155	155
Balance Due	49	8		(8)
Marginal tax rate	2.000000	2.000000	1.000000	(1.000000)
Effective tax rate	0.620000	0.500000		(0.500000)



Hi Jussiara,

As tax season approaches, we wanted to make filing easier for you by providing your total tips earned in 2025.

Your 2025 Tips Total: \$10992.77

This amount represents all tips you received from customers throughout 2025. You can also view your weekly tip breakdowns anytime in the Earnings tab of your Shopper app.

Why are we sharing this? With the new "No Tax on Tips" legislation that went into effect in 2025, many shoppers may be eligible for a tax deduction on their tip income. We wanted to make it easy for you to access this number as you prepare your taxes.

What should you do next? We recommend consulting with a tax

← Reply

→ Forward



Earnings



Weekly earnings

Current week	\$154.86	>
Mar 16–22, 2026	\$615.23	>
Mar 9–15, 2026	\$823.31	>
Mar 2–8, 2026	\$924.36	>
Feb 23–Mar 1, 2026	\$886.12	>
Feb 16–22, 2026	\$538.35	>
Feb 9–15, 2026	\$931.05	>
Feb 2–8, 2026	\$776.90	>
Jan 26–Feb 1, 2026	\$851.15	>
Jan 19–25, 2026	\$793.55	>
Jan 12–18, 2026	\$884.87	>
Jan 5–11, 2026	\$1,735.29	>
Dec 29, 2025–Jan 4	\$775.55	>





2025 Uber 1099-K

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Uber Technologies, Inc. 1725 3rd Street San Francisco, CA 94158		FILER'S federal identification no. 452647441	OMB No. 1545-2205 2025 Form 1099-K	Payment Card and Third Party Network Transactions
		PAYEE'S taxpayer identification no. XXXXXX89	1a Gross amount of payment card/third party network transactions \$799.45	
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input checked="" type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input checked="" type="checkbox"/>	1b Card not present transactions 3 Number of payment transactions 66	2 Merchant category code 4 Federal income tax withheld \$0.00	Copy B For Payee This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
PAYEE'S name JUSSIARA COSTA PEREIRA		5a January \$0.00	5b February \$0.00	
Street address (including apt. no.) 4080 Hancock St		5c March \$0.00	5d April \$0.00	
City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 92110		5e May \$363.29	5f June \$246.19	
PSE'S name and telephone number		5g July \$32.52	5h August \$35.77	
Account number (see instructions) 5364AFEBD3AB5A56B54E		5i September \$0.00	5j October \$29.09	
		5k November \$92.59	5l December \$0.00	
		6 State CA	7 State identification no.	8 State income withheld

Form 1099-K

(keep for your records)

www.irs.gov/form1099K

Department of the Treasury - Internal Revenue Service

Maplebear, Inc.
 DBA Instacart
 50 Beale Street
 Suite 600
 San Francisco, CA 94105

01/28/2026
 If you have any questions please contact:
 1099@instacart.com

000635 000635 TEP00700588 663345
 Jussira Pereira
 4080 Hancock Street
 Apt. 4306
 San Diego, CA 92110

Instructions for Recipient

You received this form instead of Form W-2 because the payer did not consider you an employee and did not withhold income tax or social security and Medicare tax.
 If you believe you are an employee and cannot get the payer to correct this form, report the amount shown in box 1 on the line for "Wages, salaries, tips, etc." of Form 1040, 1040-SR, or 1040-NR. You must also complete Form 8919 and attach it to your return. For more information, see Pub. 1779, Independent Contractor or Employee.
 If you are not an employee but the amount in box 1 is not self-employment (SE) income (for example, it is income from a sporadic activity or a hobby), report the amount shown in box 1 on the "Other income" line (on Schedule 1 (Form 1040)).
Recipient's taxpayer identification number (TIN). For your protection, this form may show only the last four digits of your TIN (social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN)). However, the issuer has reported your complete TIN to the IRS.
Account number. May show an account or other unique number the payer assigned to distinguish your account.
Box 1. Shows nonemployee compensation. If the amount in this box is SE income, report it on Schedule C or F (Form 1040) if a sole proprietor, or on Form 1065 and Schedule K-1 (Form 1065) if a partnership, and the recipient/partner completes Schedule SE (Form 1040).

Note: If you are receiving payments on which no income, social security, and Medicare taxes are withheld, you should make estimated tax payments. See Form 1040-ES (or Form 1040-ES (NR)). Individuals must report these amounts as explained in these box 1 instructions. Corporations, fiduciaries, and partnerships must report these amounts on the appropriate line of their tax returns.
Box 2. If checked, consumer products totaling \$5,000 or more were sold to you for resale, on a buy-sell, a deposit-commission, or other basis. Generally, report any income from your sale of these products on Schedule C (Form 1040).
Box 3. Shows your total compensation of excess golden parachute payments subject to a 20% excise tax. See your tax return instructions for where to report.
Box 4. Shows backup withholding. A payer must backup withhold on certain payments if you did not give your TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, for information on backup withholding. Include this amount on your income tax return as tax withheld.
Boxes 5-7. State income tax withheld reporting boxes.
Future developments. For the latest information about developments related to Form 1099-NEC and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form1099NEC
Free File Program. Go to www.irs.gov/FreeFile to see if you qualify for no-cost online federal tax preparation, e-filing, and direct deposit or payment options.

CORRECTED (if checked)

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Maplebear, Inc. DBA Instacart 50 Beale Street Suite 600 San Francisco, CA 94105		OMB No. 1545-0116 2025 Form 1099-NEC	Nonemployee Compensation Copy B For Recipient This is important tax information and is being furnished to the IRS. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.
PAYER'S TIN 46-0723335	RECIPIENT'S TIN XXX-XX-8689	1 Nonemployee compensation \$ 36,002.70	
RECIPIENT'S name, street address (including apt. no.), city or town, state or province, country, and ZIP or foreign postal code Jussira Pereira 4080 Hancock Street Apt. 4306 San Diego, CA 92110		2 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/> 3 Excess golden parachute payments \$ 4 Federal income tax withheld \$	
Account number (see instructions) 15125341 Tracking #: 2251355T4		5 State tax withheld \$ 6 State/Payer's state no. CA / 7 State income \$	

Form 1099-NEC (Rev. 4-2025) (keep for your records)

www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service




5H8164 3.000




P.O. Box 15284
Wilmington, DE 19850

JUSSIARA COSTA PEREIRA
5550 BALBOA ARMS DR APT 94
SAN DIEGO, CA 92117-5054

Customer service information

-  Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
-  bankofamerica.com
-  Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

 Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for February 4, 2026 to March 6, 2026

Account number: 3251 1065 3116

JUSSIARA COSTA PEREIRA

Account summary

Beginning balance on February 4, 2026	\$1,936.17
Deposits and other additions	7,546.52
Withdrawals and other subtractions	-6,449.38
Checks	-1,284.37
Service fees	-0.00
Ending balance on March 6, 2026	\$1,748.94

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SSM-12-24-0010.B | 7519858

Deposits and other additions

Date	Description	Amount
02/04/26	Zelle payment from FRANCO NOGUEIRA for "Monarch"; Conf# RKiRmmj83	49.99
02/05/26	Maplebear, Inc 02/05 #000182525 PMNT RCVD Maplebear, Inc. San Francisco CA	469.16
02/06/26	Maplebear, Inc 02/06 #000652535 PMNT RCVD Maplebear, Inc. San Francisco CA	143.75
02/09/26	VENMO DES:CASHOUT ID:1048120607248 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	500.00
02/09/26	Transfer VENMO	294.75
02/09/26	Zelle payment from LUIZ MUNIZ for "Bolo de 7 + 50 brigaderios"; Conf# f5brd7kiz	150.00
02/09/26	Zelle payment from ANITA DA SILVA VENTORIN Conf# z2tttlOp0	12.00
02/10/26	Zelle payment from JUSSIARA PEREIRA Conf# TOZSGXLFL	1,700.00
02/10/26	DoorDash, Inc. DES:DoorDash, ID:ST-T4L6O2X0M9C3 INDN:JUSSIARA PEREIRA CO ID:4270465600 CCD	206.68
02/10/26	RAISER 6795 DES:EDI PAYMNT ID:XCIX8ZV7M3UGLEZ INDN:Jussiar Pereira CO ID:3800896455 CCD PMT INFO:REF*TN*XCIX8ZV7M3\	120.98
02/10/26	DoorDash, Inc. DES:DoorDash, ID:ST-E6G2C2Y3D6D5 INDN:JUSSIARA PEREIRA CO ID:1800948598 CCD	85.70
02/17/26	INSTACART*Juss 02/14 #000279381 PMNT RCVD INSTACART*Jussiar San Francisco CA	925.38
02/17/26	DoorDash, Inc. DES:DoorDash, ID:ST-BOX4V7H6M3V6 INDN:JUSSIARA PEREIRA CO ID:1800948598 CCD	216.67
02/17/26	Maplebear, Inc 02/15 #000439996 PMNT RCVD Maplebear, Inc. San Francisco CA	81.83
02/17/26	DoorDash, Inc. DES:DoorDash, ID:ST-A0A8G1D6Q7J7 INDN:JUSSIARA PEREIRA CO ID:1800948598 CCD	55.81
02/17/26	Maplebear, Inc 02/15 #000142600 PMNT RCVD Maplebear, Inc. San Francisco CA	9.53
02/17/26	Zelle payment from LUDIMILA TEIXEIRA BEZERRA Conf# hycmoa1ed	7.00
02/19/26	Maplebear, Inc 02/19 #000934995 PMNT RCVD Maplebear, Inc. San Francisco CA	477.01
02/19/26	Zelle payment from SOUZA BUSINESS LLC Conf# 99c6adh93	7.00
02/23/26	Maplebear, Inc 02/21 #000758287 PMNT RCVD Maplebear, Inc. San Francisco CA	137.48
02/23/26	Zelle payment from MARIANNA RODRIGUES Conf# 021O8PVOY	75.00

continued on the next page

Say goodbye to paper checks:

Treasury moves to digital payments

The U.S. government has stopped issuing paper checks for most federal payments. So if you are still receiving federal check payments, it is time to enroll in direct deposit to avoid delays.

Scan the code to download the direct deposit form or visit bankofamerica.com/directdeposit

When you use the QRC feature, certain information is collected from your mobile device for business purposes.



SSM-11-25-0306.B | 8621825

Deposits and other additions - continued

Date	Description	Amount
02/23/26	Maplebear, Inc 02/23 #000376791 PMNT RCVD Maplebear, Inc. San Francisco CA	73.78
02/24/26	DoorDash, Inc. DES:DoorDash, ID:ST-U9S5E4P0F8V9 INDN:JUSSIARA PEREIRA CO ID:1800948598 CCD	183.97
02/24/26	DOORDASH, INC. DES:DOORDASH, ID:ST-P1G3Q2T4D7P9 INDN:JUSSIARA PEREIRA CO ID:XXXXXXXXX CCD	41.75
02/26/26	Maplebear, Inc 02/26 #000671586 PMNT RCVD Maplebear, Inc. San Francisco CA	433.82
02/26/26	Transfer Xoom, a PayPal Service ; "ACCTVERIFY"	0.01
03/02/26	Maplebear, Inc 03/01 #000670431 PMNT RCVD Maplebear, Inc. San Francisco CA	266.84
03/02/26	Zelle payment from MARCIO DOS REIS for "medical"; Conf# zo46pvxjt	237.00
03/03/26	RAISER 6795 DES:EDI PAYMNT ID:93UF8TXVDHIIT5T INDN:Jussira Pereira CO ID:3800896455 CCD PMT INFO:REF*TN*93UF8TXVDH\	5.00
03/05/26	Maplebear, Inc 03/05 #000484831 PMNT RCVD Maplebear, Inc. San Francisco CA	578.63
Total deposits and other additions		\$7,546.52

Withdrawals and other subtractions

Date	Description	Amount
02/06/26	Zelle payment to Delicuis by Juju for "Personal"; Conf# jm0kbykgg	-500.00
02/06/26	Zelle payment to Jussira e Marcio for "Cox"; Conf# nwsams1ak	-52.00
02/06/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussira Carneiro CO ID:5326394001 WEB	-10.00
02/09/26	Zelle payment to Jussira e Marcio Conf# p7ycojrs1	-10.00
02/09/26	Zelle payment to Jussira e Marcio for "Rent if february"; Conf# klk9b0w6n	-1,990.00
02/09/26	BKOFAMERICA ATM 02/09 #000003069 WITHDRWL MIDWAY AND KEMPER SAN DIEGO CA	-300.00
02/09/26	LIFE INS OF SW DES:XXXXXXXXX ID:78771836 INDN:Jussira Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
02/09/26	COMENITY PAY II DES:PHONE PYMT ID:P26037020712161 INDN:JUSSIARA PEREIRA CO ID:1651180275 TEL	-67.67
02/09/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussira Carneiro CO ID:5326394001 WEB	-20.00
02/10/26	Zelle payment to Anita Conf# pnnbeo9yw	-234.00
02/11/26	CHASE CREDIT CRD DES:EPAY ID:9104396689 INDN:JUSSIARA C PEREIRA CO ID:5760039224 WEB	-800.00
02/11/26	CAPITAL ONE DES:MOBILE PMT ID:CA04506DBA122EA INDN:Jussira P Carneiro CO ID:9279744380 WEB	-155.86
02/11/26	SD GAS & ELEC DES:PAID SDGE1 ID:210001114448 INDN:JUSSIARA,PEREIRA CO ID:4951184800 PPD	-87.25
02/13/26	Zelle payment to Daise -manicure da Bahia Conf# plguulzas	-10.00
02/13/26	AMERICAN EXPRESS DES:ACH PMT ID:M2600 INDN:JUSSIARA PEREIRA CO ID:1133133497 CCD	-50.00
02/17/26	Zelle payment to Anita Conf# nhv1bvsqi	-12.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
02/17/26	Zelle Recurring payment to Franco Nogueira Conf# pmd64flww	-58.00
02/17/26	Zelle payment to Anita Conf# m25ckqd4z	-220.00
02/17/26	Online Scheduled payment to CRD 8129 Confirmation# 2061370499	-300.00
02/17/26	CHASE CREDIT CRD DES:EPAY ID:9119549993 INDN:JUSSIARA C PEREIRA CO ID:5760039224 WEB	-100.00
02/17/26	VENMO DES:PAYMENT ID:1048317672010 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-30.00
02/18/26	Zelle payment to Franco Nogueira Conf# l8iqtb6sa	-19.00
02/18/26	CAPITAL ONE DES:MOBILE PMT ID:CA02186766F0FD4 INDN:Jussiera P Carneiro CO ID:9279744380 WEB	-300.00
02/23/26	Online Scheduled payment to CRD 6270 Confirmation# 2063659095	-300.00
02/23/26	CITI CARD ONLINE DES:PAYMENT ID:421939612012916 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-47.59
02/23/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiera Carneiro CO ID:5326394001 WEB	-20.00
02/24/26	Zelle payment to Anita Conf# dr07js45j	-180.60
02/24/26	SD GAS & ELEC DES:PAID SDGE1 ID:210001114448 INDN:JUSSIARA,PEREIRA CO ID:4951184800 PPD	-85.84
02/26/26	XOOM DES:DEBIT O ID:000000175156244 INDN:CARNEIRO JUSSIARA PERE CO ID:1943401054 WEB	-224.99
02/27/26	Online Banking transfer to BRK 2X62 Confirmation# 2521219759	-100.00
03/02/26	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# nybxf057h	-2.99
03/02/26	Zelle payment to Lucas Barum Igreja Conf# Ituhdvw6	-13.00
03/02/26	VENMO DES:PAYMENT ID:1048632223838 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-35.00
03/03/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiera Carneiro CO ID:5326394001 WEB	-9.25
03/06/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiera Carneiro CO ID:5326394001 WEB	-10.00

Total withdrawals and other subtractions **-\$6,449.38**

Checks

Date	Check #	Amount
02/23/26	123	-1,284.37




Total checks **-\$1,284.37**
Total # of checks **1**



P.O. Box 15284
Wilmington, DE 19850

JUSSIARA COSTA PEREIRA
4080 HANCOCK ST APT 4306
SAN DIEGO, CA 92110-6203

Customer service information

-  Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
-  bankofamerica.com
-  Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your Adv Plus Banking

for January 7, 2026 to February 3, 2026

JUSSIARA COSTA PEREIRA

Account number: 3251 1065 3116

Account summary

Beginning balance on January 7, 2026	\$1,302.92
Deposits and other additions	5,271.94
Withdrawals and other subtractions	-4,638.69
Checks	-0.00
Service fees	-0.00
Ending balance on February 3, 2026	\$1,936.17

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SSM-08-25-0441.B | 8548559

Deposits and other additions

Date	Description	Amount
01/07/26	Maplebear, Inc 01/07 #000035856 PMNT RCVD Maplebear, Inc. San Francisco CA	1,032.20
01/08/26	Maplebear, Inc 01/09 #000633852 PMNT RCVD Maplebear, Inc. San Francisco CA	403.62
01/12/26	Zelle payment from RENATA CARDOSO-BUEHLER Conf# t0mg7t7nc	30.00
01/14/26	Zelle payment from FRANCO NOGUEIRA for "sprouts"; Conf# icHnZvh1n	20.00
01/14/26	Zelle payment from THAIS DE SOUZA SALES Conf# srozz398u	7.00
01/15/26	Instacart payo 01/15 #000883223 PMNT RCVD Instacart payout San Francisco CA	529.33
01/20/26	Maplebear, Inc 01/17 #000145210 PMNT RCVD Maplebear, Inc. San Francisco CA	305.42
01/22/26	Maplebear, Inc 01/22 #000006509 PMNT RCVD Maplebear, Inc. San Francisco CA	611.41
01/23/26	Transfer Robinhood Securities	255.45
01/23/26	Maplebear, Inc 01/23 #000595823 PMNT RCVD Maplebear, Inc. San Francisco CA	107.80
01/23/26	Zelle payment from VAL'S COFFEE CORNER LLC for "bem casados"; Conf# k1BjrAjSo	90.00
01/23/26	Zelle payment from DELICIOUS BY JUJU Conf# TOZQLR4VS	50.00
01/26/26	Zelle payment from DELICIOUS BY JUJU Conf# TOZQSQZY7	285.79
01/26/26	Maplebear, Inc 01/26 #000462703 PMNT RCVD Maplebear, Inc. San Francisco CA	96.01
01/26/26	VENMO DES:CASHOUT ID:1047831384488 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	4.00
01/27/26	Zelle payment from GABRIEL MELO DE BRITO VIEIRA Conf# chcpd9ynd	210.00
01/29/26	Maplebear, Inc 01/29 #000678652 PMNT RCVD Maplebear, Inc. San Francisco CA	541.55
01/29/26	Zelle payment from MARIANNA RODRIGUES for "Bolo de aniversario Diana"; Conf# 02119HOJ4	75.00
01/29/26	Maplebear, Inc 01/29 #000828497 PMNT RCVD Maplebear, Inc. San Francisco CA	64.13
01/30/26	Transfer VENMO	235.80
01/30/26	Zelle payment from LUDIMILA TEIXEIRA BEZERRA Conf# cu4fhh29d	7.00
02/02/26	Maplebear, Inc 02/02 #000883280 PMNT RCVD Maplebear, Inc. San Francisco CA	257.27

continued on the next page

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SSM-09-25-0006B | 8296251

Deposits and other additions - continued

Date	Description	Amount
02/03/26	DoorDash, Inc. DES:DoorDash, ID:ST-11G4N5U3W2Z3 INDN:JUSSIARA PEREIRA CO ID:1800948598 CCD	47.75
02/03/26	DoorDash, Inc. DES:DoorDash, ID:ST-P3Q2O1A9W7Q9 INDN:JUSSIARA PEREIRA CO ID:4270465600 CCD	5.41
Total deposits and other additions		\$5,271.94

Withdrawals and other subtractions

Date	Description	Amount
01/07/26	LIFE INS OF SW DES:XXXXXXXXX ID:77688697 INDN:Jussara Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
01/07/26	COMENITY PAY II DES:WEB PYMT ID:P26006010471013 INDN:JUSSIARA PEREIRA CO ID:1651180275 WEB	-60.00
01/12/26	CHASE CREDIT CRD DES:EPAY ID:9031408207 INDN:JUSSIAR PEREIRA CARNEI CO ID:5760039224 WEB	-800.00
01/12/26	AMERICAN EXPRESS DES:ACH PMT ID:M0670 INDN:JUSSIARA PEREIRA CO ID:1133133497 CCD	-400.00
01/12/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussara Carneiro CO ID:5326394001 WEB	-20.00
01/13/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussara Carneiro CO ID:5326394001 WEB	-9.25
01/14/26	Online Scheduled payment to CRD 8129 Confirmation# 2048913473	-500.00
01/15/26	Zelle Recurring payment to Franco Nogueira Conf# merg4g2h7	-58.00
01/15/26	CHASE CREDIT CRD DES:EPAY ID:8989813025 INDN:555818941254737 CO ID:5760039224 TEL	-500.00
01/21/26	CITI CARD ONLINE DES:PAYMENT ID:431910084966992 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-800.00
01/22/26	Online Banking payment to CRD 6270 Confirmation# 4609254307	-500.00
01/22/26	Zelle payment to Lenize Conf# q5gt3y6kw	-25.00
01/23/26	TOYOTA ACH RTL DES:01222026 ID:S91RIP76NU66EEA INDN:JUSSIARAPERREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXXX-26269	-436.85
01/26/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussara Carneiro CO ID:5326394001 WEB	-20.00
01/29/26	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# jdw3vytyy	-2.99
01/29/26	Zelle payment to Delicious by Juju Conf# j3a4qu2fl	-40.00
01/30/26	Zelle payment to Delicious by Juju Conf# kam6qgc2e	-200.00
02/02/26	Zelle payment to Daise -manicure da Bahia Conf# nkwx6pdif	-30.00
02/02/26	Zelle payment to Delicious by Juju Conf# qnjpid2qx	-60.00
02/03/26	Zelle payment to Anita Conf# p60w2p5mm	-53.16

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Withdrawals and other subtractions - continued

Date	Description	Amount
02/03/26	CA0041 Orchard DES:RENT ID:XXXXXXXXX INDN:Jussiara Pereira CO ID:1861072180 WEB	-19.85
02/03/26	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-9.25

Total withdrawals and other subtractions **-\$4,638.69**




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Your Adv Plus Banking

for December 6, 2025 to January 6, 2026

Account number: 3251 1065 3116

JUSSIARA COSTA PEREIRA

Account summary

Beginning balance on December 6, 2025	\$867.33
Deposits and other additions	5,333.63
Withdrawals and other subtractions	-4,823.04
Checks	-75.00
Service fees	-0.00
Ending balance on January 6, 2026	\$1,302.92

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SSM-05-25-0373.C | 7972973

Deposits and other additions

Date	Description	Amount
12/08/25	Transfer Robinhood Securities	94.12
12/10/25	Maplebear, Inc 12/10 #000250348 PMNT RCVD Maplebear, Inc. San Francisco CA	286.80
12/11/25	BOA CS DES:DIRECT DEP ID:524335632018129 INDN:PEREIRA JUSSIAR CO ID:0245907484 PPD	2,000.00
12/11/25	Maplebear, Inc 12/11 #000615608 PMNT RCVD Maplebear, Inc. San Francisco CA	103.97
12/11/25	BKOFAMERICA ATM 12/11 #000007663 DEPOSIT PACIFIC BEACH SAN DIEGO CA	60.00
12/11/25	Bank of America DES:CASHREWARD ID:PEREIRA INDN:0000000627392615000000 CO ID:2002290310 PPD	17.26
12/15/25	Maplebear, Inc 12/15 #000937234 PMNT RCVD Maplebear, Inc. San Francisco CA	224.69
12/18/25	Maplebear, Inc 12/18 #000298106 PMNT RCVD Maplebear, Inc. San Francisco CA	642.64
12/18/25	Zelle payment from QUEDILA TEIXEIRA for "Cheesecak"; Conf# pm5gq45zw	20.00
12/19/25	Maplebear, Inc 12/20 #000945785 PMNT RCVD Maplebear, Inc. San Francisco CA	251.43
12/19/25	Zelle payment from LUDIMILA TEIXEIRA BEZERRA Conf# b040r3sbr	7.00
12/22/25	Maplebear, Inc 12/21 #000640798 PMNT RCVD Maplebear, Inc. San Francisco CA	78.29
12/22/25	Zelle payment from SARAH MATTHEWS for "Cake"; Conf# OJSAV4J5D	40.00
12/24/25	Maplebear, Inc 12/24 #000979955 PMNT RCVD Maplebear, Inc. San Francisco CA	336.95
12/24/25	Zelle payment from IEDA DOS SANTOS DE LARA Conf# bhdt0ol5o	45.00
12/26/25	Maplebear, Inc 12/26 #000384465 PMNT RCVD Maplebear, Inc. San Francisco CA	233.14
12/29/25	Maplebear, Inc 12/29 #000229604 PMNT RCVD Maplebear, Inc. San Francisco CA	333.09
12/31/25	Maplebear, Inc 12/31 #000400036 PMNT RCVD Maplebear, Inc. San Francisco CA	306.27
01/02/26	Maplebear, Inc 01/01 #000729397 PMNT RCVD Maplebear, Inc. San Francisco CA	245.98
01/02/26	Zelle payment from LUDIMILA TEIXEIRA BEZERRA Conf# deub6nm1k	7.00

Total deposits and other additions **\$5,333.63**

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SSM-09-25-0006B | 8296251

Withdrawals and other subtractions

Date	Description	Amount
12/08/25	LIFE INS OF SW DES:XXXXXXXXX ID:76612943 INDN:Jussiera Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
12/09/25	COMENITY PAY II DES:PHONE PYMT ID:P25341001015970 INDN:JUSSIARA PEREIRA CO ID:1651180275 TEL	-60.00
12/09/25	CA0041 Orchard DES:RENT ID:XXXXXXXXX INDN:Jussiera Pereira CO ID:1861072180 WEB	-19.85
12/10/25	SD GAS & ELEC DES:PAID SDGE1 ID:210001114448 INDN:JUSSIARA,CARNEIRO CO ID:4951184800 PPD	-86.99
12/11/25	CHASE CREDIT CRD DES:EPAY ID:8942759906 INDN:JUSSIAR PEREIRA CARNEI CO ID:5760039224 WEB	-600.00
12/11/25	CAPITAL ONE DES:MOBILE PMT ID:CA0197FF633DD80 INDN:Jussiera P Carneiro CO ID:9279744380 WEB	-300.00
12/12/25	COX COMM SAN DES:PURCHASE ID:OyVZ3fZs2reDxMK INDN:Jussiera Costa Pereira CO ID:1581620078 PPD	-51.17
12/15/25	Zelle Recurring payment to Franco Nogueira Conf# maqv8jyxm	-58.00
12/15/25	CHASE CREDIT CRD DES:EPAY ID:8942776891 INDN:555818941254737 CO ID:5760039224 TEL	-600.00
12/15/25	Online Scheduled payment to CRD 8129 Confirmation# 2037597014	-500.00
12/15/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiera Carneiro CO ID:5326394001 WEB	-20.00
12/18/25	CAPITAL ONE DES:MOBILE PMT ID:CA01515B8743DD3 INDN:Jussiera P Carneiro CO ID:9279744380 WEB	-300.00
12/22/25	Zelle Scheduled payment to Delicious by Juju Conf# jsr450hcd	-86.00
12/22/25	Zelle payment to Daise -manicure da Bahia Conf# p8wvrdlvj	-30.00
12/22/25	CITI CARD ONLINE DES:PAYMENT ID:421884158102818 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-500.00
12/22/25	Online Scheduled payment to CRD 6270 Confirmation# 2040797876	-300.00
12/22/25	VENMO DES:PAYMENT ID:1047090364735 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-20.00
12/23/25	Zelle payment to Quedila Mendes Conf# lq7nbible	-20.00
12/23/25	TOYOTA ACH RTL DES:12222025 ID:22R8VTSTMAA3U35 INDN:JUSSIARAPEREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXXX-26269	-436.85
12/23/25	TOYOTA ACH RTL DES:12222025 ID:RD8EPCWNR0DBU5 INDN:JUSSIARAPEREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXXX-26269	-436.85
12/26/25	Zelle Scheduled payment to Delicious by Juju Conf# j2nyxikl6	-200.00
12/26/25	Zelle payment to Delicious by Juju Conf# k1kiwcy08	-50.00
12/29/25	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# j1lyfnlb7	-2.99
12/29/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiera Carneiro CO ID:5326394001 WEB	-20.00
01/05/26	VENMO DES:PAYMENT ID:1047395246782 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-30.00

Total withdrawals and other subtractions

-\$4,823.04

Checks

Date	Check #	Amount
01/06/26	122	-75.00
Total checks		-\$75.00
Total # of checks		1

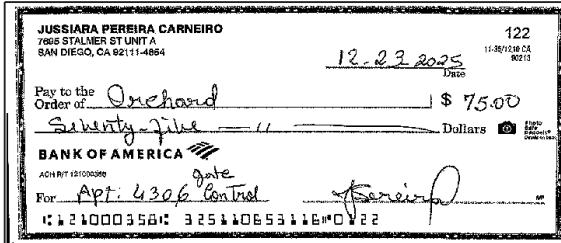
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JUSSIARA COSTA PEREIRA | Account # 3251 1065 3116 | December 6, 2025 to January 6, 2026

Check images

Account number: 3251 1065 3116
Check number: 122 | Amount: \$75.00








P.O. Box 15284
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Your Adv Plus Banking


for November 4, 2025 to December 5, 2025

Account number: 3251 1065 3116

JUSSIARA COSTA PEREIRA

Account summary

Beginning balance on November 4, 2025	\$2,234.14
Deposits and other additions	3,759.72
Withdrawals and other subtractions	-5,126.53
Checks	-0.00
Service fees	-0.00
Ending balance on December 5, 2025	\$867.33




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SSM-01-25-2480.B | 7528643

Deposits and other additions

Date	Description	Amount
11/04/25	RAISER 6795 DES:EDI PAYMNT ID:AHRTNDCDH773NVE INDN:Jussiara Pereira CO ID:3800896455 CCD PMT INFO:REF*TN*AHRTNDCDH7\	12.24
11/05/25	Uber 11/05 #000268187 PMNT RCVD Uber San Francisco CA	65.64
11/05/25	Zelle payment from ANITA DA SILVA VENTORIN Conf# ygpfq5da6	5.00
11/06/25	Maplebear, Inc 11/06 #000453115 PMNT RCVD Maplebear, Inc. San Francisco CA	441.95
11/07/25	Wise Inc DES:ialli ID:ialli INDN:Jussiara Pereira Carne CO ID:XXXXXXXXX PPD PMT INFO:From Joao Antonio Pereira Neto Via WISE	496.64
11/10/25	Maplebear, Inc 11/10 #000924779 PMNT RCVD Maplebear, Inc. San Francisco CA	244.42
11/12/25	Zelle payment from IEDA DOS SANTOS DE LARA Conf# r9yg2xuvr	30.00
11/13/25	Wise Inc DES:WISE ID: INDN:Jussiara Pereira Carne CO ID:XXXXXXXXX PPD PMT INFO:From Joao Antonio Pereira Neto Via WISE	704.79
11/13/25	Maplebear, Inc 11/13 #000270636 PMNT RCVD Maplebear, Inc. San Francisco CA	526.80
11/17/25	Maplebear, Inc 11/16 #000606040 PMNT RCVD Maplebear, Inc. San Francisco CA	210.42
11/17/25	Zelle payment from LUDIMILA TEIXEIRA BEZERRA Conf# ddfprky2i	7.00
11/18/25	RAISER 6795 DES:EDI PAYMNT ID:9MB2Q4NLQFF2E23 INDN:Jussiara Pereira CO ID:3800896455 CCD PMT INFO:REF*TN*9MB2Q4NLQF\	13.82
11/19/25	Zelle payment from THAIS DE SOUZA SALES Conf# w5tl1lsom	7.00
11/20/25	Maplebear, Inc 11/20 #000115883 PMNT RCVD Maplebear, Inc. San Francisco CA	475.04
11/20/25	Zelle payment from VAL'S COFFEE CORNER LLC for "bem casados"; Conf# MlfUonPvK	36.00
11/21/25	Zelle payment from ALESSANDRA SILVA for "BISCOITOS CASADINHO - ALESSANDRA"; Conf# TOZJ2QN7F	7.00
11/24/25	Transfer VENMO	13.75
11/25/25	Bank of America DES:CASHREWARD ID:PEREIRA INDN:0000000627392615000000 CO ID:2002290310 PPD	6.80
11/28/25	Maplebear, Inc 11/27 #000050076 PMNT RCVD Maplebear, Inc. San Francisco CA	77.24

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SSM-12-24-0270.C | 7457437

Deposits and other additions - continued

Date	Description	Amount
12/01/25	Zelle payment from LIANE CAIRNS for "cosco"; Conf# 99bwjgzkj	30.00
12/05/25	Wise Inc DES:WISE ID: INDN:Jussiara Pereira Carne CO ID:XXXXXXXXX PPD PMT INFO:From Joao Antonio Pereira Neto Via WISE	348.17
Total deposits and other additions		\$3,759.72

Withdrawals and other subtractions

Date	Description	Amount
11/07/25	LIFE INS OF SW DES:XXXXXXXXX ID:75524441 INDN:Jussiara Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
11/12/25	CHASE CREDIT CRD DES:EPAY ID:8855918895 INDN:JUSSIAR PEREIRA CARNEI CO ID:5760039224 WEB	-800.00
11/12/25	CAPITAL ONE DES:MOBILE PMT ID:CA0C77467CF9B4C INDN:Jussiara P Carneiro CO ID:9279744380 WEB	-300.00
11/12/25	COX COMM SAN DES:PURCHASE ID:Nsj1U6ZdjTknGWN INDN:Jussiara Costa Pereira CO ID:1581620078 PPD	-51.17
11/12/25	AMERICAN EXPRESS DES:ACH PMT ID:M9046 INDN:JUSSIARA PEREIRA CO ID:1133133497 CCD	-23.54
11/14/25	Online scheduled payment to CRD 8129 Confirmation# 4312479068	-500.00
11/14/25	COMENITY PAY II DES:PHONE PYMT ID:P25317493523541 INDN:JUSSIARA PEREIRA CO ID:1651180275 TEL	-30.00
11/17/25	Zelle Recurring payment to Franco Nogueira Conf# anc3j5wba	-58.00
11/17/25	CHASE CREDIT CRD DES:EPAY ID:8855954599 INDN:555818941254737 CO ID:5760039224 TEL	-600.00
11/17/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-20.00
11/18/25	CAPITAL ONE DES:MOBILE PMT ID:CA0007CDC0B3345 INDN:Jussiara P Carneiro CO ID:9279744380 WEB	-500.00
11/21/25	CITI CARD ONLINE DES:PAYMENT ID:431855684198391 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-1,000.00
11/24/25	Zelle Scheduled payment to Delicious by Juju Conf# j3727g1ku	-21.00
11/24/25	Online scheduled payment to CRD 6270 Confirmation# 4382338225	-304.32
11/24/25	Online scheduled payment to CRD 6270 Confirmation# 2382345930	-304.32
11/25/25	TOYOTA ACH RTL DES:11212025 ID:GLKNVO27AAZJOWQ INDN:JUSSIARAPERREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXX-26269	-436.85
12/01/25	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# ohyclak7g	-2.99
12/01/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-20.00
12/05/25	Zelle payment to Delicious by Juju Conf# kirihysak	-60.00
Total withdrawals and other subtractions		-\$5,126.53




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Your Adv Plus Banking

for October 8, 2025 to November 3, 2025

Account number: 3251 1065 3116

JUSSIARA COSTA PEREIRA

Account summary

Beginning balance on October 8, 2025	\$2,262.42
Deposits and other additions	5,566.20
Withdrawals and other subtractions	-5,582.48
Checks	-0.00
Service fees	-12.00
Ending balance on November 3, 2025	\$2,234.14

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SSM-03-25-0560.B | 7786995

Deposits and other additions

Date	Description	Amount
10/09/25	Maplebear, Inc 10/09 #000302806 PMNT RCVD Maplebear, Inc. San Francisco CA	473.74
10/09/25	Bank of America DES:CASHREWARD ID:PEREIRA INDN:0000000627392615000000 CO ID:2002290310 PPD	6.41
10/14/25	Maplebear, Inc 10/11 #000263055 PMNT RCVD Maplebear, Inc. San Francisco CA	193.97
10/14/25	Zelle payment from DAYANNI KIHARA Conf# TOZCQK6CZ	80.00
10/14/25	Maplebear, Inc 10/12 #000578160 PMNT RCVD Maplebear, Inc. San Francisco CA	30.28
10/14/25	Zelle payment from LUCAS V BARUM for "feijoada"; Conf# 99bqq9fhp	16.00
10/16/25	Maplebear, Inc 10/16 #000124407 PMNT RCVD Maplebear, Inc. San Francisco CA	389.92
10/16/25	CHASE CREDIT CRD DES:RWRD RDM ID:CB1V-5Y4ON-9UNB INDN:CARNEIRO JUSSIAR CO ID:9873040001 PPD	43.44
10/17/25	Maplebear, Inc 10/18 #000760975 PMNT RCVD Maplebear, Inc. San Francisco CA	189.10
10/17/25	Zelle payment from ANITA DA SILVA VENTORIN Conf# s40ota9hw	10.00
10/20/25	Maplebear, Inc 10/18 #000084211 PMNT RCVD Maplebear, Inc. San Francisco CA	68.61
10/21/25	Transfer Robinhood Securities	589.50
10/21/25	Zelle payment from ANA PAULA RAFAEL DA SILVA Conf# syzl8hmmm	10.00
10/22/25	BOA CS DES:DIRECT DEP ID:524335632018129 INDN:PEREIRA JUSSIAR CO ID:0245907484 PPD	1,500.00
10/22/25	Zelle payment from MARCIO DOS REIS Conf# stnh18k56	650.00
10/23/25	Maplebear, Inc 10/23 #000911400 PMNT RCVD Maplebear, Inc. San Francisco CA	298.77
10/27/25	VENMO DES:CASHOUT ID:1045721645633 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	4.00
10/28/25	RAISER 6795 DES:EDI PAYMNT ID:LTBT8W29RG90YSI INDN:Jussiar Pereira CO ID:3800896455 CCD PMT INFO:REF*TN*LTBT8W29RG\	26.27
10/29/25	STRIPE DES:Instacart ID:ST-D2V6P0G6H7V9 INDN:JUSSIARA CARNEIRO CO ID:4270465600 CCD	183.49
10/29/25	Zelle payment from ANITA DA SILVA VENTORIN Conf# vz0tbj0pn	18.50

continued on the next page

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SSM-12-24-0270.C | 7457437

Deposits and other additions - continued

Date	Description	Amount
10/30/25	Maplebear, Inc 10/30 #000632697 PMNT RCVD Maplebear, Inc. San Francisco CA	395.04
11/03/25	Maplebear, Inc 11/02 #000930678 PMNT RCVD Maplebear, Inc. San Francisco CA	389.16
Total deposits and other additions		\$5,566.20

Withdrawals and other subtractions

Date	Description	Amount
10/14/25	Zelle payment to Delicuis by Juju Conf# jzh2egqqt	-80.00
10/14/25	Zelle payment to Rose Brazian Care Conf# mtvy38ik8	-30.00
10/14/25	Zelle payment to Daise -manicure da Bahia Conf# kpeitawlq	-25.00
10/14/25	Online Banking payment to CRD 8129 Confirmation# 2547564259	-400.00
10/14/25	CHASE CREDIT CRD DES:EPAY ID:8778434732 INDN:JUSSIAR PEREIRA CARNEI CO ID:5760039224 WEB	-798.67
10/14/25	CAPITAL ONE DES:MOBILE PMT ID:CA00C12C41C6216 INDN:Jussiara P Carneiro CO ID:9279744380 WEB	-400.00
10/14/25	AMERICAN EXPRESS DES:ACH PMT ID:M2108 INDN:JUSSIARA PEREIRA CO ID:1133133497 CCD	-371.17
10/14/25	Wise Inc DES:WISE ID:TrnWise INDN:Jussiara Carneiro CO ID:9453233521 WEB	-265.00
10/14/25	SD GAS & ELEC DES:PAID SDGE1 ID:210001114448 INDN:JUSSIARA,CARNEIRO CO ID:4951184800 PPD	-78.63
10/14/25	COX COMM SAN DES:PURCHASE ID:VEYIZqEDnPGbKvq INDN:Jussiara Costa Pereira CO ID:1581620078 PPD	-51.17
10/14/25	VENMO DES:PAYMENT ID:1045472443457 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-30.00
10/15/25	Zelle Recurring payment to Franco Nogueira Conf# pe9zzt7sy	-58.00
10/20/25	CAPITAL ONE DES:MOBILE PMT ID:CA076332602497B INDN:Jussiara P Carneiro CO ID:9279744380 WEB	-300.00
10/20/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-20.00
10/21/25	CITI CARD ONLINE DES:PAYMENT ID:431831678299411 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-700.00
10/21/25	CITI CARD ONLINE DES:PAYMENT ID:431832340792676 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-700.00
10/22/25	Zelle payment to Andrei My Friend Conf# q2h9ll2wx	-50.00
10/22/25	Zelle payment to Marcio Reis Conf# nccsoj3kv	-600.00
10/23/25	Online Banking payment to CRD 6270 Confirmation# 1624932621	-100.00
10/23/25	TOYOTA ACH RTL DES:10212025 ID:ZYJ14BFWWTWVFXC INDN:JUSSIARAPEREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXX-26269	-436.85
10/27/25	VENMO DES:PAYMENT ID:1045770566979 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-25.00
10/29/25	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# ntu2pt9yj	-2.99

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
11/03/25	VENMO DES:PAYMENT ID:1045930829832 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-40.00
11/03/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussara Carneiro CO ID:5326394001 WEB	-20.00
Total withdrawals and other subtractions		-\$5,582.48

Service fees

Date	Transaction description	Amount
10/08/25	Monthly Maintenance Fee	-12.00
Total service fees		-\$12.00

Note your Ending Balance already reflects the subtraction of Service Fees.




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P.O. Box 15284
Wilmington, DE 19850

JUSSIARA COSTA PEREIRA
4080 HANCOCK ST APT 4306
SAN DIEGO, CA 92110-6203

Customer service information

-  Customer service: 1.800.432.1000
- En Español: 1.800.688.6086
-  bankofamerica.com
-  Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

 Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Adv Plus Banking

for September 6, 2025 to October 7, 2025

Account number: 3251 1065 3116

JUSSIARA COSTA PEREIRA

Account summary

Beginning balance on September 6, 2025	\$1,622.79
Deposits and other additions	4,933.18
Withdrawals and other subtractions	-4,281.55
Checks	-0.00
Service fees	-12.00
Ending balance on October 7, 2025	\$2,262.42

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SSM-03-25-0560.B | 7786995

Deposits and other additions

Date	Description	Amount
09/08/25	Maplebear, Inc 09/06 #000772579 PMNT RCVD Maplebear, Inc. San Francisco CA	139.04
09/08/25	Zelle payment from MANUELA LARANJEIRA for "brigadeiros"; Conf# 99bmh0s9q	60.00
09/08/25	Maplebear, Inc 09/07 #000079937 PMNT RCVD Maplebear, Inc. San Francisco CA	41.51
09/09/25	UBER USA 6787 DES:EDI PAYMNT ID:XVTE7I9P67KDAD4 INDN:Jussiara Pereira CO ID:3320456349 CCD PMT INFO:REF*TN*XVTE7I9P67\	12.56
09/09/25	Zelle payment from ANA PAULA RAFAEL DA SILVA Conf# y7fh1k0sa	10.00
09/11/25	Maplebear, Inc 09/11 #000699798 PMNT RCVD Maplebear, Inc. San Francisco CA	391.47
09/11/25	VENMO DES:CASHOUT ID:1044756314060 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	38.00
09/12/25	Zelle payment from GABRIELA SARLO SOUZA Conf# v6gst500u	35.00
09/15/25	Maplebear, Inc 09/15 #000152089 PMNT RCVD Maplebear, Inc. San Francisco CA	247.50
09/15/25	Zelle payment from ANA PAULA RAFAEL DA SILVA Conf# t7vu1azym	10.00
09/16/25	Zelle payment from CAMILA CLARA REIS RIGOTTI for "bolo isa"; Conf# 99bnj0j6b	40.00
09/17/25	Zelle payment from GABRIELA SARLO SOUZA Conf# sbnwa5fs4	45.00
09/17/25	Zelle payment from JANAINA SEITO for ". "; Conf# 99bnmppd6	7.00
09/18/25	Maplebear, Inc 09/18 #000573849 PMNT RCVD Maplebear, Inc. San Francisco CA	406.50
09/18/25	Zelle payment from CARLOS ISRAEL DE SANTANA for "Bolo Nadia"; Conf# lj9tg9wb3	55.00
09/19/25	Maplebear, Inc 09/19 #000095727 PMNT RCVD Maplebear, Inc. San Francisco CA	72.14
09/19/25	Zelle payment from LLC VALS COFFEE CORNER for "bem casados"; Conf# 99bnsgv0q	72.00
09/22/25	BKOFAMERICA ATM 09/20 #000001873 DEPOSIT MIDWAY AND KEMPER SAN DIEGO CA	400.00
09/22/25	Maplebear, Inc 09/23 #000519800 PMNT RCVD Maplebear, Inc. San Francisco CA	109.74
09/22/25	Maplebear, Inc 09/21 #000948167 PMNT RCVD Maplebear, Inc. San Francisco CA	56.62
09/24/25	VENMO DES:CASHOUT ID:1045050743205 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	240.00
09/24/25	Zelle payment from IEDA DOS SANTOS DE LARA for "Temecula"; Conf# g8s8ijxsr	64.00

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We are honored that you have chosen us for your banking needs,
and thank you for being a valued customer.

SSM-07-25-0027.B | 8071596

Deposits and other additions - continued

Date	Description	Amount
09/24/25	Zelle payment from MARCIO DOS REIS Conf# s3vc4xhiv	50.00
09/25/25	Maplebear, Inc 09/25 #000498722 PMNT RCVD Maplebear, Inc. San Francisco CA	273.56
09/25/25	Maplebear, Inc 09/25 #000669504 PMNT RCVD Maplebear, Inc. San Francisco CA	61.84
09/25/25	Zelle payment from ANITA DA SILVA VENTORIN Conf# xhnrmdmcr	15.00
09/26/25	Zelle payment from MANUELA LARANJEIRA for "bolo e docinhos"; Conf# 99boptjhh	130.00
09/29/25	VENMO DES:CASHOUT ID:1045134479437 INDN:JUSSIARA PEREIRA CO ID:5264681992 PPD	171.00
09/29/25	Maplebear, Inc 09/27 #000423107 PMNT RCVD Maplebear, Inc. San Francisco CA	134.82
09/29/25	Zelle payment from LILIAN DE SOUZA for "BOLO"; Conf# TOZB52SSK	15.00
09/29/25	Zelle payment from CANDIDA SILVA DE SOUZA Conf# TOZBF5Y4G	5.00
09/30/25	Zelle payment from Larissagabriell Correa Franco Da Sil for "Paulinha-bolo"; Conf# ODBM158K6	50.00
10/01/25	Zelle payment from FRANCO NOGUEIRA for "Presente de Aniversario-Churrasco"; Conf# OnV8keicc	96.00
10/02/25	Maplebear, Inc 10/02 #000585531 PMNT RCVD Maplebear, Inc. San Francisco CA	878.72
10/02/25	Maplebear, Inc 10/02 #000419184 PMNT RCVD Maplebear, Inc. San Francisco CA	319.73
10/06/25	Maplebear, Inc 10/05 #000832663 PMNT RCVD Maplebear, Inc. San Francisco CA	139.43
10/06/25	Zelle payment from CARLOS ISRAEL DE SANTANA for "Bolo Rebecca"; Conf# pohkw899s	40.00
Total deposits and other additions		\$4,933.18

Withdrawals and other subtractions

Date	Description	Amount
09/08/25	Zelle payment to Daise -manicure da Bahia Conf# p5db1yen5	-20.00
09/08/25	Wise Inc DES:WISE ID:TrnWise INDN:Jussiaara Carneiro CO ID:9453233521 WEB	-200.00
09/08/25	LIFE INS OF SW DES:XXXXXXXXX ID:73287048 INDN:Jussiaara Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
09/08/25	COX COMM SAN DES:PURCHASE ID:5ydHR2VQ948ajtH INDN:Jussiaara Costa Pereira CO ID:1581620078 WEB	-51.17
09/08/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiaara Carneiro CO ID:5326394001 WEB	-20.00
09/10/25	SD GAS & ELEC DES:PAID SDGE1 ID:210001114448 INDN:JUSSIARA,CARNEIRO CO ID:4951184800 PPD	-84.61
09/11/25	CHASE CREDIT CRD DES:EPAY ID:8701910542 INDN:JUSSIAR PEREIRA CARNEI CO ID:5760039224 WEB	-800.00
09/11/25	CAPITAL ONE DES:MOBILE PMT ID:CA0BF9860A637DD INDN:Jussiaara P Carneiro CO ID:9279744380 WEB	-200.00
09/15/25	Zelle Recurring payment to Franco Nogueira Conf# kkk2dhwj2	-58.00
09/15/25	Zelle payment to Daise -manicure da Bahia Conf# mftz8sbfe	-20.00
09/15/25	Online scheduled payment to CRD 8129 Confirmation# 4385832573	-400.00
09/15/25	VENMO DES:PAYMENT ID:1044855087107 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-20.00

continued on the next page

Withdrawals and other subtractions - continued

Date	Description	Amount
09/18/25	CAPITAL ONE DES:MOBILE PMT ID:CA000A0BA0891E7 INDN:Jussiara P Carneiro CO ID:9279744380 WEB	-500.00
09/22/25	Online Banking payment to CRD 6270 Confirmation# 0658602566	-200.00
09/22/25	CITI CARD ONLINE DES:PAYMENT ID:431807132204116 INDN:JUSSIARA C PEREIRA CO ID:CITICTP WEB	-600.00
09/22/25	VENMO DES:PAYMENT ID:1045003703640 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-30.00
09/22/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-20.00
09/23/25	TOYOTA ACH RTL DES:09222025 ID:8CSW1YJ04LPZQDT INDN:JUSSIARAPEREIRACARNEI CO ID:4953775816 WEB PMT INFO:PXXXXXXXXX-26269	-436.85
09/24/25	Zelle payment to Delicius by Juju Conf# nw3neqntc	-200.00
09/26/25	VONS #2116 09/26 #000320493 PURCHASE VONS #2116 SAN DIEGO CA	-46.25
09/29/25	Zelle payment to Lucas Barum Igreja Conf# pmxxdfnee	-13.00
09/29/25	Zelle Recurring payment to Franco Nogueira for "icloud"; Conf# rjitt6rkv	-2.99
09/29/25	VENMO DES:PAYMENT ID:1045154290403 INDN:JUSSIARA PEREIRA CO ID:3264681992 WEB	-30.00
10/02/25	Online Banking transfer to BRK 2X62 Confirmation# 2640979806	-100.00
10/03/25	Zelle payment to Daise -manicure da Bahia Conf# amo5my9c8	-20.00
10/06/25	ROBINHOOD DES:DEBITS ID:XXXXXXXXX INDN:Jussiara Carneiro CO ID:5326394001 WEB	-20.00
10/07/25	LIFE INS OF SW DES:XXXXXXXXXX ID:74430892 INDN:Jussiara Costa Pereira CO ID:1954349000 PPD PMT INFO:XXXXXXXXX	-94.34
Total withdrawals and other subtractions		-\$4,281.55

Service fees

Date	Transaction description	Amount
09/08/25	Monthly Maintenance Fee	-12.00
Total service fees		-\$12.00

Note your Ending Balance already reflects the subtraction of Service Fees.

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Exhibit 11 - Marcio dos Reis' Financial Information

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 000064010 1

SEQ 001374
BOARDWALK F&B LLC
 8272 W SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

Social Security Number: XXX-XX-9278

Earnings Statement



Period Beginning: 12/01/2025
 Period Ending: 12/15/2025
 Pay Date: 12/19/2025

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Earnings	rate	hours	this period	year to date
Regular	23.0000	39.05	898.15	33,996.97
Overtime				655.68
Meal Penalty				200.00
Gross Pay			\$898.15	34,852.65

Other Benefits and Information	this period	total to date
Totl Hrs Worked	39.05	
Sick Balance		152.40

Important Notes
 BASIS OF PAY: HOURLY

Deductions	Statutory		year to date
Social Security Tax		-55.68	2,160.86
Medicare Tax		-13.02	505.36
CA SDI Tax		-10.78	418.23
Federal Income Tax			246.31
CA State Income Tax			320.45
Net Pay		\$818.67	
Net Check		\$818.67	

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 2

Your federal taxable wages this period are \$898.15

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 0000064048 1

Earnings Statement



SEQ 000595
BOARDWALK F&B LLC
 8272 W SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Period Beginning: 12/16/2025
 Period Ending: 12/31/2025
 Pay Date: 01/05/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Social Security Number: XXX-XX-9278

Earnings	rate	hours	this period	year to date
Regular	23.0000	50.09	1,152.07	1,152.07
Overtime	34.5000	.49	16.91	16.91
Gross Pay			\$1,168.98	1,168.98

Other Benefits and Information	this period	total to date
Total Hrs Worked	50.58	
Sick Balance		154.09

Deductions	Statutory	this period	year to date
Social Security Tax		-72.48	72.48
Medicare Tax		-16.95	16.95
CA State Income Tax		-1.36	1.36
CA SDI Tax		-15.20	15.20
Net Pay		\$1,062.99	
Net Check		\$1,062.99	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 2

Your federal taxable wages this period are
\$1,168.98

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 0000064084 1

SEQ 000465
BOARDWALK F&B LLC
 8272 W SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Earnings Statement



Period Beginning: 01/01/2026
 Period Ending: 01/15/2026
 Pay Date: 01/20/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Social Security Number: XXX-XX-9278

Earnings	rate	hours	this period	year to date
Regular	23.0000	52.50	1,207.50	2,359.57
Overtime				16.91
Gross Pay			\$1,207.50	2,376.48

Other Benefits and Information	this period	total to date
Totl Hrs Worked	52.50	
Sick Balance		155.84

Deductions	Statutory		year to date
	Social Security Tax	-74.86	147.34
	Medicare Tax	-17.51	34.46
	CA State Income Tax	-2.21	3.57
	CA SDI Tax	-15.69	30.89
	Net Pay	\$1,097.23	
	Net Check	\$1,097.23	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information
 Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 2

Your federal taxable wages this period are
 \$1,207.50

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 0000064120 1

Earnings Statement



SEQ 000348
 BOARDWALK F&B LLC
 8272 W SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Period Beginning: 01/16/2026
 Period Ending: 01/31/2026
 Pay Date: 02/05/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Social Security Number: XXX-XX-9278

Earnings	rate	hours	this period	year to date
Regular	23.0000	64.25	1,477.75	3,837.32
Overtime	34.5000	.29	10.01	26.92
Gross Pay			\$1,487.76	3,864.24

Other Benefits and Information	this period	total to date
Total Hrs Worked	64.54	
Sick Balance		157.99

Deductions	Statutory		
Social Security Tax		-92.24	239.58
Medicare Tax		-21.57	56.03
CA State Income Tax		-11.81	15.38
CA SDI Tax		-19.35	50.24
Net Pay		\$1,342.79	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 2

Net Check \$1,342.79

Your federal taxable wages this period are
 \$1,487.76

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 0000084198 1

SEQ 000243

BOARDWALK F&B LLC
 8272 W.SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Earnings Statement



Period Beginning: 02/16/2026
 Period Ending: 02/28/2026
 Pay Date: 03/05/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Social Security Number: XXX-XX-9278

Earnings	rate	hours	this period	year to date
Regular	23.0000	48.66	1,119.18	6,246.34
Overtime	34.5000	1.15	39.68	94.20
Meal Penalty	23.0000	2.00	46.00	46.00
Gross Pay			\$1,204.86	6,386.54

Other Benefits and Information	this period	total to date
Totl Hrs Worked	49.81	
Sick Balance		161.55

Important Notes

BASIS OF PAY: HOURLY

Deductions	Statutory		year to date
Social Security Tax	-74.71		395.97
Medicare Tax	-17.47		92.60
CA State Income Tax	-2.15		22.16
CA SDI Tax	-15.67		83.03
Net Pay		\$1,094.86	

Additional Tax Withholding Information

Taxable Marital Status:
 CA: Single
 Exemptions/Allowances:
 CA: 2

Net Check \$1,094.86

Your federal taxable wages this period are
 \$1,204.86

CO. FILE DEPT. CLOCK NUMBER 070
 MYL 014402 500000 0000064240 1

SEQ 000699
BOARDWALK F&B LLC
 8272 W SUNSET BLVD STE D
 WEST HOLLYWOOD, CA 90046

Earnings Statement



Period Beginning: 03/01/2026
 Period Ending: 03/15/2026
 Pay Date: 03/20/2026

Filing Status: Single/Married filing separately
 Exemptions/Allowances:
 Federal: Standard Withholding Table

MARCIO DOS REIS
 GOLDEN HAVEN DRIVE
 APT 8326
 SAN DIEGO CA 92122

Social Security Number: XXX-XX-9278

Earnings	rate	hours	this period	year to date
Regular	23.0000	65.59	1,508.57	7,754.91
Overtime	34.5000	.91	31.40	125.60
Meal Penalty	23.0000	1.00	23.00	69.00
Gross Pay			\$1,562.97	7,949.51

Other Benefits and Information	this period	total to date
Totl Hrs Worked	66.50	
Sick Balance		163.77

Deductions	Statutory	this period	year to date
Social Security Tax		-96.90	492.87
Medicare Tax		-22.67	115.27
CA State Income Tax		-15.12	37.28
CA SDI Tax		-20.31	103.34
Net Pay		\$1,407.97	

Important Notes
 BASIS OF PAY: HOURLY

Additional Tax Withholding Information	
Taxable Marital Status:	
CA:	Single
Exemptions/Allowances:	
CA:	2

Net Check \$1,407.97

Your federal taxable wages this period are
 \$1,562.97

**Exhibit 12 - Evidence
that Marcio dos Reis'
Income will Continue
from the Current
Source After
Obtaining Lawful
Permanent Resident
Status**

Employment Verification Letter

Company name: BAJA BEACH CAFE

Date: 03/25/2026

To: U.S. Citizenship and Immigration Services (USCIS)

RE: Employment Verification for Marcio dos Reis

To Whom It May Concern,

This letter is to formally confirm that **Marcio dos Reis** is currently employed by
Employment Details:

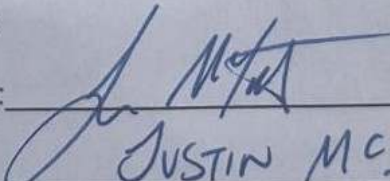
- Start Date: 2.28.23
- Job Title/Position: LEAD LINE COOK
- Current Annual Salary/Hourly Rate: \$ 23.00 P.H.

We are very satisfied with Marcio dos Reis's performance and professional contributions to our team. We wish to formally state that his employment is expected to remain stable, and we fully intend for this **income to continue from the current source** after he obtains Lawful Permanent Resident status in the United States.

Should you require any further information or verification regarding this matter, please do not hesitate to contact our office.

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Sincerely,

Signature: 

Name: JUSTIN MCINTYRE

Title: GENERAL MANAGER

Company name: BAJA BEACH CAFE

Telephone: (858) 230 6315
(858) 752 3966

Employment Verification Letter

Company name: BRAZILIAN GARDENING SERVICES

Date: 03/25/2026

To: U.S. Citizenship and Immigration Services (USCIS)

RE: Employment Verification for Marcio dos Reis

To Whom It May Concern,

This letter is to formally confirm that **Marcio dos Reis** is currently employed by
Employment Details:

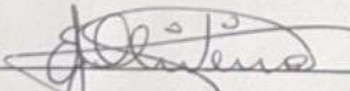
- Start Date: 07/01/2025
- Job Title/Position: GARDENER
- Current Annual Salary/Hourly Rate: \$60,000.00 / \$31.25

We are very satisfied with Marcio dos Reis's performance and professional contributions to our team. We wish to formally state that his employment is expected to remain stable, and we fully intend for this **income to continue from the current source** after he obtains Lawful Permanent Resident status in the United States.

Should you require any further information or verification regarding this matter, please do not hesitate to contact our office.

I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct.

Sincerely,

Signature: 

Name: ELI G. DE OLIVEIRA

Title: OWNER

Company name: BRAZILIAN GARDENING SERVICES

Telephone: (619) 632-0026

California ^{USA} DRIVER LICENSE



DL **D8996942**

CLASS C

EXP **03/15/2030**

END NONE

LN DE OLIVEIRA
FN ELI GONCALVES

39683 CORTE SANTA BARBARA
MURRIETA, CA 92563

DOB **03/15/1954**

RSTR NONE

03151954

SEX M

HAIR BLK

EYES BRN

HGT 5'-09"

WGT 175 lb

ISS

DD 01/23/2025506G3/CCFD/30

04/02/2025

**Exhibit 13 - Evidence
of termination of
Marcio dos Reis'
removal proceedings**

DEPARTMENT OF HOMELAND SECURITY
NOTICE TO APPEAR



In removal proceedings under section 240 of the Immigration and Nationality Act:

File No: A235858005

In the Matter of:

Respondent: MARCIO DOS REIS currently residing at:

C/O MARCIO DOS REIS, 9110 JUDICIAL DR UNIT 8326, SAN DIEGO, CA, 92122-6717

(Number, street, city, state and ZIP code)

(Area code and phone number)

- You are an arriving alien.
- You are an alien present in the United States who has not been admitted or paroled.
- You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of Brazil and a citizen of Brazil;
3. You were admitted to the United States at Newark, NJ on February 16, 2022, as a Temporary Visitor for Pleasure (B2) nonimmigrant with authorization to remain until August 15, 2022;
4. On August 15, 2022, Celso Cravinhos, filed a Form I-129, Petition for a Nonimmigrant Worker (WAC2230650382) on your behalf.

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

Section 237(a)(1)(B) of the Immigration and Nationality Act (Act), as amended, in that after admission as a nonimmigrant under Section 101(a)(15) of the Act, you have remained in the United States for a time longer than permitted, in violation of this Act or any other law of the United States.

This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.

Section 235(b)(1) order was vacated pursuant to: 8CFR 208.30 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at:

880 FRONT ST, STE 4240, SAN DIEGO, CA, 92101

(Complete Address of Immigration Court, including Room Number, if any)

on 2026-01-27 at 01:00 PM to show why you should not be removed from the United States based on the
(Date) (Time)

charge(s) set forth above. /s/ R. MARGADONNA SUPERVISORY IMMIGRATION SERVICES OFFICER
(Signature and Title of Issuing Officer)

Date: 2025-12-02 LINCOLN, NEBRASKA
(City and State)

EOIR - 1 of 4

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are in removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 1003.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents that you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing. At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear, including that you are inadmissible or removable. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge. You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of voluntary departure. You will be given a reasonable opportunity to make any such application to the immigration judge.

One-Year Asylum Application Deadline: If you believe you may be eligible for asylum, you must file a Form I-589, Application for Asylum and for Withholding of Removal. The Form I-589, Instructions, and information on where to file the Form can be found at www.uscis.gov/i-589. Failure to file the Form I-589 within one year of arrival may bar you from eligibility to apply for asylum pursuant to section 208(a)(2)(B) of the Immigration and Nationality Act.

Failure to appear: You are required to provide the Department of Homeland Security (DHS), in writing, with your full mailing address and telephone number. You must notify the Immigration Court and the DHS immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to your local DHS office, listed on the internet at <http://www.ice.gov/contact/ero>, as directed by the DHS and required by statute and regulation. Immigration regulations at 8 CFR 1241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after your departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Immigration and Nationality Act.

U.S. Citizenship Claims: If you believe you are a United States citizen, please advise the DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.

Sensitive locations: To the extent that an enforcement action leading to a removal proceeding was taken against Respondent at a location described in 8 U.S.C. § 1229(e)(1), such action complied with 8 U.S.C. § 1367.

Upon information and belief, the language that the alien understands is ENGLISH

Request for Prompt Hearing

To expedite a determination in my case, I request this Notice to Appear be filed with the Executive Office for Immigration Review as soon as possible. I waive my right to a 10-day period prior to appearing before an immigration judge and request my hearing be scheduled.

Before:

(Signature of Respondent)

Date: _____

(Signature and Title of Immigration Officer)

Certificate of Service

This Notice To Appear was served on the respondent by me on 2025-12-02, in the following manner and in compliance with section 239(a)(1) of the Act.

- in person by certified mail, returned receipt # _____ requested by regular mail
- Attached is a credible fear worksheet.
- Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the _____ language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

(Signature of Respondent if Personally Served)

ISI S. LAMBIRTH

IMMIGRATION SERVICES OFFICER

(Signature and Title of officer)

EOIR - 2 of 4

Privacy Act Statement

Authority:

The Department of Homeland Security through U.S. Immigration and Customs Enforcement (ICE), U.S. Customs and Border Protection (CBP), and U.S. Citizenship and Immigration Services (USCIS) are authorized to collect the information requested on this form pursuant to Sections 103, 237, 239, 240, and 290 of the Immigration and Nationality Act (INA), as amended (8 U.S.C. 1103, 1229, 1229a, and 1360), and the regulations issued pursuant thereto.



Purpose:

You are being asked to sign and date this Notice to Appear (NTA) as an acknowledgement of personal receipt of this notice. This notice, when filed with the U.S. Department of Justice's (DOJ) Executive Office for Immigration Review (EOIR), initiates removal proceedings. The NTA contains information regarding the nature of the proceedings against you, the legal authority under which proceedings are conducted, the acts or conduct alleged against you to be in violation of law, the charges against you, and the statutory provisions alleged to have been violated. The NTA also includes information about the conduct of the removal hearing, your right to representation at no expense to the government, the requirement to inform EOIR of any change in address, the consequences for failing to appear, and that generally, if you wish to apply for asylum, you must do so within one year of your arrival in the United States. If you choose to sign and date the NTA, that information will be used to confirm that you received it, and for recordkeeping.

Routine Uses:

For United States Citizens, Lawful Permanent Residents, or individuals whose records are covered by the Judicial Redress Act of 2015 (5 U.S.C. § 552a note), your information may be disclosed in accordance with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including pursuant to the routine uses published in the following DHS systems of records notices (SORN): DHS/USCIS/ICE/CBP-001 Alien File, Index, and National File Tracking System of Records, DHS/USCIS-007 Benefit Information System, DHS/ICE-011 Criminal Arrest Records and Immigration Enforcement Records (CARIER), and DHS/ICE-003 General Counsel Electronic Management System (GEMS), and DHS/CBP-023 Border Patrol Enforcement Records (BPER). These SORNs can be viewed at <https://www.dhs.gov/system-records-notices-sorn>. When disclosed to the DOJ's EOIR for immigration proceedings, this information that is maintained and used by DOJ is covered by the following DOJ SORN: EOIR-001, Records and Management Information System, or any updated or successor SORN, which can be viewed at <https://www.justice.gov/opcl/doj-systems-records>. Further, your information may be disclosed pursuant to routine uses described in the abovementioned DHS SORNs or DOJ EOIR SORN to federal, state, local, tribal, territorial, and foreign law enforcement agencies for enforcement, investigatory, litigation, or other similar purposes.

For all others, as appropriate under United States law and DHS policy, the information you provide may be shared internally within DHS, as well as with federal, state, local, tribal, territorial, and foreign law enforcement; other government agencies; and other parties for enforcement, investigatory, litigation, or other similar purposes.

Disclosure:

Providing your signature and the date of your signature is voluntary. There are no effects on you for not providing your signature and date; however, removal proceedings may continue notwithstanding the failure or refusal to provide this information.

Alien's Name MARCIO DOS REIS	File Number A235858005	Date 2025-12-02
<p>Allegations:</p> <p>The petition was approved on January 16, 2023, granting a change in status to O1B, valid until August 14, 2025. Your 60-day grace period ended on October 13, 2025;</p> <p>5. You filed a Form I-140, Immigrant Petition for Alien Workers (IOE0931735573) on May 5, 2025. USCIS denied the Form I-140 on August 28, 2025;</p> <p>6. You remained in the United States beyond October 13, 2025 without authorization from the Immigration and Naturalization Service or its successor the Department of Homeland Security.</p>		
Signature <i>/s/ R. MARGADONNA</i>	Title SUPERVISORY IMMIGRATION SERVICES OFFICER	

EOIR - 4 of 4



**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
SAN DIEGO IMMIGRATION COURT**

Respondent Name:

DOS REIS, MARCIO DOS REIS

To:

Silva, Otavio Haverroth
5051 La Jolla BLVD
Suite 202
San Diego, CA 92109

A-Number:

235-858-005

Riders:

In Removal Proceedings

Initiated by the Department of Homeland Security

Date:

03/18/2026

ORDER OF THE IMMIGRATION JUDGE

The Respondent is charged with removability in his Notice to Appear under section 237(a)(1)(B) of the INA. The DHS has the burden by clear and convincing evidence to prove the charge. 8 C.F.R. 1240.8(a). The Respondent has denied the allegations and charge. See Written Pleadings (Feb. 11, 2026). The Court issued an Order requiring the DHS to file its evidence within 60 days. Initial Scheduling Order (Jan. 14, 2026). The deadline for DHS to file their evidence is March 16, 2026. The DHS has not filed any evidence. The Court deems the opportunity to file evidence waived. 8 C.F.R. 1003.31(h). The Respondent has moved to terminate due to the lack of evidence of removability. The Court agrees pursuant to 8 C.F.R. 1003.18(d)(1)(i)(A). Termination is granted without prejudice.

Order:

Respondent's Motion to Terminate is granted without prejudice.



Immigration Judge: HEESCH, MEGHAN 03/18/2026

Appeal: Department of Homeland Security: waived reserved
Respondent: waived reserved

Appeal Due:

Certificate of Service

This document was served:

Via: [M] Mail | [P] Personal Service | [E] Electronic Service | [U] Address Unavailable

To: [] Alien | [] Alien c/o custodial officer | [E] Alien atty/rep. | [E] DHS

Respondent Name : DOS REIS, MARCIO DOS REIS | A-Number : 235-858-005

Riders:

Date: 03/18/2026 By: Regan, Lisa, Court Staff



Automated Case Information

Name: DOS REIS, MARCIO DOS REIS | A-Number: 235-858-005 | Docket Date: 12/2/2025

Next Hearing Information



There are no future hearings for this case.

Court Decision and Motion Information

The immigration judge **TERMINATED** proceedings.

DECISION DATE

March 18, 2026

COURT ADDRESS

880 FRONT STREET, SUITE 4240
SAN DIEGO, CA 92101

**Exhibit 14 - Records
of Business
Operation and
Specialized Services
Rendered under O-1B
Nonimmigrant Status**



202250717717



STATE OF CALIFORNIA
Office of the Secretary of State
ARTICLES OF ORGANIZATION
CA LIMITED LIABILITY COMPANY

California Secretary of State
1500 11th Street
Sacramento, California 95814
(916) 653-3516

For Office Use Only
-FILED-
File No.: 202250717717
Date Filed: 5/16/2022

B0741-2451 05/16/2022 1:45 PM Received by California Secretary of State

Limited Liability Company Name	
Limited Liability Company Name	Tatui Brasil Surfboards LLC
Initial Street Address of Principal Office of LLC	
Principal Address	4721 LITHROP PL SAN DIEGO, CA 92117
Initial Mailing Address of LLC	
Mailing Address	4721 LITHROP PL SAN DIEGO, CA 92117
Attention	Leonardo Nazareth Sales
Agent for Service of Process	
Agent Name	Leonardo Nazareth Sales
Agent Address	4721 LITHROP PL SAN DIEGO, CA 92117
Purpose Statement	
The purpose of the limited liability company is to engage in any lawful act or activity for which a limited liability company may be organized under the California Revised Uniform Limited Liability Company Act.	
Management Structure	
The LLC will be managed by	More than One Manager
Additional information and signatures set forth on attached pages, if any, are incorporated herein by reference and made part of this filing.	
Signatures	
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.	
<i>Leonardo Nazareth Sales</i>	<i>05/16/2022</i>
Organizer Signature	Date
<i>Marcio Dos Reis</i>	<i>05/16/2022</i>
Organizer Signature	Date



California Secretary of State

Business Programs Division

1500 11th Street, Sacramento, CA 95814

Tatui Brasil Surfboards LLC
4721 LITHROP PL
SAN DIEGO, CA 92117

Initial Business Filing Approved

June 2, 2022

Entity Name: Tatui Brasil Surfboards LLC
Entity Type: Limited Liability Company - CA
Entity No.: 202250717717
Document Type: Initial Filing
Document No.: 202250717717
File Date: 05/16/2022

Congratulations! The above referenced document has been approved and filed with the California Secretary of State. To access free copies of filed documents, go to bizfileOnline.sos.ca.gov and enter the entity name or entity number in the Search module.

What's Next?

Be sure to review the Welcome Letter for key information and contacts you may need.

Corporations and limited liability companies must file a Statement of Information **within 90 days** of the initial filing and annually or every other year, thereafter. For additional resources, view Starting A Business Checklist for key steps you may need to take when launching a business in California.

For further assistance, contact us at (916) 657-5448 or visit bizfileOnline.sos.ca.gov.



Thank you for using [bizfile California](https://bizfileOnline.sos.ca.gov), the California Secretary of State's business portal for online filings, searches, business records, and additional resources.

**Exhibit 15 - Brazilian
Corporate Tax
Identification and
Business Registration
Certificate - Marcio
dos Reis**



FEDERATIVE REPUBLIC OF BRAZIL
NATIONAL REGISTER OF LEGAL ENTITIES

REGISTRATION NUMBER
14.789.271/0001-82
HEAD OFFICE

**CERTIFICATE OF ENROLLMENT
AND REGISTRATION STATUS**

DATE OF ESTABLISHMENT
12/21/2011

BUSINESS NAME
MARCIO DOS REIS 25920573821

TRADE NAME (DBA)

SIZE
ME (Microenterprise)

CODE AND DESCRIPTION OF THE PRIMARY ECONOMIC ACTIVITY
47.63-6-02 - Retail trade of sports equipment

CODE AND DESCRIPTION OF SECONDARY ECONOMIC ACTIVITIES
**95.29-1-99 - Repair and maintenance of other personal and household goods and equipment
not previously specified**

CODE AND DESCRIPTION OF LEGAL NATURE
213-5 - Individual Entrepreneur

ADDRESS
AVENIDA BOTURUSSU

NUMBER
666

UNIT

ZIP CODE
03.802-000

NEIGHBORHOOD/DISTRICT
PARQUE BOTURUSSU

CITY
SÃO PAULO

STATE
SP

EMAIL ADDRESS
mreis2@gmail.com

TELEPHONE
(11) 3416-1409

FEDERAL ENTITY RESPONSIBLE (EFR)

REGISTRATION STATUS
ACTIVE

DATE OF REGISTRATION STATUS
12/21/2011

REASON FOR THE REGISTRATION STATUS

SPECIAL STATUS

DATE OF SPECIAL STATUS

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: April 7, 2026.



REPÚBLICA FEDERATIVA DO BRASIL

CADASTRO NACIONAL DA PESSOA JURÍDICA

NÚMERO DE INSCRIÇÃO
14.789.271/0001-82
MATRIZ

COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO
CADASTRAL

DATA DE ABERTURA
21/12/2011

NOME EMPRESARIAL
MARCIO DOS REIS 25920573821

TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA)

PORTE
ME

CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL
47.63-6-02 - Comércio varejista de artigos esportivos

CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS
95.29-1-99 - Reparação e manutenção de outros objetos e equipamentos pessoais e domésticos não especificados anteriormente

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA
213-5 - Empresário (Individual)

LOGRADOURO
AV BOTURUSSU

NÚMERO
666

COMPLEMENTO

CEP
03.802-000

BAIRRO/DISTRITO
PARQUE BOTURUSSU

MUNICÍPIO
SAO PAULO

UF
SP

ENDEREÇO ELETRÔNICO
mreis2@gmail.com

TELEFONE
(11) 3416-1409

ENTE FEDERATIVO RESPONSÁVEL (EFR)

SITUAÇÃO CADASTRAL
ATIVA

DATA DA SITUAÇÃO CADASTRAL
21/12/2011

MOTIVO DE SITUAÇÃO CADASTRAL

SITUAÇÃO ESPECIAL

DATA DA SITUAÇÃO ESPECIAL
