



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**.

[N-400, Application for Naturalization](#)

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Tatiana		Middle Name (if any) Marri	Family Name (Last Name) SAMUDIO
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)		Middle Name (if any)	Family Name (Last Name)
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. ☐ ☐ ☐	Number
City or Town		State ▼	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		Authorized Payment Amount \$ 760 .00
Credit Card Expiration Date CVV Code (mm/yyyy)			



USCIS
Attn: N-400
P.O. Box 21251
Phoenix, AZ 85036-1251

RE: N-400, Application for Naturalization
Applicant: Tatiana Marri Samudio

Dear Sir or Madam,

Please find enclosed **N-400, Application for Naturalization** and all requisite documentation, filed by counsel on behalf of **Tatiana Marri Samudio**.

Ms. Samudio qualifies for naturalization based on her marriage to Semih Mustafa Kurtulus, a United States citizen, and fully meets all statutory and regulatory requirements for naturalization under this category. She has maintained continuous residence and physical presence in the United States, has demonstrated good moral character, and satisfies all other applicable eligibility criteria.

Furthermore, Ms. Samudio is eligible to file her application pursuant to the 90-day early filing rule..

- **Form G-1450, Authorization for Credit Card Transactions**
- **Tatiana Marri Samudio's Signed Forms:**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
 - N-400, Application for Naturalization;

I. Tatiana Marri Samudio's Identification Documents

- Tatiana Marri Samudio's Lawful Permanent Resident Card (Green Card);
- Tatiana Marri Samudio's Passport;
- Tatiana Marri Samudio's Previous Passport;
- Tatiana Marri Samudio's Birth Certificate with English Translation;
- Tatiana Marri Samudio's I-94

II. Tatiana Marri Samudio's Receipt Notice of Form I-751, Petition to Remove Conditions on Residence - Extension of Document Validity

III. Semih Mustafa Kurtulus' Identification Documents

- Semih Mustafa Kurtulus' Certificate of Naturalization;
- Semih Mustafa Kurtulus' Passport;

- IV. Evidence of Marital Status: Tatiana Marri Samudio and Semih Mustafa Kurtulus' Marriage Certificate**
- V. Evidence of Termination of Prior Marriages: Tatiana Marri Samudio's Prior Marriage Certificate with Divorce Annotation with English Translation**
- VI. Evidence of Continuous Marital Union and Bona Fide Marriage**
- Tatiana Marri Samudio and Semih Mustafa Kurtulus' Joint Bank Statement;
 - Tatiana Marri Samudio and Semih Mustafa Kurtulus' Joint Car Registration;
 - Tatiana Marri Samudio and Semih Mustafa Kurtulus' Health Statement;
 - Tatiana Marri Samudio and Semih Mustafa Kurtulus' Flight Tickets;
- VII. Evidence of Continuous Marital Union and Bona Fide Marriage: Photographic Evidence**
- VIII. Tatiana Marri Samudio's Proof of Address**
- Tatiana Marri Samudio's Proof of Address - Family Health Center Letter;
 - Tatiana Marri Samudio's Proof of Address - Dental Explanation of Benefits;
- IX. Tatiana Marri Samudio's Financial Information and Evidence of Good Moral Character**
- Tatiana Marri Samudio's IRS Application for Extension of Time to File - 2025;
 - Tatiana Marri Samudio's IRS Federal Income Tax Return - 2024;
 - Tatiana Marri Samudio's IRS Federal Income Tax Return - 2023;
- X. Tatiana Marri Samudio's Children Birth Certificate**
- Francisco Ramon Samudio Silveira de Sousa's Birth Certificate with English Translation;
 - Marie Samudio Silveira de Sousa's Birth Certificate with English Translation;

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

Sincerely,



06/23/2026

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

TATIANA MARRI SAMUDIO'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.
N-400
- 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) SAMUDIO
- 6.b. Given Name (First Name) Tatiana
- 6.c. Middle Name Marri
- 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- 1 4 1 0 5 7 9 6 4

Client's Contact Information

10. Daytime Telephone Number
6198568027
11. Mobile Telephone Number (if any)
6198568027
12. Email Address (if any)
tatiguaru@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) 06/01/2026

Part 5. Signature of Attorney or Accredited Representative

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

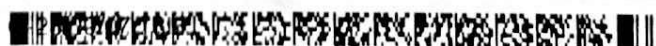
1. a. Signature of Attorney or Accredited Representative

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

2.a. Signature of Law Student or Law Graduate

N/A

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



Part 6. Additional Information

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

1.a Family Name (Last Name) **SAMUDIO**

1.b. Given Name (First Name) **Tatiana**

1.c. Middle Name **Marri**

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

2.d. **N/A**

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

3.d. **N/A**

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

4.d. **N/A**

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

5.d. **N/A**

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

6.d. **N/A**





Application for Naturalization

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

USCIS

Form N-400

OMB No. 1615-0052

Expires 02/28/2027

For USCIS Use Only	Date Stamp	Receipt	Action Block
Remarks			

► **START HERE - Type or print in black ink.** If you do not answer all of the questions, it may take longer for U.S. Citizenship and Immigration Services (USCIS) to process your Form N-400.

If your mother or father (including legal adoptive mother or father) is a U.S. citizen by birth, or was naturalized before you reached your 18th birthday, you may not need to file Form N-400 as you may already be a U.S. citizen. Before you file this application, please visit the USCIS website at www.uscis.gov/N-600 for Form N-600, Application for Certificate of Citizenship.

Part 1. Information About Your Eligibility (Select only one box to identify the basis of your eligibility or your Form N-400 may be delayed or rejected.)

Enter Your 9 Digit A-Number:

► A- 1 4 1 0 5 7 9 6 4

1. Reason for Filing (Please see Instructions for eligibility requirements under each provision.):

- A. ☐ **General Provision.** See Instructions: *List of General Eligibility Requirements*
- B. ☒ **Spouse of U.S. Citizen.** See Instructions: *Eligibility Based on Marriage to a U.S. Citizen*
- C. ☐ **VAWA.** See Instructions: *Eligibility for the Spouse, Former Spouse, or Child of a U.S. Citizen under the Violence Against Women Act (VAWA)*
- D. ☐ **Spouse of U.S. Citizen in Qualified Employment Outside the United States.** See Instructions: *Eligibility for the Spouse of a U.S. Citizen Working for a Qualified Employer Outside the United States*
- If your residential address is outside the United States and you are filing under Immigration and Nationality Act (INA) section 319(b), select the USCIS field office where you would like to have your naturalization interview. You can find a USCIS field office at www.uscis.gov/field-offices.
- E. ☐ **Military Service During Period of Hostilities.** See Instructions: *Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces*
- F. ☐ **At Least One Year of Honorable Military Service at Any Time.** See Instructions: *Eligibility and Evidence for Current and Former Members of the U.S. Armed Forces*
- G. ☐ **Other Reason for Filing Not Listed Above**

Part 2. Information About You (Person applying for naturalization)

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

Family Name (Last Name)

SAMUDIO

Given Name (First Name)

Tatiana

Middle Name (if applicable)

Marri

2. Other Names You Have Used Since Birth (see the Instructions for this **Item Number** for more information about which names to include)

Family Name (Last Name)

SAMUDIO SILVEIRA DE SOUZA

Given Name (First Name)

Tatiana Marri

Middle Name (if applicable)

N/A

N/A

N/A

N/A



Part 2. Information About You (Person applying for naturalization) (continued)

A- 1 4 1 0 5 7 9 6 4

Name Change (Optional)**Read the Instructions for this Item Number before you decide whether you would like to legally change your name.**

3. Would you like to legally change your name? ☐ Yes ☒ No (skip to **Item Number 4.**)

If you answered "Yes," type or print the new name you would like to use:

Family Name (Last Name)

N/A

Given Name (First Name)

N/A

Middle Name (if applicable)

N/A

4. USCIS Online Account Number (if any)

▶ N/A

5. Sex

☐ Male ☒ Female

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

11/24/1980

In addition to your actual date of birth, include any other dates of birth you have ever used, including dates used in connection with any legal names or non-legal names, in the space provided in **Part 14. Additional Information.**

7. If you are a lawful permanent resident, provide the date you became a lawful permanent resident (mm/dd/yyyy).

07/18/2023

8. Country of Birth

Brazil

9. Country of Citizenship or Nationality

Brazil

If you are a citizen or national of more than one country, list additional countries of nationality in the space provided in **Part 14. Additional Information.**

10. Was your mother or father (including adoptive mother or father) a U.S. citizen before your 18th birthday? ☐ Yes ☒ No

If you answered "Yes," you may already be a U.S. citizen. If you are a U.S. citizen, you should not complete Form N-400.

11. Do you have a physical or developmental disability or mental impairment that prevents you from demonstrating your knowledge and understanding of the English language or civics requirements for naturalization? ☐ Yes ☒ No

If you answered "Yes," submit a completed Form N-648, Medical Certification for Disability Exceptions, when you file your Form N-400. See the **Naturalization Testing and Exceptions** section of the Instructions for additional information about exceptions from the English language test, including exceptions based on age and years as a lawful permanent resident.**Social Security Update**

- 12.a. Do you want the Social Security Administration (SSA) to issue you an original or replacement Social Security card and update your immigration status with the SSA if and when you are naturalized?

☐ Yes (Complete **Item Numbers 12.b. - 12.c.**)☒ No (Go to **Part 3.**)

- 12.b. Provide your Social Security number (SSN) (if any). ▶

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- 12.c. **Consent for Disclosure:** I authorize disclosure of information from this application and USCIS systems to the SSA as required for the purpose of assigning me an SSN, issuing me an original or replacement Social Security card, and updating my immigration status with the SSA. ☐ Yes ☐ No

NOTE: If you answered "Yes" to **Item Number 12.a.**, you must also answer "Yes" to **Item Number 12.c., Consent for Disclosure**, to receive a card.

Part 3. Biographic Information

A- 1 4 1 0 5 7 9 6 4

NOTE: USCIS requires you to complete the categories below to conduct background checks. (See the **Form N-400 Instructions** for more 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 4. Information About Your Residence

1. Physical Addresses

List every location where you have lived during the last 5 years if you are filing based on the general provision under **Part 1, Item Number 1.a.** If you are filing based on other naturalization eligibility options, see **Part 4.** in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. If you need extra space, use the space provided in **Part 14. Additional Information.**

Current Physical Address

In Care Of Name (if any)

Tatiana Marri Samudio

Street Number and Name

3894 La Jolla Village Drive

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

San Diego

State

CA

ZIP Code

92037

Province

N/A

Postal Code

N/A

Country

USA

Dates of Residence: From (mm/dd/yyyy) 03/30/2022

Dates of Residence: To (mm/dd/yyyy) PRESENT

Physical Address (Street Number and Name)	City or Town	State / Province	ZIP Code / Postal Code	Country	Dates of Residence	
					From (mm/dd/yyyy)	To (mm/dd/yyyy)
3404 Cowley Way Apt 1	San Diego	CA	92117	USA	10/01/2019	03/30/2022
N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A

2. Is your current physical address also your current mailing address?

☐ Yes (If you answered "Yes," skip to **Part 5.**) ☒ No

Part 4. Information About Your Residence (continued)

A- 1 4 1 0 5 7 9 6 4

3. Current Mailing Address (Safe 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

Province

N/A

Postal Code

N/A

Country

USA

Part 5. Information About Your Marital History**1. What is your current marital status?**☐ Single, Never Married ☒ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Marriage AnnulledIf you are single and have **never** married, go to **Part 6. Information About Your Children**.**2. If you are currently married, is your spouse a current member of the U.S. armed forces?**☐ Yes ☒ No**3. How many times have you been married? (See the **Specific Instructions by Item Number** section of the Instructions for more information about which marriages to include.)**

2

Provide current marriage certificate and any divorce decree, annulment decree, or death certificate showing that your prior marriages were terminated (if applicable).

If you are filing under one of the categories below, answer **Item Numbers 4.a. - 8.**:

- Spouse of U.S. Citizen, **Part 1., Item Number 1.b.**; or;
- Spouse of U.S. Citizen in Qualified Employment Outside the United States, **Part 1., Item Number 1.d.**

If you are not filing **under one of the categories above**, skip to **Part 6**.**Your Current Marriage**

If you are currently married, including if you are legally separated, provide the following information about your current spouse.

4.a. Current Spouse's Legal Name

Family Name (Last Name)

KURTULUS

Given Name (First Name)

Semih

Middle Name (if applicable)

Mustafa

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

02/16/1977

4.c. Date You Entered into Marriage with Current Spouse (mm/dd/yyyy)

09/12/2022

4.d. Is your current spouse's present physical address the same as your physical address?☒ Yes☐ No (If you answered "No," provide address in **Part 14. Additional Information**.)**5.a. When did your current spouse become a U.S. citizen?**☐ By Birth in the United States - Go to **Item Number 7**.☒ Other - Complete **Item Number 5.b**.**5.b. Date Your Current Spouse Became a U.S. Citizen (mm/dd/yyyy)**

01/23/2013

Part 5. Information About Your Marital History (continued)

A- 1 4 1 0 5 7 9 6 4

6. Current Spouse's Alien Registration Number (A-Number) (if any) ▶ A-

0 8 8 4 0 9 3 3 6

7. How many times has your current spouse been married? (See the
- Specific Instructions by Item Number**
- section of the Instructions for more information about which marriages to include.)

1

Provide divorce decrees, annulment decrees, or death certificates showing that all of your spouse's prior marriages were terminated (if applicable).

8. Current Spouse's Current Employer or Company

Only answer **Item Number 8**, if you are filing under **Part 1, Item Number 1.d., Spouse of U.S. Citizen in Qualified Employment Outside the United States**.

Part 6. Information About Your Children

1. Indicate your total number of children under 18 years of age.

2

2. Provide the following information about your children identified in **Item Number 1**. For the residence and relationship columns, you must type or print one of the valid options listed. If any of your children do not reside with you, provide the address(es) where those children live in **Part 14. Additional Information**. If you have more than three children, use the space provided in **Part 14. Additional Information**.

Son or Daughter's Name (First Name and Family Name)	Date of Birth (mm/dd/yyyy)	Residence (Valid options include: resides with me, does not reside with me, or unknown/ missing)	Relationship (Valid options include: biological son or daughter, stepchild, or legally adopted son or daughter)	Are you providing support for your son or daughter?
Francisco Ramon Samudio Silveira de Sousa	04/20/2016	Does not reside with me	Biological son	☒ Yes ☐ No
Marie Samudio Silveira de Sousa	11/24/2017	Does not reside with me	Biological daughter	☒ Yes ☐ No
N/A	N/A	N/A	N/A	☐ Yes ☐ No

Part 7. Information About Your Employment and Schools You Attended

1. List where you have worked or attended school full time or part time during the last 5 years if you are filing based on the general provision under **Part 1, Item Number 1.a**. If you are filing based on other naturalization eligibility options, see **Part 7**, in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. Provide information for the complete time period for all employment, including foreign government employment such as military, police, and intelligence services. Begin by providing information about your most recent or current employment, studies, or unemployment. Provide the locations and dates where you worked, were self-employed, were unemployed, or have studied. If you worked for yourself and not for a specific employer, type or print "self-employed" for the employer name. If you were unemployed, type or print "unemployed." If you are retired, type or print "retired." If you need extra space to complete **Part 7**, use the space provided in **Part 14. Additional Information**.

Employer or School					Employment/School Dates		Occupation or Field of Study
Name	City/Town	State/ Province	ZIP Code/ Postal Code	Country	From (mm/dd/yyyy)	To (mm/dd/yyyy)	
Resolve Wellness	San Diego	CA	92121	USA	03/01/20 26	PRESENT	Wellness
Cove Wellness	San Diego	CA	92037	USA	05/01/20 24	PRESENT	Wellness
Vida Pilates	San Diego	CA	92122	USA	02/01/20 23	PRESENT	Pilates Coach



Part 8. Time Outside the United States

A- 1 4 1 0 5 7 9 6 4

1. List below all the trips that you have taken outside the United States during the last 5 years if you are filing based on the general provision under **Part 1, Item Number 1.a.** If you are filing based on other naturalization eligibility options, see **Part 8.** in the **Specific Instructions by Item Number** section of the Instructions for the applicable period of time for which you must enter this information. Start with your most recent trip and work backwards. Do not include day trips (where the entire trip was completed within 24 hours) in the table. If you have taken any trips outside the United States that lasted more than 6 months, see the **Required Evidence - Continuous Residence** section of the Instructions for evidence you should provide. If you need extra space to complete this section, use the space provided in **Part 14. Additional Information.**

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Countries to Which You Traveled
04/18/2026	05/12/2026	Brazil
11/14/2025	01/13/2026	Brazil
09/05/2025	09/21/2025	Greece/Turkey
06/13/2025	08/15/2025	Brazil
04/22/2025	05/03/2025	Maldives
11/20/2024	02/21/2025	Brazil

Part 9. Additional Information About You

When a question includes the word “**EVER**,” you must provide information about any of your actions or conduct that occurred **anywhere in the world** at any time, unless the question specifies otherwise. If you answer “Yes” to any of the questions in **Item Numbers 1. - 14.** in **Part 9. Item Numbers 1. - 14.,** provide explanations and any additional information in the space provided in **Part 14. Additional Information.**

1. Have you **EVER** claimed to be a U.S. citizen (in writing or any other way)? ☐ Yes ☒ No
2. Have you **EVER** registered to vote or voted in any Federal, state, or local election in the United States? If you lawfully voted only in a local election where aliens are eligible to vote, you may answer “No.” ☐ Yes ☒ No
3. Do you currently owe any overdue Federal, state, or local taxes in the United States? ☐ Yes ☒ No
4. Since you became a lawful permanent resident, have you called yourself a “nonresident alien” on a Federal, state, or local tax return or decided not to file a tax return because you considered yourself to be a nonresident? ☐ Yes ☒ No

Have you **EVER**:

- 5.a. Been a member of, involved in, or in any way associated with any Communist or totalitarian party **anywhere in the world**? ☐ Yes ☒ No
- 5.b. Advocated (supported and promoted) any of the following, or been a member of, involved in, or in any way associated with any group **anywhere in the world** that advocated any of the following: ☐ Yes ☒ No
- Opposition to all organized government;
 - World communism;
 - The establishment in the United States of a totalitarian dictatorship;
 - The overthrow by force or violence or other unconstitutional means of the Government of the United States or all forms of law;
 - The unlawful assaulting or killing of any officer or officers of the Government of the United States or of any other organized government because of their official character;
 - The unlawful damage, injury, or destruction of property; or
 - Sabotage?



Part 9. Additional Information About You (continued)A-

1	4	1	0	5	7	9	6	4
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Have you **EVER** been a member of, involved in, or in any way associated with, or have you **EVER** provided money, a thing of value, services or labor, or any other assistance or support to a group that:

- 6.a. Used a weapon or explosive with intent to harm another person or cause damage to property? ☐ Yes ☒ No
- 6.b. Engaged (participated) in kidnapping, assassination, or hijacking or sabotage of an airplane, ship, vehicle, or other mode of transportation? ☐ Yes ☒ No
- 6.c. Threatened, attempted (tried), conspired (planned with others), prepared, planned, advocated for, or incited (encouraged) others to commit any of the acts listed in **Item Numbers 6.a. or 6.b.**? ☐ Yes ☒ No

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

- 7.a. Torture? ☐ Yes ☒ No
- 7.b. Genocide? ☐ Yes ☒ No
- 7.c. Killing or trying to kill any person? ☐ Yes ☒ No
- 7.d. Intentionally and severely injuring or trying to injure any person? ☐ Yes ☒ No
- 7.e. Any kind of sexual contact or activity with any person who did not consent (did not agree) or was unable to consent (could not agree), or was being forced or threatened by you or by someone else? ☐ Yes ☒ No
- 7.f. Not letting someone practice his or her religion? ☐ Yes ☒ No
- 7.g. Causing harm or suffering to any person because of his or her race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☒ No
- 8.a. Have you **EVER** served in, been a member of, assisted (helped), or participated in any military or police unit? ☐ Yes ☒ No
- 8.b. 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 8.a.** or **Item Number 8.b.**, 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**.

9. Have you **EVER** worked, volunteered, or otherwise served in a place where people were detained (forced to stay), for example, a prison, jail, prison camp (a camp where prisoners of war or political prisoners are kept), detention facility, or labor camp, or have you **EVER** directed or participated in any other activity that involved detaining people? ☐ Yes ☒ No
- 10.a. Were you **EVER** a part of any group, or did you **EVER** help any group, unit, or organization that used a weapon against any person, or threatened to do so? ☐ Yes ☒ No
- 10.b. If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever use a weapon against another person? ☐ Yes ☐ No
- 10.c. If you answered "Yes" to **Item Number 10.a.**, when you were part of this group, or when you helped this group, did you ever threaten another person that you would use a weapon against that person? ☐ Yes ☐ No
11. 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
12. Have you **EVER** received any weapons training, paramilitary training, or other military-type training? ☐ Yes ☒ No
13. Have you **EVER** recruited (asked), enlisted (signed up), conscripted (required to join), or used any person under 15 years of age to serve in or help an armed group, or attempted or worked with others to do so? ☐ Yes ☒ No
14. Have you **EVER** used any person under 15 years of age to take part in hostilities or attempted or worked with others to do so? This could include participating in combat or providing services related to combat (such as serving as a messenger or transporting supplies). ☐ Yes ☒ No



Part 9. Additional Information About You (continued)

A- 1 4 1 0 5 7 9 6 4

If you answer “Yes” to any part of Item Number 15. below, complete the table below with each crime or offense even if your records have been sealed, expunged, or otherwise cleared. You must disclose this information even if someone, including a judge, law enforcement officer, or attorney, told you that it is no longer on your record, or told you that you do not have to disclose the information. If you need extra space, use the space provided in **Part 14. Additional Information**. Submit evidence to support your answers with your Form N-400.

Include all the crimes and offenses in the United States or **anywhere in the world** (including domestic violence, driving under the influence of drugs or alcohol, and crimes and offenses while you were under 18 years of age) which you **EVER**:

- Committed, agreed to commit, or asked someone else to commit;
- Were arrested, cited, detained, or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official;
- Were charged with committing, helping commit, or trying to commit;
- Pled guilty to;
- Were convicted of;
- Were placed in alternative sentencing or a rehabilitative program for (for example, diversion, deferred prosecution, withheld adjudication, or deferred adjudication); or
- Received a suspended sentence, clemency, amnesty, or pardon for, or were placed on probation or paroled for.

15.a. Have you **EVER** committed, agreed to commit, asked someone else to commit, helped commit, or tried to commit a crime or offense for which you were NOT arrested? ☐ Yes ☒ No

15.b. Have you **EVER** been arrested, cited, detained or confined by any law enforcement officer, military official (in the U.S. or elsewhere), or immigration official for any reason, or been charged with a crime or offense? ☐ Yes ☒ No

What was the crime or offense? (If convicted, provide crime of conviction. If not convicted, provide crime or offense listed in arrest, citation, charging document, or crime committed.)	Date of the Crime or Offense (mm/dd/yyyy)	Date of your conviction or guilty plea (if applicable) (mm/dd/yyyy)	Place of Crime or Offense (City or Town, State, Country)	What was the result or disposition of the arrest, citation, or charge? (no charges filed, convicted, charges dismissed, detention, jail, probation, etc.)	What was your sentence (if applicable)? (For example, 90 days in jail, 90 days on probation)
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A

16. If you received a suspended sentence, were placed on probation, or were paroled, have you completed your suspended sentence, probation, or parole? ☐ Yes ☒ No

If you answer “Yes” to any of the questions in **Item Numbers 17.a. - 19.**, provide an explanation in the space provided in **Part 14. Additional Information**. Submit evidence to support your answers.



Part 9. Additional Information About You (continued)

A- 1 4 1 0 5 7 9 6 4

Have you **EVER**:

- 17.a. Engaged in prostitution, attempted to procure or import prostitutes or persons for the purpose of prostitution, or received any proceeds or money from prostitution? ☐ Yes ☒ No
- 17.b. Manufactured, cultivated, produced, distributed, dispensed, sold, or smuggled (trafficked) any controlled substances, illegal drugs, narcotics, or drug paraphernalia in violation of any law or regulation of a U.S. state, the United States, or a foreign country? ☐ Yes ☒ No
- 17.c. Been married to more than one person at the same time? ☐ Yes ☒ No
- 17.d. Married someone in order to obtain an immigration benefit? ☐ Yes ☒ No
- 17.e. Helped anyone to enter, or try to enter, the United States illegally? ☐ Yes ☒ No
- 17.f. Gambled illegally or received income from illegal gambling? ☐ Yes ☒ No
- 17.g. Failed to support your dependents (pay child support) or to pay alimony (court-ordered financial support after divorce or separation)? ☐ Yes ☒ No
- 17.h. Made any misrepresentation to obtain any public benefit in the United States? ☐ Yes ☒ No
18. Have you **EVER** given any U.S. Government officials **any** information or documentation that was false, fraudulent, or misleading? ☐ Yes ☒ No
19. Have you **EVER** lied to any U.S. Government officials to gain entry or admission into the United States or to gain immigration benefits while in the United States? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 20. - 21.** below, provide an explanation in the space provided in **Part 14. Additional Information** and see the **Specific Instructions by Item Number, Part 9. Additional Information About You** of the Instructions for more information.

20. Have you **EVER** been placed in removal, rescission, or deportation proceedings? ☐ Yes ☒ No
21. Have you **EVER** been removed or deported from the United States? ☐ Yes ☒ No

Federal Law requires nearly all people born as male who are either U.S. citizens or immigrants, 18 through 25 years of age, to register with Selective Service. See www.sss.gov.

- 22.a. Are you a male who lived in the United States at any time between your 18th and 26th birthdays? (Do not select "Yes" if you were a lawful nonimmigrant for all of that time period.) ☐ Yes ☒ No
- 22.b. If you answered "Yes," to **Item Number 22.a.**, did you register for the Selective Service? ☐ Yes ☐ No
- 22.c. If you answered "Yes," to **Item Number 22.b.**, provide information about your registration.

Date Registered (mm/dd/yyyy) Selective Service Number

N/A

N/A

If you answered "No," to **Item Number 22.b.** see the **Specific Instructions by Item Number, Part 9. Additional Information About You** of the Instructions for more information.

If you answer "Yes" to **Item Numbers 23. - 24.**, provide an explanation in the space provided in **Part 14. Additional Information**.

23. Have you **EVER** left the United States to avoid being drafted in the U.S. armed forces? ☐ Yes ☒ No
24. Have you **EVER** applied for any kind of exemption from military service in the U.S. armed forces? ☐ Yes ☒ No
25. Have you **EVER** served in the U.S. armed forces? ☐ Yes ☒ No



Part 9. Additional Information About You (continued)

A- 1 4 1 0 5 7 9 6 4

If you answered "No" to **Item Number 25.**, go to **Item Number 30.a.****26.a.** Are you **currently** a member of the U.S. armed forces? ☐ Yes ☐ No**26.b.** If you answered "Yes" to **Item Number 26.a.**, are you scheduled to deploy outside the United States, including to a vessel, within the next 3 months? (Call the Military Help Line at **877-247-4645** if you transfer to a new duty station after you file your Form N-400, including if you are deployed outside the United States or to a vessel.) ☐ Yes ☐ No**26.c.** If you answered "Yes," to **Item Number 26.a.**, are you **currently** stationed outside the United States? ☐ Yes ☐ No**26.d.** If you answered "No" to **Item Number 26.a.**, are you a former U.S. military service member who is currently residing outside of the U.S.? ☐ Yes ☐ NoIf you answer "Yes" to **Item Numbers 27. - 29.**, provide an explanation in the space provided in **Part 14. Additional Information.****27.** Have you **EVER** been court-martialed or have you received a discharge characterized as other than honorable, bad conduct, or dishonorable, while in the U.S. armed forces? ☐ Yes ☐ No**28.** Have you **EVER** been discharged from training or service in the U.S. armed forces because you were an alien? ☐ Yes ☐ No**29.** Have you **EVER** deserted from the U.S. armed forces? ☐ Yes ☐ NoFor **Item Numbers 30.a. - 37.** see **Specific Instructions by Item Number, Part 9. Additional Information About You.** If you answer "Yes" to **Item Number 30.a.**, provide an explanation in the space provided in **Part 14. Additional Information.****30.a.** Do you now have, or did you **EVER** have, a hereditary title or an order of nobility in any foreign country? ☐ Yes ☒ No (skip to **Item Number 31.**)**30.b.** If you answered "Yes," to **Item Number 30.a.**, are you willing to give up any inherited titles or orders of nobility, (list titles), that you have in a foreign country at your naturalization ceremony? ☐ Yes ☐ NoIf you answer "No" to any question except **Item Number 33.**, see the **Oath of Allegiance** section of the Instructions for more information.**31.** Do you support the Constitution and form of Government of the United States? ☒ Yes ☐ No**32.** Do you understand the full Oath of Allegiance to the United States (see **Part 16. Oath of Allegiance**)? ☒ Yes ☐ No**33.** Are you unable to take the Oath of Allegiance because of a physical or developmental disability or mental impairment? If you answer "Yes," skip **Item Numbers 34. - 37.** and see the **Legal Guardian, Surrogate, or Designated Representative** section in the Instructions. ☐ Yes ☒ No**34.** Are you willing to take the full Oath of Allegiance to the United States? ☒ Yes ☐ No**35.** If the law requires it, are you willing to bear arms (carry weapons) on behalf of the United States? ☒ Yes ☐ No**36.** If the law requires it, are you willing to perform noncombatant services (do something that does not include fighting in a war) in the U.S. armed forces? ☒ Yes ☐ No**37.** If the law requires it, are you willing to perform work of national importance under civilian direction (do non-military work that the U.S. Government says is important to the country)? ☒ Yes ☐ No

Part 10. Request for a Fee Reduction

A- 1 4 1 0 5 7 9 6 4

For information about fees, fee waivers, and reduced fees, see Form G-1055, Fee Schedule, at www.uscis.gov/g-1055. To apply for a reduced fee, complete **Item Numbers 1. - 5.b.** If you are not eligible for a reduced fee, complete **Item Number 1.** and proceed to **Part 11.**

1. My household income is less than or equal to 400% of the Federal Poverty Guidelines (see Instructions for required documentation).

☐ Yes (complete **Item Numbers 2. - 5.b.**)

☒ No (skip to **Part 11.**)

2. Total household income:

N/A

3. My household size is:

N/A

4. Total number of household members earning income including yourself:

N/A

- 5.a. I am the head of household.

☐ Yes ☐ No

- 5.b. Name of head of household (if you selected "No" in **Item Number 5.a.**):

N/A

Part 11. 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

6198568027

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

6198568027

3. Applicant's Email Address (if any)

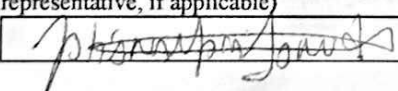
tatiguaru@gmail.com

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 12.**, 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 (or signature of a legal guardian, surrogate, or designated representative, if applicable)

Date of Signature
(mm/dd/yyyy)

➔ 

06/01/2026



Part 12. Interpreter's Contact Information, Certification, and Signature

A- 1 4 1 0 5 7 9 6 4

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

INACIO PENNA MELLO

Interpreter's Given Name (First Name)

Andre Vinicius

2. Interpreter's Business or Organization Name

HS Law Corp

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

4154252508

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

4154252508

5. Interpreter's Email Address (if any)

andre@yousalaw.com

Interpreter's Certification and Signature

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

6. Interpreter's Signature



Date of Signature (mm/dd/yyyy)

06/01/2026

Part 13. Contact Information, Certification, and Signature of the Person Preparing this Application, if Other Than the Applicant**Preparer's Full Name**

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

06/01/2026



Part 14. Additional Information

A- 1 4 1 0 5 7 9 6 4

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 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 (if applicable)
SAMUDIO Tatiana Marri

2. Page Number Part Number Item Number
5 6 2

Francisco Ramon Samudio Silveira de Sousa: Rua Bruxelas 153, Perdizes, Sao Paulo, Sao Paulo, Brazil - 01259-020

Marie Samudio Silveira de Sousa: Rua Bruxelas 153, Perdizes, Sao Paulo, Sao Paulo, Brazil - 01259-020

3. Page Number Part Number Item Number
5 7 1

Stretch Lab - San Diego, USA - 92101
Flexologist
From 07/01/2022 to 03/01/2023

Medizen Health and Wellness - San Diego, USA - 92121
Performance coach
From 05/12/2022 to 04/01/2023

4. Page Number Part Number Item Number
5 7 1

The Performance Refinery - San Diego, USA - 92008
Sports/pilates coach
From 06/12/2021 to 01/12/2022

Balanced Body - San Diego, USA - 92103
Reformer Instructor Training
From 06/04/2021 to 06/19/2021

5. Page Number Part Number Item Number
5 7 1

San Diego University for Integrative Studies - San Diego, USA - 92110
Sports Coaching Certificate
From 09/01/2020 to 06/27/2022

The Chicago School - in San Diego - San Diego, USA - 92101
Masters in ABA (Applied Behavior Analysis)
From 08/01/2019 to 03/01/2020

Do not complete Parts 15. or 16. until the USCIS officer instructs you to do so at the interview.



Part 14. Additional Information

A- 1 4 1 0 5 7 9 6 4

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 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 (if applicable)
SAMUDIO Tatiana Marri

2. Page Number Part Number Item Number
6 8 1

07/10/2024 to 09/15/2024 - Turkey and Brazil
03/29/2024 to 04/28/2024 - Brazil
11/22/2023 to 01/11/2024 - Brazil
09/24/2023 to 10/07/2023 - Brazil
05/05/2023 to 05/28/2023 - Brazil

3. Page Number Part Number Item Number

4. Page Number Part Number Item Number

5. Page Number Part Number Item Number

Do not complete Parts 15. or 16. until the USCIS officer instructs you to do so at the interview.



Part 15. Signature at Interview

A- 1 4 1 0 5 7 9 6 4

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 N-400, Application for Naturalization, subscribed by me, including corrections, are complete, true, and correct. The evidence submitted by me are complete, true, and correct.

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature

USCIS Officer's Signature

Part 16. Oath of Allegiance

If your application is approved, you will be scheduled for a naturalization ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing below you acknowledge your willingness to take this Oath:

I hereby declare on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign, and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the armed forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion; so help me God.

Applicant's Signature

Date of Signature (mm/dd/yyyy)



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Tatiana Marri Samudio's Identification Documents

Tatiana Marri Samudio's Lawful Permanent Resident Card (Green Card)	1
Tatiana Marri Samudio's Passport	2-18
Tatiana Marri Samudio's Previous Passport	19-20
Tatiana Marri Samudio's Birth Certificate with English Translation	21-25
Tatiana Marri Samudio's I-94	26

Exhibit 2 - Tatiana Marri Samudio's Receipt Notice of Form I-751, Petition to Remove Conditions on Residence - Extension of Document Validity

Tatiana Marri Samudio's Receipt Notice of Form I-751, Petition to Remove Conditions on Residence - Extension of Document Validity	27-30
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Exhibit 3 - Semih Mustafa Kurtulus' Identification Documents

Semih Mustafa Kurtulus' Certificate of Naturalization	31
Semih Mustafa Kurtulus' Passport	32-45

Exhibit 4 - Evidence of Marital Status: Tatiana Marri Samudio and Semih Mustafa Kurtulus' Marriage Certificate

Tatiana Marri Samudio and Semih Mustafa Kurtulus' Marriage Certificate	46
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Exhibit 5 - Evidence of Termination of Prior Marriages: Tatiana Marri Samudio's prior Marriage Certificate with Divorce Annotation with English Translation

Tatiana Marri Samudio's Prior Marriage Certificate with Divorce Annotation with English Translation	47-51
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Exhibit 6 - Evidence of Continuous Marital Union and Bona Fide Marriage

Tatiana Marri Samudio and Semih Mustafa Kurtulus' Joint Bank Statement	52-55
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Tatiana Marri Samudio and Semih Mustafa Kurtulus' Joint Car Registration	56-57
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Tatiana Marri Samudio and Semih Mustafa Kurtulus' Health Statement	58-61
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Tatiana Marri Samudio and Semih Mustafa Kurtulus' Flight Tickets	62-77
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Exhibit 7 - Evidence of Continuous Marital Union and Bona Fide Marriage: Photographic Evidence

Evidence of Continuous Marital Union and Bona Fide Marriage: Photographic Evidence	78-168
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Exhibit 8 - Tatiana Marri Samudio's Proof of Address

Tatiana Marri Samudio's Proof of Address - Family Health Center Letter	169-170
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Tatiana Marri Samudio's Proof of Address - Dental Explanation of Benefits	171-172
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Exhibit 9 - Tatiana Marri Samudio's Financial Information and Evidence of Good Moral Character

Tatiana Marri Samudio's IRS Application for Extension of Time to File - 2025	173
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Tatiana Marri Samudio's IRS Federal Income Tax Return - 2024	174-234
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Exhibit 10 - Tatiana Marri Samudio's Children Birth Certificate

Francisco Ramon Samudio Silveira de Sousa's Birth 294-295
Certificate with English Translation

Marie Samudio Silveira de Sousa's Birth Certificate 296-297
with English Translation

Exhibit 1 - Tatiana Marri Samudio's Identification Documents

UNITED STATES OF AMERICA
PERMANENT RESIDENT

SAMUDIO TATIANA 24 NOV 1980

Surname
SAMUDIO

Given Name
TATIANA M

Country of Birth
Brazil

USCIS#
141-057-964

Category
CR6

Date of Birth
24 NOV 1980

Sex
F

Card Expires:
07/18/25

Resident Since:
07/18/23







[Signature]
Assinatura do titular / Signature du titulaire / .

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

GL785801

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

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

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

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



PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE

P

PAÍS EMISSOR / ISSUING COUNTRY

BRA

PASSAPORTE N° / PASSPORT No.

GL785801

SOBRENOME / SURNAME

SAMUDIO

NOME / GIVEN NAMES

TATIANA MARRI

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH

24 NOV/NOV 1980

CPF / PERSONAL NUMBER

219632148-62

SEXO / SEX

F

NATURALIDADE / PLACE OF BIRTH

SÃO PAULO/SP

FILIACÃO / FILIATION

FRANCISCO RAMON SAMUDIO

IRINEA DAS DORES SAMUDIO

DATA DE EXPEDIÇÃO / DATE OF ISSUE

24 JUN/JUN 2025

VÁLIDO ATÉ / DATE OF EXPIRY

23 JUN/JUN 2035

AUTORIDADE / AUTHORITY

SR/PF/SP

P<BRASAMUDIO<<TATIANA<MARRI<<<<<<<<<<<<<<<<<<

GL785801<4BRA8011244F350623721963214862<<<40

0828710

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.



REPÚBLICA
FEDERATIVA
DO BRASIL

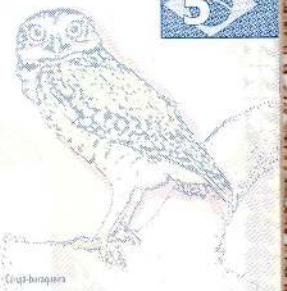
0L785801

Para uso das autoridades brasileiras.
NÃO CARIMBAR ESTA PÁGINA.

Reservé aux autorités brésiliennes.
NE PAS TAMPONNER CETTE PAGE.

For the use of Brazilian authorities.
DO NOT STAMP THIS PAGE.

Para uso de las autoridades brasileñas.
NO SELLAR ESTA PAGINA.



REPÚBLICA
FEDERATIVA
DO BRASIL

0088719

INFORMAÇÕES PARA O TITULAR

6

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

O extravio — perda, roubo ou destruição — do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.



Mico-leão dourado



Sucuri

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.



Passaporto, ardejo, mico, etc.
pelo site (mre.gov.br)



REPÚBLICA
FEDERATIVA
DO BRASIL

01785801

7

É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conturbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilidade de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

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

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

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

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



Prédio da Aze de São Paulo - Foto

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

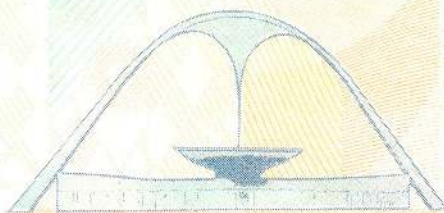
REPÚBLICA
FEDERATIVA
DO BRASIL



01020730



broméia



Arco da Apoteose - São João del-Rei - RJ



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

6L78500



tucano



Pyramides de Alvarado
Longshui - YN

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL





10056719



Personagem do Matsigenka



Mandacarina e suas flores



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

01785001



Caracará



Personagem do Matsigenka

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL

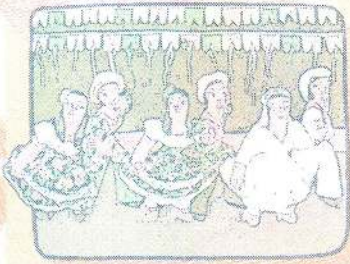


10878713



Tucano

14



Artesanato em argila - Festa Junina



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

6L785801



Leopardo de neve brasileiro

15



Artesanato em argila - Relicários

REPÚBLICA
FEDERATIVA
DO BRASIL



VISTOS / VISAS

1088719

6L765801

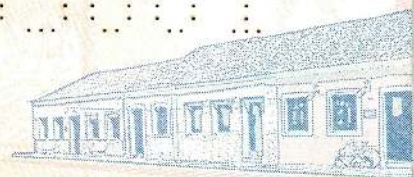


Armadilha em Nacipé -
Goiânia de 1940

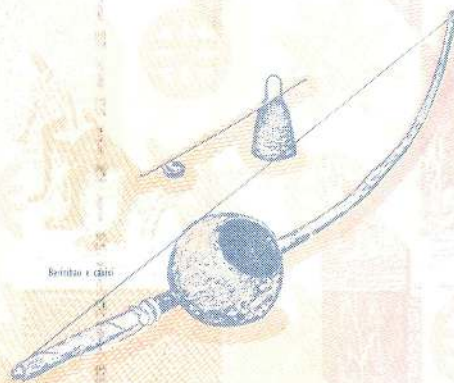


Troca utilizada no Paraná

VISTOS / VISAS



Casarão em Paracatu - MG



Berimbau e cabaço

VISTOS / VISAS



REPÚBLICA
FEDERATIVA
DO BRASIL



REPÚBLICA
FEDERATIVA
DO BRASIL

10826713



Caramelo de madeira - PA

18



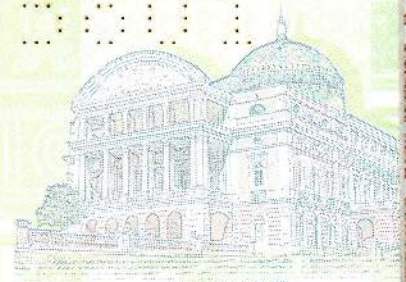
Candeeiro de Coco

VISTOS / VISAS



REPÚBLICA
FEDERATIVA
DO BRASIL

01785001



São Francisco de Assis - Manaus - AM

19



Guava

VISTOS / VISAS



REPÚBLICA
FEDERATIVA
DO BRASIL

108287 19



Espetro de St. Ananias



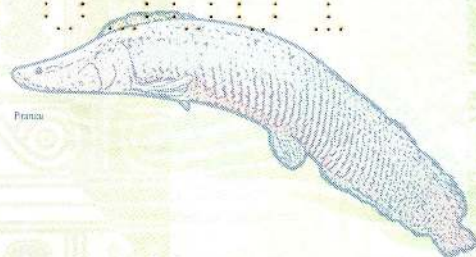
Palmeiras e frutas da lapa e caxupê



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

EL 70580 1



Piranha



Bateria de artefatos indígenas Rarákú

VISTOS / VISAS

21

REPÚBLICA
FEDERATIVA
DO BRASIL



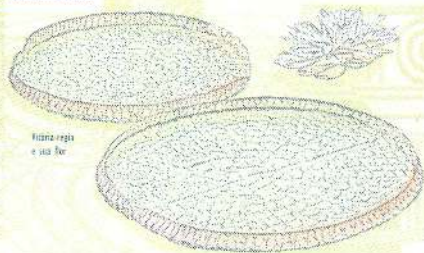
10878719



Instrumentos tradicionais
indígenas Atsaka

Beta Antena

22



Instrumento
e sua forma



REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

EL 785801



Atsaka

23



Instrumento em Capim-durati - Jêgê - IB

VISTOS / VISAS

REPÚBLICA
FEDERATIVA
DO BRASIL



0088713



Curassow

01765001

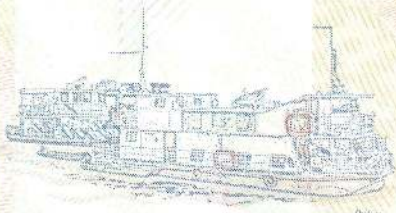


Laysan



Jaguar de pantano

24



Ship

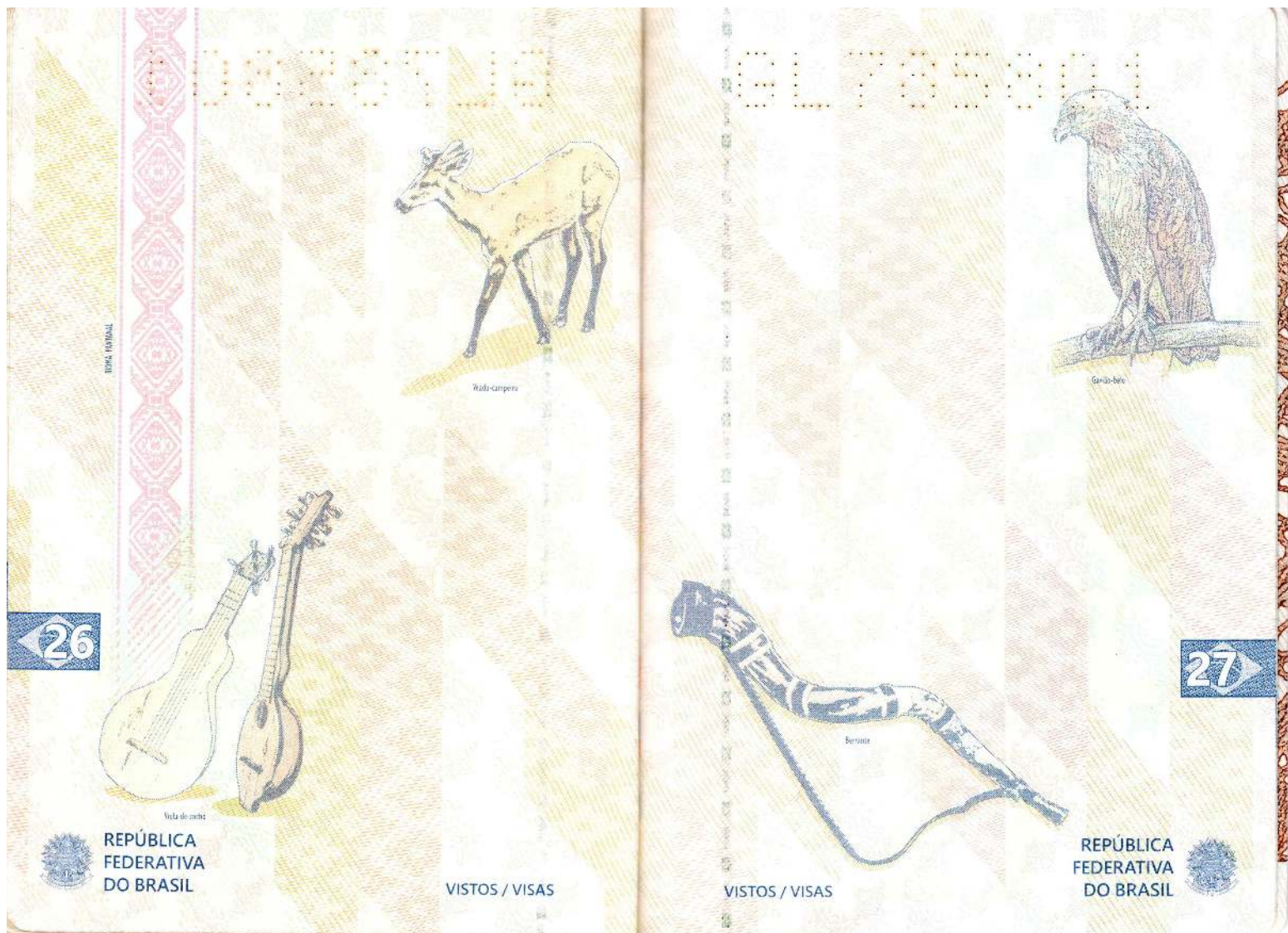
REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS

25

REPÚBLICA
FEDERATIVA
DO BRASIL

VISTOS / VISAS



10626719



Páscoa - artesanato de festa infantil

BRUNO BASTOS

28



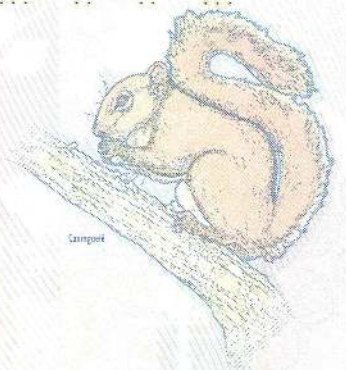
REPÚBLICA
FEDERATIVA
DO BRASIL



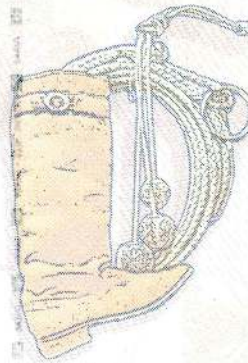
Arroz de leite - artesanato de festa infantil

VISTOS / VISAS

61765801



Castor



Boia e boneira galega

VISTOS / VISAS

29

REPÚBLICA
FEDERATIVA
DO BRASIL



10828719

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

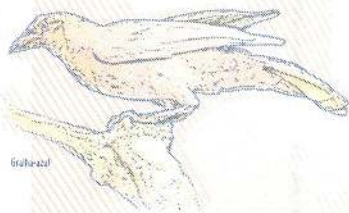
Estado / State

País / Country

Telefone / Phone



Pinha (fruta de pinheiro - arvore) e pinhas (sementes da arvore) - abacaxi



Gralha-azul

30



REPÚBLICA
FEDERATIVA
DO BRASIL

01785801

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

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

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

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

Nome / Name

Endereço / Address

Cidade / City

Estado / State

País / Country

Telefone / Phone



Emu



Bonita brasileira de roupa de estilo

31



REPÚBLICA
FEDERATIVA
DO BRASIL

23028712

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.



Cabaia de churrasco

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-se de 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.



Bota de couro

Créditos e informações importantes:

Acesse o endereço eletrônico ou utilize o QR Code abaixo.

<https://www.casada moeda.gov.br/passaportebrasileiro>



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REPÚBLICA
FEDERATIVA
DO BRASIL

01705801

BRA

Jardim Botânico de Curitiba - PR,
Monumento à Aneta Garibaldi em Laguna - SC,
Igreja de São Miguel das Antas - RS

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

MAR 18 2022
F1
4/5

UNITED STATES OF AMERICA
VISA

Issuing Post Name
SAO PAULO

Control Number
20192243110017

Surname
SAMUDIO SILVEIRA DE SOUSA

Given Name
TATIANA MARRI

Passport Number
F0737949

Sex
F

Birth Date
24NOV1980

Nationality
BRZL

Entries
M

Issue Date
13AUG2019

Expiration Date
11AUG2023

Annotation
N0030926888
THE CHICAGO SCHOOL OF PROFESSIONAL
PSYCHOLOGY

1001

2739784

VNUSASAMUDIO<SILVEIRA<DE<SOUSA<<TATIANA<MARR
F0737949<OBRA8011244F2308113F1SPL33PIR163273



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.tjsp.jus.br>

BIRTH CERTIFICATE
TATIANA MARRI SAMUDIO

CPF

219.632.148-62

REGISTRATION

115030 01 55 1980 1 00077 125 0042018-00

DATE OF BIRTH IN FULL

DAY

MONTH

YEAR

NOVEMBER TWENTY-FOURTH, NINETEEN EIGHTY

24

11

1980

TIME OF BIRTH

CITY OF BIRTH

4:30 PM

São Paulo - São Paulo

CITY OF REGISTRATION AND STATE

PLACE, CITY OF BIRTH AND STATE

SEX

SÃO PAULO - São Paulo

HOSPITAL, SÃO PAULO - São Paulo

FEMALE

FILIACTION

FRANCISCO RAMON SAMUDIO, born in Paraguai -
IRINEA DAS DORES SAMUDIO, born in São Paulo - São Paulo -

GRANDPARENTS

OROCIA BURGO DE GONZALEZ
ANTONIO DOS SANTOS and ALMERINDA AUGUSTA DA SILVA SANTOS

TWIN

NAME AND REGISTRATION OF THE TWIN(S)

NO

NO RECORD

DATE OF REGISTRATION IN FULL

NUMBER OF LIVE BIRTH CERTIFICATE

NOVEMBER TWENTY-SIXTH, NINETEEN EIGHTY

NO RECORD

ANNOTATIONS / NOTES TO BE ADDED

Born in this subdistrict, at Hospital and Maternity Alvorada S/A. Record entered in Book No. 0077, Page No. 125, Entry No. 42018. CONTINUED ON THE REVERSE SIDE.

REGISTRATION NOTES

NO RECORD.

*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 OF THE 24TH SUBDISTRICT OF THE CITY OF
SÃO PAULO - INDIANÓPOLIS
Ricardo Alexandre de Alcantara
Avenida dos Eucaliptos, 679 - MOEMA
04517-050 - Phone: (11) 5543-1519

Fees:

To the Registrar: R\$ 79.69

To IPESP: R\$ 15.94

ISS (Service Tax): R\$ 1.61

Total: R\$ 97.24

Form: 239/2022

115030 - AA000210291
05/22

ANNOTATIONS

ANNOTATION (EMANCIPATION): On June 6, 2000, I record the EMANCIPATION of the registrant, granted by her parents pursuant to a public deed executed before the 3rd Notary Public Office of the Judicial District of Taubaté, in this State, on May 19, 2000, in Book 163, Page 275, and registered with the Civil Registry Office of Guarujá, in this State, in Book E-04, Page 220v, under No. 1248, on May 31, 2000.

ANNOTATION: On 12/09/2009, I record the MARRIAGE OF THE REGISTRANT, who thereafter adopted the name Tatiana Marri Samudio Silveira de Sousa, and Marcos Francisco Silveira de Sousa retained his original name. The marriage was celebrated at the Civil Registry Office of Wandsworth, London, England, and transcribed in the 1st Subdistrict of Sé, in this Capital, on 12/08/2009, in Book E-746, Page 022, under No. 15413.

ANNOTATION: On 11/29/2021, I record the DIVORCE of the registrant, pursuant to a judgment rendered by the Honorable Judge of the 3rd Family and Probate Court of Regional Jurisdiction II - Santo Amaro, in this Capital, of 07/27/2021, with the woman signing as: TATIANA MARRI SAMUDIO. (Communication No. 22114644). On 10/19/2022, pursuant to National Council of Justice (CNJ) Provision No. 63/2017, I hereby record in entry No. 42018 the CPF of the registrant, namely: 219.632.148-62.

The content of this certificate is true. I certify.

SÃO PAULO, October 19, 2022.

EDNA BORGES PORTO DA SILVA
CLERK

24TH SUBDISTRICT - "INDIANÓPOLIS"
CIVIL REGISTRY OFFICE
Edna Borges Porto Da Silva
AUTHORIZED CLERK

DETAILED INFORMATION OF THE REGISTRATION Registration Standard: 00188301551987100039500005331 Standard: aaaaaabccc dddd e ffff ggg hhhhhh ii aaaaaa (00188-3) National Registry Office Code bb (01) (unique identification of the notary office) 01 - Own Archive Other - Incorporated Archives		02 (55) Type of Service Provided, Being: 55: Civil Registration Service of Natural Persons 03 (55) Year of Registration e (1) Type of Book, Being: 1: Book A - main 2: Book B - auxiliary 3: Book C - auxiliary 4: Book D - auxiliary 5: Book E - auxiliary 6: Book F - auxiliary 7: Book G - auxiliary	04 (0003) Book Number 999 (956) Page Number hhhhhh (000533) Entry Number ii (51) Check Digit
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For exclusive use in the issuance of civil registration certificates of natural persons



[unreadable]

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



Date: June 3, 2026.

Selo Digital n°: 1150302CE000000028342322E



Para conferir a procedência deste documento efetue a leitura do QR Code impresso ou acesse o endereço eletrônico <https://selodigital.tjsp.jus.br>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO
TATIANA MARRI SAMUDIO

CPF
219.632.148-62

MATRÍCULA
115030 01 55 1980 1 00077 125 0042018-00

DATA DE NASCIMENTO POR EXTENSO
VINTE E QUATRO DE NOVEMBRO DE MIL NOVECENTOS E OITENTA

DIA MÊS ANO
24 11 1980

HORA DE NASCIMENTO NATURALIDADE
16:30 São Paulo - SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO LOCAL, MUNICÍPIO DE NASCIMENTO E UF SEXO
SÃO PAULO - SP HOSPITAL, SÃO PAULO - SP FEMININO

FILIAÇÃO
FRANCISCO RAMON SAMUDIO, natural de Paraguai -
IRINEA DAS DORES SAMUDIO, natural de São Paulo-SP -

AVÓS
OROCIA BURGO DE GONZALEZ
ANTONIO DOS SANTOS e ALMERINDA AUGUSTA DA SILVA SANTOS

GÊMEOS NOME E MATRÍCULA DOS GÊMEOS
NÃO SEM INFORMAÇÃO

DATA DO REGISTRO POR EXTENSO NÚMERO DA DNV/DECLARAÇÃO DE NASCIDO VIVO
VINTE E SEIS DE NOVEMBRO DE MIL NOVECENTOS E OITENTA SEM INFORMAÇÃO

AVERBAÇÕES/ANOTAÇÕES À ACRESCEER
Nasceu neste subdistrito, no Hospital e Maternidade Alvorada S/A. Assento lavrado no livro A n° 0077, fls. n° 125 e termo n° 42018. CONTINUA NO VERSO

ANOTAÇÕES DE CADASTRO
SEM INFORMAÇÃO
* 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.

REGISTRO CIVIL DO 24° SUBDISTRITO DO MUNICÍPIO DE
SÃO PAULO - INDIANÓPOLIS
Ricardo Alexandre de Alcantara
AV. DOS EUCALIPTOS, 679 - MOEMA
04517060 - Fone (11) 5543-1519

Emolumentos:
Ao Oficial: R\$ 79,69
Ao IPESP: R\$ 15,94
ISS: R\$ 1,61
Total: R\$ 97,24
Guia: 239/2022

115030 - AA000210291



AVERBAÇÕES

ANOTAÇÃO (EMANCIPAÇÃO): Aos 06 de junho de 2.000, anoto a EMANCIPAÇÃO da registrada, concedida por seus pais, conforme escritura pública, lavrada no 3º Tabelionato de Notas, da Comarca de Taubaté, neste Estado, aos 19 de maio de 2.000, no livro 163, fls. 275 e registrada no Serviço de Registro Civil de Guarujá, neste Estado, no livro E-04, fls. 220v, sob n. 1248, em data de 31 de maio de 2.000.

ANOTAÇÃO: Aos 09/12/2.009 anoto o CASAMENTO DA REGISTRADA, a qual passou a assinar: Tatiana Marri Samudio Silveira de Sousa e Marcos Francisco Silveira de Sousa, o qual continuou com o mesmo nome, o casamento foi realizado no C.R.C. de Wandsworth, Londres, Inglaterra, e transcrito no 1º subdistrito da Sé, nesta Capital em 08/12/2.009, livro E-746, fls-022, n. 15413.

ANOTAÇÃO: Aos 29/11/2021, anoto o DIVÓRCIO da registrada, conforme sentença proferida pela MMª Juíza de Direito da 3ª Vara de Família e Sucessões do Foro Regional II-Santo Amaro, nesta Capital, datada de 27/07/2021, assinando a mulher: TATIANA MARRI SAMUDIO. (Comunicação nº 22114644).

Aos 19/10/2022, de acordo com o Provimento n.63/2017 do CNJ, faço constar no assento nº 42018, o CPF do(a) registrado(a), a saber: 219.632.148-62.

O conteúdo da certidão é verdadeiro. Dou fé

SÃO PAULO, 19 de outubro de 2022

EDNA BORGES PORTO DA SILVA
ESCREVENTE

24º SUBDISTRITO REGISTRO CIVIL
"INDIANÓPOLIS"
Edna Borges Porto da Silva
ESCREVENTE AUTORIZADA

rrr (0002)	Numero do livro
ggg (000)	Numero da folha
hhhhhh (01000333)	Numero do Termo
ii (21)	Digito Verificador

cc (05)	Tipo de Serviço Prestado, sendo: 55- Serviço de Registro Civil das Pessoas Naturais
ddd (1987)	Ano de Registro
ee (11)	Tipo do livro, sendo: 1- Livro A (Nascimento) 2- Livro B (Casamento) 3- Livro C (Divórcio) 4- Livro D (Registro de Óbito) 5- Livro E (Registro de Reconhecimento de Filiação) 6- Livro F (Registro de Reconhecimento de Paternidade) 7- Livro G (Registro de Reconhecimento de Maternidade)

Matricula	001083155 1987 1 0003 959 0000533 31
Padrão	aaaaabbbcc dddd e ffff ggg hhhhhh ii
aaaaaa (001083-3)	Código Nacional de Registro
bb (01)	Código de Assento, sendo: 01 - Assento Principal 02 - Assento Suplementar

Detalhamento da Matricula
Uso exclusivo para emissão de certidões de registro civil das pessoas naturais



FSC

Serviço de Registro Civil

Estado de São Paulo

2022

PROFº C10833M

 For: **TATIANA SAMUDIO SILVEIRA DE SOUSA**



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: 377310212A3

Arrival/Issued Date: 2023 July 24

Class of Admission: DA

Admit Until Date: 2024 May 25

Details provided on the I-94 Information form:

Last/Surname: SAMUDIO SILVEIRA DE SOUSA

First (Given) Name: TATIANA

Birth Date: 1980 November 24

Document Number: F0737949

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.
- ▶ Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 05/31/2026

**Exhibit 2 - Tatiana
Marri Samudio's
Receipt Notice of
Form I-751, Petition
to Remove Conditions
on Residence -
Extension of
Document Validity**

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0931592563		Case Type I751 - PETITION TO REMOVE CONDITIONS ON RESIDENCE
Received Date 04/25/2025	Priority Date	Petitioner A141 057 964 SAMUDIO, TATIANA MARRI
Notice Date 05/02/2025	Page 1 of 2	
SAMUDIO, TATIANA MARRI c/o HAVERROTH SILVA, OTAVIO HS LAW CORP P.O. BOX 90487 SAN DIEGO CA 92169		Notice Type: Receipt Notice Amount received: \$750.00 U.S.

We have extended the validity period on your Form I-551, Permanent Resident Card, (also known as a Green Card) for 48 months from the date of expiration. During this extension, you are authorized to work and travel. This notice, presented with your expired Permanent Resident Card, is evidence of your status and employment authorization. (This extension and authorization for employment and travel does not apply to you if your conditional permanent resident status has been terminated.)

If you think you will be outside of the United States for a year or more, you should apply for a Re-entry Permit before leaving the United States by filing Form I-131, Application for Travel Documents, Parole Documents, and Arrival/Departure Records. As long as the Re-entry Permit is valid, it allows you to board a vessel or aircraft destined for the United States and/or apply for admission at a U.S. port of entry without the need to obtain a returning resident visa from a U.S. Embassy or U.S. Consulate. Although you generally will not be deemed to have abandoned your status as a conditional permanent resident based solely on the duration of your absences from the United States while the Re-entry Permit is valid, you are not exempt from compliance with any of the requirements of U.S. immigration laws. If USCIS is still adjudicating your Form I-751, then you may miss important USCIS notices, such as Requests for Evidence, or appointment notices for biometric services or interviews, while you are outside of the United States. Failure to respond to these requests may result in denial of your Form I-751.

If you have not already done so, provide supporting documents to help USCIS process your petition and establish your eligibility to remove the conditions on your permanent residence. Please include a copy of this receipt notice with any supporting documentation you submit.

Please save this and any other notices about your case for your records. You should also keep copies of anything you send us, as well as proof of delivery. Have these records available when you contact us about your case.

If any of the above information is incorrect or you have any questions about the status of your case, please call the USCIS Contact Center (UCC) at 1-800-375-5283 (TDD number is 1-800-767-1833) or visit the USCIS website at www.uscis.gov. If you call us, please have your Alien Registration Number (A-Number) and/or the receipt number shown above. The receipt number is a tracking number for your case and will help with inquiries. Please note, you must submit any changes or corrections in writing to the mailing address at the bottom of this notice if you checked Item 1.e or 1.f under "Basis for Petition" on your Form I-751. You must include your A-number and receipt number in your signed request.

Processing time - Processing times vary by case type. Go to www.uscis.gov to see the current processing times listed by case type and office.

- View your case status on our website's Case Status Online page.
- You can also sign up to receive free email updates as we process your case.
- Most of the time your case is pending, the process status will not change. This is because we are working on cases that were filed before your case.
- When we make a decision on your case or if we need something from you, we will notify you by mail and update our systems.
- If you do not receive an initial decision or update from us within our current processing time, contact the UCC at 1-800-375-5283 or visit our website at www.uscis.gov.

Biometrics - For some cases, we require biometrics (fingerprints, a photo, and a signature). If we need biometrics from you, we will send you a SEPARATE appointment notice with a specific date, time and place for you to go to a USCIS Application Support Center (ASC) for your biometric services appointment. You must wait for that separate appointment notice and take it (NOT this receipt notice) to your ASC appointment along with your photo identification. Acceptable kinds of photo identification are:

- A passport or national photo ID issued by your country.
- A driver's license.
- A military photo ID, or
- A state-issued photo ID card.

If you receive more than one ASC appointment notice (even for different cases), take them both to the first appointment date.

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

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

California Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
PO Box 30113
TustinCA92781
USCIS Contact Center: www.uscis.gov/contactcenter



ADDITIONAL INFORMATION FOR APPLICANT/PETITIONER

Please save this Form I-797, Notice of Action (approval notice) for your records. Please note that simply filing an application, petition or request, or having an approved petition does not give the person it was filed for (also known as the beneficiary) permission to legally enter the United States. It also does not grant any legal immigration status.

Include a copy of this notice if you:

- Write to USCIS or a U.S. Consulate about your case or
- File another application or petition with USCIS based on this decision.

USCIS will notify you separately about any other applications or petitions you have filed.

Inquiries

If you have questions about your application or petition, you may:

- Go to <https://egov.uscis.gov/casestatus> to check your case status online.
- Call the National Customer Service Center at 1-800-375-5283.
- Telecommunications Device for the Deaf (TDD): 1-800-767-1833.
- Send us a letter and include a copy of this notice.
- Schedule an appointment at a local USCIS office using InfoPass at <https://infopass.uscis.gov>.

If you filed Form I-907, Request for Premium Processing Service, and you have any questions about your application or petition, please follow the instructions for contacting the Premium Processing Unit printed on the receipt notice we mailed you.

APPROVAL OF A NONIMMIGRANT PETITION

If we approved a nonimmigrant petition, it means that the beneficiary is eligible for the requested nonimmigrant classification. If this notice says that we are notifying a U.S. Consulate about the approval for the purpose of issuing a visa, contact the appropriate U.S. Consulate directly if you or the beneficiary has questions about the process.

APPROVAL OF AN IMMIGRANT PETITION

An approved immigrant petition does not grant any legal immigration status or guarantee that the beneficiary will receive a visa or an adjustment of status. The approved petition means the beneficiary can:

- Apply for an immigrant or fiancé(e) visa if he or she is outside the United States, or
- Apply for adjustment of status as a permanent resident if he or she is already in the United States.

If this notice states we approved your immigrant petition and forwarded it to the National Visa Center (NVC), the NVC will directly contact the beneficiary with information about how to apply for a visa. If any changes occur that could affect visa eligibility, visit the NVC website at <http://nvc.state.gov/ask> to find contact information and a public inquiry form.

For more information about obtaining Lawful Permanent Residence status and a Green Card, visit our website at www.uscis.gov.

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0931592563		Case Type I751 - PETITION TO REMOVE CONDITIONS ON RESIDENCE
Received Date 04/25/2025	Priority Date	Petitioner A141 057 964 SAMUDIO, TATIANA MARRI
Notice Date 05/02/2025	Page 2 of 2	

NOTE: Conditional permanent residents (including conditional permanent resident dependents) residing overseas pursuant to military or government orders will not receive an ASC appointment notice. To complete biometric processing, these applicants must submit the required items listed on the Form I-751 instructions.

If your address changes - Under section 265 of the Immigration and Nationality Act (INA), any individual who is not a U.S. citizen or U.S. national must report a change of address within ten (10) days of moving within the United States or its territories. For more information on how to file a change of address visit the USCIS website at www.uscis.gov/addresschange.

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

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

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

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

California Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
PO Box 30113
Tustin CA 92781
USCIS Contact Center: www.uscis.gov/contactcenter



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For more information about obtaining Lawful Permanent Residence status and a Green Card, visit our website at www.uscis.gov.

Exhibit 3 - Semih Mustafa Kurtulus' Identification Documents

THE UNITED STATES OF AMERICA



No. 35748636

CERTIFICATE OF

NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: **FEBRUARY 16, 1977**

Sex: **MALE**

Height: **6 feet 2 inches**

Marital status: **SINGLE**

Country of former nationality:
TURKEY

USCIS Registration No. **A088409336**

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

(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:

SEMIH MUSTAFA KURTULUS

residing at: LA JOLLA, 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*

US DISTRICT COURT FOR THE US

at: SAN DIEGO, CALIFORNIA

on: JANUARY 23, 2013

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

Alfonso N. Mayrles, Director

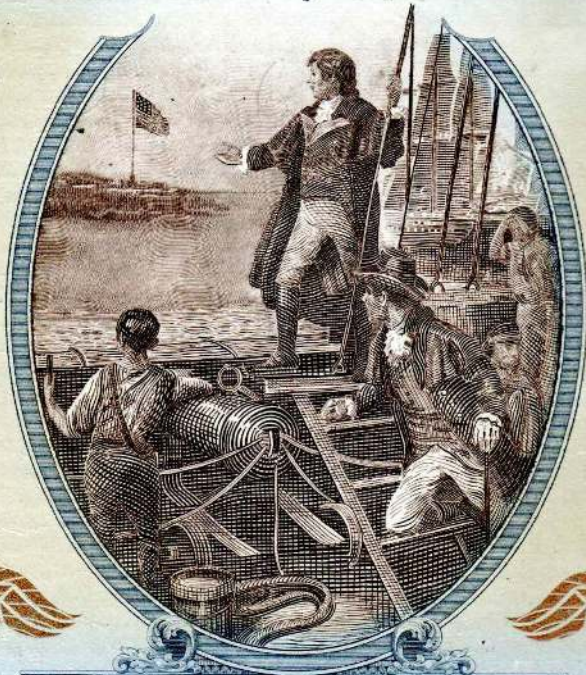
U. S. Citizenship and Immigration Services



DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 08/10)

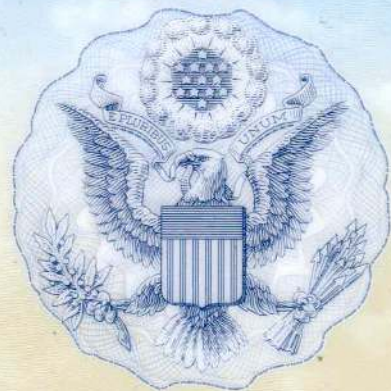
O say does that star
 spangled banner yet wave
 O'er the land of the free
 & the home of the brave?



THE UNITED STATES OF AMERICA

...AND THAT GOVERNMENT OF THE PEOPLE,
 BY THE PEOPLE, FOR THE PEOPLE,
 SHALL NOT PERISH FROM THE EARTH.

—ABRAHAM LINCOLN



The Secretary of State of the United States of America
 hereby requests all whom it may concern to permit the
 citizen/national of the United States named herein to pass
 without delay or hindrance and in case of need to give all
 lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes
 autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis
 titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui
 accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita
 a las autoridades competentes permitir el paso del ciudadano o nacional de los
 Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de
 necesidad, prestarle toda la ayuda y protección lícitas.

A12346019

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



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaaporte
P	USA	A12346019



Surname/Nom/Apellidos

KURTULUS

Given names/Prénoms/Nombres

SEMIH MUSTAFA

Nationality/Nationalité/Nacionalidad

UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento

16 FEB 1977

Sex/Sexe/Sexo

M

Place of birth/Lieu de naissance/Lugar de nacimiento

TURKEY

Date of issue/Date de délivrance/Fecha de expedición

15 MAR 2023

Date of expiration/Date d'expiration/Fecha de caducidad

14 MAR 2033

Authority/Autorité/Autoridad

UNITED STATES DEPARTMENT OF STATE



P<USAKURTULUS<<SEMIH<MUSTAFA<<<<<<<<<<<<<<<<<

A123460196USA7702163M3303148427010571<673810

SECURITY INFORMATION

OPTICALLY VARIABLE DEVICE

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



BEARER'S IMAGE

An image of the document holder is printed over security artwork.



MICROTEXT

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



WATERMARK

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



PASSPORT NUMBER

The passport number is perforated throughout the passport.



COLOR-SHIFTING INK

"USA" shifts from gold to green when the document is tilted.



01004051A

PERSONAL DATA AND EMERGENCY CONTACT

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

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

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

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

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

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

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

Name/Nom/Nombre:

Address/Adresse/Dirección:

Telephone/Téléphone/Teléfono:

Email/Courriel électronique/Correo electrónico:

A12346019

IMPORTANT INFORMATION

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

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

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

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

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

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

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

IMPORTANT INFORMATION

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

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

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

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

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

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

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

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

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

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

We have a great dream. It started back in 1776, and God grant that America will be true to her dream, Martin Luther King, Jr.

Visas

Visas

POLÍCIA FEDERAL - BRASIL	
DOC.	PRAZO
07 10 23	5 5 4 2
05 23	5 5 4 1

POLÍCIA FEDERAL - BRASIL	
DOC.	PRAZO
07 10 23	5 5 4 2
05 23	5 5 4 1

POLÍCIA FEDERAL - BRASIL	
DOC.	PRAZO
06 05 23	5 5 4 1
101	210 days

POLÍCIA FEDERAL - BRASIL	
DOC.	PRAZO
10 01 24	5 5 4 2
101	210 days

IN CONGRESS, JULY 4, 1776
 Declaration of the Independence of the United States of America



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

John F. Kennedy

Visas

20 08 24 55 4 2

POLÍCIA FEDERAL - BRASIL



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

John F. Kennedy

Visas

20 02 25 55 4 2

POLÍCIA FEDERAL - BRASIL

TR
ISTANBUL
25.08.24 44
34.3.03

POLÍCIA FEDERAL - BRASIL
20 11 24 55 4
901 03 90days

TR
ISTANBUL
27.08.24 15
34.3.03

This is a new nation based on a mighty

12

TÜRKİYE CUMHURİYETİ
İSTANBUL

21.09.25 59 0 1 0

34.3.03

→ ATHINA
A 222

06.09.25 69

POLICIA FEE - BRA

14.08.25 554 2

CIA FE - BRA

14.08.25 554 1

21034081A

continent of boundless possibilities.
Theodore Roosevelt

13

Visas

15.11.25 554 1

14.09.25 47

VIA-D26Y

21 APR 2025

5207 MAY 1 0

MALDIVES IMMIGRATION

VIA-D26Y

21034081A



Let us raise a standard to which

the wise and honest can repair...
George Washington



Visas

Visas



12 01 26 5 5 4 2

28657
01 MAY 2025
28657
ENTRY

مطار القاهرة الدولي

مملكة البحرين

12 01 26 5 5 4 2



16

The principle of free governments
It is bedded in it,

Visas



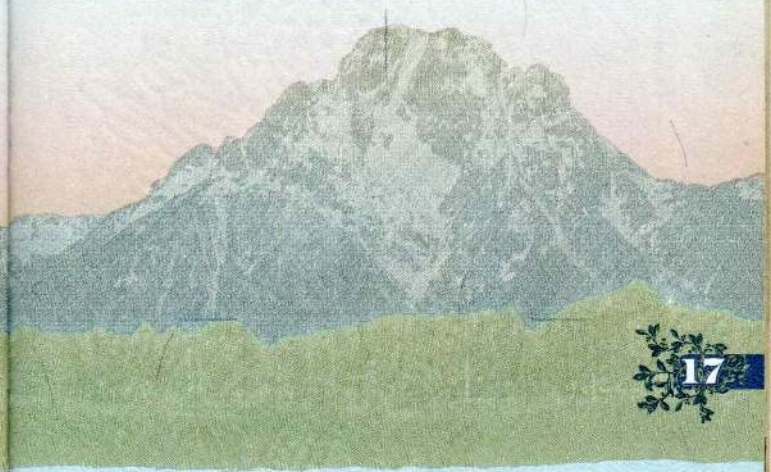
16

er0346SEA

17

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

Visas



17

A12346019

18

Whatever America hopes to bring to pass in the

Visas

18

A123456789

19

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

Visas

19

A123456789

20

*For this is what America is all about.
ridge. It is the star that is not reached and
Is our world gone? We say "Farewell."
and we will bend*

Visas



20

E100451A

21

*It is the uncrossed desert and the unclimbed
the harvest sleeping in the unplowed ground.
Is a new world coming? We welcome it—
it to the hopes of man.*

Lyndon B. Johnson

Visas



21

A12346019

22

Every generation has the obligation
to look out from a higher

Visas

to free men's minds for a look at new worlds...
plateau than the last generation.

Ellison S. Onizuka

23

Visas

01004551A

A12346019

24

May God continue the unity of our country as this

Visas

*railroad unites the two great oceans of the world.
Inscribed on the Golden Spike, Promontory, Utah, 1869*

25

Visas

2108455A

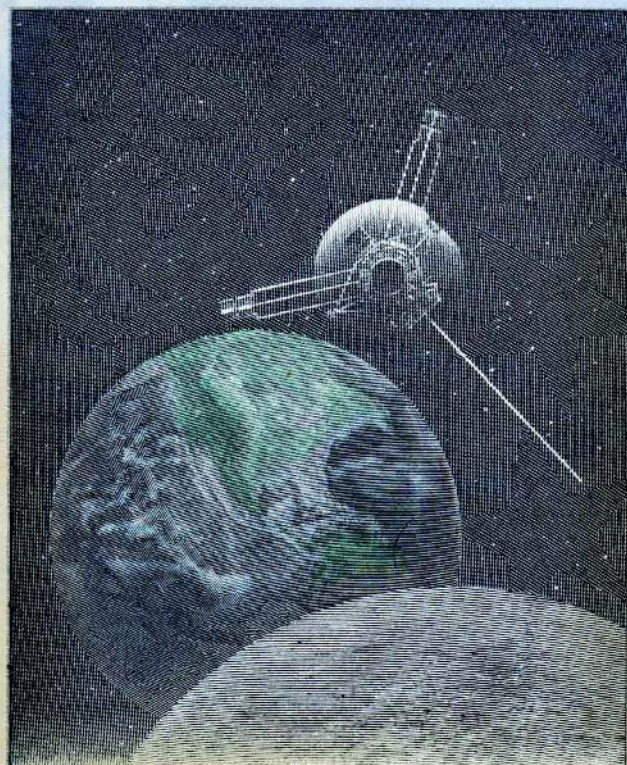
A12346019

26

Visas



26



The cause of freedom is not the cause of a race or a sect, a party or a class—it is the cause of humankind, the very birthright of humanity.

~Anna Julia Cooper



A.12346019

**Exhibit 4 - Evidence
of Marital Status:
Tatiana Marri
Samudio and Semih
Mustafa Kurtulus'
Marriage Certificate**

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

ERNEST J. DRONENBURG, JR.
ASSESSOR/RECORDER/COUNTY CLERK

LICENSE AND CERTIFICATE OF MARRIAGE

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

4202237015728

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1A FIRST NAME TATIANA		1B MIDDLE MARRI	
1C CURRENT LAST SAMUDIO		1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C) -	
2 DATE OF BIRTH (MM/DD/YYYY) 11/24/1980	3 STATE/COUNTRY OF BIRTH BRAZIL	4 # PREV. MARRIAGES/SRDP 01	5A LAST MARRIAGE/SRDP ENDED BY 15B DATE ENDED (MM/DD/YYYY) 08/03/2021
6 ADDRESS 3404 COWLEY WAY APT 1		7 CITY SAN DIEGO	8 STATE/COUNTRY CA
9 ZIP CODE 92117		10A FULL BIRTH NAME OF FATHER/PARENT FRANCISCO RAMON SAMUDIO	
10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) PARAGUAY		11A FULL BIRTH NAME OF MOTHER/PARENT IRINEA DAS DORES SANTOS	
11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) BRAZIL		12A FIRST NAME SEMIH	
12B MIDDLE MUSTAFA		12C CURRENT LAST KURTULUS	
12D LAST NAME AT BIRTH (IF DIFFERENT THAN 12C) -		13 DATE OF BIRTH (MM/DD/YYYY) 02/16/1977	
14 STATE/COUNTRY OF BIRTH TURKEY		15 # PREV. MARRIAGES/SRDP 00	16A LAST MARRIAGE/SRDP ENDED BY 16B DATE ENDED (MM/DD/YYYY) -
17 ADDRESS 3894 LA JOLLA VILLAGE DRIVE		18 CITY LA JOLLA	19 STATE/COUNTRY CA
20 ZIP CODE 92037		21A FULL BIRTH NAME OF FATHER/PARENT ABDURRAZAK KURTULUS	
21B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) TURKEY		22A FULL BIRTH NAME OF MOTHER/PARENT SEMIHA VURAL	
22B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) TURKEY		23 SIGNATURE OF PERSON LISTED IN FIELDS 1A-D <i>Tatiana Samudio</i>	
24 SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D <i>Semih Kurtulus</i>		25 NAME OF COUNTY CLERK ERNEST J. DRONENBURG JR.	
26 SIGNATURE OF CLERK OR DEPUTY CLERK BY <i>TIFFANI HOOD</i>		27 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) LOURDES JORGENSEN	
28 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN		29 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN	
29 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN		30 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN	
31 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN		32 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN	
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97 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN		98 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN	
99 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN		100 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY) TORBEN JORGENSEN	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

VS-117 (5/10/2010)

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk

Ernest J. Dronenburg, Jr.

Sep 21, 2022

Ernest J. Dronenburg, Jr.
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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**Exhibit 5 - Evidence
of Termination of
Prior Marriages:
Tatiana Marri
Samudio's prior
Marriage Certificate
with Divorce
Annotation with
English Translation**



Seal: 1211602PV0000 000000151768210
To verify the authenticity of this document,
scan the printed QR Code or access the
electronic address <https://selodigital.tjsp.jus.br>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

TRANSCRIPTION OF MARRIAGE CERTIFICATE

NAMES

MARCOS FRANCISCO SILVEIRA DE SOUSA
TATIANA MARRI SAMUDIO

REGISTRATION

121160 01 55 2009 7 00746 022 0015413 11

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

MARCOS FRANCISCO SILVEIRA DE SOUSA, Born on October 4, 1979, in São Paulo - State of São Paulo, Brazil, Brazilian, son of José Alves de Sousa and Miriam Vera da Silveira Sousa -

TATIANA MARRI SAMUDIO, Born on November 24, 1980, in São Paulo - State of São Paulo, Brazil, Brazilian, daughter of Francisco Ramon Samudio and Irinea das Dores Santos -

DATE OF MARRIAGE TRANSCRIPTION REGISTRATION (IN FULL)

December eighth, two thousand nine

DAY MONTH YEAR

08 12 2009

DATE OF THE MARRIAGE (IN FULL)

August nineteenth, two thousand six

DAY MONTH YEAR

19 08 2006

PLACE OF MARRIAGE

Wandsworth Civil Registry Office, London, England, before P.A. Kearney, Deputy Superintendent Registrar.

MARITAL PROPERTY REGIME

Partial Community of Property -

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

The groom, after the marriage, retained the name MARCOS FRANCISCO SILVEIRA DE SOUSA.

The bride, after the marriage, adopted the name TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA.

NOTES AND ANNOTATIONS

NOTES: Entry recorded on June 10, 2009, marriage certificate issued by the Consulate General of the

SEE REVERSE

CIVIL REGISTRY OF NATURAL PERSONS AND OF GUARDIANSHIPS AND
CONSERVATORSHIPS OF THE FIRST SUBDISTRICT OF SÃO PAULO/SP

Registrar: Dr. Geny de Jesus Macedo Morelli

Avenida Rangel Pestana, 271/273 - Phone (11) 3242-2515



121160 - AA000198036



Federative Republic of Brazil in London on June 10, 2009. The following annotation appears in the margin: **ANNOTATION:** Pursuant to a judgment of July 27, 2021, rendered by the Honorable Judge of the 3rd Family and Probate Court of Regional Jurisdiction II - Santo Amaro - São Paulo, Dr. Léa Maria Barreiros Duarte, which became final and unappealable on August 3, 2021, a **CONSENSUAL DIVORCE** was decreed. The names adopted by the parties thereafter are: **MARCOS FRANCISCO SILVEIRA DE SOUZA** and **TATIANA MARRI SAMUDIO**, in accordance with the court order of August 3, 2021, issued in Case No. 1051737-84.2021.8.26.0100, digitally signed by the above-mentioned Honorable Judge under code No. E646A35, and filed under Protocol No. 9864/9344. I, Fabiana do Carmo Soares Oliveira, Deputy Clerk, typed, subscribed, and signed this annotation at 2:57 p.m. São Paulo, November 22, 2021. R\$ 88.84 - Form No. 047/2021 - Receipt No. 17979. (Signed) Fabiana do Carmo Soares Oliveira. Digital Seal: 1211602AV000000015176621T. NOTHING FURTHER. - . - . - .

Typed by: FABIANA DO CARMO SOARES OLIVEIRA

The content of this certificate is true. I certify.
São Paulo, November 22, 2021.

FIRST COPY

Receipt No. 017979/2021 - Guide No. 046/2021 - 2:58 p.m.

FABIANA DO CARMO SOARES OLIVEIRA
DEPUTY CLERK



DETAILED INFORMATION OF THE REGISTRATION		Type of Service Provided, Being:		Type of Book, Being:		Type of Registration		Type of Book, Being:		Type of Registration	
Registration Standard	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code	Registration Code
0018830155 1987 1 0003 050 0000533 31	aaaaabbbccc dddd e ffff ggg hhhhhhh ii	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED	DETAILED
aaaaaa (00188-3)	National Registry Office Code	1 Book A - Birth	2 Book B - Marriage	3 Book C - Death	4 Book D - Divorce	5 Book E - Adoption	6 Book F - Guardianship	7 Book G - Interdiction	8 Book H - Other	9 Book I - Other	0 Book J - Other
bb (01)	Archive Code, Being:	01 - Own Archive	02 - Other - Incorporated Archives	03 - Other - Other	04 - Other - Other	05 - Other - Other	06 - Other - Other	07 - Other - Other	08 - Other - Other	09 - Other - Other	10 - Other - Other

For exclusive use in the issuance of civil registration certificates of 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: June 3, 2026.



Selo: 1211602PV000000015176821U
Para conferir a procedência deste documento efetue a leitura do QR Code impresso ou acesse o endereço eletrônico <https://selodigital.tjsp.jus.br>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS



CERTIDÃO DE TRANSCRIÇÃO DE CASAMENTO

NOMES
MARCOS FRANCISCO SILVEIRA DE SOUSA
TATIANA MARRI SAMUDIO

MATRÍCULA
121160 01 55 2009 7 00746 022 0015413 11

NOMES COMPLETOS DE SOLTEIRO, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES

MARCOS FRANCISCO SILVEIRA DE SOUSA, nascido no dia 04 de outubro de 1979, natural de São Paulo - SP, Brasil, nacionalidade brasileira, filho de José Alves de Sousa e de Miriam Vera da Silveira Sousa -

TATIANA MARRI SAMUDIO, nascida no dia 24 de novembro de 1980, natural de São Paulo - SP, Brasil, nacionalidade brasileira, filha de Francisco Ramon Samudio e de Irinea das Dores Santos -

DATA DO REGISTRO DA TRANSCRIÇÃO (POR EXTENSO)

DIA MÊS ANO

oito de dezembro de dois mil e nove -

08 12 2009

DATA DO CASAMENTO (POR EXTENSO)

DIA MÊS ANO

dezenove de agosto de dois mil e seis -

19 08 2006

LOCAL DO CASAMENTO

Cartório do Registro Civil de Wandsworth, Londres, Inglaterra, perante P.A. Kearney, Oficial Superintendente Substituto do Registro Civil -

REGIME DE BENS DO CASAMENTO

Comunhão Parcial de Bens -

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)

O contraente, após o casamento, conservou o nome de MARCOS FRANCISCO SILVEIRA DE SOUSA. -
A contraente, após o casamento, adotou o nome de TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA. -

OBSERVAÇÕES E AVERBAÇÕES

OBSERVAÇÃO: Assento lavrado aos 10 de junho de 2009, certidão de casamento expedida pelo Consulado Geral da República Federativa

REGISTRO CIVIL DAS PESSOAS NATURAIS E DE INTERDIÇÕES
E TUTELAS DO PRIMEIRO SUBDISTRITO S - SÃO PAULO/SP
Oficial: Dra. Geny de Jesus Macedo Morelli
Avenida Rangel Pestana, 271/273 - Tel (11) 3242-2515

VIDE VERSO



121160 - AA000198036

121160 - AA000198036 06/21



do Brasil em Londres, aos 10 de junho de 2009. À margem consta o seguinte: AVERBAÇÃO: Em cumprimento a sentença datada de 27 de julho de 2021, proferida pela MM. Juíza de Direito da 3ª Vara da Família e Sucessões do Foro Regional II Santo Amaro - SP, Dra. Léa Maria Barreiros Duarte, transitada em julgado aos 03 de agosto de 2021, foi decretado o DIVÓRCIO CONSENSUAL, nome que as partes passaram a adotar: MARCOS FRANCISCO SILVEIRA DE SOUSA e TATIANA MARRI SAMUDIO, conforme mandado datado de 03 de agosto de 2021, expedido dos autos nº 1051737-84.2021. 8.26.0100, assinado digitalmente pela MM. Juíza de Direito supra mencionada código nº E646A35, documento protocolado sob o nº 9864/9344. Eu, (a) Fabiana do Carmo Soares Oliveira, escrevente substituta, o digitei, subscrevi e o assino, às 14:57 horas. São Paulo, 22 de novembro de 2021. R\$ 88.84 Guia 047/2021 Recibo 17979. (a) Fabiana do Carmo Soares Oliveira. Selo digital: 1211602AV000000015176621T. NADA MAIS. -.-.-.-.-

Digitado por: FABIANA DO CARMO SOARES OLIVEIRA

PRIMEIRA VIA

Recibo 017979/2021 Guia 046/2021 14:58 hs.

O conteúdo da certidão é verdadeiro. Dou fé.
São Paulo, 22 de novembro de 2021.

FABIANA DO CARMO SOARES OLIVEIRA
ESCREVENTE SUBSTITUTA



ffrr (0003)	Número do livro
999 (050)	Número da folha
hhhhhh (0000533)	Número do Termo
ll (31)	Digito Verificador

cc (55) Tipo de Serviço Prestado, sendo:
55: Serviço de Registro Civil das Pessoas Naturais

ddd (1987) Ano do Registro

e (1) Tipo do livro, sendo:
1: Livro A (Nascimento)
2: Livro B (Casamento)
3: Livro C (Auxiliar - Registro de Nascimento)
4: Livro C (Óbito)
5: Livro C (Auxiliar - Registro de Casamento)
6: Livro D (Registro de Óbito)
7: Livro E (Pessoas não registradas no Registro Civil)

TALHAMENTO DA MATRÍCULA

Matrícula 0018830155 1987 1 0003 050 0000533 31

Índice aaaaaabccc dddd e frrr ggg hhhhhh ll

DETALHAMENTO

aaa (00188-3) Código Nacional da Serventia

(01) Código do Acervo, sendo:

Outros - Acervos incorporados

exclusivo para emissão de certidões de registro civil das pessoas naturais

Exhibit 6 - Evidence of Continuous Marital Union and Bona Fide Marriage



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

4615 TRN S X ST01

106481828572224 ER



SEMIH KURTULUS
TATIANA SAMUDIO
3894 LA JOLLA VILLAGE DR
LA JOLLA CA 92037-1412

Uni-Statement

Account Number:

1 575 2367 5104

Statement Period:

Mar 18, 2026

through

Apr 16, 2026

Page 1 of 3



To Contact U.S. Bank

By Phone:

800-US BANKS

(800-872-2657)

U.S. Bank accepts Relay Calls

Internet:

usbank.com

NEWS FOR YOU

Eligible cardmembers can check out online with PazeSM today.

The list of merchants offering Paze at online checkout keeps growing. See the full list of merchants offering Paze at paze.com/merchant-directory

Paze and the Paze related marks are wholly owned by Early Warning Services, LLC and are used herein under license.

INFORMATION YOU SHOULD KNOW

Effective May 11, 2026, please review updates made to the *Your Deposit Account Agreement* document which may affect your rights.

Here's what you should know:

- Revising the **Applicable Law** section to explain that the governing state law depends on how and where the account was opened.

Beginning April 6, 2026, you will have the opportunity to review the full revised document. You can access it online at **usbank.com/YDAA-upcoming-version**, by calling 24-Hour Banking at 800-USBANKS (872-2657), or by visiting your local U.S. Bank branch. We accept relay calls. Additionally, you can schedule an appointment at **usbank.com/book** to speak with a banker in person, by phone, or virtually.

Effective May 11, 2026, important changes will be reflected in the *Legacy Consumer Pricing Information* document. These updates may affect your rights. You can view this document anytime on our website at **usbank.com/legacypci**.

- The 50% off annual Safe Deposit Box rental fee benefit associated with the Military Legacy Consumer Segment Indicator (CSI) will be discontinued.

If you have questions, please call us at 24-Hour Banking at 800-USBANKS (872-2657). We accept relay calls. You can also schedule an appointment at **usbank.com/book** to speak with a banker in person, by phone, or virtually.

EASY CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-575-2367-5104

Account Summary

Beginning Balance on Mar 18	\$	6.81	Number of Days in Statement Period	30
Deposits / Credits		4,370.12	Average Account Balance	\$ 307.89
Other Withdrawals		1,822.28-		
Ending Balance on Apr 16, 2026	\$	2,554.65		

Deposits / Credits

Date	Description of Transaction	Ref Number	Amount
Mar 18	Zelle Instant On 03/18/26	PMT From INTEGRATED SYSTEMS MEDICAL PMT ID=JPM99c9oe0c2	\$ 50.00
Mar 24	Overdraft Paid Fee	Waived	36.00
Mar 24	Mobile Banking Transfer	From Account 153495892009	100.00

Products and services available in U.S. only. Eligibility requirements and restrictions apply. For additional information, contact a U.S. Bank branch or call 800-872-2657.



SEMIH KURTULUS
TATIANA SAMUDIO
3894 LA JOLLA VILLAGE DR
LA JOLLA CA 92037-1412

Uni-Statement

Account Number:

1 575 2367 5104

Statement Period:

Mar 18, 2026

through

Apr 16, 2026

Page 2 of 3

EASY CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-575-2367-5104

Deposits / Credits (continued)

Date	Description of Transaction	Ref Number	Amount
Mar 27	Zelle Instant On 03/27/26	PMT From MICHAEL DEWAYNE SCOTT DBA PMT ID=JPM99caqsw90	100.00
Mar 27	Electronic Deposit REF=260840118422450N00	From REHAB UNITED SPO PAYROLL 1510436888	178.19
Mar 31	Mobile Banking Transfer	From Account 153495892009	500.00
Apr 2	Zelle Instant On 04/02/26	PMT From MEDIZEN HEALTH & WELLNESS PMT ID=CMB022SCB27R	50.00
Apr 7	Mobile Banking Transfer	From Account 153495892009	350.00
Apr 10	Electronic Deposit REF=260980154684010N00	From REHAB UNITED SPO PAYROLL 1510436888	205.93
Apr 13	Zelle Instant On 04/13/26	PMT From INTEGRATED SYSTEMS MEDICAL PMT ID=JPM99cd0pjmi	50.00
Apr 16	Mobile Check Deposit	8951528696	190.00
Apr 16	Mobile Banking Transfer	From Account 153495892009	200.00
Apr 16	Mobile Check Deposit	8951529130	285.00
Apr 16	Mobile Check Deposit	8951528659	456.00
Apr 16	Mobile Check Deposit	8951528470	456.00
Apr 16	Mobile Check Deposit	8951529205	555.00
Apr 16	Mobile Check Deposit	8951528826	608.00
Total Deposits / Credits			\$ 4,370.12

Other Withdrawals

Date	Description of Transaction	Ref Number	Amount
Mar 23	Mobile Banking Transfer	To Account 153495892009	\$ 50.00-
Mar 23	Electronic Withdrawal REF=260780178784230Y00	To CARDMEMBER SERV 5911111111WEB PYMT *****7346	53.28-
Mar 24	Overdraft Paid Fee		36.00-
Mar 30	Zelle Instant On 03/28/26	PMT To Bumbum PMT ID=USBaV1trSwjJ	278.00-
Apr 6	Zelle Instant On 04/05/26	PMT To Ju Loyola PMT ID=USBxiYIrUMeh	50.00-
Apr 6	Zelle Instant On 04/06/26	PMT To Ju Loyola PMT ID=USBhpXtrV49a	100.00-
Apr 6	Zelle Instant On 04/06/26	PMT To Emi PMT ID=USBWPwXrV4ap	295.00-
Apr 10	Zelle Instant On 04/10/26	PMT To Ju Loyola PMT ID=USBgkSfrWcdg	100.00-
Apr 10	Zelle Instant On 04/10/26	PMT To Emi PMT ID=USBYzJSrWcdL	610.00-
Apr 13	Zelle Instant On 04/13/26	PMT To Bumbum PMT ID=USBWqlPrX3sA	50.00-
Apr 16	Zelle Instant On 04/16/26	PMT To Ju Loyola PMT ID=USBknsUrXTLe	200.00-
Total Other Withdrawals			\$ 1,822.28-

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	\$ 0.00	\$ 0.00
Total Overdraft Fees	\$ 36.00	\$ 36.00
Less: Waives	\$ 36.00-	\$ 36.00-
TOTAL	\$ 0.00	\$ 0.00
A "waive" occurs when an assessed fee is credited back automatically.		



SEMIH KURTULUS
TATIANA SAMUDIO
3894 LA JOLLA VILLAGE DR
LA JOLLA CA 92037-1412

Uni-Statement

Account Number:

1 575 2367 5104

Statement Period:

Mar 18, 2026

through

Apr 16, 2026

Page 3 of 3

EASY CHECKING

U.S. Bank National Association

(CONTINUED)

Account Number 1-575-2367-5104

Balance Summary

<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>	<i>Date</i>	<i>Ending Balance</i>
Mar 18	56.81	Mar 30	53.72	Apr 7	508.72
Mar 23	46.47-	Mar 31	553.72	Apr 10	4.65
Mar 24	53.53	Apr 2	603.72	Apr 13	4.65
Mar 27	331.72	Apr 6	158.72	Apr 16	2,554.65

Balances only appear for days reflecting change.

AUTO 02/24/2026 TO 02/24/2027 11 7DTC057

VEHICLE IDENTIFICATION NUMBER		MAKE	
JTDKN3DU9E1748577		TOYT	
BODY TYPE MODEL	CYLS.	DATE FIRST SOLD	CLASS
4H		00/00/2014	DF
DATE ISSUED	TYPE VEH.	MP	AX
02/05/2026	120	Q	WC
		UNLADEN/G/CGW	TOTAL FEES PAID
			\$248 3700

REGISTERED OWNER
LIENHOLDER

KURTULUS SEMIH
OR SAMUDIO TATIANA
3894 LA JOLLA VILLAGE DR
LA JOLLA CA 92037-1412

CAPITAL ONE AUTO FIN
PO BX 660068
SACRAMENTO



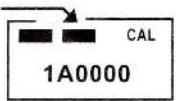
L0064
95866
RJ3020220264408

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
VALIDATED REGISTRATION CARD
READ REVERSE SIDE - IMPORTANT INSTRUCTIONS
J 2336978

TO REMOVE THE STICKER
FROM THE BACKING,
BEND STICKER AT SLIT AND PEEL SLOWLY.

- INSTRUCTIONS FOR
APPLYING STICKER TO LICENSE PLATE
1. CLEAN SURFACE THOROUGHLY. SCRAPE OFF ACCUMULATED STICKERS (STICKER WILL NOT STICK IF WET OR DIRTY).
 2. PUT STICKER ON REAR LICENSE PLATE AS SHOWN BELOW:

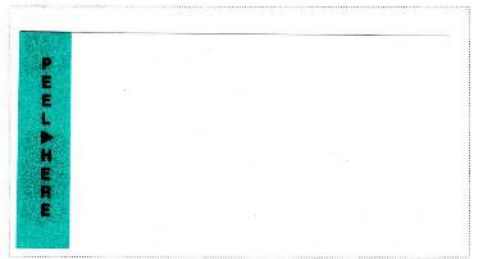
MOTORCYCLES:
Right Half of This Well



ALL OTHERS:
In Top Right Corner



EXCEPT:
Truck Tractors And Commercial Vehicles With
A Declared Gross Vehicle Weight of 10,001 lbs.
or More—Must Apply Sticker To Front Plate



REGISTERED OWNER – PLEASE NOTE

1. The date your vehicle registration expires is indicated on the top of this card. If you do not receive a renewal notice, contact the Department of Motor Vehicles (DMV). You must do this on or before the expiration date or penalties will be due in accordance with California Vehicle Code (CVC) §§9552-9554. If you are cited for not registering your vehicle, the court may impose a fine.

IMPORTANT: California law requires that evidence of financial responsibility, e.g., liability insurance, be carried in a vehicle at all times and be presented to a peace officer upon request or when involved in a motor vehicle accident. Failure to provide or maintain evidence of financial responsibility will result in the suspension of vehicle registration.

2. This card or a copy shall be kept in the vehicle for which it was issued. This requirement does not apply when the vehicle is left unattended. It need not be displayed, however, it must be presented to any peace officer upon demand.
3. The CVC requires that you **IMMEDIATELY** notify DMV by mail or in person on the proper forms when:
 - You change your address (**within 10 days**) (CVC §4159).
 - You sell your vehicle (**within 5 days**) (CVC §5900).
 - You are involved in an accident (whether or not it was your fault) when the damage is over \$1,000, or any bodily injury or death occurs (**within 10 days**) (CVC §16000).
 - You make alterations or additions to the body and/or unladen weight of a commercial vehicle (CVC §§9406 and 9406.1).
4. When writing to DMV, always give your full name, present address, vehicle make, vehicle license and vehicle ID numbers, and, if any, daytime telephone number.

For more information visit our website at **www.dmv.ca.gov** or call 1-800-777-0133.

REG.17.77 (REV. 3/2017)

PO Box 44157
Jacksonville, FL 32231-4157

Florida Blue 
Your Health Solutions Partner

Get your health plan info 24/7 at
FloridaBlue.com!

Compare costs for care and prescriptions, check
claims, choose communication preferences, and
get personalized support.

SEMIH KURTULUS
3894 LA JOLLA VLG DR
LA JOLLA, CA 920371412

Member: SEMIH KURTULUS
Member Number: H41512393
Your Plan: Group BlueOptions
Statement Period: 03/12/2026 - 04/02/2026

Your Health Statement

An easier way to manage your health care.

**Be in the know and get the
most out of your coverage.**

You'll get this statement for each month that
medical services are processed for your
policy.

Here's what you'll find:

- A year-to-date total of your savings from
using in-network providers
- The deductible amount you've paid and
how much is remaining
- How claims were processed the
previous month and amounts you may owe
- FREE resources to help you live
healthier and save money

THIS IS NOT A BILL

Your Health Plan Savings ¹

	Amount Billed	Your Cost	Your Savings
Medical Claims	\$12,691.93	\$293.37	\$12,398.56
Pharmacy Claims	\$170.40	\$0.00	\$170.40
TOTALS	\$12,862.33	\$293.37	\$12,568.96

Your Deductible and Out-of-Pocket Status

*A summary of the dollar amounts applied to the deductible
and out-of-pocket plan maximums for your current benefit
period, including any corrected claims activity.*

\$1,500.00

In-network deductible met \$0.00

\$8,400.00

In-network out-of-pocket met \$313.37

\$3,000.00

Out-of-network deductible met \$0.00

\$16,800.00

Out-of-network out-of-pocket met \$0.00

¹These are approximate amounts based on covered services processed during the current calendar year (which may include services from the prior year that were not received or processed until this year). The amounts do not include premiums or amounts you may owe for services not covered, limited or excluded under the terms of your coverage plan.

Florida Blue is a trade name of Blue Cross and Blue Shield of Florida, Inc., an Independent Licensee of the Blue Cross and Blue Shield Association.

Member: SEMIH KURTULUS
Member Number: H41512393
Your Plan: Group BlueOptions
Statement Period: 03/12/2026 - 04/02/2026

Deductible and Out-of-Pocket Status by Member

Name	In-Network		Out-of-Network	
	Amount Applied Toward Deductible	Amount Applied Toward Out-of-Pocket Max.	Amount Applied Toward Deductible	Amount Applied Toward Out-of-Pocket Max.
SEMIH	\$0.00	\$95.00	\$0.00	\$0.00
TATIANA	\$0.00	\$218.37	\$0.00	\$0.00

Tip: Using doctors and hospitals in your plan's network will save you the most money.

Claim Activity for TATIANA M SAMUDIO



MEDICAL SERVICES Member Number: H41512393
CLAIM NUMBER: Q100001308652295
PLAN: Group BlueOptions
PROVIDER: LOGAN HEIGHTS FAMILY HEALTH CEN

DIAGNOSIS CODE: E785
DESCRIPTION: HYPERLIPIDEMIA, UNSPECIF

						MEMBER RESPONSIBILITY					
From-To-Date of Service	Procedure Code	Description of Service	Amount Billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks	
03/12/2026-03/12/2026	80061	LIPID PANEL THIS PANEL MUST	\$21.00	\$11.86	\$1.86	\$0.00	\$10.00	\$0.00	\$10.00	1,2	
TOTALS			\$21.00	\$11.86	\$1.86	\$0.00	\$10.00	\$0.00	\$10.00		

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
1	Copayment Required for In-Network Provider	\$10.00
2	In network provider utilized. Therefore no patient responsibility.	\$9.14
TOTAL		\$19.14



MEDICAL SERVICES Member Number: H41512393
CLAIM NUMBER: Q100001309326952
PLAN: Group BlueOptions
PROVIDER: SCRIPPS CLINIC MEDICAL GROUP

DIAGNOSIS CODE: R300
DESCRIPTION: DYSURIA

						MEMBER RESPONSIBILITY				
From-To-Date of Service	Procedure Code	Description of Service	Amount Billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
03/19/2026-03/19/2026	84703	CHORIONIC GONADOTROPIN ASSAY	\$26.32	\$21.85	\$0.00	\$0.00	\$21.85	\$0.00	\$21.85	1,2
03/19/2026-03/19/2026	81003	URINALYSIS AUTO W/O SCOPE	\$9.79	\$6.52	\$0.00	\$0.00	\$6.52	\$0.00	\$6.52	1,2
TOTALS			\$36.11	\$28.37	\$0.00	\$0.00	\$28.37	\$0.00	\$28.37	

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
1	Copayment Required for In-Network Provider	\$28.37

Member: SEMIH KURTULUS
Member Number: H41512393
Your Plan: Group BlueOptions
Statement Period: 03/12/2026 - 04/02/2026

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
2	In network provider utilized. Therefore no patient responsibility.	\$7.74
TOTAL		\$36.11



MEDICAL SERVICES Member Number: H41512393
CLAIM NUMBER: Q100001309004100
PLAN: Group BlueOptions
PROVIDER: SCRIPPS CLINIC MEDICAL GROUP

DIAGNOSIS CODE: N3001
DESCRIPTION: ACUTE CYSTITIS WITH HEMA

						MEMBER RESPONSIBILITY				
From-To-Date of Service	Procedure Code	Description of Service	Amount Billed	Amount Allowed	Amount Paid	Deductible Amount	Copayment Amount	Coinsurance Amount	You Owe	Remarks
03/19/2026-03/19/2026	99214	OFFICE O/P EST MOD 30-39 MIN	\$350.30	\$236.78	\$206.78	\$0.00	\$30.00	\$0.00	\$30.00	1,2
TOTALS			\$350.30	\$236.78	\$206.78	\$0.00	\$30.00	\$0.00	\$30.00	

Remarks	Explanation - Amounts shown below were not paid based on the terms of your policy.	Amount
1	Copayment Required for In-Network Provider	\$30.00
2	In network provider utilized. Therefore no patient responsibility.	\$113.52
TOTAL		\$143.52

Definition of Terms

Allowed amount: The maximum amount your plan pays for Covered Services.

Amount billed: Amount billed by the provider of services.

Amount paid: Amount paid to you or the provider for Covered Services, including any interest for claims that were not paid on time.

Coinsurance: The percentage (%) you may pay for services after you meet any applicable deductible.

Copayment: For some health care services you'll pay a flat fee, usually at the time you receive the care.

Coverage documents: Refers to your contractual documents.

Deductible: The dollar amount you must pay each year before insurance begins to pay for certain health care services. You pay the plan deductible first, then copay and/or coinsurance (%) may apply.

Description of service: Procedure, service or supply provided, billed and processed.

Diagnosis codes: Numerical codes a provider uses to identify specific health conditions during the procedure or date of service.

Explanation: Items not paid based on the terms and conditions of your coverage plan. Items not listed, such as deductibles, copayments and or coinsurance, means you may have met the maximum amount for the benefit period before this claim was processed.

Procedure codes: Numerical codes used to identify specific health procedures or treatments performed by a provider.

Provider: Doctor, hospital, facility, supplier or person that bills for health care services.

Remarks: Numerical codes that correspond to the Remarks explanations for each applicable claim line.

Service date(s): Month, day and year services were provided. If two dates appear, this is the start and end date of services.

Statement period: Period during which all claims on this statement were processed.

You owe: This is the amount you are responsible for. You may have paid all or a portion of this when the services were provided. This amount may include the deductible and applicable coinsurance, copayments or services not covered under the terms of your coverage plan.

Frequently Asked Questions

Why aren't my doctor visits this month showing up in this statement?

Your statement shows claims for medical care only after we've received and processed the claim. The claim in question may not have been received yet or it may not be finalized.

What if I suspect insurance fraud or abuse?

Please contact us at 1-800-678-8355. Or you can file a report at floridablue.com and click on About Us.

Get in touch

For questions about this Health Statement, please call **1-877-352-2583** or write to us at the address listed on the top of the first page of this statement.

You may request and we will provide the diagnosis and treatment codes, as well as their corresponding meanings, applicable to this notice.

Right to Appeal

The following appeals processes apply to all individual under 65 and group coverage, regardless of funding type.

INTERNAL APPEAL PROCESS

You have the right to appeal a full or partial denial of benefits or payment on a claim for certain services that have not yet been provided to you. A condition of your coverage is that Florida Blue must approve of the service prior to receiving it.

We must receive your appeal in writing within 365 days of the initial claim notification.

Pre-Service and Post-Service Appeals and Time Frames

1. You may request more explanation when your claim or request for coverage of a health care service or treatment is denied or was not fully covered. Contact us if you:

- Do not understand why the health care service or treatment was not fully covered.
- Do not understand why a request for coverage of a health care service or treatment was denied.
- Cannot find the applicable provision in your benefit plan document.
- Disagree with a denial or the amount not covered and you want to appeal.

A team of people associated with us, but not involved in the initial claim denial, will fully review your appeal. We will let you know what we decide in writing.

2. You may present evidence and testimony during your appeal process.

3. You may give us or ask us for copies of any other information that relates to your claims.

4. You may ask us to:

- Provide whether or what specific rule, guideline, protocol or other similar criterion we used to make the benefit or payment decision.
- To explain the scientific or clinical factors involved if the claim was denied in whole or in part based on the lack of medical necessity or the experimental or investigational nature of a service.

Please mail your request for appeal to: Florida Blue, Attention: Appeals and Disputes Department, PO Box 44197, Jacksonville, FL 32231-4197.

Pre-Service Time Frame: Within 30 calendar days of receipt

Post-Service Time Frame: Within 60 calendar days of receipt

Pre-Service and Urgent Pre-Service Appeals and Timeframes

Ask for an urgent pre-service appeal when you have a serious medical condition that does not allow for normal processing time (approximately 2-4 weeks).

A claim involving urgent care is one in which:

Your life or health, or ability to regain maximum function would be seriously jeopardized or in the opinion of a physician with knowledge of your medical condition would subject you to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request, by waiting for Florida Blue to review its denial decision through the pre-service appeal time frame.

Tatiana Marri Samudio and Semih Kurtulus Last Flights



Ticket & receipt



Ticket number: 176 2385488921
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Passenger: **SAMUDHOSILVERADESOUSA/
TATIANA MARRIMS**

Issued by / Date
AGT86491845AE
02MAR2025EKWWWWW DUBAI / EMIRATES IBE

Your booking reference: GKVMZB

Your ticket is stored in our booking system. This receipt is your record of your ticket and is part of your conditions of carriage. For more information you can [read the notices and conditions of carriage](#).

You might need to show this receipt to enter the airport or to prove your return or onwards travel to immigration.

Check with your departure airport for restrictions on the carriage of liquids, aerosols and gels in hand baggage and check your visa requirements.

Please check our Dangerous Goods information to find out what you can and can't bring on board. Some substances and certain items are restricted, like portable electronic devices, spare batteries or smart bags.

Check in online, or



90 minutes



60 minutes



45 minutes



Check in at the airport. At most airports you need to arrive 3 hours before departure, but it can be up to 4 hours to complete all the travel requirements. Please check the best time to arrive for your journey below.

90 minutes before take-off go through passport control.

60 minutes before take-off be ready at the gate (Premium Economy, Economy Class).

45 minutes before take-off be ready at the gate (First Class, Business Class).

Your travel information

All times shown are local for each city

→ Departing » From Los Angeles, United States

Leg 1 of 4 | Los Angeles (LAX) to Dubai (DXB) | Operated by Emirates (equipment owner - Emirates)

Flight

EK 216

Economy
Saver

Seat

54K

Check in at

12:40

Status:
Confirmed

Departure

16:40

Arrival

19:30



LOS ANGELES

Departing LAX, Los Angeles International Airport
Tom Bradley International



DUBAI

Arriving DXB, Dubai International Airport
Terminal 3



Coupon validity: not before 22Apr2025 / not after 22Apr2025



Baggage 2Piece

Leg 2 of 4 | Dubai (DXB) to Malé (MLE) | Operated by Emirates (equipment owner - Emirates)

Flight

EK 656

Economy
Saver

Seat

18K

Check in at

23:30

Status:
Confirmed

Departure

02:30

Arrival

07:40



DUBAI

Departing DXB, Dubai International Airport
Terminal 3



MALÉ

Arriving MLE, Velana International Airport



Coupon validity: not before 24Apr2025 / not after 24Apr2025



Baggage 2Piece



Ticket number: 176 2385488921
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Your travel information

All times shown are local for each city

→ Departing » From Malé, Maldives

Leg 3 of 4 | Malé (MLE) to Dubai (DXB) | Operated by Emirates (equipment owner - Emirates)

Flight
EK 659

Check-in 01 May 2025
08:15

Departure 01 May 2025
11:15



MALÉ

Departing MLE, Velana International Airport

Economy
Saver

Seat
20K

Status:
Confirmed

Arrival 01 May 2025
14:15



DUBAI

Arriving DXB, Dubai International Airport
Terminal 3

Coupon validity: not before 01 May 2025 / not after 01 May 2025

Baggage 2 Piece

Your travel information

All times shown are local for each city

→ Departing » From Dubai, United Arab Emirates

Leg 4 of 4 | Dubai (DXB) to Los Angeles (LAX) | Operated by Emirates (equipment owner - Emirates)

Flight
EK 215

Check-in 03 May 2025
05:55

Departure 03 May 2025
08:55



DUBAI

Departing DXB, Dubai International Airport
Terminal 3

Economy
Saver

Seat
54A

Status:
Confirmed

Arrival 03 May 2025
14:15



LOS ANGELES

Arriving LAX, Los Angeles International Airport
Tom Bradley International

Coupon validity: not before 03 May 2025 / not after 03 May 2025

Baggage 2 Piece

Fare information

Fare	Equivalent fare	Taxes / Fees / Charges (TFC)		Total fare (Incl. TFC)	Form of payment
USD 766	-	USD 45.80-US	USD 5.60-AY	USD 1438.41	CREDIT CARD
		USD 4.50-XF	USD 24.60-F6		
		USD 4.20-ZR	USD 448.00-YQ		
		USD 50.00-H9	USD 50.00-BQ		
		USD 20.40-AE	USD 3.71-XA		
		USD 1.40-TP	USD 7.20-YC		
		USD 7.00-XY			

Fare calculation

LAX EK X/DXB EK MLE383.00TLEIPUS4/EOL4 EK DXB EK LAX383.00TLEIPUS4/EOL4 NUC766.00 XF LAXUSD4.5END ROE1.000000

Additional information

NON-END/SAVER/REWARD UPGDS ALLOWED



Ticket number: 176 2385488921
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Baggage allowance

Passenger type
ADULT

Route
EKLAXMLE 2PC

Baggage allowance
BAG 1 NO FEE UPTO50LB 23KG MAX59IN 150CM
BAG 2 NO FEE UPTO50LB 23KG MAX59IN 150CM
BAG 3 225.00 USD UPTO50LB 23KG MAX59IN 150CM
[HTTPS://WWW.EMIRATES.COM/ENGLISH/BEFORE-YOU-FLY/BAGGAGE/](https://www.emirates.com/english/before-you-fly/baggage/)

Passenger type
ADULT

Route
EKMLELAX 2PC

Baggage allowance
BAG 1 NO FEE UPTO50LB 23KG MAX59IN 150CM
BAG 2 NO FEE UPTO50LB 23KG MAX59IN 150CM
BAG 3 225.00 USD UPTO50LB 23KG MAX59IN 150CM
[HTTPS://WWW.EMIRATES.COM/ENGLISH/BEFORE-YOU-FLY/BAGGAGE/](https://www.emirates.com/english/before-you-fly/baggage/)

Passenger type
ADULT

Route
EKLAXDXB 1PC

Carry on baggage
BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type
ADULT

Route
EKDXBMLE 1PC

Carry on baggage
BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type
ADULT

Route
EKMLEDXB 1PC

Carry on baggage
BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type
ADULT

Route
EKDXBLAX 1PC

Carry on baggage
BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

If you go over the baggage allowance you may be charged. If you purchase extra baggage on [emirates.com](https://www.emirates.com), you could get a discount. Alternatively you can pay for any extra baggage charges at check-in. For more information please visit our [baggage section](#).

Hazardous materials and substance control policy

The carriage of certain hazardous materials like aerosols, fireworks and inflammable liquids aboard the aircraft is forbidden. Personal motorised vehicles such as hoverboards, mini-Segways and smart or self-balancing wheels, are also forbidden on our flights as they contain large lithium batteries. For safety reasons, we can't accept these as part of checked-in baggage or as hand luggage. If you do not understand this restriction, further information may be obtained from your airline.

The United Arab Emirates (UAE) has a very strict, zero-tolerance, anti-drugs policy. All airports within the UAE conduct thorough searches using highly sensitive equipment. Possession of any amounts of illegal drugs by travellers entering or transiting the UAE will be subject to punishment.

Emirates cabin baggage allowances

Economy Class:

One piece of carry-on baggage is permitted with maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches) and maximum weight: 7kg (15lb).

Note: If you're boarding in India, your carry-on baggage may not exceed 115cm or 45.3 inches (length + width + height). If your itinerary originates from Brazil, you're allowed a carry-on weighing 10kg (22lb).

Premium Economy:

One piece of carry-on baggage is permitted with maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches) and maximum weight: 10kg (22lb).

Note: If you're boarding in India, your carry-on baggage may not exceed 115cm or 45.3 inches (length + width + height).

First Class and Business Class:

Two pieces of carry-on baggage permitted: one briefcase plus either one handbag or one garment bag. The briefcase may not exceed 45 x 35 x 20cm (18 x 14 x 8 inches); the handbag may not exceed 55 x 38 x 22cm (22 x 15 x 8 inches); the garment bag can be no more than 20cm (8 inches) thick when folded. The weight of each piece must not exceed 7kg (15lb). The total combined weight of both pieces may not be more than 14kg (30lb).

Infants in all cabin classes are permitted one checked-in bag: maximum weight 23kg (50lb) with total dimensions (length + width + height) not exceeding 115cm (45 inches) and one carry-on bag for inflight food and disposable items (weight not to exceed 5kg (11lb) and maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches).



Ticket & receipt



Ticket number: 176 2385488922
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Passenger name
**KURTULUS
SEMIHMUSTAFAMR**

Issued by / Date
AGT86491845AE
02MAR2025EKWWWWW DUBAI / EMIRATES IBE

Your booking reference: GKVMZB

Your ticket is stored in our booking system. This receipt is your record of your ticket and is part of your conditions of carriage. For more information you can [read the notices and conditions of carriage](#).

You might need to show this receipt to enter the airport or to prove your return or onwards travel to immigration.

Check with your departure airport for restrictions on the carriage of liquids, aerosols and gels in hand baggage and check your visa requirements.

Please check our Dangerous Goods information to find out what you can and can't bring on board. Some substances and certain items are restricted, like portable electronic devices, spare batteries or smart bags.

Check in online, or



90 minutes



60 minutes



45 minutes



Check in at the airport. At most airports you need to arrive 3 hours before departure, but it can be up to 4 hours to complete all the travel requirements. Please check the best time to arrive for your journey below.

90 minutes before take-off go through passport control.

60 minutes before take-off be ready at the gate (Premium Economy, Economy Class).

45 minutes before take-off be ready at the gate (First Class, Business Class).

Your travel information

All times shown are local for each city

→ Departing » From Los Angeles, United States

Leg 1 of 4 | Los Angeles (LAX) to Dubai (DXB) | Operated by Emirates (equipment owner - Emirates)

Flight

EK 216

Economy
Saver

Seat

54J

Check in at

12:40

Status:
Confirmed

Departure

16:40

Arrival

19:30



LOS ANGELES

Departing LAX, Los Angeles International Airport
Tom Bradley International



DUBAI

Arriving DXB, Dubai International Airport
Terminal 3



Coupon validity: not before 22Apr2025 / not after 22Apr2025



Baggage 2Piece

Leg 2 of 4 | Dubai (DXB) to Malé (MLE) | Operated by Emirates (equipment owner - Emirates)

Flight

EK 656

Economy
Saver

Seat

18J

Check in at

23:30

Status:
Confirmed

Departure

02:30

Arrival

07:40



DUBAI

Departing DXB, Dubai International Airport
Terminal 3



MALÉ

Arriving MLE, Velana International Airport



Coupon validity: not before 24Apr2025 / not after 24Apr2025



Baggage 2Piece



Ticket number: 176 2385488922
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Your travel information

All times shown are local for each city

→ Departing » From Malé, Maldives

Leg 3 of 4 | Malé (MLE) to Dubai (DXB) | Operated by Emirates (equipment owner - Emirates)

Flight
EK 659

Check-in 01 May 2025
08:15

Departure 01 May 2025
11:15



MALÉ

Departing MLE, Velana International Airport

Economy
Saver

Seat
20J

Status:
Confirmed

Arrival 01 May 2025
14:15



DUBAI

Arriving DXB, Dubai International Airport
Terminal 3

Coupon validity: not before 01 May 2025 / not after 01 May 2025

Baggage 2 Piece

Your travel information

All times shown are local for each city

→ Departing » From Dubai, United Arab Emirates

Leg 4 of 4 | Dubai (DXB) to Los Angeles (LAX) | Operated by Emirates (equipment owner - Emirates)

Flight
EK 215

Check-in 01 May 2025
05:55

Departure 01 May 2025
08:55



DUBAI

Departing DXB, Dubai International Airport
Terminal 3

Economy
Saver

Seat
54B

Status:
Confirmed

Arrival 03 May 2025
14:15



LOS ANGELES

Arriving LAX, Los Angeles International Airport
Tom Bradley International

Coupon validity: not before 03 May 2025 / not after 03 May 2025

Baggage 2 Piece

Fare information

Fare	Equivalent fare	Taxes / Fees / Charges (TFC)	Total fare (Incl. TFC)	Form of payment
USD 766	-	USD 45.80-US USD 4.50-XF USD 4.20-ZR USD 50.00-H9 USD 20.40-AE USD 1.40-TP USD 5.60-AY USD 24.60-F6 USD 448.00-YQ USD 50.00-BQ USD 3.71-XA USD 7.00-XY	USD 1438.41	CREDIT CARD

Fare calculation
LAX EK X/DXB EK MLE383.00TLEIPUS4/EOL4 EK DXB EK LAX383.00TLEIPUS4/EOL4 NUC766.00 XF LAXUSD4.5END ROE1.000000

Additional information
NON-END/SAVER/REWARD UPGDS ALLOWED



Ticket number: 176 2385488922
Scan the barcode or use the ticket number above at the self check-in points in the airport.

Baggage allowance

Passenger type	Route	Baggage allowance
ADULT	EKLAXMLE 2PC	BAG 1 NO FEE UPTO50LB 23KG MAX59IN 150CM BAG 2 NO FEE UPTO50LB 23KG MAX59IN 150CM BAG 3 225.00 USD UPTO50LB 23KG MAX59IN 150CM HTTPS://WWW.EMIRATES.COM/ENGLISH/BEFORE-YOU-FLY/BAGGAGE/

Passenger type	Route	Baggage allowance
ADULT	EKMLELAX 2PC	BAG 1 NO FEE UPTO50LB 23KG MAX59IN 150CM BAG 2 NO FEE UPTO50LB 23KG MAX59IN 150CM BAG 3 225.00 USD UPTO50LB 23KG MAX59IN 150CM HTTPS://WWW.EMIRATES.COM/ENGLISH/BEFORE-YOU-FLY/BAGGAGE/

Passenger type	Route	Carry on baggage
ADULT	EKLAXDXB 1PC	BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type	Route	Carry on baggage
ADULT	EKDXBMLE 1PC	BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type	Route	Carry on baggage
ADULT	EKMLEDXB 1PC	BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

Passenger type	Route	Carry on baggage
ADULT	EKDXBLAX 1PC	BAG1NOFEECARRY7KG 15LB UPTO45LI 115LCM

If you go over the baggage allowance you may be charged. If you purchase extra baggage on [emirates.com](https://www.emirates.com), you could get a discount. Alternatively you can pay for any extra baggage charges at check-in. For more information please visit our [baggage section](#).

Hazardous materials and substance control policy

The carriage of certain hazardous materials like aerosols, fireworks and inflammable liquids aboard the aircraft is forbidden. Personal motorised vehicles such as hoverboards, mini-Segways and smart or self-balancing wheels, are also forbidden on our flights as they contain large lithium batteries. For safety reasons, we can't accept these as part of checked-in baggage or as hand luggage. If you do not understand this restriction, further information may be obtained from your airline.

The United Arab Emirates (UAE) has a very strict, zero-tolerance, anti-drugs policy. All airports within the UAE conduct thorough searches using highly sensitive equipment. Possession of any amounts of illegal drugs by travellers entering or transiting the UAE will be subject to punishment.

Emirates cabin baggage allowances

Economy Class:

One piece of carry-on baggage is permitted with maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches) and maximum weight: 7kg (15lb).

Note: If you're boarding in India, your carry-on baggage may not exceed 115cm or 45.3 inches (length + width + height). If your itinerary originates from Brazil, you're allowed a carry-on weighing 10kg (22lb).

Premium Economy:

One piece of carry-on baggage is permitted with maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches) and maximum weight: 10kg (22lb).

Note: If you're boarding in India, your carry-on baggage may not exceed 115cm or 45.3 inches (length + width + height).

First Class and Business Class:

Two pieces of carry-on baggage permitted: one briefcase plus either one handbag or one garment bag. The briefcase may not exceed 45 x 35 x 20cm (18 x 14 x 8 inches); the handbag may not exceed 55 x 38 x 22cm (22 x 15 x 8 inches); the garment bag can be no more than 20cm (8 inches) thick when folded. The weight of each piece must not exceed 7kg (15lb). The total combined weight of both pieces may not be more than 14kg (30lb).

Infants in all cabin classes are permitted one checked-in bag: maximum weight 23kg (50lb) with total dimensions (length + width + height) not exceeding 115cm (45 inches) and one carry-on bag for inflight food and disposable items (weight not to exceed 5kg (11lb) and maximum dimensions: 55 x 38 x 22cm (22 x 15 x 8 inches)).



Baixe o app:



Adicione o nosso e-mail aos seus contatos: voegol@news.voegol.com.br.

GOL Linhas Aéreas Inteligentes: Praça Senador Salgado Filho, s/nº, Aeroporto Santos Dumont, Térreo, Área Pública, entre os eixos 46-48/O-P, Sala de Gerência - Back Office, CEP 20021-340, cidade e estado do Rio de Janeiro, inscrita no CNPJ/MF sob o n.º 07.575.651/0001-59.

[Termos e condições](#) [Política de privacidade](#)

20 DEZ 2025 ▶ 20 DEZ 2025 VIAGEM PARA FORTALEZA, BRASIL

TATIANA SAMUDIO
SEMIH KURTULUS
MARIE SOUSA
FRANCISCO SOUSA



CÓDIGO DA RESERVA GYWOZU



SAÍDA: SÁBADO 20 DEZ Por favor, verifique o horário da decolagem dos voos.

GOL LINHAS AEREAS G3 1506 Duração: 3hr(s) 30min(s) Família de tarifas: LIGHT Cabine: Econômica / E	GRU GUARULHOS, BRASIL	▶ FOR FORTALEZA, BRASIL	Aeronave: BOEING 737-800 JET
	Partindo às: 13:55 Terminal: TERMINAL 2	Chegando às: 17:25 Terminal: Não disponível	

Nome do passageiro:	Assentos:	Recibo(s) de Bilhete(s) Eletrônico(s):
» Tatiana Samudio	Não confirmado	1272144131847
» Semih Kurtulus	Não confirmado	1272144131848
» Marie Sousa	Não confirmado	1272144131849
» Francisco Sousa	Não confirmado	1272144131850

K42MKS

Itinerary

Norse Traveler 1		Cabin	Economy
Flight	SEMIH	Meals	1 Meal
N0512	KURTULUS,	Bags	1 Carry on
	Seat		
	21J		
	Economy		
	Light		
Traveler 2		Cabin	Economy
	TATIANA	Meals	1 Meal
	SAMUDIO,	Bags	1
	Seat		Checked
	21H		1 Carry on
	Economy		
	Light		

Operated by Norse Atlantic Airways AS

Fri, 05 Sep
03:20 PM



Sat, 06 Sep
02:00 PM

LAX

Los Angeles

12 hours
40
minutes

ATH

Athens

Your trip

SAN - GRU

GRU - SAN

Monday, January 12, 2026

10:00 PM

10h 30m

5:30 AM

GRU



DFW

Sao Paulo, Brazil

Dallas/ Fort Worth, TX



AA 966 · Main Cabin



Tuesday, January 13, 2026

7:14 AM

3h 18m

8:32 AM

DFW



SAN

Dallas/ Fort Worth, TX

San Diego, CA



AA 1272 · Main Cabin



View trip details, request upgrades, change seats and more.

[Manage your trip](#)

Passengers

Tatiana Samudio

Ticket number: 0012280481118

Status: **Ticketed**

Semih Kurtulus

Ticket number: 0012280481119

Status: **Ticketed**

Thank you for choosing United.

A receipt of your purchase is shown below. Please retain this email receipt for your records.

Get ready for your trip! [Visit the Travel Ready Center](#), your one-stop digital assistant, to find out about important travel requirements specific to your trip.

Confirmation Number:

AV7J2B

Flight 1 of 4 UA2237		Class: United Economy (K)	
Fri, Apr 17, 2026		Fri, Apr 17, 2026	
12:10 PM		05:25 PM	
San Diego, CA, US (SAN)		Houston, TX, US (IAH)	
Flight 2 of 4 UA62		Class: United Economy (K)	
Fri, Apr 17, 2026		Sat, Apr 18, 2026	
06:55 PM		06:45 AM	
Houston, TX, US (IAH)		Sao Paulo, BR (GRU)	
Flight 3 of 4 UA860		Class: United Economy (K)	
Mon, May 11, 2026		Tue, May 12, 2026	
09:30 PM		06:25 AM	
Sao Paulo, BR (GRU)		Washington, DC, US (IAD)	
Flight 4 of 4 UA1930		Class: United Economy (K)	
Tue, May 12, 2026		Tue, May 12, 2026	
08:31 AM		11:16 AM	
Washington, DC, US (IAD)		San Diego, CA, US (SAN)	
Traveler Details			
KURTULUS/SEMIHMUSTAFA		Seats: SAN-IAH ----	
eTicket number: 0162365394717		IAH-GRU ----	
		GRU-IAD ----	
		IAD-SAN ----	
SAMUDIO/TATIANAMARRI		Seats: SAN-IAH 31E	
eTicket number: 0162365394716		IAH-GRU 51L	
		GRU-IAD 50L	
		IAD-SAN 29E	
Purchase Summary			



LATAM AIRLINES GROUP S.A. (US)
6500 NW 22 Street, Miami, Florida, 33122 59-2605885 Miami United States

Information about your ticket

This document contains the details and conditions of the service you purchased.

It is not necessary to bring it with you on the day of your trip.

Trip information

Reservation code	LQWYUZ	Order No.	LA0459363IRNF	City and Issue date	Miami, Estados Unidos 09/19/24
Name				Passenger type	ID
TATIANA SAMUDIO SILVEIRA DE SOUSA				Adult	FO737949
SEMIH KURTULUS				Adult	A12346019

Itinerary

Flight Number	Origin	Destination	Departure Date	Departure Time	Arrival Date	Arrival Time	Cabin	Fare	Seat
LA6675	San Diego (Lindberg Fld)	Atlanta (Hartsfield Jackson Atlanta Intl.)	11/19/24	12:50 PM	11/19/24	8:05 PM	Economy	Plus	
LA6376	Atlanta (Hartsfield Jackson Atlanta Intl.)	Sao Paulo (Guarulhos Intl.)	11/19/24	10:05 PM	11/20/24	9:35 AM	Economy	Plus	
LA8086	Sao Paulo (Guarulhos Intl.)	Los Angeles (Los Angeles Intl.)	02/17/25	11:15 PM	02/18/25	6:35 AM	Economy	Plus	
UA4643	Los Angeles (Los Angeles Intl.)	San Diego (Lindberg Fld)	02/18/25	9:00 AM	02/18/25	9:58 AM	Economy	Plus	

Details of your payment

Payment Form

Ticket number	Item	Amount	Type	Amount
0452174638499 0452174904851 0452174638500 0452174904727	Flight Fees and/or taxes (1)	\$2,086.00 \$194.00	(1) XY2: \$14.00 BR4: \$20.20 US2: \$88.80 AY: \$22.40 XA: \$7.66 YC: \$13.94 XF: \$27.00	
	Total paid	\$2,280.00		

Airline details

Flight Number	Operating airline	Marketing airline
LA 6675	DE LTA	LATAM AIRLINES GROUP S.A. (US)
LA 6376	DE LTA	LATAM AIRLINES GROUP S.A. (US)
LA 8086	LATAM AIRLINES BRASIL	LATAM AIRLINES GROUP S.A. (US)
UA 4643	UA	LATAM AIRLINES GROUP S.A. (US)

Local information

- Before traveling, check the [entry restrictions](#) for the different countries due to the outbreak of COVID-19.
- Remember to check the time of [presentation at the airport](#), this will be indicated on your boarding pass. If you were unable to check-in on site and/or need to check baggage at the airport, you must present yourself well in advance.
- For bookings through the electronic catalog of the Framework Agreement for the Issuance of Electronic Tickets for Domestic Air Transportation of Passengers, inquiries and / or requests for attention will be only through the Customer Service Center, only applies the information relating to flights within Peru.

Baggage terms and conditions

Baggage allowance is according to your fare

The Economy Plus fare:

For each passenger:

- **In the cabin:** 1 handbag with a maximum dimension of 45 x 35 x 20 cm (height, length and width).
- **In the cabin:** 1 piece (bags or suitcases) that do not exceed 10 kilos, with a maximum dimension of 55 x 35 x 25 cm.
- **In the hold:** 1 piece(s) that do not exceed 23 kilos, with a maximum dimension of 158 cm (length + width + height).

- Please note that if your carry-on baggage does not meet these requirements, it will be retained and sent to the hold, including in the boarding lounge, and may be subject to a charge according to the baggage terms and conditions. [Check the terms and conditions.](#)

- A **handbag** (wallet, laptop or baby bag), which must be placed under the front seat, except in the front row and emergency rows

- **Infant passengers** (0-2 years) do not have a right to a hold baggage allowance.

Items of value

Items not allowed

Informação sobre sua passagem

Este é o seu comprovante de compra e contém os detalhes do serviço adquirido.

O passageiro manterá em seu poder este bilhete, para fins de fiscalização em viagem. Tenha em mãos apenas o código de reserva e a documentação de embarque.

Informação da viagem

Código da reserva	FTJSLE	Nº de orden	LA9571987REEV	Cidade e Data de emissão	Rio de Janeiro, Brasil 21/10/25
Nome do Passageiro	Tipo de passageiro		Documento de Identificação		
TATIANA SAMUDIO	Adulto		21963214862		
SEMIH KURTULUS	Adulto		A12346019		
FRANCISCO SAMUDIO SILVEIRA DE SOUSA	Criança		624949138		
MARIE SAMUDIO SILVEIRA DE SOUSA	Criança		646754683		

Itinerário

Nº de voo	Origem	Destino	Saída		Chegada		Cabine	Tarifa	Assento
			Data	Horário	Data	Horário			
LA3487	Fortaleza (Intl. Pinto Martins)	Salvador de Bahia (Deputado L E Magalhães)	01/01/26	14:40	01/01/26	16:30	Economy	Light	6F - 7F - 6E - 7E

Detalhe do pagamento

Número da passagem	Conceito	Valor
9572255983093	Voo	R\$ 7.753,20
9572255983092	Taxas e/ou impostos (1)	R\$ 227,52
9572255983094	Assento	R\$ 197,70
9572255983095	Taxas e/ou impostos (1)	R\$ 0,00
9574459733696		
9574459733697		
957445973369		

Forma de pagamento

Tipo	Valor
Cartão de crédito / débito XXXXXXXXXXXX8992	R\$ 8.178,42
(1) BR: R\$ 227,52	

Número da passagem	Conceito	Valor
	Total pago	R\$ 8.178,42

Companhias aéreas nesta viagem

Nº de voo	Companhia aérea operadora / PNR da companhia aérea	Companhia aérea cobradora
LA 3487	LATAM AIRLINES BRASIL / FTJSLE	TAM Linhas Aéreas S.A.

Informação local

- Informação importante: Se você ou algum de seus acompanhantes tiver alguma necessidade especial, informe-nos quando for fazer a sua reserva em até 48 horas antes do seu voo, ligando para o Contact Center pelo 4002-5700 (capitais) e 0300 570 5700 (todo o Brasil).
- Lembre-se de verificar o horário de **apresentação no aeroporto**, que estará indicado no seu cartão de embarque. Se você não pôde fazer o Check-in no site e/ou precisar despachar a bagagem no aeroporto, é necessário comparecer com a devida antecedência.
- Se a sua mala pequena exceder o limite de tamanho e peso; você terá a opção de enviá-la no porão do avião por um custo extra. Se você decidir não fazê-lo; não poderemos despachar sua bagagem no voo e não nos responsabilizaremos pela custódia da mesma.
- Informação importante: Lembre-se que os voos dentro do Brasil, com origem ou destino em São Paulo, podem operar no aeroporto de Guarulhos (GRU), Congonhas (CGH) ou Viracopos (VCP).
- Quando sua viagem tiver conexão com troca de aeroporto você será responsável pelo transporte entre eles. Confirme a distância, garanta que você terá tempo suficiente para pegar sua bagagem despachada e levá-la com você e defina como será feito o trajeto entre os aeroportos (taxi, ônibus, etc).

Termos e condições de bagagem

Bagagem permitida de acordo com sua tarifa

A tarifa Economy Light:

Por cada passageiro:

- **Na cabine:** 1 item pessoal até 10 kg com tamanho máximo de 45 x 35 x 20 cm (altura, comprimento e largura).
- **Na cabine:** 1 unidade (mala pequena) que não exceda 12 kg, com dimensão máxima de 55 x 35 x 25 cm.

Elementos valiosos

No transporte de bagagens, a LATAM não assume responsabilidade além dos limites estabelecidos pela lei, pela perda, dano ou atraso de objetos frágeis e/ou de alto valor, tanto comerciais quanto pessoais (ex: joias, eletrônicos, etc.). Lembre-se que esses itens devem ser transportados na sua bagagem do tipo item pessoal.

Elementos não permitidos

AVISO SOBRE MERCADORIAS PERIGOSAS: É proibido o transporte de certas mercadorias perigosas, como aerossóis, fogos de artifício e líquidos inflamáveis, a bordo da aeronave. Se você não entende essas restrições, informe-se através de nossos canais de vendas ou diretamente em nosso site:

- Itens proibidos na bagagem despachada e mala pequena (mercadorias perigosas): [nosso site](#).
- Itens proibidos na mala pequena: [nosso site](#).

Condições de sua passagem segundo as tarifas pagas

**Exhibit 7 - Evidence
of Continuous Marital
Union and Bona Fide
Marriage:
Photographic
Evidence**



2023 - Tatiana Marri Samudio and
Semih Mustafa Kurtulus, San Diego, California.



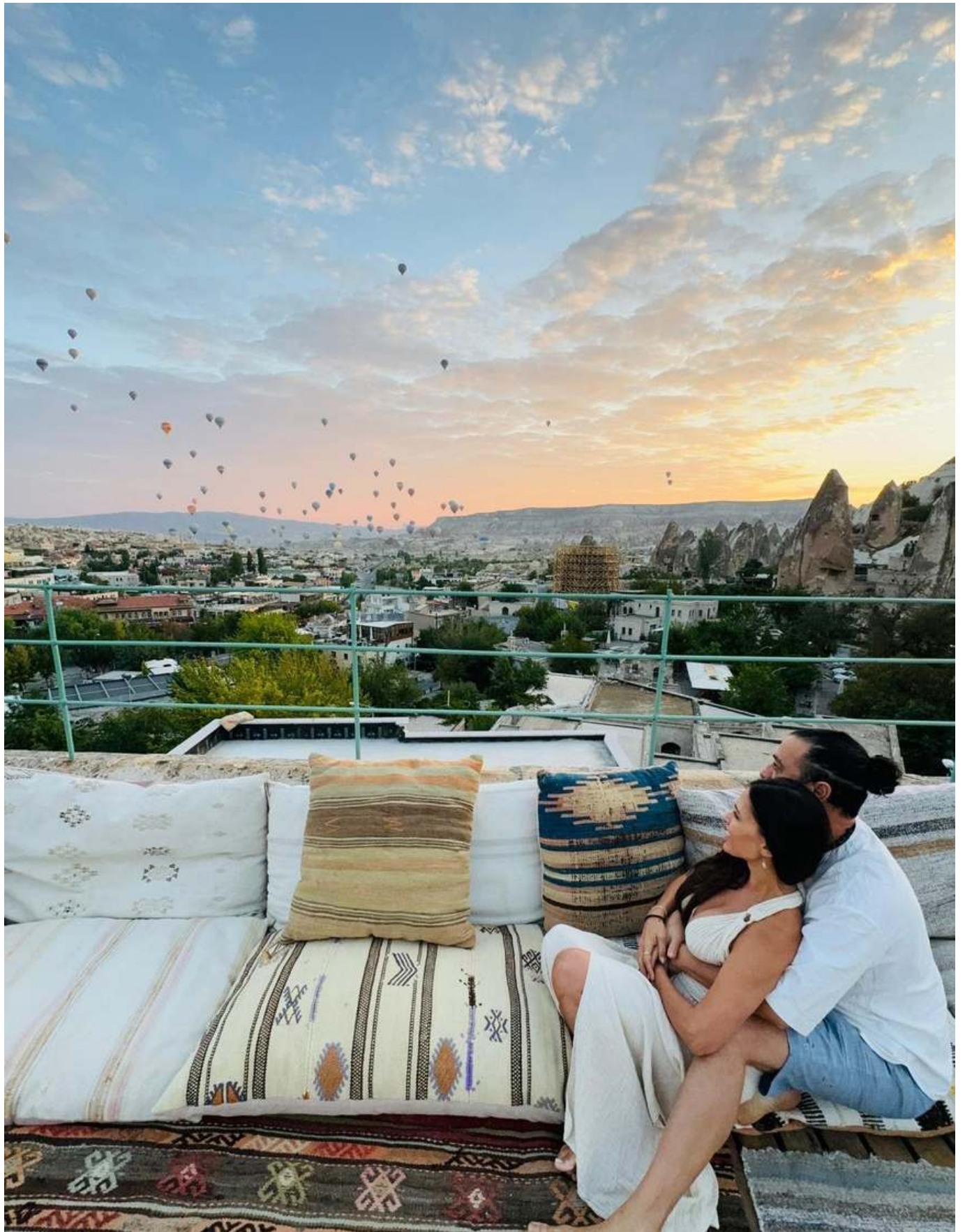
2023 - Tatiana,
Semih, Marie Samudio Silveira de Souza and
Francisco Ramon Samudio Silveira de Souza
(Tatiana's Children) in Guarujá, Brazil.



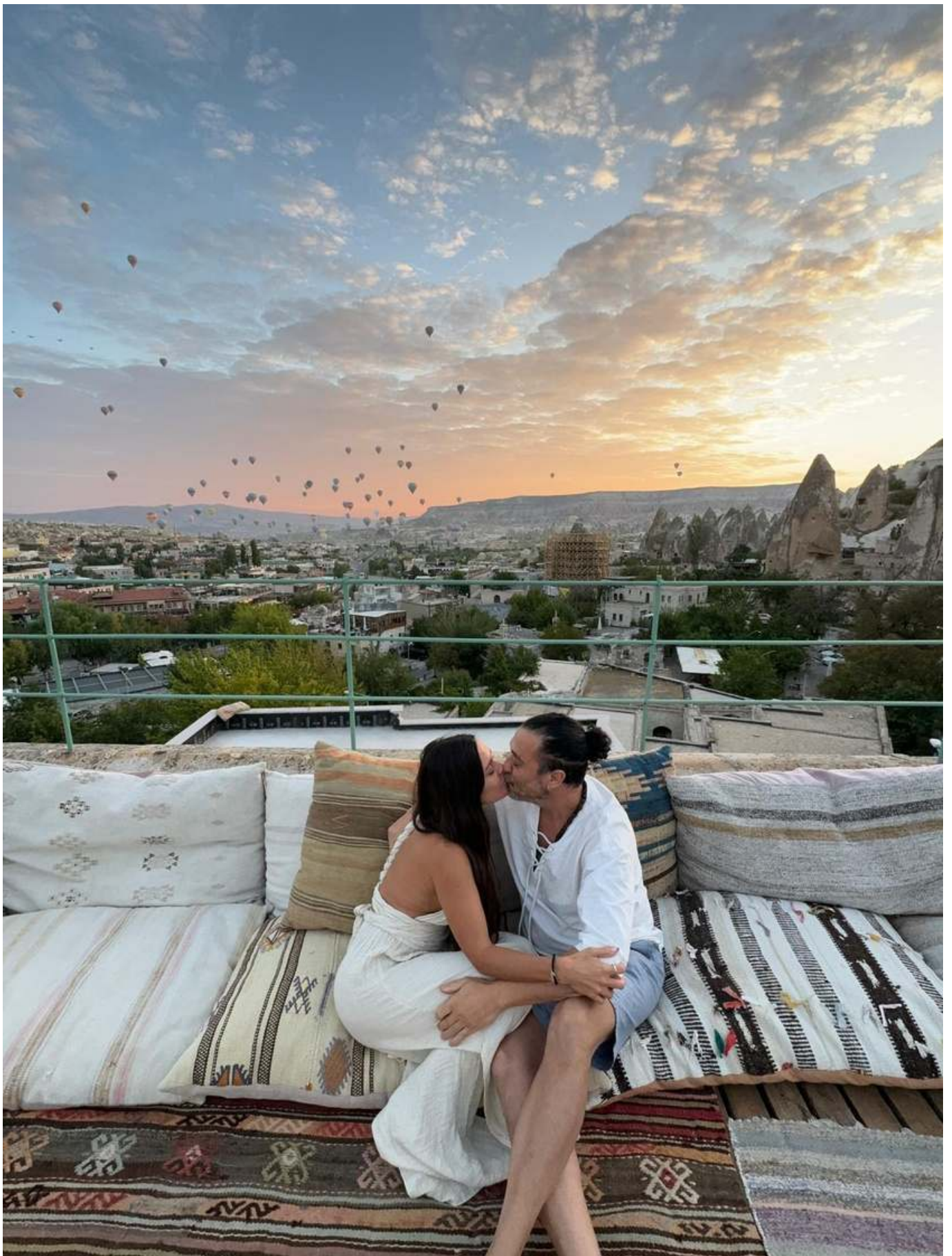
Jan 2024 - Tatiana, Semih, Marie, Francisco (Tatiana's children) and their family in Brazil.



Jan 2024- Tatiana, Semih and Marie (Tatiana's daughter) in São Paulo, Brazil.



Sep 2024 - Tatiana and
Semih in Cappadocia, Turkey.



Sep 2024 - Tatiana and
Semih in Cappadocia, Turkey.



Sep 2024 - Tatiana and
Semih in Rize, Turkey.



Sep 2024 - Tatiana and Semih in Rize, Turkey.



Sep 2024 - Tatiana and Semih in Rize, Turkey.



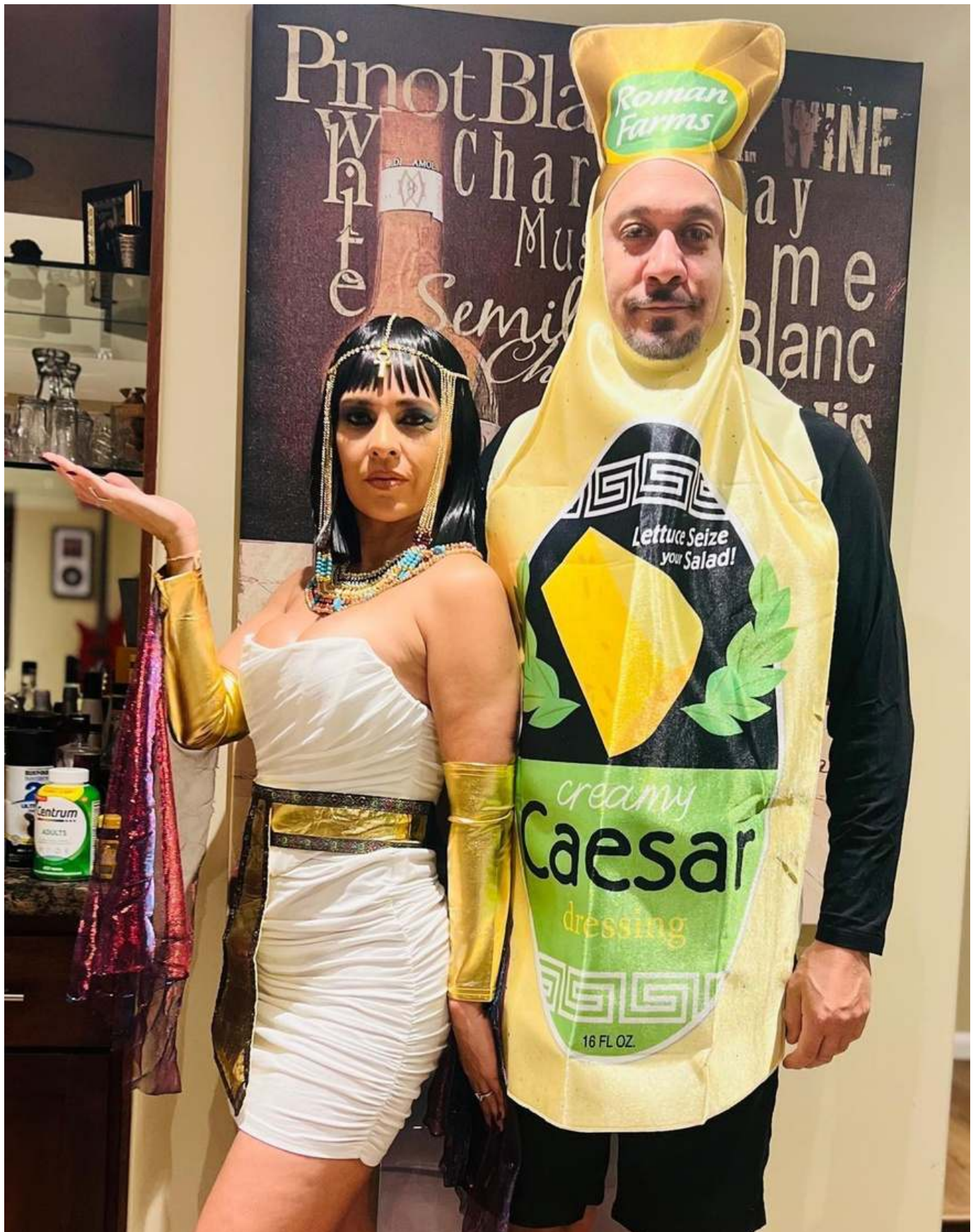
Sep 2024 - Tatiana and Semih in Rize, Turkey.



Sep 2024 - Tatiana and Semih in Rize, Turkey.



Sep 2024 - Tatiana, Semih and their family in
Ankara, Turkey.



Oct 2024 - Tatiana and Semih in San Diego, California, for halloween.



Oct 2024 - Tatiana and
Semih in San Diego, California.



Nov 2024 - Tatiana, Semih, Marie, Francisco
(Tatiana's children) and their family in Sao Paulo,
Brazil.



Nov 2024 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Sao Paulo, Brazil.



Dec 2024 - Tatiana and Semih in Salvador, Brazil.



Dec 2024 - Tatiana and Semih in Salvador, Brazil.



Dec 2024 - Tatiana and
Semih in Boipeba Island, Brazil.



Dec 2024 - Tatiana and Semih in Boipeba Island,
Brazil.



Dec 2024 - Tatiana and Semih in Boipeba Island,
Brazil.



Dec 2024 - Tatiana and Semih in Boipeba Island, Brazil.



Dec 2024 - Tatiana and Semih in Boipeba Island,
Brazil.



Dec 2024 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Brazil.



Dec 2024 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in São Paulo, Brazil.



Dec 2024 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in São Paulo, Brazil.



Dec 2024 - Tatiana and
Semih in Buzios, Brazil.



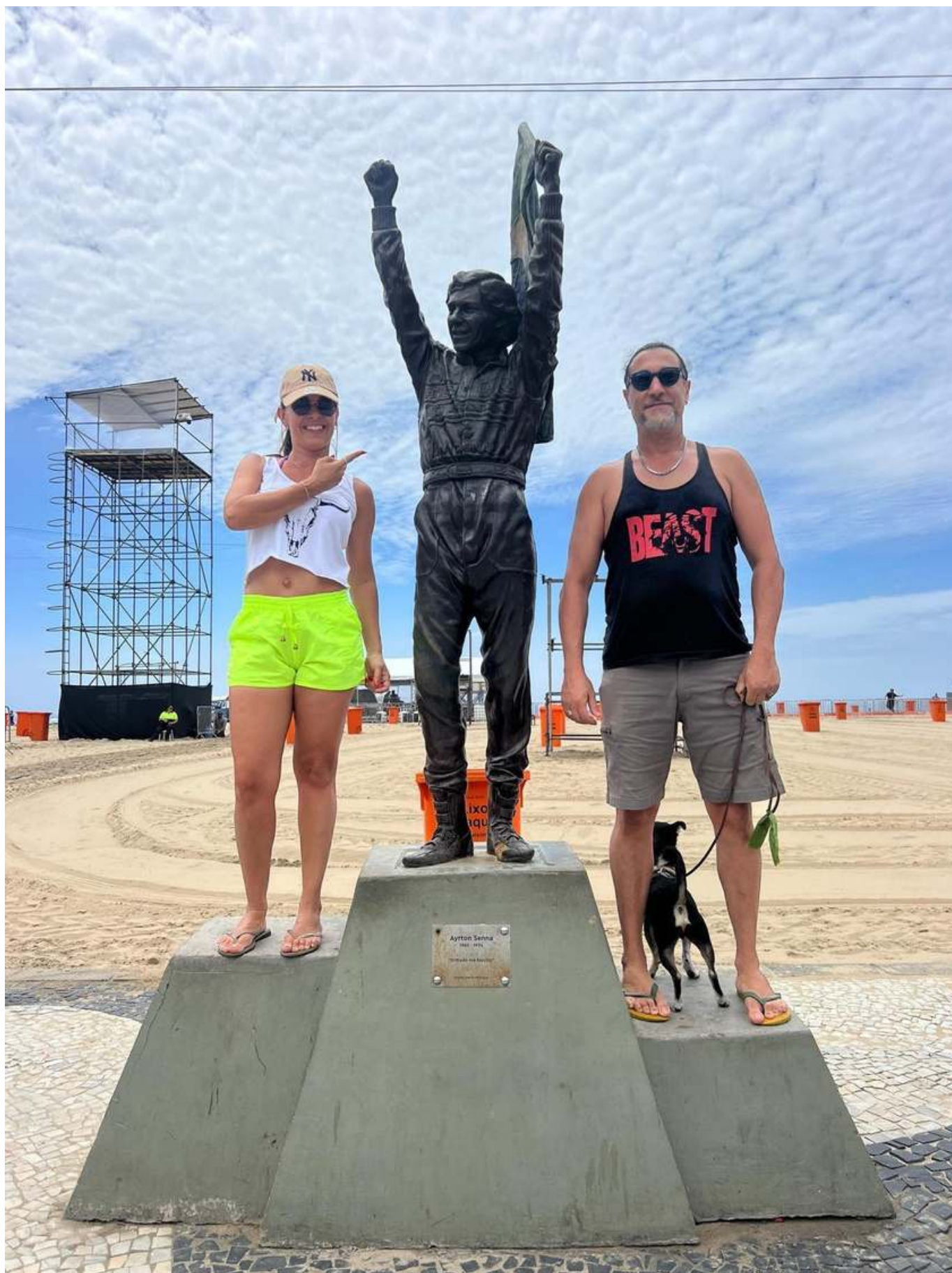
Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil, for New
Year's Eve.



Dec 2024 - Tatiana and
Semih in Rio de Janeiro, Brazil, for New
Year's Eve.



SAMUDIO8080

Posts



rosarii.art and samudio8080

Ilha De Boipeba / A Ilha Mais Bela Do Brasil



27



6



Liked by sem.kurtulus and others

rosarii.art 🇧🇷 Hoje é um bom dia pra ver fotos de uma família cheia de alegria e afeto? 🌞💖🇧🇷

post caption: Is it today a good day to see photos of a family full of joy and affection?

Jan 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Boipeba Island, Brazil.



SAMUDIO8080

Posts



rosarii.art and samudio8080

Ilha De Boipeba / A Ilha Mais Bela Do Brasil



27



6



Liked by sem.kurtulus and others

rosarii.art 🇧🇷 Hoje é um bom dia pra ver fotos de uma família cheia de alegria e afeto? ☀️💕🇧🇷

post caption: Is it today a good day to see photos of a family full of joy and affection?

Jan 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Boipeba Island, Brazil.



SAMUDIO8080

Posts



rosarii.art and samudio8080

Ilha De Boipeba / A Ilha Mais Bela Do Brasil



27



6



Liked by sem.kurtulus and others

rosarii.art 🇧🇷 Hoje é um bom dia pra ver fotos de uma família cheia de alegria e afeto? ☀️💖🇧🇷

post caption: Is it today a good day to see photos of a family full of joy and affection?

Jan 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Boipeba Island, Brazil.



Jan 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Boipeba Island, Brazil, for their wedding celebration.



Jan 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Boipeba Island, Brazil.



Jan 2025 - Tatiana and Semih in Boipeba Island, Brazil, for their wedding ceremony.



Jan 2025 - Tatiana, Semih, Francisco (Tatiana's son) and their family in Boipeba Island, Brazil.



Jan 2025 - Tatiana, Semih and Francisco (Tatiana's son) in Boipeba Island, Brazil.



Jan 2025 - Tatiana, Semih, Marie, Francisco (Tatiana's children) and their family in Boipeba Island, Brazil.



Jan 2025 - Tatiana and Semih in Boipeba Island, Brazil, for their wedding celebration.



Posts



rosarii.art and 3 others

Ilha De Boipeba / A Ilha Mais Bela Do Brasil



280



19



Liked by bela_grams and others

rosarii.art Destination Wedding com 8 convidados, na ilha mais bonita do Brasil 🌊 Semih & Tati, concretizam um casamento transcultural entre Turquia 🇹🇷 + Brasil

post caption: destination wedding with 8 guests on the most beautiful Island of Brazil. Semih & Tati materialized a transcultural marriage between Turkey and Brazil

Jan 2025 - Tatiana and Semih in Boipeba Island, Brazil, for their wedding celebration.



Jan 2025 - Tatiana, Semih, Mari (Tatiana's daughter) and their family in Boipeba Island, Brazil.



Jan 2025 - Semih and Marie (Tatiana's daughter) in Boipeba Island, Brazil.



Jan 2025 - Tatiana, Semih and Marie (Tatiana's daughter) in Boipeba Island, Brazil.



Jan 2025 - Tatiana, Semih, Marie, Francisco (Tatiana's children) and their family in Boipeba Island, Brazil.



Jan 2025 - Tatiana and Semih in Boipeba Island,
Brazil.



Jan 2025 - Tatiana, Semih, Francisco (Tatiana's son) and their family in Boipeba Island, Brazil.



May 2025 - Tatiana and Semih in Dubai, United Arab Emirates.



Sep 2025 - Tatiana, Semih and their family in
Ankara, Turkey.



Sep 2025 - Tatiana and Semih in Santorini
Greece.



Dec 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Fortaleza, Brazil, for New Year's Eve.



Dec 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Fortaleza, Brazil, for New
Year's Eve.



Dec 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Fortaleza, Brazil.



Dec 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Fortaleza, Brazil, for New
Year's Eve.



Dec 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Jericoacoara, Brazil.



Dec 2025 - Tatiana and Semih in Jericoacoara, Brazil.



Dec 2025 - Tatiana, Semih and Marie (Tatiana's daughter) in Jericoacoara, Brazil.



Dec 2025 - Tatiana and Semih in Jericoacoara,
Brazil.



Dec 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Jericoacoara, Brazil.



Dec 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Fortaleza, Brazil.

WE WISH YOU
MERRY
CHRISTMAS
AND HAPPY NEW YEAR



Dec 2025 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Fortaleza, Brazil.



Dec 2025 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Fortaleza, Brazil.



Dec 2025 - Semih and Marie (Tatiana's daughter) in Fortaleza, Brazil.



Jan 2026 - Tatiana and Semih in San Diego, California.



Jan 2026 - Semih, Marie and Francisco (Tatiana's children) in Boipeba Island, Brazil.



Jan 2026 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Boipeba Island, Brazil.



Jan 2026 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Boipeba Island, Brazil.



Jan 2026 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in Sao Paulo, Brazil.



Jan 2026 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in Sao Paulo, Brazil.



Feb 2026 - Tatiana and Semih in San Diego,
California.



Feb 2026 - Tatiana and Semih in San Diego, California, celebrating Semih's birthday.



Feb 2026 - Tatiana and Semih in San Diego, California.



Feb 2026 - Tatiana and Semih in San Diego, California.



Feb 2026 - Tatiana and Semih in San Diego,
California.



Feb 2026 - Tatiana and Semih in San Diego,
California.



Feb 2026 - Tatiana and Semih in San Diego, California.



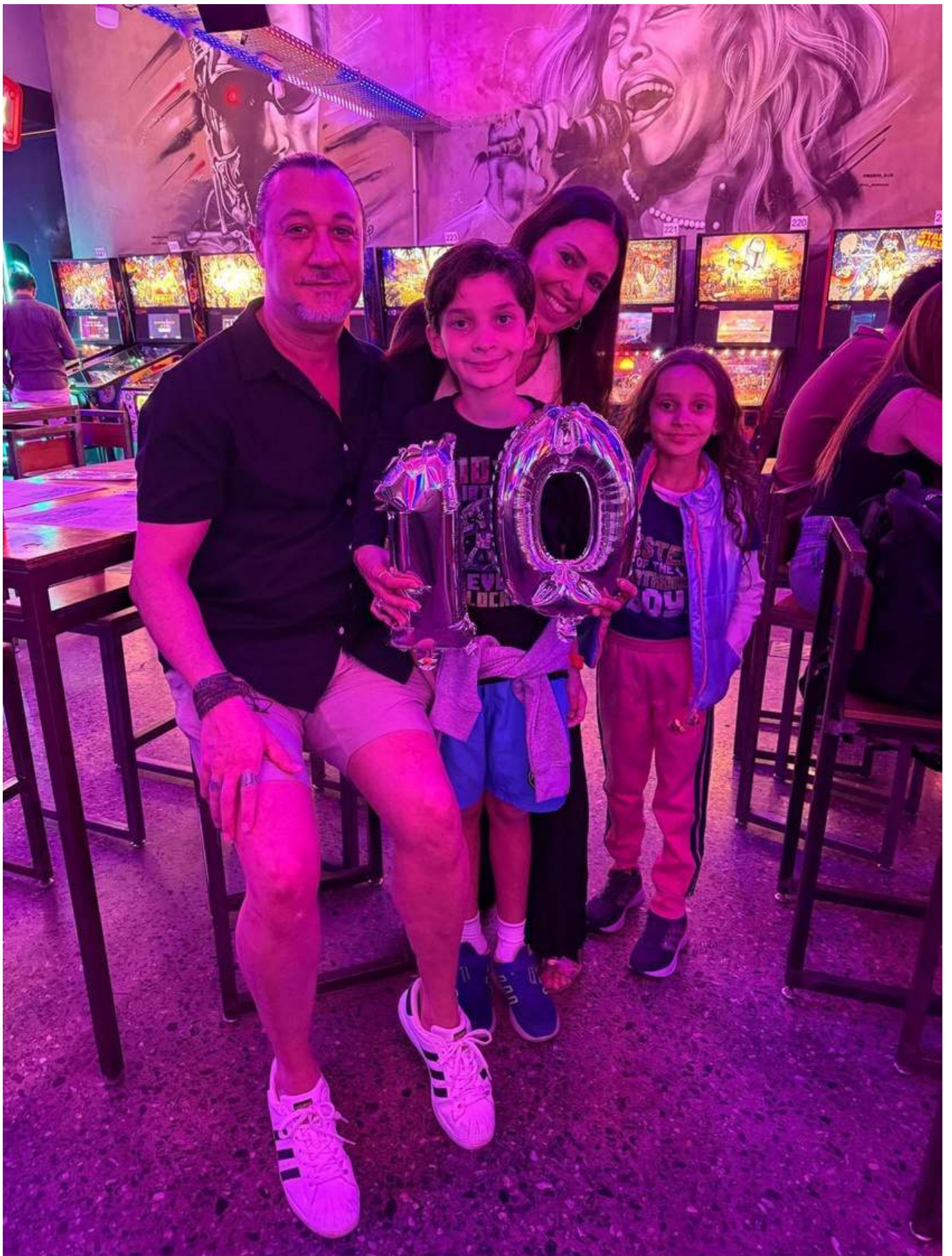
Mar 2026 - Tatiana and Semih in San Diego,
California.



April 2026 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in São Paulo, Brazil.



April 2026 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in São Paulo, Brazil.



April 2026 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in São Paulo, Brazil.



April 2026 - Tatiana, Semih, Marie and Francisco
(Tatiana's children) in São Paulo, Brazil.



April 2026 - Tatiana, Semih, Marie and Francisco (Tatiana's children) in São Paulo, Brazil.



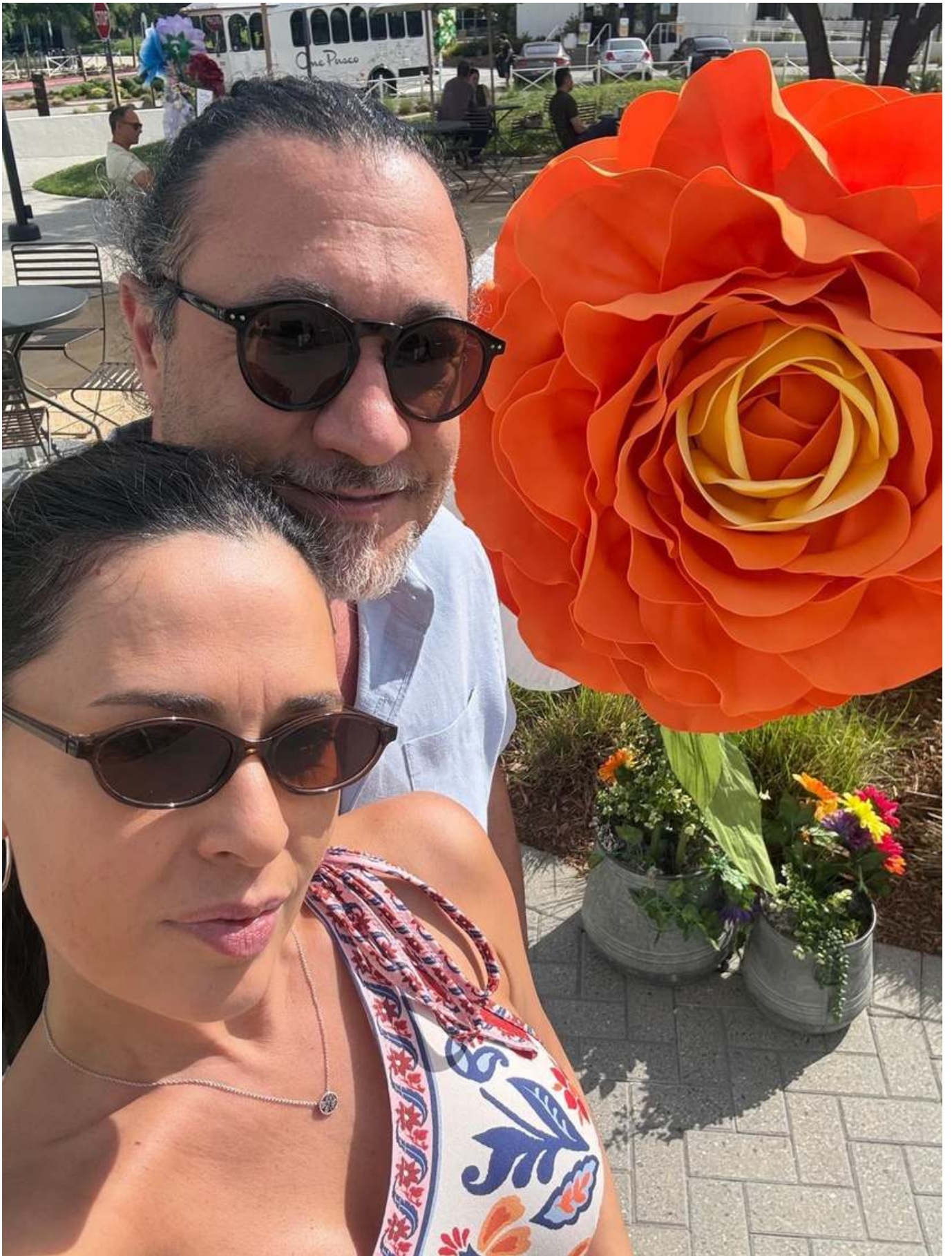
April 2026 - Tatiana and Semih in San Diego,
California.



April 2026 - Tatiana and Semih in San Diego, California.



April 2026 - Tatiana and Semih in San Diego,
California.



April 2026 - Tatiana and Semih in San Diego,
California.



April 2026 - Tatiana and Semih in San Diego, California.

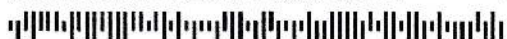
Exhibit 8 - Tatiana Marri Samudio's Proof of Address



BEACH AREA FHC
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

RETURN SERVICE REQUESTED

3 1



36-11402
12389347.2
38958

TATIANA SAMUDIO
3894 LA JOLLA VILLAGE DR
LA JOLLA, CA 92037-1412



04/06/2026

TATIANA SAMUDIO,

You are receiving this letter because the Referrals Department would like to follow-up on your DERMATOLOGY referral, ordered on 12/03/2025 to:

Specialist Name: WEST DERMATOLOGY, MISSION VALLEY
Location: 9095 RIO SAN DIEGO DR SUITE 300
SAN DIEGO
CA 92108
Telephone: 6192989809

If you have completed this referral, please disregard this letter. We have requested records/updates from the specialist.

If you no longer need this referral, please disregard this letter.

If you have not completed this referral and would like to follow up, please contact the specialist at the above number to schedule an appointment.

For any questions or concerns, please contact the Referrals Department at (619) 906-5350. The best times to reach us are Thursday or Friday, 8am to 5pm.

Thank you for choosing Family Health Centers of San Diego.

Sincerely,
BEACH AREA FHC
3705 MISSION BLVD
SAN DIEGO, CA 92109-7104

Exceptional in Every Way!



This office complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

Díí baa akó nínízin: Díí saad bee yánilti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji'

LUS CBEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj.

ملحوظة: إذا كنت تتحدث إحدى اللغات، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

ማሳሰቢያ: የግንኙነት ቋንቋ አግርሻ ከሆነ የግርግም አርዳታ ድርጅቶች፣ በነጻ ለምግባራት ተዘጋጅተዋል፡ ወደ ሚኒተላው ቁጥር

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis ed pou lang ki disponib gratis pou ou.

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

주요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.



POS Reorder # 0038958



Sun Life
PO Box 311
Milwaukee WI 53201-0311

Forwarding Service Requested



*****ALL FOR AADC 920
PB-IND-24-ENV 26433
TATIANA SAMUDIO
3894 LA JOLLA VILLAGE DR
LA JOLLA CA 92037-1412

67

Explanation of Benefits

THIS IS NOT A BILL

Customer Service Information

Please direct correspondence to:
Sun Life
PO Box 311
Milwaukee, WI 53201-0311
T 800-442-7742 F 623-760-1876

Payment Cycle: 1008419

EOB Number: 7918934

EOB Date: 03/25/2026

This is your Sun Life Dental explanation of benefits (EOB). Here you will find a summary of your recent dental claim(s), including the amount your dentist billed us, the amount Sun Life paid, the amount you may be responsible for, and an update to your annual plan benefits. Please review this summary carefully for accuracy. Have questions about your claim? We're here to help. Please contact us using our Customer Service Information above.

YOUR DENTAL CLAIM SUMMARY

Amount billed to Sun Life by your dentist \$294.00	This is the amount your dentist billed us. It may reflect one or more dental procedures.
Amount Sun Life paid \$139.00	This is the amount Sun Life paid. It reflects benefits payable under your plan for each procedure. Plan benefits may be subject to an annual deductible and annual maximum.
Your Responsibility \$11.00	This is the amount your dentist may bill you after Sun Life has paid your plan's benefits. This amount may reflect a deductible, your co-pay or coinsurance, or amounts that exceed your policy's annual maximum. Note: If you are covered under a Capitation Plan Your Responsibility will be limited to the listed member copayment in your Schedule of Benefits for certain submitted services. See corresponding remark codes.

Claim #: 202607706795500

Group: 971578 - Kore.ai, Inc.

Network: Sun Life Dental Network

Patient: Tatiana Samudio

Provider: Rong Gong

Insured: Tatiana Samudio

Date: 03/25/2026

Relationship: Spouse/Partner

Service Date	Submitted Service Description	Tooth	Submitted Services	Submitted Charges	Allowed Service	Allowed Amount	COB Amount	Co-Pay %	Deductible	PPO Savings	Patient Resp	Remark Code(s)	Plan Payment
03/18/26	Periodic oral evaluation - established patient		D0120	\$50.00	D0120	\$29.00	\$0.00	100	\$0.00	\$21.00	\$0.00	S202	\$29.00
03/18/26	Intraoral - periapical first radiographic image		D0220	\$30.00	D0220	\$11.00	\$0.00	100	\$0.00	\$19.00	\$11.00	S202 S21	\$0.00
03/18/26	Intraoral - periapical each additional radiographic image	12	D0230	\$22.00	D0230	\$5.00	\$0.00	100	\$0.00	\$17.00	\$0.00	S202	\$5.00
03/18/26	Intraoral - periapical each additional radiographic image	24	D0230	\$22.00	D0230	\$5.00	\$0.00	100	\$0.00	\$17.00	\$0.00	S202	\$5.00
03/18/26	Bitewings - four radiographic images		D0274	\$60.00	D0274	\$33.00	\$0.00	100	\$0.00	\$27.00	\$0.00	S202	\$33.00
03/18/26	Prophylaxis - Adult		D1110	\$110.00	D1110	\$67.00	\$0.00	100	\$0.00	\$43.00	\$0.00	S202	\$67.00
TOTALS				\$294.00		\$150.00	\$0.00		\$0.00	\$144.00	\$11.00		\$139.00

Total Patient Responsibility:

\$11.00

Payment Cycle: 1008419

EOB Number: 7918934

EOB Date: 03/25/2026

Remark Code(s)

Code	Messages
S202	PPO discounts apply and the patient is not responsible for any amount shown under PPO Savings if a benefit is payable. PPO discounts may not apply when no benefit is payable.
S21	Periapical X-Rays Are Limited To No More Than 4 In Any 12 Months In A Row.

Claim #: 202607706795500

We have sent the payment directly to your dentist on your behalf. You saved \$144.00 by visiting a participating provider. As of 3/25/2026, \$0.00 has been applied to the member's annual In and Out of Network deductible of \$50.00, and \$139.00 has been applied toward the member's annual plan maximum of \$1,500.00.

**The deductible and maximum information shown above reflects the balances at the time this EOB was produced. This information is subject to change based on other claims that are processed.

If you suspect fraud or abuse, please email us at slfgriev@sunlife.com.

If the patient is covered by more than one dental (health) benefit plan, all claims should be filed with each plan.

Appealing a denial of the dental claim

If you disagree with any part of our decision, you or your authorized representative may ask for an appeal review. You need to fax or mail your appeal to us within 180 days of receiving this notice. Our contact information is available on the first page of this notice. Please include your name, claim number and date of service.

To assist in the appeal review, you need to explain the reasons why you disagree with our decision. You may also include new information – clinical or otherwise – that supports your dental claim. A Sun Life appeal consultant, not involved in the initial review, will make a decision using all available information.

You have the right to request at no cost:

- Copies of any guidelines we used in making our decision
- An explanation of the clinical review if our initial decision was due to dental necessity, experimental treatment or a similar exclusion
- The identity of any dental experts whose advice we considered
- A copy of your dental claim file

We will make a decision within 60 days of our receipt of the request for appeal review.

If, upon appeal review, your claim is denied, you may have the right to bring an action under Section 502(a) of the Employee Retirement Income Security Act of 1974, if your claim is governed by that Act.

We are available to answer questions you may have about your claim.

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA).

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Sun Life and the globe symbol are trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

**Exhibit 9 - Tatiana
Marri Samudio's
Financial Information
and Evidence of Good
Moral Character**

2025 Form 4868 Extension Voucher and Filing Instructions
SEMIH M KURTULUS & TATIANA SAMUDIO

Filing method:

The extension has been e-filed.

Due date:

04-15-2026

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

DETACH HERE

Form **4868**

Department of the Treasury
Internal Revenue Service

**Application for Automatic Extension of Time
To File U.S. Individual Income Tax Return**

For calendar year 2025, or other tax year beginning

, 2025, and ending

OMB No. 1545-0074

2025

Part I	Identification	Part II	Individual Income Tax
		4	Estimate of total tax liability for 2025 \$
		5	Total 2025 payments
		6	Balance due. Subtract line 5 from line 4. See instructions
		7	Amount you're paying (see instructions) . . .
		8	Check here if you're "out of the country" and a U.S. citizen or resident. See instructions ☐
		9	Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding . . . ☐

SEMIH M KURTULUS & TATIANA SAMUDIO
3894 LA JOLLA DRIVE
LA JOLLA CA 92037

2 Your social security number 3 Spouse's social security number
319-92-4698 779-38-6023

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
EEA

Form **4868** (2025) Created 10/1/25

319924698 WV KURT 30 0 202512 670

FOR TAX YEAR 2024

SEMIH M KURTULUS & TATIANA SAMUDIO

Carl Hakenjos CPA
5921 Severin Drive
La Mesa, CA 91942
(619)466-3883

Carl Hakenjos CPA

5921 Severin Drive
La Mesa, CA 91942
carl@cpacarl.com

Phone: (619)466-3883 | Fax: (619)462-3259

January 07, 2026

Semih M Kurtulus & Tatiana Samudio
3894 La Jolla Drive
La Jolla, CA 92037

Semih M Kurtulus & Tatiana Samudio:

Below is a summary of your 2024 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$7,425 Balance Due	Mail a check
California Income Tax	\$6,540 Refund	Direct Deposit to **2009

The following returns will be e-filed and do not need to be mailed to the taxing authority:

- * Federal Income Tax
- * California Income Tax

Mail payment on or before due date to the following address:

Federal Income Tax due April 15, 2025

Internal Revenue Service
P.O. Box 931000
Louisville, KY 40293-1000

Sincerely,



Carl Hakenjos
Carl Hakenjos CPA

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____

See separate instructions.

Your first name and middle initial SEMIH M		Last name KURTULUS	Your social security number 319-92-4698	
If joint return, spouse's first name and middle initial TATIANA		Last name SAMUDIO	Spouse's social security number 779-38-6023	
Home address (number and street). If you have a P.O. box, see instructions. 3894 LA JOLLA DRIVE			Apt. no.	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
City, town, or post office. If you have a foreign address, also complete spaces below. LA JOLLA		State CA	ZIP code 92037	
Foreign country name		Foreign province/state/county	Foreign postal code	

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income) ☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ 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
				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 174,652
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 174,652
2a Tax-exempt interest 2a	2b Taxable interest 85
3a Qualified dividends 3a	3b Ordinary dividends
4a IRA distributions 4a	4b Taxable amount
5a Pensions and annuities 5a	5b Taxable amount 60,000
6a Social security benefits 6a	6b Taxable amount
c If you elect to use the lump-sum election method, check here (see instructions) ☐	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7 (3,000)
8 Additional income from Schedule 1, line 10	8 (20,348)
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9 211,389
10 Adjustments to income from Schedule 1, line 26	10 161
11 Subtract line 10 from line 9. This is your adjusted gross income	11 211,228
12 Standard deduction or itemized deductions (from Schedule A)	12 65,613
13 Qualified business income deduction from Form 8995 or Form 8995-A	13
14 Add lines 12 and 13	14 65,613
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15 145,615

Standard Deduction for-

- Single or Married filing separately, \$14,600
- Married filing jointly or Qualifying surviving spouse, \$29,200
- Head of household, \$21,900
- If you checked any box under **Standard Deduction**, see instructions.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____ . . .	16	22,141
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	22,141
	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	22,141
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	6,322
	24	Add lines 22 and 23. This is your total tax	24	28,463

Payments		25	Federal income tax withheld from:
	a	Form(s) W-2	25a 21,258
	b	Form(s) 1099	25b
	c	Other forms (see instructions)	25c
	d	Add lines 25a through 25c	25d 21,258
If you have a qualifying child, attach Sch. EIC.	26	2024 estimated tax payments and amount applied from 2023 return	26
	27	Earned income credit (EIC)	27
	28	Additional child tax credit from Schedule 8812	28
	29	American opportunity credit from Form 8863, line 8	29
	30	Reserved for future use	30
	31	Amount from Schedule 3, line 15	31
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 0
	33	Add lines 25d, 26, and 32. These are your total payments	33 21,258

Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	0
	b	Routing number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> c Type: ☐ Checking ☐ Savings		
	d	Account number <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table>		
	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	7,425
	38	Estimated tax penalty (see instructions)	38	220

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 **Carl Hakenjos** Phone no. **619-466-3883** Personal identification number (PIN) **5 5 5 5 5**

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 32439	Date 10-16-2025	Your occupation DIRECTOR OF SERVICES	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign. 35593	Date 10-16-2025	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. 408-431-4887	Email address		

Paid Preparer Use Only	Preparer's signature Carl Hakenjos	Date 01-07-2026	PTIN P01428320	Check if: ☐ Self-employed
	Preparer's name Carl Hakenjos	Phone no. 619-466-3883		
	Firm's name Carl Hakenjos CPA			
	Firm's address 5921 Severin Drive La Mesa, CA 91942	Firm's EIN 45-3218649		

Explanation of Schedule A, line 5e

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

This worksheet shows the breakdown of which state and local taxes are actually being deducted on federal Schedule A when the state and local taxes are limited to \$10,000 (\$5,000 if married filing separately.)

	<u>Total paid</u>	<u>Allowed amount</u>
1. Real estate taxes	<u>9,748</u>	<u>9,748</u>
2. Personal property taxes	<u>0</u>	<u>0</u>
3. State and local income taxes.	<u>33,843</u>	<u>0</u>
4. Sales tax	<u>1,388</u>	<u>252</u>
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		<u>10,000</u>

If state income taxes are deducted on Schedule A, and then a state issues a refund of some or all of those taxes, the refund may have to be reported as income in the following year. The program has chosen to deduct sales tax instead of income tax, even though the income tax is higher, so that no state refunds will be taxable on next year's return. Mark the Force income tax checkbox on screen A, line 5, to force the income taxes to be deducted instead of sales taxes, if that results in a benefit to the taxpayer on a state return.

SCHEDULE A
(Form 1040)

Department of the Treasury
Internal Revenue Service

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

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**

Your social security number

319-92-4698

SEMIH M KURTULUS & TATIANA SAMUDIO

Medical

**and
Dental
Expenses**

Caution: Do not include expenses reimbursed or paid by others.

- 1** Medical and dental expenses (see instructions) **1**
- 2** Enter amount from Form 1040 or 1040-SR, line 11 . . . **2**
- 3** Multiply line 2 by 7.5% (0.075) **3**
- 4** Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5** 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 ☒ **5a** **1,388**
- b** State and local real estate taxes (see instructions) **5b** **9,748**
- c** State and local personal property taxes **5c**
- d** Add lines 5a through 5c **5d** **11,136**
- e** Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e** **10,000**
- 6** Other taxes. List type and amount: **DMV** **875** **6** **875**
- 7** Add lines 5e and 6 **7** **10,875**

**Interest
You Paid**

Caution: Your mortgage interest deduction may be limited. See instructions.

- 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 ☐
- a** Home mortgage interest and points reported to you on Form 1098. See instructions if limited **8a** **53,188**
- 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** **53,188**
- 9** Investment interest. Attach Form 4952 if required. See instructions **9**
- 10** Add lines 8e and 9 **10** **53,188**

**Gifts to
Charity**

Caution: If you made a gift and got a benefit for it, see instructions.

- 11** Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11** **1,050**
- 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** **500**
- 13** Carryover from prior year **13**
- 14** Add lines 11 through 13 **14** **1,550**

**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** **65,613**
- 18** If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

SEMIH M KURTULUS

Social security number (SSN)

319-92-4698

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

SERVICE

531100

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

BRAZIL RENTAL

E Business address (including suite or room no.) 3894 LA JOLLA DRIVE

City, town or post office, state, and ZIP code LA JOLLA, CA 92037

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No

H If you started or acquired this business during 2024, check here ☐

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	8,603
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	8,603
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	8,603
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	8,603

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense (see instructions)	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	9,509	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III).	22	4,370
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	12,130
b	Other	16b		b	Deductible meals (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	7,240
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	33,249
29	Tentative profit or (loss). Subtract line 28 from line 7	29	(24,646)

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.	31	(24,646)
----	--	----	----------

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)

SSN

SEMIH M KURTULUS**319-92-4698****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) _____	
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 _____ b Commuting (see instructions) _____ c Other _____	
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.

UTILITIES AND SERVICES	7,240
48 Total other expenses. Enter here and on line 27a	48 7,240

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

TATIANA SAMUDIO

Social security number (SSN)

779-38-6023

A Principal business or profession, including product or service (see instructions)

B Enter code from instructions

SERVICE

621340

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

PILATES AND CHIROPRACTIC

E Business address (including suite or room no.) 3894 LA JOLLA DRIVE

City, town or post office, state, and ZIP code LA JOLLA, CA 92037

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify)

G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses. . . . ☒ Yes ☐ No

H If you started or acquired this business during 2024, check here ☐

I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions ☐ Yes ☒ No

J If "Yes," did you or will you file required Form(s) 1099? ☐ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ☐	1	9,926
2	Returns and allowances	2	0
3	Subtract line 2 from line 1	3	9,926
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	9,926
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	9,926

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	4,814	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	225	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	2,610
				b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27b 28 7,649

29 Tentative profit or (loss). Subtract line 28 from line 7 29 2,277

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.

- 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)

SSN

TATIANA SAMUDIO

779-38-6023

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) <u>01-01-2023</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>7,185</u> b Commuting (see instructions) c Other	
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.

CELL	1,025
INTERNET	540
UNIFORMS	1,045
48 Total other expenses. Enter here and on line 27a	48 2,610

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
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

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	3,263	9,152		(5,889)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 (813)
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 (6,702)

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

Schedule D (Form 1040) 2024

EEA

Part III Summary

16	Combine lines 7 and 15 and enter the result	16	(6,702)
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.			
17	Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.		
18	If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19	If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19	
20	Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers.	21	(3,000)
22	Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☒ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Social security number or taxpayer identification number

319-92-4698

Part II

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☐ (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <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	
	CHARLES SCHWAB	VARIOUS	12-31-2024	3,263	9,152			(5,889)
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			3,263	9,152			(5,889)

Form 8949 (2024)

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

779-38-6023

TATIANA SAMUDIO

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	2,277
3 Combine lines 1a, 1b, and 2	3	2,277
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	2,103

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	2,103

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	2,103
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	4,436
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	4,436
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	164,164
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	261
11 Multiply line 6 by 2.9% (0.029)	11	61

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	322
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	161

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

Schedule SE (Form 1040) 2024

EEA

2024 Form 4868 Extension Voucher and Filing Instructions
SEMIH M KURTULUS & TATIANA SAMUDIO

Filing method:

The extension has been e-filed.

Due date:

04-15-2025

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

NOTE

DETACH HERE

Form 4868	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	For calendar year 2024, or other tax year beginning , 2024, and ending ,		2024
Part I	Identification	Part II	Individual Income Tax
SEMIH M KURTULUS & TATIANA SAMUDIO 3894 LA JOLLA DRIVE LA JOLLA CA 92037 2 Your social security number 319-92-4698 3 Spouse's social security number 779-38-6023		4 Estimate of total tax liability for 2024 \$	28,463
		5 Total 2024 payments	21,258
		6 Balance due. Subtract line 5 from line 4. See instructions	7,205
		7 Amount you're paying (see instructions) . . .	
		8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
		9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐
		For Privacy Act and Paperwork Reduction Act Notice, see instructions. EEA	

319924698 WV KURT 30 0 202412 670

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2024Department 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

SEMIH M KURTULUS & TATIANA SAMUDIO**319-92-4698**

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: BRAZIL RENTAL	319-92-4698	(24,646)
ii	Schedule C: PILATES AND CHIROPRACTIC	779-38-6023	2,116
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(22,530)
3	Qualified business net (loss) carryforward from the prior year	3	(42,304)
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	145,615
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	145,615
14	Income limitation. Multiply line 13 by 20% (0.20)	14	29,123
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	(64,834)
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.

Form **8995** (2024)

EEA

Amount from Form 1040, line 11..... 211,228

Amount from Form 1040, line 12..... 65,613

Line 11 above is the difference between these amounts..... 145,615

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2024

Page 1

Name(s) as shown on return

SEMIH M KURTULUS & TATIANA SAMUDIO

Tax Identification Number

319-92-4698

SCHEDULE A, LINE 8A - HOME MTG INTEREST & POINTS - FORM 1098

DESCRIPTION

AMOUNT

PENNYMAC

\$ 53,188

TOTAL:

\$ 53,188

Client Copy

9898

☐ VOID☐ CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. EDWARD D JONES & CO 201 PROGRESS PKWY MARYLAND HEIGHTS MO 63043			1 Gross distribution \$ 60,000		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$ 60,000					
			2b Taxable amount not determined ☐ Total distribution ☐		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2024 General Instructions for Certain Information Returns.			
PAYER'S TIN 43-1591643		RECIPIENT'S TIN 319-92-4698		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$	
RECIPIENT'S name SEMIH M KURTULUS			5 Employee contributions/ Designated Roth contributions or insurance premiums \$			6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.) 3894 LA JOLLA DRIVE			7 Distribution code(s) 1		IRA/ SEP/ SIMPLE ☐	8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code LA JOLLA CA 92037			9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no. CA 81443111		16 State distribution \$
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

Do Not Cut or Separate Forms on This Page Do Not Cut or Separate Forms on This Page

The information on this Form 1099-R was used to prepare the taxpayer's 2024 Federal tax return by Carl Hakenjos CP.

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.			1 Gross distribution \$		OMB No. 1545-0119 2024 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.		
			2a Taxable amount \$					
			2b Taxable amount not determined ☐ Total distribution ☐		Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2024 General Instructions for Certain Information Returns.			
PAYER'S TIN		RECIPIENT'S TIN		3 Capital gain (included in box 2a) \$			4 Federal income tax withheld \$	
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums \$			6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)			7 Distribution code(s)		IRA/ SEP/ SIMPLE ☐	8 Other \$ %		
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %		9b Total employee contributions \$			
10 Amount allocable to IRR within 5 years \$		11 1st year of desig. Roth contrib.	12 FATCA filing requirement ☐	14 State tax withheld \$		15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$		18 Name of locality	19 Local distribution \$	

Form 1099-R

www.irs.gov/Form1099R

Department of the Treasury - Internal Revenue Service

EEA

		a Employee's social security number 319-92-4698		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) 45-2582442				1 Wages, tips, other compensation 170,216			2 Federal income tax withheld 21,258				
c Employer's name, address, and ZIP code KORE AI INC 4380 W SAN DLAKE RD 390 ORLANDO FL 32819				3 Social security wages 168,600			4 Social security tax withheld 10,453				
				5 Medicare wages and tips 175,636			6 Medicare tax withheld 2,547				
				7 Social security tips			8 Allocated tips				
d Control number				9			10 Dependent care benefits				
e Employee's first name and initial SEMIH M KURTULUS 3894 LA JOLLA DRIVE LA JOLLA CA 92037				11 Nonqualified plans			12a See instructions for box 12 C 90				
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐			12b D 5,420				
				14 Other			12c				
							12d				
f Employee's address and ZIP code											
15 State Employer's state ID number CA 024-5287-8		16 State wages, tips, etc. 170,216		17 State income tax 13,198		18 Local wages, tips, etc. 170,216		19 Local income tax 1,931		20 Locality name CASDI	

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
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 2024 Federal tax return by Carl Hakenjos CPA

		a Employee's social security number 779-38-6023		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) 92-1721187				1 Wages, tips, other compensation 4,436			2 Federal income tax withheld				
c Employer's name, address, and ZIP code JUNIPER WELLNESS 7946 IVANHOE AVE LA JOLLA CA 92037				3 Social security wages 4,436			4 Social security tax withheld 275				
				5 Medicare wages and tips 4,436			6 Medicare tax withheld 64				
				7 Social security tips			8 Allocated tips				
d Control number				9			10 Dependent care benefits				
e Employee's first name and initial TATIANA SAMUDIO 3894 LA JOLLA DRIVE LA JOLLA CA 92037				11 Nonqualified plans			12a See instructions for box 12 C code				
				13 Statutory employee Retirement plan Third-party sick pay ☐ ☐ ☐			12b C code				
				14 Other			12c C code				
							12d C code				
f Employee's address and ZIP code											
15 State Employer's state ID number CA 186-1798-5		16 State wages, tips, etc. 4,436		17 State income tax 24		18 Local wages, tips, etc. 4,436		19 Local income tax 49		20 Locality name CASDI	

Form **W-2** Wage and Tax Statement **2024** Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
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 2024 Federal tax return by Carl Hakenjos CPA

QBI Explanation Worksheet

Form 1040

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Name of business activity

Schedule C: PILATES AND CHIROPRACTIC

As reported

As allowed on 1040
after limitations

1. Ordinary business income (loss)	2,277	2,277
2. Rental income (loss)		
3. Royalty income (loss)		
4. Section 1231 gain (loss)		
5. Other income (loss)		
6. Section 179 deduction		
7. Other deductions		
8. Deduction for half of SE tax		161
9. Self-employed health insurance deduction		
10. Self-employed pension deduction		
11. QBI amount carried to Form 8995 / 8995-A		2,116
12. W-2 wages carried to Form 8995 / 8995-A		
13. UBIA of qualified property carried to Form 8995 / 8995-A		
14. Section 199A REIT dividends		
15. 199(A)(g) deduction		
16. QBI allocable to cooperative payments		
17. W-2 wages allocable to cooperative payments		

The income amount from line 11 will show on one of the following lines, depending on circumstances:

- ☒ Form 8995, line 1
- ☐ Form 8995-A, line 2
- ☐ Form 8995-A, Schedule A, line 2
- ☐ Form 8995-A, Schedule A, line 16
- ☐ Form 8995-A, Schedule B, line 3
- ☐ Form 8995-A, Schedule C, line 1

Note: The Tax Cuts and Jobs Act and the related proposed regulations state that losses or deductions that were disallowed, suspended, limited, or carried over from taxable years ending before January 1, 2018 (including under sections 465, 469, 704(d), and 1366(d)), are not taken into account in a later taxable year for purposes of computing QBI.

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

SEMIH M KURTULUS & TATIANA SAMUDIO

Your social security number

319-92-4698

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	2,021
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	(22,369)
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		(20,348)

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	161
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.	26	161

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

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

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 (I)

1d

e Excessive payments (EP) from Form 4255. Check applicable box and enter amount.

(i) ☐ Line 1a, column (n)

(ii) ☐ Line 1c, column (n)

(iii) ☐ Line 1d, column (n)

(iv) ☐ Line 2a, column (n)

1e

f 20% EP from Form 4255. Check applicable box and enter amount. See instructions.

(i) ☐ Line 1a, column (o)

(ii) ☐ Line 1c, column (o)

(iii) ☐ Line 1d, column (o)

(iv) ☐ Line 2a, column (o)

1f

y Other additions to tax (see instructions):

1y

z Add lines 1a through 1y

1z

2 Alternative minimum tax. Attach Form 6251

2

3 Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17

3

0

Part II Other Taxes

4 Self-employment tax. Attach Schedule SE

4

322

5 Social security and Medicare tax on unreported tip income. Attach Form 4137

5

6 Uncollected social security and Medicare tax on wages. Attach Form 8919

6

7 Total additional social security and Medicare tax. Add lines 5 and 6

7

8 Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.

If not required, check here

☒

8

6,000

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		6,322

Computation of Regular Tax

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS IF TAXABLE INCOME IS

OVER	BUT NOT OVER	PAY	PLUS	% ON EXCESS	OF THE AMOUNT OVER
0	23,200	0.00		10%	0
23,200	94,300	2,320.00		12%	23,200
94,300	201,050	10,852.00		22%	94,300
201,050	383,900	34,337.00		24%	201,050
383,900	487,450	78,221.00		32%	383,900
487,450	731,200	111,357.00		35%	487,450
731,200		196,669.50		37%	731,200

$\$10,852.00 + ((\$145,615.00 - \$94,300.00) \times 22.0\%) = \$22,141$

TAX FROM TAX RATE SCHEDULE \$ 22,141

\$ 22,141 TAX COMPUTED USING ONLY AVAILABLE METHOD

Worksheet B
Form 1040

Name(s) as shown on return

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2024

Tax ID Number

SEMIH M KURTULUS

319-92-4698

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a

+

1b

=

1c

-

1d

=

1e

Part 2

Self-Employed
NOT Required
To File
Schedule SE

For example, your
net earnings from
self-employment
were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a

+

2b

=

2c

(24,646)

(24,646)

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

Part 3

Statutory
Employees
Filing
Schedule C

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3

Part 4

All Filers Using
Worksheet B

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4

(24,646)

Need more information or forms? Visit [IRS.gov](https://www.irs.gov).

WK_EIC2.LD

Worksheet B
Form 1040

Name(s) as shown on return

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2024

Tax ID Number

TATIANA SAMUDIO

779-38-6023

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Part I, line 3.

1a 2,277

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

+ 1b

c. Combine lines 1a and 1b.

= 1c 2,277

d. Enter the amount from Schedule SE, Part I, line 13.

- 1d 161

e. Subtract line 1d from line 1c.

= 1e 2,116

Part 2

Self-Employed
NOT Required
To File
Schedule SE

For example, your
net earnings from
self-employment
were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

2a

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

+ 2b

c. Combine lines 2a and 2b.

= 2c

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3

Statutory
Employees
Filing
Schedule C

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3

Part 4

All Filers Using
Worksheet B

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4 2,116

Need more information or forms? Visit [IRS.gov](https://www.irs.gov).

WK_EIC2.LD

Investment Income for the
Earned Income Credit

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Interest and Dividends

1. Enter any amount from Form 1040 or 1040-SR, line 2b 1. **85**
2. Enter any amount from Form 1040 or 1040-SR, line 2a, plus any amount on Form 8814, line 1b 2. _____
3. Enter any amount from Form 1040 or 1040-SR, line 3b 3. _____
4. Enter the amount from Schedule 1 (Form 1040), line 8z, that is from Form 8814 if you are filing that form to report your child's interest and dividend income on your return. (If your child received an Alaska Permanent Fund dividend, use Worksheet 2, on the next page, to figure the amount to enter on this line.) 4. _____

Capital Gain Net Income

5. Enter the amount from Form 1040 or 1040-SR, line 7. If the amount on that line is a loss, enter -0- 5. _____
6. Enter any gain from Form 4797, Sales of Business Property, line 7. If the amount on that line is a loss, enter -0-. (But, if you completed lines 8 and 9 of Form 4797, enter the amount from line 9 instead.) 6. _____
7. Subtract line 6 of this worksheet from line 5 of this worksheet. (If the result is less than zero, enter -0-.) 7. _____

Royalties and Rental Income From Personal Property

8. Enter any royalty income from Schedule E, line 23b, plus any income from the rental of personal property shown on Schedule 1 (Form 1040), line 8l. Subtract any expenses from Schedule E, line 20, related to royalty income, plus any expenses from the rental of personal property deducted on Schedule 1 (Form 1040), line 24b. (If the result is less than zero, enter -0-) 8. _____

Passive Activities

9. Enter the total of any net income from passive activities (such as income included on Schedule E, line 26, 29a (col. (h)), 34a (col. (d)), or 40) and the total of any losses from passive activities (included on Schedule E, line 26, 29b (col. (g)), 34b (col. (c)), or 40). (See instructions below for line 9.) (if zero or less, enter -0-) 9. **0**
10. Adjustment from EIC screen 10. _____
11. Add the amounts on lines 1, 2, 3, 4, 7, 8, 9 and 10. Enter the total. **This is your investment income** 11. **85**
12. Is the amount on line 11 more than \$11,600?
- ☐ **Yes.** You can't take the credit.
- ☒ **No.** Go to *Step 3* of the Form 1040 instructions for line 27 to find out if you can take the credit (unless you are using this publication to find out if you can take the credit; in that case, go to *Rule 7*, next).

Instructions for line 9. In figuring the amount to enter on line 9, don't take into account any royalty income (or loss) included on line 26 of Schedule E or any amount included in your earned income. To find out if the income on line 26 or line 40 of Schedule E is from a passive activity, see the Schedule E instructions. If any of the rental real estate income (or loss) included on Schedule E, line 26, isn't from a passive activity, enter "NPA" and the amount of that income (or loss) on the dotted line next to line 26.

State and Local General Sales Tax Deduction
Worksheet - Line 5a

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2024, or
- Had any **nontaxable** income in 2024.

1. Enter your **state** general sales taxes from the 2024 Optional State Sales Tax Table 1. 1,388

Next. If, for all of 2024, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2024?

- ☒ **No.** Enter -0-.
- ☐ **Yes.** Enter your base **local** general sales taxes from the 2024 2.
Optional Local Sales Tax Tables.

3. Did your locality impose a **local** general sales tax in 2024? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

- ☒ **No.** Skip lines 3 through 5, enter -0- on line 6, and go to line 7.
- ☐ **Yes.** Enter your **local** general sales tax rate, but omit the percentage sign.
For example, if your local general sales tax rate was 2.5%, enter 2.5. If your
local general sales tax rate changed or you lived in more than one locality in
the same state during 2024, see the instructions for line 3 of the worksheet 3.

4. Did you enter -0- on line 2?

- ☐ **No.** Skip lines 4 and 5 and go to line 6.
- ☐ **Yes.** Enter your **state** general sales tax rate (shown in the table heading for
your state), but omit the percentage sign. For example, if your state general
sales tax rate is 6%, enter 6.0 4.

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) . . . 5.

6. Did you enter -0- on line 2?

- ☐ **No.** Multiply line 2 by line 3.
- ☒ **Yes.** Multiply line 1 by line 5. If you lived in more than one locality
in the same state during 2024, see the instructions for line 6 of the
worksheet. 6.

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7.

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the **box** on that line 8. 1,388

Optional Sales Tax Table Computation

State: **CA**

Income:	211,228			
Family Size:*	2			
Amount from table:	1,388			
Days:	366			
Deduction:	1,388			

* "Over 5" is the maximum number in family size for the optional sales tax tables in Schedule A Instructions. Returns with a family size of 6 or more will display a "6" on this line.

Auto Expense Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Profession/Business

SERVICE - PILATES AND CHIROPRACTIC

Description **AUTO**

Date placed in service **2023-01-01**

Number of miles your vehicle was used for:

Total Business miles driven during the year **7,185**

Total Commuting miles driven during the year

Total Other miles driven during the year

Total Miles driven during the year **7,185**

Business Use percentage **100.00**

Expenses:

Total

Business
Percentage

Section 179

Bonus Depreciation

Depreciation

Garage Rent

Gas

Insurance

Licenses

Oil

Parking Fees

Rental Fees

Interest

Personal Property Tax

Repairs

Tires

Tolls

Lease Add Back

Other Expenses:

_____

_____

_____

Total Expenses

Standard Mileage Rate Calculation

Business miles **7,185** X 0.67 **4,814** **4,814**

Parking fees

Tolls

Interest

Personal Property Tax

Total Standard Mile Rate deduction **4,814**

How it is reported:

Depreciation deduction

Auto Expense **4,814**

Personal Property Taxes, Schedule A, Line 5c

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/24	(b) 06/15/24	(c) 09/15/24	(d) 01/15/25
1a Enter your underpayment from Part III, Section A, line 17 . . .	1a	1,089	2,178	3,267	4,356
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2024 1,089	09-15-2024 2,178	01-15-2025 3,267	04-15-2025 4,356
Rate Period 1: April 16, 2024 - June 30, 2024					
2 Computation starting dates for this period	2	04/15/24	06/15/24		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/24, whichever is earlier	3	61	15		
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{366}$ x 0.08	4	\$ 15	\$ 7		
Rate Period 2: July 1, 2024 - September 30, 2024					
5 Computation starting dates for this period	5	06/30/24	06/30/24	09/15/24	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/24, whichever is earlier	6		77	15	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{366}$ x 0.08	7	\$	\$ 37	\$ 11	
Rate Period 3: October 1, 2024 - December 31, 2024					
8 Computation starting dates for this period	8	09/30/24	09/30/24	09/30/24	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/24, whichever is earlier	9			92	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{366}$ x 0.08	10	\$	\$	\$ 66	
Rate Period 4: January 1, 2025 - April 15, 2025					
11 Computation starting dates for this period	11	12/31/24	12/31/24	12/31/24	01/15/25
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/25, whichever is earlier	12			15	90
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{365}$ x 0.07	13	\$	\$	\$ 9	\$ 75
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14	\$ 220			

SEMIR M KURTULUS & TATIANA SAMUDIO										319-92-4698					
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	RUA DA PRAIA BOIPEBA	08-30-2023	180,000		100.00			180,000	27.5	SL	3.636	2,455	6,545	9,000	
1	LAND	08-30-2023	280,000		100.00			0		NDA					
2	IMPROVEMENTS	12-01-2023	53,800		100.00			53,800	7	200 DB MQ	27.55	1,921	14,822	16,743	
Totals			513,800					233,800				4,376	21,367	25,743	

Carryover Worksheet
List of items that will carryover to the 2025 tax return

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2025 to flow to the Schedule A		
State donations and contributions carryover		
State overpayment applied to next year		

Expenses

Office in home operating expenses		
Office in home excess casualty losses and depreciation		
Disallowed investment interest expense	AMT	Reg. Tax
Section 179 expense		
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		

Losses

Short-term capital loss	AMT	Reg. Tax	
Long-term capital loss	AMT	Reg. Tax	3,702
Net operating loss	AMT	Reg. Tax	
Excess business loss from Form 461 (becomes part of NOL next year)	AMT	Reg. Tax	
Qualified REIT and PTP loss carryover			
QBI loss carryover			64,834
Nonrecaptured net section 1231 losses from WK_1231C	AMT	Reg. Tax	

Credits

Mortgage interest credit		
Credit for prior year minimum tax		
Foreign Tax credit	AMT	Reg. Tax
District of Columbia first time home owner's credit		
Residential clean energy credit		

Other

Preparer Fee			285
Overpayment applied to next year's estimates			
Estimated Tax Payment 1		Estimated Tax Payment 2	
Estimated Tax Payment 3		Estimated Tax Payment 4	
Federal tax liability for 2210 calculation			28,463
State tax liability for state 2210 calculation			6,682
IRA basis	Taxpayer	Spouse	
Disaster distributions taxable in 2025	Taxpayer	Spouse	
Disaster distributions taxable in 2026	Taxpayer	Spouse	
Excess repayments from 8915-F	Taxpayer	Spouse	

Passive Activity

At Risk Limitations

Capital Loss Carryover Worksheet to 2025

Schedule D

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

1. Enter the amount from your 2024 Form 1040 or 1040-SR, line 15, or your 2024 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 145,615
2. Enter the loss from your 2024 Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 148,615
4. Enter the **smaller** of line 2 or line 3 4. 3,000
- If line 7 of your 2024 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.**
5. Enter the loss from your 2024 Schedule D, line 7, as a positive amount 5. 0
6. Enter any gain from your 2024 Schedule D, line 15. If a loss, enter -0- 6. 0
7. Add lines 4 and 6 7.
8. **Short-term capital loss carryover to 2025.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6 8. 0
- If line 15 of your 2024 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.**
9. Enter the loss from your 2024 Schedule D, line 15, as a positive amount 9. 6,702
10. Enter any gain from your 2024 Schedule D, line 7. If a loss, enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 3,000
12. Add lines 10 and 11 12. 3,000
13. **Long-term capital loss carryover for 2025.** Subtract line 12 from line 9. 13. 3,702

AMT Capital Loss Carryover to 2025 Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO**319-92-4698**

1. Enter the amount from your 2024 Form 1040 or 1040-SR, line 15, or your 2024 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 154,469
2. Enter the loss from your 2024 AMT Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 157,469
4. Enter the **smaller** of line 2 or line 3 4. 3,000
If line 7 of your 2024 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.
5. Enter the loss from your 2024 AMT Schedule D, line 7, as a positive amount 5. 0
6. Enter any gain from your 2024 AMT Schedule D, line 15. If a loss, enter -0- 6. 0
7. Add lines 4 and 6 7. _____
8. **Short-term capital loss carryover for 2025.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on AMT Schedule D, line 6 8. 0
If line 15 of your 2024 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.
9. Enter the loss from your 2024 AMT Schedule D, line 15, as a positive amount 9. 6,702
10. Enter any gain from your 2024 AMT Schedule D, line 7. If a loss, enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 3,000
12. Add lines 10 and 11 12. 3,000
13. **Long-term capital loss carryover for 2025.** Subtract line 12 from line 9. 13. 3,702

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 SEMIH M KURTULUS & TATIANA SAMUDIO				Identifying number 319-92-4698
	2022	2023	2024	Difference 2023-2024
Filing Status	Married Joint	Married Joint	Married Joint	
Number of Dependents				
Income				
Wages, salaries, tips, etc.	210,869	170,604	174,652	4,048
Taxable interest and dividends	75		85	85
Taxable state and local refunds			2,021	2,021
Alimony				
Business income (loss)		(42,304)	(22,369)	19,935
Gains (losses)		(3,000)	(3,000)	
Pensions and IRA distributions		220,000	60,000	(160,000)
Rent and royalty income (loss)				
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation		1,602		(1,602)
Total SS benefits received				
Taxable SS benefits				
Other income (loss)		8,031		(8,031)
Total Income	210,944	354,933	211,389	(143,544)
Adjusted Gross Income				
Half of self-employment tax			161	161
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	210,944	354,933	211,228	(143,705)
Deductions				
Medical deductions				
State and local taxes		10,875	10,875	
Interest		36,069	53,188	17,119
Contributions		1,550	1,550	
Other deductions				
Total itemized deductions		48,494	65,613	17,119
Standard deduction	25,900	27,700	29,200	1,500
Total deductions claimed	25,900	48,494	65,613	17,119
Qualified Business Income Deduction				
Tax and Credits				
Taxable Income	185,044	306,439	145,615	(160,824)
Tax	32,082	60,345	22,141	(38,204)
Credits				
Self-employment tax			322	322
Other taxes		22,000	6,000	(16,000)
Total Tax	32,082	82,345	28,463	(53,882)
Payments				
Withholdings	37,947	19,458	21,258	1,800
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty		813	220	(593)
Overpayment	5,865			
Overpayment applied				
Refund	5,865			
Balance Due		63,700	7,425	(56,275)
Marginal tax rate	24.00	24.00	22.00	(2.00)
Effective tax rate	17.34	19.69	15.21	(4.48)

Account Transaction Summary**2024**

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

XXX-XX-4698

Account #1

Financial Institution

US BANK

Routing Transit Number

122235821

Account Number

153495892009

Account Type

checking

State Main Form(s)

CA Deposit

6,540

Net Deposit6,540

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 **Carl Hakenjos CPA** to use this account.

Your Signature

01-07-2026

Date

Spouse's Signature (If Married Filing Jointly)

01-07-2026

Date

Auto Mileage Worksheet

(This page is not filed with the return. It is for your records only.)

2024

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Profession/Business

SERVICE - PILATES AND CHIROPRACTIC

Description **AUTO**

Date placed in service **01-01-2023**

Business Miles

Rate of Depreciation allowed for Standard Mileage Rate

2024 **7,185**

0.30

2023 **6,240**

0.28

2022

0.26

2021

0.26

2020

0.27

2019

0.26

2018

0.25

2017

0.25

2016

0.24

2015

0.24

pre-2015

See Publication 463

Total Business Miles 13,425

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do not use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2024

Name of proprietor

Tax ID Number

SEMIH M KURTULUS

319-92-4698

Principal business: **SERVICE**

Business name: **BRAZIL RENTAL**

	2023	2024	Difference
Income			
Gross Receipts or sales	6,736	8,603	1,867
Returns & allowances			
Cost of goods sold			
Gross profit	6,736	8,603	1,867
Other income			
Gross income	6,736	8,603	1,867
Expenses			
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179	45,879	9,509	(36,370)
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services			
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies	1,215	4,370	3,155
Taxes and licenses			
Travel		12,130	12,130
Deductible meals			
Utilities	1,045		(1,045)
Wages			
Other expenses	200	7,240	7,040
Total expenses	48,339	33,249	(15,090)
Business use of home			
Net profit or (loss)	(41,603)	(24,646)	16,957
Allowed on return after Form 6198 and Form 8582 limitations	(41,603)	(24,646)	16,957

Schedule C Comparison

(This page is not filed with the return. It is for your records only.)

2024

Name of proprietor

Tax ID Number

TATIANA SAMUDIO

319-92-4698

Principal business: **SERVICE**

Business name: **PILATES AND CHIROPRACTIC**

	2023	2024	Difference
Income			
Gross Receipts or sales	4,951	9,926	4,975
Returns & allowances			
Cost of goods sold			
Gross profit	4,951	9,926	4,975
Other income			
Gross income	4,951	9,926	4,975
Expenses			
Advertising			
Car and truck expenses	4,087	4,814	727
Commissions and fees			
Contract labor			
Depletion			
Depreciation & section 179			
Employee benefit programs			
Insurance			
Mortgage interest			
Other interest			
Legal & Professional services		225	225
Office expense			
Pension & profit-sharing			
Rent or lease - machinery			
Rent or lease - other property			
Repairs & maintenance			
Supplies			
Taxes and licenses			
Travel			
Deductible meals			
Utilities			
Wages			
Other expenses	1,565	2,610	1,045
Total expenses	5,652	7,649	1,997
Business use of home			
Net profit or (loss)	(701)	2,277	2,978
Allowed on return after Form 6198 and Form 8582 limitations	(701)	2,277	2,978

CA-MSG	CA ELECTRONIC FILING MESSAGES MUST be corrected before electronic filing is allowed.	PAGE 1
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO		SSN/FEIN 319-92-4698
8004 CA Electronic Filing NOT Allowed Federal rejects have been identified; the rejects disallow transmittal of the state file. Drake Software Tip: * Return to data entry * Make necessary changes to correct rejects * Recalculate the return Client Copy		

2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

319-92-4698 KURT 779-38-6023
SEMIH M KURTULUS
TATIANA SAMUDIO

24 PBA 621340

3894 LA JOLLA DRIVE
LA JOLLA CA 92037

02-16-1977 11-24-1980

Enter your county at time of filing (see instructions)

☒ SAN DIEGO

If your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

☐ ☐

City State ZIP code

☐ ☐ ☐

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 ☒ 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.

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

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.

Exemptions

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. ☒ 7 X \$149 = ☒ \$ 298

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions ☒ 8 X \$149 = ☒ \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions ☐ 9 X \$149 = ☒ \$

Whole dollars only

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Exemptions

Total dependent exemptions • 10 X \$461 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 • 11 \$ 298

Taxable Income

12	State wages from your federal Form(s) W-2, box 16.	12	174652	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.	13	211228	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14	13879	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.	15	197349	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16		.00
17	California adjusted gross income. Combine line 15 and line 16.	17	197349	.00
18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$5,540 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP \$11,080 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.	18	65361	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-	19	131988	.00

Tax

31	Tax. Check the box if from: Tax Table FTB 3800	X	Tax Rate Schedule	FTB 3803	31	5480	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions.	32	298	.00			
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	5182	.00			
34	Tax. See instructions. Check the box if from: Schedule G-1 FTB 5870A	34		.00			
35	Add line 33 and line 34.	35	5182	.00			

Special Credits

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00		
43	Enter credit name	code	and amount	43		.00
44	Enter credit name	code	and amount	44		.00

Your name: SEMIH M KURTULUS

Your SSN or ITIN: 319924698

Special Credits

- 45 To claim more than two credits, see instructions. Attach Schedule P (540) . . . • 45 .00
- 46 Nonrefundable Renter's Credit. See instructions • 46 .00
- 47 Add line 40 through line 46. These are your total credits 47 0 .00
- 48 Subtract line 47 from line 35. If less than zero, enter -0- 48 5182 .00

Other Taxes

- 61 Alternative Minimum Tax. Attach Schedule P (540). • 61 .00
- 62 Mental Health Services Tax. See instructions • 62 .00
- 63 Other taxes and credit recapture. See instructions 63 1500 .00
- 64 Add line 48, line 61, line 62, and line 63. This is your total tax • 64 6682 .00

Payments

- 71 California income tax withheld. See instructions • 71 13222 .00
- 72 2024 California estimated tax and other payments. See instructions • 72 .00
- 73 Withholding (Form 592-B and/or Form 593). See instructions • 73 .00
- 74 Reserved for future use • 74 .00
- 75 Earned Income Tax Credit (EITC). See instructions • 75 .00
- 76 Young Child Tax Credit (YCTC). See instructions • 76 .00
- 77 Foster Youth Tax Credit (FYTC). See instructions • 77 .00
- 78 Add line 71 through line 77. These are your total payments.
See instructions 78 13222 .00

Use Tax

- 91 Use Tax. Do not leave blank. See instructions • 91 .00
- If line 91 is zero, check if: ☒ No use tax is owed. ☐ You paid your use tax obligation directly to CDTFA.

ISR
Penalty

- 92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage. X
- If you did not check the box, see instructions
- Individual Shared Responsibility (ISR) Penalty. See instructions • 92 .00

Overpaid Tax/Tax Due

- 93 Payments balance. If line 78 is more than line 91, subtract line 91 from line 78 • 93 13222 .00
- 94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • 94 .00
- 95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92,
subtract line 92 from line 93 95 13222 .00
- 96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93,
subtract line 93 from line 92 96 .00
- 97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 . . . • 97 6540 .00

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax	•	98		.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	•	99	6540	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	⊕	100		.00

		Code	Amount	
Contributions	California Seniors Special Fund. See instructions	• 400		.00
	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	• 401		.00
	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	• 403		.00
	California Breast Cancer Research Voluntary Tax Contribution Fund	• 405		.00
	California Firefighters' Memorial Voluntary Tax Contribution Fund	• 406		.00
	Emergency Food for Families Voluntary Tax Contribution Fund	• 407		.00
	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	• 408		.00
	California Sea Otter Voluntary Tax Contribution Fund	• 410		.00
	California Cancer Research Voluntary Tax Contribution Fund	• 413		.00
	School Supplies for Homeless Children Voluntary Tax Contribution Fund	• 422		.00
	State Parks Protection Fund/Parks Pass Purchase	• 423		.00
	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	• 424		.00
	Keep Arts in Schools Voluntary Tax Contribution Fund	• 425		.00
	Prevention of Animal Homelessness & Cruelty Voluntary Tax Contribution Fund	• 431		.00
	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	• 438		.00
	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	• 439		.00
	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	• 445		.00
	California ALS Research Network Voluntary Tax Contribution Fund	• 447		.00
	110 Add amounts in code 400 through code 447. This is your total contribution.	• 110		.00

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

Amount You Owe 111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. Do not send cash.
Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001
Pay Online - Go to ftb.ca.gov/pay for more information. 111

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 6540

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 122235821
☒ Checking
☐ Savings
• Account number 153495892009
• 116 Direct deposit amount 6540

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

Sign your tax return on Side 6

Your name:

SEMIH M KURTULUS

Your SSN or ITIN:

319924698

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

SEMIH M KURTULUS

Date

01-07-2026

Spouse's/RDP's signature (if a joint tax return, both must sign)

TATIANA SAMUDIO

☒ Your email address. Enter only one email address.

☐ Preferred phone number

408-431-4887

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)

CARL HAKENJOS

Firm's name (or yours, if self-employed)

CARL HAKENJOS CPA

● PTIN

P01428320

Firm's address

5921 SEVERIN DRIVE LA MESA, CA 91942

● Firm's FEIN

453218649

Do you want to allow another person to discuss this tax return with us? See instructions

☒ Yes

☐ No

Print Third Party Designee's Name

CARL HAKENJOS

Telephone Number

619-466-3883

2024 California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SEMIH M KURTULUS & TATIANA SAMUDIO

SSN or ITIN

319-92-4698

Part I Income Adjustment Schedule		A Federal Amounts	B Subtractions	C Additions
Section A - Income from federal Form 1040 or 1040-SR		(taxable amounts from your federal tax return)	See instructions	See instructions
1 a	Total amount from federal Form(s) W-2, box 1. See instructions	174652		
1 b	Household employee wages not reported on federal Form(s) W-2			
1 c	Tip income not reported on line 1a.			
1 d	Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . .			
1 e	Taxable dependent care benefits from federal Form 2441, line 26			
1 f	Employer-provided adoption benefits from federal Form 8839, line 29			
1 g	Wages from federal Form 8919, line 6			
1 h	Other earned income. See instructions			
1 i	Nontaxable combat pay election. See instructions			
1 z	Add line 1a through line 1i	174652		
2	Taxable interest. a ☐	85		
3	Ordinary dividends. See instructions. a ☐			
4	IRA distributions. See instructions. a ☐			
5	Pensions and annuities. See instructions . . . a ☐	60000		
6	Social security benefits a ☐			
7	Capital gain or (loss). See instructions	-3000		
Section B - Additional Income from federal Schedule 1 (Form 1040)				
1	Taxable refunds, credits, or offsets of state and local income taxes	2021	2021	
2 a	Alimony received. See instructions			
3	Business income or (loss). See instructions . . .	-22369	11858	
4	Other gains or (losses)			
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc			
6	Farm income or (loss)			
7	Unemployment compensation			

Section B - Additional Income
Continued

A Federal Amounts
(taxable amounts from your federal tax return)

B Subtractions
See instructions

C Additions
See instructions

8 Other income:			
a Federal net operating loss	8a	☐ ()	☐
b Gambling	8b	☐	☐
c Cancellation of debt	8c	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()	☐
e Income from federal Form 8853	8e	☐	☐
f Income from federal Form 8889	8f	☐	☐
g Alaska Permanent Fund dividends	8g	☐	☐
h Jury duty pay	8h	☐	☐
i Prizes and awards	8i	☐	☐
j Activity not engaged in for profit income . . .	8j	☐	☐
k Stock options	8k	☐	☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	☐	☐
m Olympic and Paralympic medals and USOC prize money	8m	☐	☐
n IRC Section 951(a) inclusion	8n	☐	☐
o IRC Section 951A(a) inclusion	8o	☐	☐
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐
q Taxable distributions from an ABLÉ account	8q	☐	☐
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐	☐
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . .	8s	☐ ()	☐
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. . . .	8t	☐	☐
u Wages earned while incarcerated	8u	☐	☐
v Digital assets received as ordinary income not reported elsewhere	8v	☐	☐
z Other income. List type and amount.			
☐	8z	☐	☐

Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a	Total other income. Add line 8a through line 8z	9a		
b1	Disaster loss deduction from form FTB 3805V . . .	9b1		
b2	NOL deduction from form FTB 3805V	9b2		
b3	NOL deduction from form FTB 3805Z, 3807, or 3809	9b3		
10	Total. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions	10		
		211389	13879	

Section C - Adjustments to Income
from federal Schedule 1 (Form 1040)

11	Educator expenses	11		
12	Certain business expenses of reservists, performing artists, and fee-basis government officials . . .	12		
13	Health savings account deduction	13		
14	Moving expenses. Attach form FTB 3913. See instructions	14		
15	Deductible part of self-employment tax. See instructions	15	161	
16	Self-employed SEP, SIMPLE, and qualified plans . .	16		
17	Self-employed health insurance deduction. See instructions	17		
18	Penalty on early withdrawal of savings	18		
19 a	Alimony paid	19a		
b	Recipient's SSN			
	Last Name			
20	IRA deduction	20		
21	Student loan interest deduction	21		
22	Reserved for future use	22		
23	Archer MSA deduction	23		

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:				
a Jury duty pay	24a	⊙		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	⊙	⊙	⊙
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	⊙	⊙	
d Reforestation amortization and expenses . . .	24d	⊙	⊙	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . .	24e	⊙		
f Contributions to IRC Section 501(c)(18)(D) pension plans	24f	⊙	⊙	⊙
g Contributions by certain chaplains to IRC Section 403(b) plans	24g	⊙	⊙	⊙
h Attorney fees and court costs for actions involving certain unlawful discrimination claims	24h	⊙		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	⊙	⊙	
j Housing deduction from federal Form 2555 . .	24j	⊙	⊙	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041)	24k	⊙		
z Other adjustments. List type and amount.				
⊙	24z	⊙	⊙	⊙
25 Total other adjustments. Add line 24a through line 24z	25	⊙	⊙	⊙
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions	26	⊙ 161	⊙	⊙
27 Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions	27	⊙ 211228	⊙ 13879	⊙

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses 1			
Enter amount from federal Form 1040 or 1040-SR, line 11 2	211228		
3 Multiply line 2 by 7.5% (0.075) 3	15842		
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4	☒		☒
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a	☒ 1388	☒ 1388	
b State and local real estate taxes 5b	☒ 9748		
c State and local personal property taxes 5c	☒		
d Add line 5a through line 5c 5d	☒ 11136		
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e	☒ 10000	☒ 1388	☒ 1136
6 Other taxes. List type 6	☒ 875	☒	☒
7 Add line 5e and line 6 7	☒ 10875	☒ 1388	☒ 1136
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a	☒ 53188		☒
b Home mortgage interest not reported to you on federal Form 1098 8b	☒		☒
c Points not reported to you on federal Form 1098 8c	☒		☒
d Reserved for future use 8d			
e Add line 8a through line 8c 8e	☒ 53188	☒	☒
9 Investment interest 9	☒	☒	☒
10 Add line 8e and line 9 10	☒ 53188	☒	☒

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11	Gifts by cash or check	11 1050		
12	Other than by cash or check	12 500		
13	Carryover from prior year	13		
14	Add line 11 through line 13	14 1550		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15		
Other Itemized Deductions				
16	Other-from list in federal instructions	16		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17 65613	1388	1136
18	Total. Combine line 17 column A less column B plus column C			18 65361
Job Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19		
20	Tax preparation fees	20	225	
21	Other expenses: investment, safe deposit box, etc. List type	21		
22	Add line 19 through line 21	22	225	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	23 211228		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	4225	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25		
26	Total Itemized Deductions. Add line 18 and line 25	26		65361
27	Other adjustments. See instructions. Specify	27		
28	Combine line 26 and line 27	28		65361
29	Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?			
	Single or married/RDP filing separately		\$244,857	
	Head of household		\$367,291	
	Married/RDP filing jointly or qualifying surviving spouse/RDP		\$489,719	
No.	Transfer the amount on line 28 to line 29.			
Yes.	Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29	29		65361
30	Enter the larger of the amount on line 29 or your standard deduction shown below:			
	Single or married/RDP filing separately. See instructions		\$5,540	
	Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$11,080	
	Transfer the amount on line 30 to Form 540, line 18	30		65361

Name	California ID Number
SEMIH M KURTULUS & TATIANA SAMUDIO	319-92-4698

1.	Enter loss from Schedule D (540), line 11, stated as a positive number	1	3,000
2.	Enter amount from Form 540, line 17	2	197,349
3.	Enter amount from Form 540, line 18.	3	65,361
4.	Subtract line 3 from line 2. If less than zero, enter as a negative number	4	131,988
5.	Combine line 1 and line 4. If less than zero, enter -0-	5	134,988
6.	Enter loss from Schedule D (540), line 8, as a positive number	6	6,702
7.	Enter the smaller of line 1 or line 5	7	3,000
8.	Subtract line 7 from line 6. This is your capital loss carryover to 2025	8	3,702

TAXABLE YEAR

2024

**Additional Taxes on Qualified Plans
(Including IRAs) and Other
Tax-Favored Accounts**

CALIFORNIA FORM

3805P

First name SEMIH M KURTULUS	Initial SM	Last name KURTULUS	SSN or ITIN 319-92-4698
Address (number and street, PO Box, or PMB no.) 3894 LA JOLLA DRIVE		Apt. no./Ste. no.	Check this box if this is an amended form ☐
City LA JOLLA		State CA	ZIP code 92037

Part I Additional Tax on Early Distributions - Complete this part if you received a taxable distribution, before you reached age 59 1/2, from a qualified retirement plan (including an IRA) or modified endowment contract. You may also have to complete this part if you received a federal Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	☒ 1	60,000	00
2	Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception number from instructions: ☐	☒ 2		00
3	Amount subject to additional tax. Subtract line 2 from line 1*	☒ 3	60,000	00
4	Tax due. Multiply line 3 by 2 1/2% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	☒ 4	1,500	00

* If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2 1/2% (.025).

See instructions.

Part II Additional Tax on Certain Distributions from Education Accounts and ABLER Accounts - Complete this part if you included an amount in income on Schedule CA (540 or 540NR) from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABLER account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABLER account. See instructions	☒ 5		00
6	Distributions included on line 5 that are not subject to additional tax. See instructions	☒ 6		00
7	Amount subject to additional tax. Subtract line 6 from line 5	☒ 7		00
8	Tax due. Multiply line 7 by 2 1/2% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	☒ 8		00

Part III Additional Tax on Distributions from Archer and Medicare Advantage Medical Savings Accounts (MSAs) - Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

9	Taxable Archer MSA distribution from federal Form 8853, line 8. See instructions	☒ 9		00
10 a	If you meet any of the exceptions to the 12.5% tax (see instructions), check here	☒ 10a	☐	
b	Otherwise, multiply line 9 by 12.5% (.125). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	☒ 10b		00
11	Additional tax due from Medicare Advantage MSA distributions. Enter the amount from federal Form 8853, line 13b. Also, include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions. Form 540NR filers, see instructions	☒ 11		00

Signature. Complete **only** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. It is unlawful to forge a spouse's/registered domestic partner's signature.

Your signature

X

Date

01/07/2026

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)

PTIN

Carl Hakenjos

P01428320

Firm's name (or yours if self-employed) and address

Firm's FEIN

2024

Depreciation and
Amortization Adjustments

Do not complete this form if your California depreciation amounts are the same as federal amounts.

3885A

Name(s) as shown on tax return

SEMIH M KURTULUS & TATIANA SAMUDIO

SSN or ITIN

319-92-4698

Part I Identify the Activity as Passive or Nonpassive (See instructions.)

Business or activity to which form FTB 3885A relates

1 ☐ This form is being completed for a passive activity.☒ This form is being completed for a nonpassive activity.

SCH C - 1

Part II Election to Expense Certain Tangible Property (IRC Section 179)

2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions 2

Part III Depreciation

	(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3						

4 Add the amounts on line 3, column (f) 4

5 California depreciation for assets placed in service prior to 2024 5 21,367

6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 21,367

7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 9,509

8 a If line 6 is **more** than line 7, enter the difference here and see instructions 8a 11,858b If line 6 is **less** than line 7, enter the difference here and see instructions 8b**Part IV Amortization**

	(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9						

10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10

11 California amortization of costs that began before 2024 11

12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12

13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13

14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14ab If line 12 is **less** than line 13, enter the difference here and see instructions 14b

TAXABLE YEAR

2024

California e-file Signature Authorization for Individuals

FORM

8879

Your name	Your SSN or ITIN
SEMIH M KURTULUS	319-92-4698
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
TATIANA SAMUDIO	779-38-6023

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	197349
2 Amount you owe. See instructions	2	
3 Refund or no amount due. See instructions	3	6540

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize

CARL HAKENJOS CPA

ERO firm name

to enter my PIN

32439

Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

01-07-2026

Spouse's/RDP's PIN: check one box only

☒ I authorize

CARL HAKENJOS CPA

ERO firm name

to enter my PIN

35593

Do not enter all zeros

as my signature on my 2024 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature

Date

01-07-2026

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3371285555

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature

Date

CARL HAKENJOS

01-07-2026

CAWK_USE	California Use Tax Worksheet	2024
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO		California ID Number 319-92-4698

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$.00
2. Enter the applicable sales and use tax rate. See worksheet instructions
3. Multiply line 1 by the tax rate on line 2. Enter result here \$.00
4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$.00
5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$.00

Client Copy

CAWK_REF	2024 Taxable State / Local Refund Carries to Federal worksheet WK_REF24 to determine total Taxable Refunds	2024
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO		Your Social Security Number 319-92-4698

A. State / Local Refund

A1. Bottom line on return, after state adjustments 6,540

A2. Adjustments to Line A1 _____

A3. Total Adjusted State/Local Refund (Line A1 Less A2) **A.** 6,540

B. Applied amounts

B1. Total Contributions, Donation, Checkoffs (Will carry to 2025 Sch A) _____

B2. Penalty and/or interest _____

B3. Overpayment applied to 2025 (Will carry to 2025 ES screen) _____

B4. Other Tax (Use tax, Property tax, Tangible tax, etc) _____

B5. Total applied amounts (Total of B1 thru B4) **B.** _____

C. Subtotal: State / Local Refund plus Applied amounts (Line A plus line B) **C.** 6,540

D. Payments

D1. Tax withheld/2024 payments deducted on Schedule A 31,863

D2. 4th quarter estimate and extension paid in 2025 _____

D3. Total payments applied to 2024 State / Local tax return (Total of D1 thru D2) **D.** 31,863

E. Allocation of Payments

E1. Percent of payments made in 2024 (D1 divided by D3) 1.0000

E2. Line C multiplied by line E1 6,540

E3. Percent of payments made in 2025 (D2 divided by D3) _____

E4. Line C multiplied by line E3 _____

F. Potential Taxable State / Local Refund (Lesser of E2 or D1, BUT NOT LESS THAN ZERO) **F. 6,540**

G. Taxes paid in 2025 deductible on 2025 Schedule A

G1. 4th quarter estimate and extension paid in 2025 (From line D2) _____

G2. Balance of refund that did not carry to the 1040, line 10 (From line E4) _____

G3. Adjusted taxes paid in 2025 allowed to carry to 2025 Sch A (Line G1 less line G2) **G.** 0

Subject to tax benefit rules

CA-COMP	Three-year State Tax Return Comparison			2024
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO				Taxpayer ID Number 319-92-4698
[State] Income Tax Return	2022	2023	2024	Difference 2023-2024
Filing Status	MFJ	MFJ	MFJ	
Gross Income	210,944	354,933	211,228	(143,705)
Additions		41,503		(41,503)
Subtractions		1,602	13,879	12,277
Exemptions	280	288	298	10
Standard Deduction				
Itemized Deduction	23,602	47,832	65,361	17,529
Deductions	23,602	47,832		(47,832)
Taxable Income	187,342	347,002	131,988	(215,014)
Actual State Income				
State Income Tax	10,650	30,789	6,682	(24,107)
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	15,078	12,148	13,222	1,074
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	4,428		6,540	6,540
Balance Due		18,641		(18,641)
Marginal tax rate	9.300000	9.300000	8.000000	(1.300000)
Effective tax rate	5.680000	8.870000	5.060000	(3.810000)

FOR TAX YEAR 2023

SEMIH M KURTULUS & TATIANA SAMUDIO

Carl Hakenjos CPA
5921 Severin Drive
La Mesa, CA 91942
(619)466-3883

Carl Hakenjos CPA

5921 Severin Drive
La Mesa, CA 91942
carl@cpacarl.com

Phone: (619)466-3883 | Fax: (619)462-3259

April 02, 2025

Semih M Kurtulus & Tatiana Samudio
3894 La Jolla Drive
La Jolla, CA 92037

Semih M Kurtulus & Tatiana Samudio:

Below is a summary of your 2023 tax year.

Return Type	Refund/Balance Due	Transaction Method
Federal Income Tax	\$63,700 Balance Due	Mail a check
California Income Tax	\$18,641 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

Sign and date these returns and mail them on or before the filing deadline to the address provided:

Federal Income Tax

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0045

Mail payment on or before due date to the following address:

Federal Income Tax

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0045

California Income Tax

Franchise Tax Board
PO Box 942867
Sacramento, CA 94267-0008

Sincerely,



Carl Hakenjos
Carl Hakenjos CPA

Carl Hakenjos CPA

5921 Severin Drive
La Mesa, CA 91942
carl@cpacarl.com

Phone: (619)466-3883 | Fax: (619)462-3259

April 02, 2025

Semih M Kurtulus & Tatiana Samudio
3894 La Jolla Drive
La Jolla, CA 92037

Semih M Kurtulus & Tatiana Samudio:

Enclosed is a copy of your 2023 Form 4868, Application for Automatic Extension of Time to File U.S. Individual Income Tax Return. This form will be e-filed with the IRS.

You have an estimated balance due of \$62,887 and are paying an amount of \$0 with the extension.

To make your payment by check or money order, write "2023 Form 4868," your Social Security Number (SSN), and daytime phone number on the payment. Make it payable to "United States Treasury," and mail, on or before April 15, 2024, to the following address:

Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0045

To pay from your bank account, at no cost to you, go to [IRS.gov/Payments](https://www.irs.gov/Payments). To pay by credit or debit card, for a fee, go to [1040paytax.com](https://www.1040paytax.com).

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (619)466-3883.

Sincerely,



Carl Hakenjos
Carl Hakenjos CPA

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____

See separate instructions.

Your first name and middle initial
SEMIH M

Last name
KURTULUS

Your social security number
319-92-4698

If joint return, spouse's first name and middle initial
TATIANA

Last name
SAMUDIO

Spouse's social security number
779-38-6023

Home address (number and street). If you have a P.O. box, see instructions.
3894 LA JOLLA DRIVE

Apt. no.

Presidential Election Campaign

City, town, or post office. If you have a foreign address, also complete spaces below.
LA JOLLA

State
CA

ZIP code
92037

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

Foreign country name

Foreign province/state/country

Foreign postal code

Filing Status ☐ Single ☐ Head of household (HOH)

Check only one box. ☒ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . . ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):

(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
If more than four dependents, see instructions and check here . . . ☐				☐	☐
				☐	☐
				☐	☐
				☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)	1a	170,604
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	170,604
2a	Tax-exempt interest 2a	b	Taxable interest 2b
3a	Qualified dividends 3a	b	Ordinary dividends 3b
4a	IRA distributions 4a	b	Taxable amount 4b
5a	Pensions and annuities 5a	b	Taxable amount 5b
6a	Social security benefits 6a	b	Taxable amount 6b
c	If you elect to use the lump-sum election method, check here (see instructions) ☐		
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐	7	(3,000)
8	Additional income from Schedule 1, line 10	8	(32,671)
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income	9	354,933
10	Adjustments to income from Schedule 1, line 26	10	
11	Subtract line 10 from line 9. This is your adjusted gross income	11	354,933
12	Standard deduction or itemized deductions (from Schedule A)	12	48,494
13	Qualified business income deduction from Form 8995 or Form 8995-A	13	
14	Add lines 12 and 13	14	48,494
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income	15	306,439

Attach Sch. B if required.

Standard Deduction for-

- Single or Married filing separately, \$13,850
- Married filing jointly or Qualifying surviving spouse, \$27,700
- Head of household, \$20,800
- If you checked any box under Standard Deduction, see instructions.

Tax and Credits		16	17	18	19	20	21	22	23	24
16	Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐ _____ . . .	16	60,345							
17	Amount from Schedule 2, line 3	17								
18	Add lines 16 and 17	18	60,345							
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	60,345							
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	22,000							
24	Add lines 22 and 23. This is your total tax	24	82,345							

Payments		25	Federal income tax withheld from:
	a	Form(s) W-2	25a 19,458
	b	Form(s) 1099	25b
	c	Other forms (see instructions)	25c
	d	Add lines 25a through 25c	25d 19,458
If you have a qualifying child, attach Sch. EIC.	26	2023 estimated tax payments and amount applied from 2022 return	26
	27	Earned income credit (EIC)	27
	28	Additional child tax credit from Schedule 8812	28
	29	American opportunity credit from Form 8863, line 8	29
	30	Reserved for future use	30
	31	Amount from Schedule 3, line 15	31
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32 0
	33	Add lines 25d, 26, and 32. These are your total payments	33 19,458

Refund Direct deposit? See instructions.	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid . . .	34	0
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here. ☐	35a	0
	b	Routing number <table border="1" style="display: inline-table; width: 150px; height: 20px; vertical-align: middle;"></table> c Type: ☐ Checking ☐ Savings		
	d	Account number <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"></table>		
	36	Amount of line 34 you want applied to your 2024 estimated tax 36		

Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37	63,700
	38	Estimated tax penalty (see instructions)	38	813

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 **Carl Hakenjos** Phone no. **619-466-3883** Personal identification number (PIN) **5 5 5 5 5**

Sign Here			
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
59954	07-09-2024	DIRECTOR OF SERVICES	
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.)
59503	07-09-2024		
Phone no. 408-431-4887	Email address		

Paid Preparer Use Only	Preparer's signature Carl Hakenjos	Date 04-02-2025	PTIN P01428320	Check if: ☐ Self-employed
	Preparer's name Carl Hakenjos	Phone no. 619-466-3883		
	Firm's name Carl Hakenjos CPA			
	Firm's address 5921 Severin Drive La Mesa, CA 91942	Firm's EIN 45-3218649		

Explanation of Schedule A, line 5e

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

This worksheet shows the breakdown of which state and local taxes are actually being deducted on federal Schedule A when the state and local taxes are limited to \$10,000 (\$5,000 if married filing separately.)

	<u>Total paid</u>	<u>Allowed amount</u>
1. Real estate taxes	<u>9,338</u>	<u>9,338</u>
2. Personal property taxes	<u>0</u>	<u>0</u>
3. State and local income taxes.	<u>13,650</u>	<u>0</u>
4. Sales tax	<u>2,405</u>	<u>662</u>
5. Add amounts in right column of lines 1-4. Enter this amount on Schedule A, line 5e		<u>10,000</u>

If state income taxes are deducted on Schedule A, and then a state issues a refund of some or all of those taxes, the refund may have to be reported as income in the following year. The program has chosen to deduct sales tax instead of income tax, even though the income tax is higher, so that no state refunds will be taxable on next year's return. Mark the Force income tax checkbox on screen A, line 5, to force the income taxes to be deducted instead of sales taxes, if that results in a benefit to the taxpayer on a state return.

SCHEDULE A
(Form 1040)Department of the Treasury
Internal Revenue Service

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

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

2023Attachment
Sequence No. **07**

Your social security number

319-92-4698**SEMIH M KURTULUS & TATIANA SAMUDIO****Medical****and
Dental
Expenses****Caution:** Do not include expenses reimbursed or paid by others.

- 1 Medical and dental expenses (see instructions) **1**
- 2 Enter amount from Form 1040 or 1040-SR, line 11 . . . **2**
- 3 Multiply line 2 by 7.5% (0.075) **3**
- 4 Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- **4**

**Taxes You
Paid**

- 5 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 ☒

5a 2,405

- b State and local real estate taxes (see instructions) **5b 9,338**
- c State and local personal property taxes **5c**
- d Add lines 5a through 5c **5d 11,743**

- e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) **5e 10,000**

- 6 Other taxes. List type and amount:

DMV 875**6 875**

- 7 Add lines 5e and 6 **7**

10,875**Interest
You Paid****Caution:** Your mortgage interest deduction may be limited. See instructions.

- 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 ☐

- a Home mortgage interest and points reported to you on Form 1098.

See instructions if limited **8a 36,069**

- 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 36,069**

- 9 Investment interest. Attach Form 4952 if required. See instructions **9**

- 10 Add lines 8e and 9 **10**

36,069**Gifts to
Charity****Caution:** If you made a gift and got a benefit for it, see instructions.

- 11 Gifts by cash or check. If you made any gift of \$250 or more, see instructions **11 1,050**

- 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. **12 500**

- 13 Carryover from prior year **13**

- 14 Add lines 11 through 13 **14**

1,550**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**

48,494

- 18 If you elect to itemize deductions even though they are less than your standard deduction, check this box ☐

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

2023Attachment
Sequence No. **09**

Name of proprietor

SEMIH M KURTULUS

Social security number (SSN)

319-92-4698**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**SERVICE****531100****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**BRAZIL RENTAL****E** Business address (including suite or room no.) **3894 LA JOLLA DRIVE**City, town or post office, state, and ZIP code **LA JOLLA, CA 92037****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 ☐	1	6,736
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	6,736
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	6,736
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	6,736

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions) . .	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans . .	19	
10 Commissions and fees . . .	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment . .	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	45,879	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19) . . .	14		22 Supplies (not included in Part III) . .	22	1,215
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	1,045
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48) . . .	27a	200
			b Energy efficient commercial bldgs deduction (attach Form 7205) . .	27b	

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27b. **28** **48,339****29** Tentative profit or (loss). Subtract line 28 from line 7 **29** **(41,603)****30** Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.**Simplified method filers only:** Enter the total square footage of (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30 **30****31** **Net profit or (loss).** Subtract line 30 from line 29.• If a profit, enter on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.• If a loss, you **must** go to line 32.**32** If you have a loss, check the box that describes your investment in this activity. See instructions.• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041, line 3**.• If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.**32a** ☒ All investment is at risk.**32b** ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

EEA

Name(s)

SSN

SEMIH M KURTULUS**319-92-4698****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) _____
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 _____
b	Commuting (see instructions) _____
c	Other _____
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.

MANAGER	200
48 Total other expenses. Enter here and on line 27a	48 200

**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

2023Attachment
Sequence No. **09**

Name of proprietor

TATIANA SAMUDIO

Social security number (SSN)

779-38-6023**A** Principal business or profession, including product or service (see instructions)**B** Enter code from instructions**SERVICE****621340****C** Business name. If no separate business name, leave blank.**D** Employer ID number (EIN) (see instr.)**PILATES AND CHIROPRACTICE****E** Business address (including suite or room no.) **3894 LA JOLLA DRIVE**City, town or post office, state, and ZIP code **LA JOLLA, CA 92037****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 ☐	1	4,951
2 Returns and allowances	2	0
3 Subtract line 2 from line 1	3	4,951
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3.	5	4,951
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	4,951

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	4,087	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17		25 Utilities	25	
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	1,565
			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b.	28	5,652			
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(701)			
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30				
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	(701)			
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a ☒ All investment is at risk. 32b ☐ Some investment is not at risk.		

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2023

EEA

Name(s)

SSN

TATIANA SAMUDIO**779-38-6023****Part III Cost of Goods Sold** (see instructions)

33	Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month/day/year) 01-01-2023
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 6,240 b Commuting (see instructions) c Other
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.

CELL	1,025
INTERNET	540
48 Total other expenses. Enter here and on line 27a	48 1,565

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.
Go to www.irs.gov/ScheduleD for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . .				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
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

Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . .				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked	36	3,849		(3,813)
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12
13 Capital gain distributions. See the instructions				13
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions				14 ()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III on page 2				15 (3,813)

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

Schedule D (Form 1040) 2023

EEA

Part III Summary

16 Combine lines 7 and 15 and enter the result	16 (3,813)
• If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22.	
17 Are lines 15 and 16 both gains? ☐ Yes. Go to line 18. ☐ No. Skip lines 18 through 21, and go to line 22.	
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet	19
20 Are lines 18 and 19 both zero or blank and you are not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. Don't complete lines 21 and 22 below. ☐ No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.	
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500)	21 (3,000)
Note: When figuring which amount is smaller, treat both amounts as positive numbers.	
22 Do you have qualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 16. ☒ No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.	

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side **Social security number or taxpayer identification number****SEMIH M KURTULUS & TATIANA SAMUDIO****319-92-4698**

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

- ☒ **(D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
☐ **(E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <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	
	AMERITRADE	VARIOUS	12-31-2023	36	3,849			(3,813)
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 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			36	3,849			(3,813)

Note: If you checked Box D 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.

Net Investment Income Tax-
Individuals, Estates, and Trusts

Attach to your tax return.

Go to www.irs.gov/Form8960 for instructions and the latest information.

2023

Attachment
Sequence No. 72

Name(s) shown on your tax return

Your social security number or EIN

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Part I Investment Income

- ☐ Section 6013(g) election (see instructions)
☐ Section 6013(h) election (see instructions)
☐ Regulations section 1.1411-10(g) election (see instructions)

1	Taxable interest (see instructions)		1	
2	Ordinary dividends (see instructions)		2	
3	Annuities (see instructions)		3	
4a	Rental real estate, royalties, partnerships, S corporations, trusts, trades or businesses, etc. (see instructions)	4a (42,304)		
b	Adjustment for net income or loss derived in the ordinary course of a non-section 1411 trade or business (see instructions)	4b 42,304		
c	Combine lines 4a and 4b		4c	0
5a	Net gain or loss from disposition of property (see instructions)	5a (3,000)		
b	Net gain or loss from disposition of property that is not subject to net investment income tax (see instructions)	5b		
c	Adjustment from disposition of partnership interest or S corporation stock (see instructions)	5c		
d	Combine lines 5a through 5c		5d	(3,000)
6	Adjustments to investment income for certain CFCs and PFICs (see instructions)		6	
7	Other modifications to investment income (see instructions)		7	
8	Total investment income. Combine lines 1, 2, 3, 4c, 5d, 6, and 7		8	(3,000)

Part II Investment Expenses Allocable to Investment Income and Modifications

9a	Investment interest expenses (see instructions)	9a		
b	State, local, and foreign income tax (see instructions)	9b		
c	Miscellaneous investment expenses (see instructions)	9c		
d	Add lines 9a, 9b, and 9c		9d	0
10	Additional modifications (see instructions)		10	
11	Total deductions and modifications. Add lines 9d and 10		11	0

Part III Tax Computation

12	Net investment income. Subtract Part II, line 11, from Part I, line 8. Individuals, complete lines 13-17. Estates and trusts complete lines 18a-21. If zero or less, enter -0-		12	0
Individuals:				
13	Modified adjusted gross income (see instructions)	13 354,933		
14	Threshold based on filing status (see instructions)	14 250,000		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15 104,933		
16	Enter the smaller of line 12 or line 15		16	0
17	Net investment income tax for individuals. Multiply line 16 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		17	0
Estates and Trusts:				
18a	Net investment income (line 12 above)	18a		
b	Deductions for distributions of net investment income and charitable deductions (see instructions)	18b		
c	Undistributed net investment income. Subtract line 18b from line 18a (see instructions). If zero or less, enter -0-	18c		
19a	Adjusted gross income (see instructions)	19a		
b	Highest tax bracket for estates and trusts for the year (see instructions)	19b		
c	Subtract line 19b from line 19a. If zero or less, enter -0-	19c		
20	Enter the smaller of line 18c or line 19c		20	
21	Net investment income tax for estates and trusts. Multiply line 20 by 3.8% (0.038). Enter here and include on your tax return (see instructions)		21	

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

Form 8960 (2023)

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.**2023**Attachment
Sequence No. **179**

Name(s) shown on return

SEMIH M KURTULUS & TATIANA SAMUD

Business or activity to which this form relates

BRAZIL RENTAL

Identifying number

319-92-4698**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	43,040
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ☐		

Section B - Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		10,760	7	MO	200 DB	384
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	08-2023	180,000	27.5 yrs.	MM	S/L	2,455
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	45,879
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

2023 Form 4868 Extension Voucher and Filing Instructions
SEMIH M KURTULUS & TATIANA SAMUDIO

Filing method:

Your extension will be e-filed.

Due date:

04-15-2024

NOTE

Detach this entire note (cut on dotted lines) and enclose with the payment and the 4868 voucher (below) ONLY if Form 4868 was e-filed and ACCEPTED; otherwise, detach the 4868 voucher (cut on the *lower* dotted line) and submit only the voucher with the payment.

The extension request was originally filed electronically.

NOTE

DETACH HERE

Form 4868	Application for Automatic Extension of Time To File U.S. Individual Income Tax Return		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	For calendar year 2023, or other tax year beginning , 2023, and ending ,		2023
Part I	Identification	Part II	Individual Income Tax
SEMIH M KURTULUS & TATIANA SAMUDIO 3894 LA JOLLA DRIVE LA JOLLA CA 92037 2 Your social security number 319-92-4698 3 Spouse's social security number 779-38-6023		4 Estimate of total tax liability for 2023 \$	82,345
		5 Total 2023 payments	19,458
		6 Balance due. Subtract line 5 from line 4. See instructions	62,887
		7 Amount you're paying (see instructions) . . .	
		8 Check here if you're "out of the country" and a U.S. citizen or resident. See instructions	☐
		9 Check here if you file Form 1040-NR and didn't receive wages as an employee subject to U.S. income tax withholding	☐
For Privacy Act and Paperwork Reduction Act Notice, see instructions later.			

Form 4868 (2023)

EEA

319924698 WV KURT 30 0 202312 670

**Qualified Business Income Deduction
Simplified Computation**

OMB No. 1545-2294

2023Department 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

SEMIH M KURTULUS & TATIANA SAMUDIO**319-92-4698**

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: BRAZIL RENTAL	319-92-4698	(41,603)
ii	Schedule C: PILATES AND CHIROPRACTICE	779-38-6023	(701)
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	(42,304)
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	306,439
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	306,439
14	Income limitation. Multiply line 13 by 20% (0.20)	14	61,288
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	(42,304)
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.

Form **8995** (2023)

EEA

Amount from Form 1040, line 11..... **354,933**Amount from Form 1040, line 12..... **48,494**Line 11 above is the difference between these amounts..... **306,439**

Federal Supporting Statements

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Your Social Security Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Form 8960 Line 4b Item Detail

Sch C: **BRAZIL RENTAL**

41,603

Sch C: **PILATES AND CHIROPRACTICE**

701

Total

42,304

Client Copy

1040

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2023

Page 1

Name(s) as shown on return

SEMIH M KURTULUS & TATIANA SAMUDIO

Tax Identification Number

319-92-4698

SCHEDULE A, LINE 8A - HOME MTG INTEREST & POINTS - FORM 1098

DESCRIPTION

AMOUNT

CHASE	\$ 10,193
WELLS FARGO	23,631
RESICENTRAL LIMITED OVER 750K	2,245
TOTAL:	\$ 36,069

Client Copy

W-2 Detail Listing

Name(s) as shown on return		2023	
(This page is not filed with the return. It is for your records only.)		Tax ID Number	

SEMIH M KURTULUS & TATIANA SAMUDIO				FEDERAL		STATE 319-92-4698		CITY/LOCAL	
T/S	Employer Name	Gross	W/H	STATE CODE	Gross	W/H	CITY CODE	Gross	W/H
T	KORE AI INC	157,733	19,337	CA	157,733	12,024	CASDI		1,378
S	MELLOW MASSAGE LLC	10,600		CA	10,600	124	CASDI		95
S	JEBA LLC	2,271	121	CA	2,271		CASDI		29
Taxpayer Totals		157,733	19,337		157,733	12,024		157,733	1,378
Spouse Totals		12,871	121		12,871	124		12,871	124
Totals		170,604	19,458		170,604	12,148			1,502

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

SEMIH M KURTULUS & TATIANA SAMUDIO

Your social security number

319-92-4698

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	(42,304)
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	1,602
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	8,031
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	8,031
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	(32,671)

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	
16	Self-employed SEP, SIMPLE, and qualified plans	16	
17	Self-employed health insurance deduction	17	
18	Penalty on early withdrawal of savings	18	
19a	Alimony paid	19a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions):		
20	IRA deduction	20	
21	Student loan interest deduction	21	
22	Reserved for future use	22	
23	Archer MSA deduction	23	
24	Other adjustments:		
a	Jury duty pay (see instructions)	24a	
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b	
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c	
d	Reforestation amortization and expenses	24d	
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e	
f	Contributions to section 501(c)(18)(D) pension plans	24f	
g	Contributions by certain chaplains to section 403(b) plans	24g	
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h	
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i	
j	Housing deduction from Form 2555	24j	
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k	
z	Other adjustments. List type and amount:	24z	
25	Total other adjustments. Add lines 24a through 24z	25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10.	26	0

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

SEMIH M KURTULUS & TATIANA SAMUDIO

Your social security number

319-92-4698

Part I Tax

1	Alternative minimum tax. Attach Form 6251	1	
2	Excess advance premium tax credit repayment. Attach Form 8962	2	
3	Add lines 1 and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17 ..	3	0

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE	4	
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here ☒	8	22,000
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	0
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	22,000

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

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

STATEMENT FOR LINE 16 OF FORM 1040

TAX RATE SCHEDULE FOR MARRIED FILING JOINT FILING STATUS IF TAXABLE INCOME IS

OVER	BUT NOT OVER	PAY	PLUS	% ON EXCESS	OF THE AMOUNT OVER
0	22,000	0.00		10%	0
22,000	89,450	2,200.00		12%	22,000
89,450	190,750	10,294.00		22%	89,450
190,750	364,200	32,580.00		24%	190,750
364,200	462,500	74,208.00		32%	364,200
462,500	693,750	105,664.00		35%	462,500
693,750		186,601.50		37%	693,750

$\$32,580.00 + ((\$306,439.00 - \$190,750.00) \times 24.0\%) = \$60,345$

TAX FROM TAX RATE SCHEDULE \$ 60,345

\$ 60,345 TAX COMPUTED USING ONLY AVAILABLE METHOD

Worksheet B
Form 1040

Name(s) as shown on return

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2023

Tax ID Number

SEMIH M KURTULUS

319-92-4698

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a

+

1b

=

1c

-

1d

=

1e

Part 2

Self-Employed
NOT Required
To File
Schedule SE

For example, your
net earnings from
self-employment
were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a

+

2b

=

2c

(41,603)

(41,603)

**If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.*

Part 3

Statutory
Employees
Filing
Schedule C

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3

Part 4

All Filers Using
Worksheet B

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4

(41,603)

Need more information or forms? Visit [IRS.gov](https://www.irs.gov).

WK_EIC2.LD

Worksheet B
Form 1040

Name(s) as shown on return

Earned Income Credit (EIC) - Line 27

(Keep for your records)

2023

Tax ID Number

TATIANA SAMUDIO

779-38-6023

Use this worksheet if you answered "Yes" to Step 5, question 2.

- Complete the parts below (Parts 1 through 3) that apply to you. Then, continue to Part 4.
- If you are married filing a joint return, include your spouse's amounts, if any, with yours to figure the amounts to enter in Parts 1 through 3.

Part 1

Self-Employed,
Members of the
Clergy, and
People With
Church
Employee
Income Filing
Schedule SE

1a. Enter the amount from Schedule SE, Part I, line 3.

b. Enter any amount from Schedule SE, Part I, line 4b and line 5a.

c. Combine lines 1a and 1b.

d. Enter the amount from Schedule SE, Part I, line 13.

e. Subtract line 1d from line 1c.

1a	
+	1b
=	1c
-	1d
=	1e

Part 2

Self-Employed
NOT Required
To File
Schedule SE

For example, your
net earnings from
self-employment
were less than \$400.

2. Don't include on these lines any statutory employee income, any net profit from services performed as a notary public, any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361, or any other amounts exempt from self-employment tax.

a. Enter any net farm profit or (loss) from Schedule F, line 34; and from farm partnerships, Schedule K-1 (Form 1065), box 14, code A*.

b. Enter any net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming)*.

c. Combine lines 2a and 2b.

2a	
+	2b
=	2c

(701)

(701)

*If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE, Part I. Reduce the Schedule K-1 amounts as described in the Partner's Instructions for Schedule K-1. Enter your name and social security number on Schedule SE and attach it to your return.

Part 3

Statutory
Employees
Filing
Schedule C

3. Enter the amount from Schedule C, line 1, that you are filing as a statutory employee.

3	
---	--

Part 4

All Filers Using
Worksheet B

4. Combine lines 1e, 2c, and 3. This is your total self-employed income.

4	
---	--

(701)

Need more information or forms? Visit [IRS.gov](https://www.irs.gov).

WK_EIC2.LD

State and Local General Sales Tax Deduction Worksheet - Line 5a

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Before you begin: See the instructions for line 1 of the worksheet if you:

- Lived in more than one state during 2023, or
- Had any **nontaxable** income in 2023.

1. Enter your **state** general sales taxes from the 2023 Optional State Sales Tax Table 1. 2,405

Next. If, for all of 2023, you lived only in Connecticut, the District of Columbia, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Jersey, or Rhode Island, skip lines 2 through 5, enter -0- on line 6, and go to line 7. Otherwise, go to line 2.

2. Did you live in Alabama, Alaska, Arizona, Arkansas, Colorado, Georgia, Illinois, Kansas, Louisiana, Mississippi, Missouri, New York, North Carolina, South Carolina, Tennessee, Utah, or Virginia in 2023?

- ☒ **No.** Enter -0-.
- ☐ **Yes.** Enter your base **local** general sales taxes from the 2023 Optional Local Sales Tax Tables. 2. _____

3. Did your locality impose a **local** general sales tax in 2023? Residents of California and Nevada, see the instructions for line 3 of the worksheet.

- ☒ **No.** Skip lines 3 through 5, enter -0- on line 6, and go to line 7.
- ☐ **Yes.** Enter your **local** general sales tax rate, but omit the percentage sign. For example, if your local general sales tax rate was 2.5%, enter 2.5. If your local general sales tax rate changed or you lived in more than one locality in the same state during 2023, see the instructions for line 3 of the worksheet 3. _____

4. Did you enter -0- on line 2?

- ☐ **No.** Skip lines 4 and 5 and go to line 6.
- ☐ **Yes.** Enter your **state** general sales tax rate (shown in the table heading for your state), but omit the percentage sign. For example, if your state general sales tax rate is 6%, enter 6.0 4. _____

5. Divide line 3 by line 4. Enter the result as a decimal (rounded to at least three places) . . . 5. _____

6. Did you enter -0- on line 2?

- ☐ **No.** Multiply line 2 by line 3.
- ☒ **Yes.** Multiply line 1 by line 5. If you lived in more than one locality in the same state during 2023, see the instructions for line 6 of the worksheet. 6. _____

7. Enter your state and local general sales taxes paid on specified items, if any. See the instructions for line 7 of the worksheet 7. _____

8. **Deduction for general sales taxes.** Add lines 1, 6, and 7. Enter the result here and the total from all your state and local general sales tax deduction worksheets, if you completed more than one, on Schedule A, line 5a. Be sure to check the **box** on that line 8. 2,405

Optional Sales Tax Table Computation

State: **CA**

Income:	354,933			
Family Size:*	2			
Amount from table:	2,405			
Days:	365			
Deduction:	2,405			

* "Over 5" is the maximum number in family size for the optional sales tax tables in Schedule A Instructions. Returns with a family size of 6 or more will display a "6" on this line.

Auto Expense Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Profession/Business

SERVICE \PILATES AND CHIROPRACTICE

Description **AUTO**

Date placed in service **2023-01-01**

Number of miles your vehicle was used for:

Total Business miles driven during the year **6,240**

Total Commuting miles driven during the year

Total Other miles driven during the year

Total Miles driven during the year **6,240**

Business Use percentage **100.00**

Expenses:

Total

Business
Percentage

Section 179

Bonus Depreciation

Depreciation

Garage Rent

Gas

Insurance

Licenses

Oil

Parking Fees

Rental Fees

Interest

Personal Property Tax

Repairs

Tires

Tolls

Lease Add Back

Other Expenses:

_____

_____

_____

Total Expenses

Standard Mileage Rate Calculation

Business miles **6,240** X 0.655 **4,087** **4,087**

Parking fees

Tolls

Interest

Personal Property Tax

Total Standard Mile Rate deduction **4,087**

How it is reported:

Depreciation deduction

Auto Expense **4,087**

Personal Property Taxes, Schedule A, Line 5c

Worksheet for Form 2210, Part III, Section B - Figure the Penalty

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Complete Rate Period 1 of each column before going to the next column; then go to Rate Periods 2, 3, and 4 in the same manner. If multiple estimated tax payments are applied to the underpayment amount in a column of line 1a, you'll need to make more than one computation for that column.

		Payment Due Dates			
		(a) 04/15/23	(b) 06/15/23	(c) 09/15/23	(d) 01/15/24
1a Enter your underpayment from Part III, Section A, line 17 . . .	1a	3,958	7,916	8,823	8,823
1b Date and amount of each payment applied to the underpayment in the same column. Don't enter more than the underpayment amount on line 1a for each column (see instructions). Note. Your payments are applied in the order made first to any underpayment balance in an earlier column until that underpayment is fully paid.	1b	06-15-2023 3,958	01-15-2024 3,051 09-15-2023 4,865	04-15-2024 7,009 01-15-2024 1,814	04-15-2024 8,823
Rate Period 1: April 16, 2023 - June 30, 2023					
2 Computation starting dates for this period	2	04/15/23	06/15/23		
		Days:	Days:		
3 Number of days from the date on line 2 to the date the amount on line 1a was paid or 6/30/23, whichever is earlier	3	61	15		
4 Underpayment on line 1a x $\frac{\text{Number of days on line 3}}{365}$ x 0.07	4	\$ 46	\$ 23		
Rate Period 2: July 1, 2023 - September 30, 2023					
5 Computation starting dates for this period	5	06/30/23	06/30/23	09/15/23	
		Days:	Days:	Days:	
6 Number of days from the date on line 5 to the date the amount on line 1a was paid or 9/30/23, whichever is earlier	6		15 77	15	
7 Underpayment on line 1a x $\frac{\text{Number of days on line 6}}{365}$ x 0.07	7	\$	\$ 9 117	\$ 25	
Rate Period 3: October 1, 2023 - December 31, 2023					
8 Computation starting dates for this period	8	09/30/23	09/30/23	09/30/23	
		Days:	Days:	Days:	
9 Number of days from the date on line 8 to the date the amount on line 1a was paid or 12/31/23, whichever is earlier	9		92	92	
10 Underpayment on line 1a x $\frac{\text{Number of days on line 9}}{365}$ x 0.08	10	\$	\$ 62	\$ 178	
Rate Period 4: January 1, 2024 - April 15, 2024					
11 Computation starting dates for this period	11	12/31/23	12/31/23	12/31/23	01/15/24
		Days:	Days:	Days:	Days:
12 Number of days from the date on line 11 to the date the amount on line 1a was paid or 4/15/24, whichever is earlier	12		15	91 15	91
13 Underpayment on line 1a x $\frac{\text{Number of days on line 12}}{366}$ x 0.08	13	\$	\$ 10	\$ 139 29	\$ 175
14 Penalty. Add all amounts on lines 4, 7, 10, and 13 in all columns. Enter the total here and on line 19 of Part III, Section B	14	\$ 813			

SEMIO M KURTULUS & TATIANA SAMUDIO															319-92-4698					
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current					
1	RUA DA PRAIA BOIPEBA	08-30-2023	180,000		100.00			180,000	27.5	SL	1.364		2,455	2,455						
1	LAND	08-30-2023	280,000	100.00					0	NDA										
2	IMPROVEMENTS	12-01-2023	53,800		100.00			53,800	7	200 DB MQ	3.57		1,921	1,921						
Totals																		4,376	4,376	

Carryover Worksheet
List of items that will carryover to the 2024 tax return

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Itemized Deductions

Carryover Amount

Contributions subject to 100% of AGI limitations		
Contributions subject to 60% of AGI limitations		
Contributions subject to 30% of AGI limitations (50% capital gains appreciated property)		
Contributions subject to 30% of AGI limitations		
Contributions subject to 20% of AGI limitations (30% capital gains appreciated property)		
Taxable state and local refunds to Schedule 1 (Form 1040) line 1		
State/local taxes paid in 2024 to flow to the Schedule A		18,641
State donations and contributions carryover		
State overpayment applied to next year		

Expenses

Office in home operating expenses		
Office in home excess casualty losses and depreciation		
Disallowed investment interest expense AMT		Reg. Tax
Section 179 expense		
Operating expenses, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		
Excess depreciation, from Form WK_E, Sch E - Rental limitation on deductions when used for personal use		

Losses

Short-term capital loss AMT		Reg. Tax
Long-term capital loss AMT	813	Reg. Tax 813
Net operating loss AMT		Reg. Tax
Excess business loss from Form 461 (becomes part of NOL next year) AMT		Reg. Tax
Qualified REIT and PTP loss carryover		
QBI loss carryover		42,304
Nonrecaptured net section 1231 losses from WK_1231C AMT		Reg. Tax

Credits

Mortgage interest credit		
Credit for prior year minimum tax		
Foreign Tax credit AMT		Reg. Tax
District of Columbia first time home owner's credit		
Residential clean energy credit		

Other

Preparer Fee		225
Overpayment applied to next year's estimates		
Estimated Tax Payment 1	Estimated Tax Payment 2	
Estimated Tax Payment 3	Estimated Tax Payment 4	
Federal tax liability for 2210 calculation		82,345
State tax liability for state 2210 calculation		30,789
IRA basis Taxpayer	Spouse	
Disaster distributions taxable in 2024 Taxpayer	Spouse	
Disaster distributions taxable in 2025 Taxpayer	Spouse	
Excess repayments from 8915-F Taxpayer	Spouse	

Passive Activity

At Risk Limitations

Capital Loss Carryover Worksheet to 2024

Schedule D

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

1. Enter the amount from your 2023 Form 1040 or 1040-SR, line 15, or your 2023 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 306,439
2. Enter the loss from your 2023 Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 309,439
4. Enter the **smaller** of line 2 or line 3 4. 3,000
- If line 7 of your 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.**
5. Enter the loss from your 2023 Schedule D, line 7, as a positive amount 5. 0
6. Enter any gain from your 2023 Schedule D, line 15. If a loss, enter -0- 6. 0
7. Add lines 4 and 6 7.
8. **Short-term capital loss carryover to 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on Schedule D, line 6 8. 0
- If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.**
9. Enter the loss from your 2023 Schedule D, line 15, as a positive amount 9. 3,813
10. Enter any gain from your 2023 Schedule D, line 7. If a loss, enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 3,000
12. Add lines 10 and 11 12. 3,000
13. **Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. 13. 813

AMT Capital Loss Carryover to 2024 Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO**319-92-4698**

1. Enter the amount from your 2023 Form 1040 or 1040-SR, line 15, or your 2023 Form 1040-NR, line 15. If the amount would have been a loss if you could enter a negative number on that line, enclose the amount in parentheses 1. 317,314
2. Enter the loss from your 2023 AMT Schedule D, line 21, as a positive amount 2. 3,000
3. Combine lines 1 and 2. If zero or less, enter -0- 3. 320,314
4. Enter the **smaller** of line 2 or line 3 4. 3,000
If line 7 of your 2023 Schedule D is a loss, go to line 5; otherwise, enter -0- on line 5 and go to line 9.
5. Enter the loss from your 2023 AMT Schedule D, line 7, as a positive amount 5. 0
6. Enter any gain from your 2023 AMT Schedule D, line 15. If a loss, enter -0- 6. 0
7. Add lines 4 and 6 7. _____
8. **Short-term capital loss carryover for 2024.** Subtract line 7 from line 5. If zero or less, enter -0-. If more than zero, also enter this amount on AMT Schedule D, line 6 8. 0
If line 15 of your 2023 Schedule D is a loss, go to line 9; otherwise, skip lines 9 through 13.
9. Enter the loss from your 2023 AMT Schedule D, line 15, as a positive amount 9. 3,813
10. Enter any gain from your 2023 AMT Schedule D, line 7. If a loss, enter -0- 10. 0
11. Subtract line 5 from line 4. If zero or less, enter -0- 11. 3,000
12. Add lines 10 and 11 12. 3,000
13. **Long-term capital loss carryover for 2024.** Subtract line 12 from line 9. 13. 813

**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 SEMIH M KURTULUS & TATIANA SAMUDIO			Identifying number 319-92-4698	
	2021	2022	2023	Difference 2022-2023
Filing Status	Head of Household	Married Joint	Married Joint	
Number of Dependents	1			
Income				
Wages, salaries, tips, etc.	115,079	210,869	170,604	(40,265)
Taxable interest and dividends	181	75		(75)
Taxable state and local refunds	1,079			
Alimony				
Business income (loss)			(42,304)	(42,304)
Gains (losses)			(3,000)	(3,000)
Pensions and IRA distributions			220,000	220,000
Rent and royalty income (loss)	13,737			
Part, S-corps, trusts income (loss)				
Farm income (loss)				
Unemployment compensation	15,000		1,602	1,602
Total SS benefits received				
Taxable SS benefits				
Other income (loss)			8,031	8,031
Total Income	145,076	210,944	354,933	143,989
Adjusted Gross Income				
Half of self-employment tax				
IRA deduction				
Other adjustments				
Total Adjusted Gross Income	145,076	210,944	354,933	143,989
Deductions				
Medical deductions				
State and local taxes	10,685		10,875	10,875
Interest	7,090		36,069	36,069
Contributions	5,500		1,550	1,550
Other deductions				
Total itemized deductions	23,275		48,494	48,494
Standard deduction		25,900	27,700	1,800
Total deductions claimed	23,275	25,900	48,494	22,594
Qualified Business Income Deduction	2,747			
Tax and Credits				
Taxable Income	119,054	185,044	306,439	121,395
Tax	21,142	32,082	60,345	28,263
Credits	500			
Self-employment tax				
Other taxes			22,000	22,000
Total Tax	20,642	32,082	82,345	50,263
Payments				
Withholdings	19,619	37,947	19,458	(18,489)
Estimated tax payments				
Earned income credit				
Other payments and credits				
Estimated tax penalty			813	813
Overpayment		5,865		(5,865)
Overpayment applied				
Refund		5,865		(5,865)
Balance Due	1,023		63,700	63,700
Marginal tax rate	24.00	24.00	24.00	
Effective tax rate	17.76	17.34	19.69	2.35

Auto Mileage Worksheet

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

Tax ID Number

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Profession/Business

SERVICE \PILATES AND CHIROPRACTICE

Description **AUTO**

Date placed in service **01-01-2023**

Business Miles

Rate of Depreciation allowed for Standard Mileage Rate

2023 **6,240**

0.28

2022

0.26

2021

0.26

2020

0.27

2019

0.26

2018

0.25

2017

0.25

2016

0.24

2015

0.24

2014

0.22

pre-2014

See Publication 463

Total Business Miles 6,240

This worksheet displays the business miles taken by year for vehicles with the standard mileage rate deduction. When the vehicle is sold, the amount of the depreciation that is factored into the standard mileage rate should reduce the basis of the vehicle. If actual expenses were taken on the vehicle, then do not use this worksheet; the depreciation can be found on the Depreciation Detail Listing ("FED DEPR Schedule" in View/Print mode). Refer to pub 463 for more information on the standard and actual deduction for vehicles.

CA-MSG	CA ELECTRONIC FILING MESSAGES MUST be corrected before electronic filing is allowed.	PAGE 1
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO		SSN/FEIN 319-92-4698
8004 CA Electronic Filing NOT Allowed Federal rejects have been identified; the rejects disallow transmittal of the state file. Drake Software Tip: * Return to data entry * Make necessary changes to correct rejects * Recalculate the return Client Copy		

2023 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

319-92-4698 KURT 779-38-6023
SEMIH M KURTULUS
TATIANA SAMUDIO

23 PBA 621340

3894 LA JOLLA DRIVE
LA JOLLA CA 92037

02-16-1977 11-24-1980

Principal Residence

Enter your county at time of filing (see instructions)

☒ SAN DIEGOIf your address above is the same as your principal/physical residence address at the time of filing, check this box ☒ X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

☒ ☒ ☒

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here

- 1 ☐ Single 4 ☐ Head of household (with qualifying person). See instructions.
- 2 ☒ 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.

- 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 X \$144 = ☒ \$ 288
- 8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions ☒ 8 X \$144 = ☒ \$
- 9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions ☐ 9 X \$144 = ☒ \$

043

3101234

Form 540 2023 Side 1

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name			
Last Name			
SSN. See instructions.			
Dependent's relationship to you			

Total dependent exemptions 10 X \$446 = \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 11 \$ 288

12	State wages from your federal Form(s) W-2, box 16.	12	170604	.00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11.	13	354933	.00
14	California adjustments - subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B.	14	1602	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions.	15	353331	.00
16	California adjustments - additions. Enter the amount from Schedule CA (540), Part I, line 27, column C.	16	41503	.00
17	California adjusted gross income. Combine line 15 and line 16.	17	394834	.00
18	Enter the larger of Your California itemized deductions from Schedule CA (540), Part II, line 30; OR Your California standard deduction shown below for your filing status: • Single or Married/RDP filing separately \$5,363 • Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP • \$10,726 If Married/RDP filing separately or the box on line 6 is checked, STOP. See instructions.	18	47832	.00
19	Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0-.	19	347002	.00

31	Tax. Check the box if from: ☐ Tax Table ☒ Tax Rate Schedule • ☐ FTB 3800 • ☐ FTB 3803	31	25577	.00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$237,035, see instructions.	32	288	.00
33	Subtract line 32 from line 31. If less than zero, enter -0-.	33	25289	.00
34	Tax. See instructions. Check the box if from: • ☐ Schedule G-1 • ☐ FTB 5870A •	34		.00
35	Add line 33 and line 34.	35	25289	.00

40	Nonrefundable Child and Dependent Care Expenses Credit. See instructions.	40		.00
43	Enter credit name and amount.	43		.00
44	Enter credit name and amount.	44		.00

Your SSN or ITIN: 319924698

Special Credits

45 To claim more than two credits, see instructions. Attach Schedule P (540) . . . • **45** 00

46 Nonrefundable Renter's Credit. See instructions • **46** 00

47 Add line 40 through line 46. These are your total credits **47** 0 .00

48 Subtract line 47 from line 35. If less than zero, enter -0- **48** 25289 00

Other Taxes

61 Alternative Minimum Tax. Attach Schedule P (540). **61** .00

62 Mental Health Services Tax. See instructions • • • • • **62** .00

63	Other taxes and credit recapture. See instructions.	5500	.00
-----------	---	------	-----

64	Add line 48, line 61, line 62, and line 63. This is your total tax	64	30789	.00
-----------	--	-----------	-------	-----

Payments

71	California income tax withheld. See instructions	71	12148	.00
----	--	----	-------	-----

72 2023 California estimated tax and other payments. See instructions • • • • • **72** .00

73 Withholding (Form 592-B and/or Form 593). See instructions **73** .00

74	Excess SDI (or VPDI) withheld. See instructions	74	.00
----	---	----	-----

75	Earned Income Tax Credit (EITC). See instructions	75	.00
----	---	----	-----

76	Young Child Tax Credit (YCTC). See instructions	76	.00
-----------	--	-----------	------------

77	Foster Youth Tax Credit (FYTIC) See instructions	77	.00
----	--	----	-----

78 Add line 71 through line 77. These are your total payments.
See instructions

78 12148 .00

Use Tax

91 Use Tax. Do not leave blank. See instructions	91	.00
---	-----------	------------

If line 91 is zero, check if: ☒ ☐ No use tax is owed. ☐ ☐ You paid your use tax obligation directly to CDTFA.

ISR Penalty

92 If you and your household had full-year health care coverage, check the box.
See instructions. Medicare Part A or C coverage is qualifying health care coverage ☒ X
If you did not check the box, see instructions.

Individual Shared Responsibility (ISR) Penalty. See instructions	92	00
--	----	----

Overpaid Tax/Tax Due

93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78. • ©	93	12148	.00
-----------	---	-----------	-------	-----

94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 • • **94** .00

95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93	95	12148	.00
----	---	----	-------	-----

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92 **96** .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95 **97** .00

Your name:

SEMIH M KURTULUS

Your SSN or ITIN:

319924698

Overpaid
Tax/Tax Due

98	Amount of line 97 you want applied to your 2024 estimated tax	•	98		.00
99	Overpaid tax available this year. Subtract line 98 from line 97	•	99		.00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	⊕	100	18641	.00

Contributions

Code Amount

California Seniors Special Fund. See instructions	•	400		.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	•	401		.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	•	403		.00
California Breast Cancer Research Voluntary Tax Contribution Fund	•	405		.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	•	406		.00
Emergency Food for Families Voluntary Tax Contribution Fund	•	407		.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	•	408		.00
California Sea Otter Voluntary Tax Contribution Fund	•	410		.00
California Cancer Research Voluntary Tax Contribution Fund	•	413		.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	•	422		.00
State Parks Protection Fund/Parks Pass Purchase	•	423		.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	•	424		.00
Keep Arts in Schools Voluntary Tax Contribution Fund	•	425		.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	•	438		.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	•	439		.00
Rape Kit Backlog Voluntary Tax Contribution Fund	•	440		.00
Suicide Prevention Voluntary Tax Contribution Fund	•	444		.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	•	445		.00
110 Add amounts in code 400 through code 445. This is your total contribution.	•	110		.00

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

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 18641 .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 18641 .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 • Account number • 116 Direct deposit amount ☐ Checking ☐ Savings .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

• Type • Routing number • Account number • 117 Direct deposit amount ☐ Checking ☐ Savings .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

2023 California Adjustments - Residents

CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return

SEMIH M KURTULUS & TATIANA SAMUDIO

SSN or ITIN

319-92-4698

Part I Income Adjustment Schedule

Section A - Income from federal Form 1040 or 1040-SR

A Federal Amounts
(taxable amounts from your federal tax return)

B Subtractions
See instructions

C Additions
See instructions

1 a Total amount from federal Form(s) W-2, box 1. See instructions	1a	☐ 170604	☐	☐
b Household employee wages not reported on federal Form(s) W-2	1b	☐	☐	☐
c Tip income not reported on line 1a.	1c	☐	☐	☐
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions . . .	1d	☐	☐	☐
e Taxable dependent care benefits from federal Form 2441, line 26	1e	☐	☐	☐
f Employer-provided adoption benefits from federal Form 8839, line 29	1f	☐	☐	☐
g Wages from federal Form 8919, line 6	1g	☐	☐	☐
h Other earned income. See instructions	1h	☐	☐	☐
i Nontaxable combat pay election. See instructions	1i	☐	☐	☐
z Add line 1a through line 1i	1z	☐ 170604	☐	☐
2 Taxable interest. a ☐	2b	☐	☐	☐
3 Ordinary dividends. See instructions. a ☐	3b	☐	☐	☐
4 IRA distributions. See instructions. a ☐	4b	☐	☐	☐
5 Pensions and annuities. See instructions . . a ☐	5b	☐ 220000	☐	☐
6 Social security benefits a ☐	6b	☐	☐	☐
7 Capital gain or (loss). See instructions	7	☐ (3000)	☐	☐

Section B - Additional Income from federal Schedule 1 (Form 1040)

1 Taxable refunds, credits, or offsets of state and local income taxes	1	☐	☐	☐
2 a Alimony received. See instructions	2a	☐	☐	☐
3 Business income or (loss). See instructions . .	3	☐ (42304)	☐	☐ 41503
4 Other gains or (losses)	4	☐	☐	☐
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc	5	☐ 0	☐	☐
6 Farm income or (loss)	6	☐	☐	☐
7 Unemployment compensation	7	☐ 1602	☐ 1602	☐

Section B - Additional Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:				
a Federal net operating loss	8a	☐ ()		☐
b Gambling	8b	☐	☐	
c Cancellation of debt	8c	☐ 8031	☐	☐
d Foreign earned income exclusion from federal Form 2555	8d	☐ ()		☐
e Income from federal Form 8853	8e	☐		☐
f Income from federal Form 8889	8f	☐	☐	
g Alaska Permanent Fund dividends	8g	☐		
h Jury duty pay	8h	☐		
i Prizes and awards	8i	☐		
j Activity not engaged in for profit income . . .	8j	☐		
k Stock options	8k	☐		☐
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	☐		
m Olympic and Paralympic medals and USOC prize money	8m	☐		
n IRC Section 951(a) inclusion	8n	☐	☐	
o IRC Section 951A(a) inclusion	8o	☐	☐	
p IRC Section 461(l) excess business loss adjustment	8p	☐	☐	☐
q Taxable distributions from an ABLE account	8q	☐		
r Scholarship and fellowship grants not reported on federal Form(s) W-2	8r	☐		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d	8s	☐ ()		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan.	8t	☐		
u Wages earned while incarcerated	8u	☐		
z Other income. List type and amount.				
☐ _____	8z	☐	☐	☐

Section B - Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z . 9a	8031		
b1 Disaster loss deduction from form FTB 3805V . . . 9b1			
b2 NOL deduction from form FTB 3805V 9b2			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 9b3			
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions 10	354933	1602	41503

Section C - Adjustments to Income

from federal Schedule 1 (Form 1040)

11 Educator expenses 11			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials 12			
13 Health savings account deduction 13			
14 Moving expenses. Attach form FTB 3913. See instructions 14			
15 Deductible part of self-employment tax. See instructions 15			
16 Self-employed SEP, SIMPLE, and qualified plans 16			
17 Self-employed health insurance deduction. See instructions 17			
18 Penalty on early withdrawal of savings 18			
19 a Alimony paid 19a			
b Recipient's: SSN			
Last Name			
20 IRA deduction 20			
21 Student loan interest deduction 21			
22 Reserved for future use 22			
23 Archer MSA deduction 23			

Section C - Adjustments to Income Continued		A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24	Other adjustments:			
a	Jury duty pay 24a	⊙		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit 24b	⊙	⊙	⊙
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m 24c	⊙	⊙	
d	Reforestation amortization and expenses 24d	⊙	⊙	
e	Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 24e	⊙		
f	Contributions to IRC Section 501(c)(18)(D) pension plans 24f	⊙	⊙	⊙
g	Contributions by certain chaplains to IRC Section 403(b) plans 24g	⊙	⊙	⊙
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims 24h	⊙		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations 24i	⊙	⊙	
j	Housing deduction from federal Form 2555 24j	⊙	⊙	
k	Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) 24k	⊙		
z	Other adjustments. List type and amount.			
⊙	24z	⊙	⊙	⊙
25	Total other adjustments. Add line 24a through line 24z 25	⊙	⊙	⊙
26	Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions 26	⊙	⊙	⊙
27	Total. Subtract line 26 from line 10 in columns A, B, and C. See instructions 27	⊙ 354933	⊙ 1602	⊙ 41503

Part II Adjustments to Federal Itemized Deductions

Check the box if you did NOT itemize for federal but will itemize for California ☒ ☐

	A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses ☒ _____ 1			
Enter amount from federal Form 1040 or 1040-SR, line 11 ☒ 354933 2			
3 Multiply line 2 by 7.5% (0.075) ☒ 26620 3			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 4 ☒			☒
Taxes You Paid			
5 a State and local income tax or general sales taxes 5a ☒ 2405 ☒ 2405			
b State and local real estate taxes 5b ☒ 9338			
c State and local personal property taxes 5c ☒			
d Add line 5a through line 5c 5d ☒ 11743			
e Enter the smaller of line 5d or \$10,000 (\$5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C 5e ☒ 10000 ☒ 2405 ☒ 1743			
6 Other taxes. List type ☒ _____ 6 ☒ 875 ☒			☒
7 Add line 5e and line 6 7 ☒ 10875 ☒ 2405 ☒ 1743			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 8a ☒ 36069 ☒			☒
b Home mortgage interest not reported to you on federal Form 1098 8b ☒			☒
c Points not reported to you on federal Form 1098 8c ☒			☒
d Reserved for future use 8d			
e Add line 8a through line 8c 8e ☒ 36069 ☒			☒
9 Investment interest 9 ☒			☒
10 Add line 8e and line 9 10 ☒ 36069 ☒			☒

1.	Enter loss from Schedule D (540), line 11, stated as a positive number	1	<u>3,000</u>
2.	Enter amount from Form 540, line 17	2	<u>394,834</u>
3.	Enter amount from Form 540, line 18.	3	<u>47,832</u>
4.	Subtract line 3 from line 2. If less than zero, enter as a negative number	4	<u>347,002</u>
5.	Combine line 1 and line 4. If less than zero, enter -0-	5	<u>350,002</u>
6.	Enter loss from Schedule D (540), line 8, as a positive number	6	<u>3,813</u>
7.	Enter the smaller of line 1 or line 5	7	<u>3,000</u>
8.	Subtract line 7 from line 6. This is your capital loss carryover to 2024	8	<u>813</u>

Do not mail a paper copy of your tax return with the payment voucher.

If amount of payment is zero, do not mail this voucher.

When to pay:

Calendar Year – File and pay by April 15, 2024

When a due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day

Pay online: Go Green! Enjoy the ease and secure options for online payments

You can make an immediate payment or schedule a payment up to a year in advance.

- **Bank Account - Web Pay** (free)
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information.

Do not mail this voucher if you pay online

Where to pay: Using black or blue ink, make your check or money order payable to the "Franchise Tax Board." Write the taxpayer's social security number (SSN) or individual taxpayer identification number (ITIN) and 2023 FTB 3582 on the check or money order. Detach the voucher below. Enclose, but **do not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0008**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

..... DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER DETACH HERE

CAUTION: You may be required to pay electronically. See instructions.

TAXABLE YEAR

2023

**Payment Voucher for
Individual e-filed Returns**

CALIFORNIA FORM

3582 (e-file)

319-92-4698 KURT 779-38-6023
SEMIH M KURTULUS
TATIANA SAMUDIO

23

3894 LA JOLLA DRIVE
LA JOLLA CA 92037

AMOUNT OF PAYMENT

18641.

TAXABLE YEAR

2023

**Additional Taxes on Qualified Plans
(Including IRAs) and Other
Tax-Favored Accounts**

CALIFORNIA FORM

3805P

First name	Initial	Last name	SSN or ITIN
SEMIH	M	KURTULUS	319-92-4698
Address (number and street, PO Box, or PMB no.)			Apt. no./Ste. no.
3894 LA JOLLA DRIVE			Check this box if this is an amended form ☐
City			State
LA JOLLA			CA
			ZIP code
			92037

Part I Additional Tax on Early Distributions - Complete this part if you received a taxable distribution, before you reached age 59 1/2, from a qualified retirement plan (including an IRA) or modified endowment contract. You may also have to complete this part if you received a federal Form 1099-R that incorrectly indicates an early distribution or you received a Roth IRA distribution (see instructions).

1	Early distributions included in income. For Roth IRA distributions, see instructions	1 220,000	00
2	Early distributions included on line 1 that are not subject to additional tax. See instructions. Enter the appropriate exception number from instructions	2	00
3	Amount subject to additional tax. Subtract line 2 from line 1*	3 220,000	00
4	Tax due. Multiply line 3 by 2 1/2% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	4 5,500	00

* If any part of the amount on line 3 was a distribution from a SIMPLE IRA, you may have to include 6% (.06) of that amount on line 4 instead of 2 1/2% (.025).

See instructions.

Part II Additional Tax on Certain Distributions from Education Accounts and ABL Accounts - Complete this part if you included an amount in income on Schedule CA (540 or 540NR) from a Coverdell education savings account (ESA), a qualified tuition program (QTP), or an ABL account.

5	Distributions included in income from a Coverdell ESA, a QTP, or an ABL account. See instructions	5	00
6	Distributions included on line 5 that are not subject to additional tax. See instructions	6	00
7	Amount subject to additional tax. Subtract line 6 from line 5	7	00
8	Tax due. Multiply line 7 by 2 1/2% (.025). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	8	00

Part III Additional Tax on Distributions from Archer and Medicare Advantage Medical Savings Accounts (MSAs) - Complete this part if you reported a taxable distribution from an MSA on federal Form 8853.

9	Taxable Archer MSA distribution from federal Form 8853, line 8. See instructions	9	00
10 a	If you meet any of the exceptions to the 12.5% tax (see instructions), check here	10a	☐
b	Otherwise, multiply line 9 by 12.5% (.125). Enter the amount here and include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions	10b	00
11	Additional tax due from Medicare Advantage MSA distributions. Enter the amount from federal Form 8853, line 13b. Also, include this amount in the total on Form 540, line 63 or Form 540NR, line 73. If you are not required to file a California income tax return, sign this form below and refer to the instructions. Form 540NR filers, see instructions	11	00

Signature. Complete **only** if you are filing this form by itself and not with your tax return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. It is unlawful to forge a spouse's/registered domestic partner's signature.

Your signature

X

Date

04/02/2025

Signature of paid preparer (declaration of preparer is based on all information of which preparer has any knowledge.)

PTIN

P01428320

Firm's name (or yours if self-employed) and address

Firm's FEIN

2023

Depreciation and Amortization Adjustments

3885A

Do not complete this form if your California depreciation amounts are the same as federal amounts.

Name(s) as shown on tax return

SSN or ITIN

SEMIH M KURTULUS & TATIANA SAMUDIO

319-92-4698

Part I Identify the Activity as Passive or Nonpassive (See instructions.)

Business or activity to which form FTB 3885A relates

1 ☐ This form is being completed for a passive activity.☒ This form is being completed for a nonpassive activity.

SCH C - 1

Part II Election to Expense Certain Tangible Property (IRC Section 179)2 Enter the amount from line 12 of the Tangible Property Expense Worksheet in the instructions ☒ 2**Part III Depreciation**

(a) Description of property placed in service	(b) Date placed in service mm/dd/yyyy	(c) California basis for depreciation	(d) Method	(e) Life or rate	(f) California depreciation deduction
3 RUA DA PRAIA BO	08/30/2023	180,000	SL	27.5	2,455
IMPROVEMENTS	12/01/2023	53,800	200 DB7		1,921

4 Add the amounts on line 3, column (f) 4 4,376

5 California depreciation for assets placed in service prior to 2023 5

6 Total California depreciation from this activity. Add the amounts on line 2, line 4, and line 5 6 4,376

7 Total federal depreciation from this activity. Enter depreciation from federal Form 4562, line 22 7 45,879

8 a If line 6 is **more** than line 7, enter the difference here and see instructions. 8ab If line 6 is **less** than line 7, enter the difference here and see instructions 8b 41,503**Part IV Amortization**

(a) Description of cost	(b) Date amortization begins mm/dd/yyyy	(c) California basis for amortization	(d) Code section	(e) Period or percentage	(f) California amortization deduction
9					

10 Total California amortization from this activity. Add the amounts on line 9, column (f) 10

11 California amortization of costs that began before 2023 11

12 Total California amortization from this activity. Add the amounts on line 10 and line 11 12

13 Total federal amortization from this activity. Enter amortization from federal Form 4562, line 44 13

14 a If line 12 is **more** than line 13, enter the difference here and see instructions 14ab If line 12 is **less** than line 13, enter the difference here and see instructions 14b

TAXABLE YEAR

2023

California e-file Signature Authorization for Individuals

FORM

8879

Your name	Your SSN or ITIN
SEMIH M KURTULUS	319-92-4698
Spouse's/RDP's name	Spouse's/RDP's SSN or ITIN
TATIANA SAMUDIO	779-38-6023

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	394834
2 Amount you owe. See instructions	2	18641
3 Refund or no amount due. See instructions	3	

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2023, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

☒ I authorize CARL HAKENJOS CPA to enter my PIN

5	9	9	5	4
---	---	---	---	---

 Do not enter all zeros

ERO firm name

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature

Date

04-02-2025

Spouse's/RDP's PIN: check one box only

☒ I authorize CARL HAKENJOS CPA to enter my PIN

5	9	5	0	3
---	---	---	---	---

 Do not enter all zeros

ERO firm name

as my signature on my 2023 e-filed California individual income tax return.

☐ I will enter my PIN as my signature on my 2023 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature

Date

04-02-2025

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication - Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.

Enter your six-digit EFIN followed by your five-digit self-selected PIN.

3	3	7	1	2	8	5	5	5	5
---	---	---	---	---	---	---	---	---	---

 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2023 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers.

ERO's signature

Date

04-02-2025

Name(s) as shown on return

SEMIH M KURTULUS & TATIANA SAMUDIO

California ID Number

319-92-4698

Round all amounts to the nearest whole dollar.

1. Enter purchases from out-of-state sellers made without payment of California sales/use tax. See worksheet instructions \$ _____ .00
2. Enter the applicable sales and use tax rate. See worksheet instructions _____
3. Multiply line 1 by the tax rate on line 2. Enter result here \$ _____ .00
4. Enter any sales or use tax paid to another state for purchases included on line 1. See worksheet instructions \$ _____ .00
5. Total Use Tax Due. Subtract line 4 from line 3. This is the total use tax due. If amount is less than zero, enter -0- \$ _____ .00

Client Copy

CAWK_A5	State / Local tax payments made after 12/31/2023 that will be deductible on 2024 Federal Schedule A	2023
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO		Your Social Security Number 319-92-4698
A. 2023 Income taxes due that were paid after 12/31/2023 A1. 4th quarter estimate/extension (may be adj. by refund) A2. Amount paid with return <u>18,641</u> A3. Total payments made in 2024 A. <u>18,641</u> B. Adjustments made to payments B1. Interest & Penalty B2. Contributions, Donations, Checkoffs B3. Other Tax payments (Use Tax, property tax, tangible tax, etc) B4. Total adjustments B. _____ C. Total tax payments potentially deductible in 2024 (Line A less line B) C. <u>18,641</u>		

CA-COMP	Three-year State Tax Return Comparison			2023
Name(s) as shown on return SEMIH M KURTULUS & TATIANA SAMUDIO				Taxpayer ID Number 319-92-4698
[State] Income Tax Return	2021	2022	2023	Difference 2022-2023
Filing Status	HOH	MFJ	MFJ	
Gross Income	145,076	210,944	354,933	143,989
Additions			41,503	41,503
Subtractions	16,079		1,602	1,602
Exemptions	529	280	288	8
Standard Deduction				
Itemized Deduction	21,259	23,602	47,832	24,230
Deductions	21,259	23,602		(23,602)
Taxable Income	107,738	187,342	347,002	159,660
Actual State Income				
State Income Tax	4,786	10,650	30,789	20,139
Local Taxes				
Use Tax				
Contributions				
Income Tax Withheld	8,550	15,078	12,148	(2,930)
Estimates and Extension payments				
Underpayment Penalty				
Overpayment Applied to Next Year				
Refund	3,764	4,428		(4,428)
Balance Due			18,641	18,641
Marginal tax rate	9.300000	9.300000	9.300000	
Effective tax rate	4.440000	5.680000	8.870000	3.190000

Your name: SEMIH M KURTULUS Your SSN or ITIN: 319924698

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)

04-02-2025

☒ Your email address. Enter only one email address.

☒ Preferred phone number

408-431-4887

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)

CARL HAKENJOS CPA

• PTIN

P01428320

Firm's address

5921 SEVERIN DRIVE LA MESA, CA 91942

• Firm's FEIN

453218649

Do you want to allow another person to discuss this tax return with us? See instructions ☒ Yes ☐ No

Print Third Party Designee's Name

CARL HAKENJOS

Telephone Number

619-466-3883

Part II Adjustments to Federal Itemized Deductions Continued		A Federal Amounts (from federal Schedule A (Form 1040))	B Subtractions See instructions	C Additions See instructions
Gifts to Charity				
11	Gifts by cash or check	11 1050		
12	Other than by cash or check	12 500		
13	Carryover from prior year	13		
14	Add line 11 through line 13	14 1550		
Casualty and Theft Losses				
15	Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions	15		
Other Itemized Deductions				
16	Other-from list in federal instructions	16		
17	Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C	17 48494	2405	1743
18 Total. Combine line 17 column A less column B plus column C				47832
Job Expenses and Certain Miscellaneous Deductions				
19	Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions	19		
20	Tax preparation fees	20	225	
21	Other expenses: investment, safe deposit box, etc. List type	21		
22	Add line 19 through line 21	22	225	
23	Enter amount from federal Form 1040 or 1040-SR, line 11	354933		
24	Multiply line 23 by 2% (0.02). If less than zero, enter 0	24	7099	
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter 0	25		
26	Total Itemized Deductions. Add line 18 and line 25	26		47832
27	Other adjustments. See instructions. Specify	27		
28	Combine line 26 and line 27	28		47832
29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?				
Single or married/RDP filing separately		\$237,035		
Head of household		\$355,558		
Married/RDP filing jointly or qualifying surviving spouse/RDP		\$474,075		
No. Transfer the amount on line 28 to line 29.				
Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29		29		47832
30 Enter the larger of the amount on line 29 or your standard deduction shown below:				
Single or married/RDP filing separately. See instructions		\$5,363		
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP		\$10,726		
Transfer the amount on line 30 to Form 540, line 18		30		47832

**Exhibit 10 - Tatiana
Marri Samudio's
Children Birth
Certificate**

Image

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTER OF NATURAL PERSONS

BIRTH CERTIFICATE

NAME

**** FRANCISCO RAMON SAMUDIO SILVEIRA DE SOUSA ****

REGISTRATION

**** 115170 01 55 2016 1 00360 249 0215730-73 ****

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
APRIL TWENTY, TWO THOUSAND SIXTEEN	20	04	2016

TIME	CITY OF BIRTH AND FEDERATION UNIT
02:54 AM	SÃO PAULO - SP

CITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
SÃO PAULO - SP	HOSPITAL	MALE

FILIATION

FATHER: MARCOS FRANCISCO SILVEIRA DE SOUSA, from São Paulo – SP***
MOTHER: TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA, from São Paulo – SP***

GRANDPARENTS

PATERNAL: JOSÉ ALVES DE SOUSA and MIRIAM VERA DA SILVEIRA SOUSA ***
MATERNAL: FRANCISCO RAMON SAMUDIO and IRINEA DAS DORES SAMUDIO ***

TWINS	NAME AND REGISTRATION OF THE TWINS
NO	NO INFORMATION

DATE OF REGISTRATION IN FULL	LIVE REGISTRATION NUMBER
APRIL TWENTY-SIX, TWO THOUSAND SIXTEEN	30681691346

NOTES / ANNOTATIONS

Born at Santa Joana Hospital and Maternity, located at Rua do Paraíso, 432, Paraíso, São Paulo, SP. The declarant was the mother. Registered in the Individual Taxpayer Registry - CPF under No. 512.210.168-06, according to Normative Instruction RFB No. 1548/15.
--

Typed by: Lindiane

Civil Registry Official of the 14th Subdistrict - Lapa

Juliana Patu Ribelino Pinho – Official

City and District of São Paulo – State of São Paulo

The above is true. I certify.

São Paulo, April 26, 2016

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

Lindiane Pedroso do Rosário
Authorized Clerk

EXEMPT FROM FEES

Praça Prof. José de Azevedo Antunes, 45/49 – Lapa – São Paulo/SP
ZIP Code: 05072-050 – Phone/Fax: (11) 3647-5600
email: certidao@cartoriodalapa.com.br

CIVIL REGISTRY OF NATURAL PERSONS
14th SUBDISTRICT - LAPA
LINDIANE PEDROSO DO ROSÁRIO
CLERK

I, André Vinícius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: August 21, 2024.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME:

**** FRANCISCO RAMON SAMUDIO SILVEIRA DE SOUSA ****

MATRÍCULA:

**** 115170 01 55 2016 1 00360 249 0215730-73 ****

DATA DE NASCIMENTO POR EXTENSO

DIA MÊS ANO

VINTE DE ABRIL DE DOIS MIL E DEZESSEIS

20 04 2016

HORA MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO

02:54 SÃO PAULO - SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

LOCAL DE NASCIMENTO

SEXO

SÃO PAULO - SP

HOSPITAL

MASCULINO

FILIAÇÃO

PAI: MARCOS FRANCISCO SILVEIRA DE SOUSA natural de São Paulo-SP ***
MÃE: TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA natural de São Paulo-SP ***

AVÓS

PATERNOS: JOSÉ ALVES DE SOUSA E MIRIAM VERA DA SILVEIRA SOUSA. ***
MATERNOS: FRANCISCO RAMON SAMUDIO E IRINEA DAS DORES SANTOS. ***

GÊMEO NOME E MATRÍCULA DO(S) GÊMEO(S)

NÃO SEM INFORMAÇÃO

DATA DO REGISTRO POR EXTENSO

DNV

VINTE E SEIS DE ABRIL DE DOIS MIL E DEZESSEIS

30681691346

OBSERVAÇÕES

Nasceu no Hospital e Maternidade Santa Joana, localizado na Rua do Paraíso, 432, Paraíso, São Paulo, SP. Foi declarante a mãe. Inscrito no Cadastro de Pessoa Física - CPF sob nº 512.210.168-06, conforme Instrução Normativa RFB nº 1548/15. ***

Digitado por: Lindiane

Oficial de Registro Civil das Pessoas Naturais do 14º Subdistrito - Lapa

O conteúdo da certidão é verdadeiro. Dou fé.

Juliana Patu Rebello Pinho - Oficial

São Paulo, 26 de abril de 2016

Município e Comarca de São Paulo - Estado de São Paulo

Praça Prof. José de Azevedo Antunes, 45/49 - Lapa - São Paulo/SP
Cep: 05072-050 - Fone/Fax: (11) 3647-5600
e-mail: certidao@cartoriodalapa.com.br

Lindiane Pedroso do Rosário
Escrevente Autorizada

ISENTO DE EMOLUMENTOS

REGISTRO CIVIL DAS PESSOAS NATURAIS
14º SUBDISTRITO - LAPA
LINDIANE PEDROSO DO ROSÁRIO
ESCREVENTE

11517-0 - AA 000065332

11517-0-062001-066000-0216

Image

Federative Republic of Brazil
Civil Register of Natural Persons

BIRTH CERTIFICATE

NAME

**** MARIE SAMUDIO SILVEIRA DE SOUSA ****

REGISTRATION

**** 112375 01 55 2017 1 00436 243 0122752-24 ****

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
NOVEMBER TWENTY-FOUR, TWO THOUSAND SEVENTEEN	24	11	2017

TIME	CITY OF BIRTH AND FEDERATION UNIT
12:58 PM	SÃO PAULO - SP

CITY OF REGISTRATION AND FEDERATION UNIT	PLACE OF BIRTH	SEX
SÃO PAULO - SP	REDE D'OR SÃO LUIZ MEDICAL SERVICES ITAIM	FEMALE

FILIATION

FATHER: MARCOS FRANCISCO SILVEIRA DE SOUSA, FROM SÃO PAULO – SP***

MOTHER: TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA, FROM SÃO PAULO – SP***

GRANDPARENTS

PATERNAL: JOSÉ ALVES DE SOUSA and MIRIAM VERA DA SILVEIRA SOUSA ***

MATERNAL: FRANCISCO RAMON SAMUDIO and IRINEA DAS DORES SAMUDIO ***

TWINS	NAME AND REGISTRATION OF THE TWINS
NO	NO INFORMATION

DATE OF REGISTRATION IN FULL	LIVE REGISTRATION NUMBER
NOVEMBER TWENTY-SEVEN, TWO THOUSAND SEVENTEEN	30748203372

NOTES / ANNOTATIONS

Record entered in Book A No. 0436, page No. 243, and term No. 122752. DECLARED PLACE OF BIRTH: São Paulo - SP. Registered in the Individual Taxpayer Registry - CPF No. 53829753888, according to Normative Instruction RFB No. 1548/15. The declarant was the mother. **NOTHING MORE TO REPORT.**

CIVIL REGISTRY OF THE 28TH SUBDISTRICT - JARDIM PAULISTA
KATIA CRISTINA SILENCIO POSSAR – Official
Rua Comendador Miguel Calfat 70 – São Paulo – SP ZIP Code 04537080
Phone: (11) 3845 – 8424
Website: www.cartoriojardim[UNREADABLE]
Email: contato@cartoriojardim[UNREADABLE]

The above is true. I certify.
São Paulo, November 27, 2017

_____/signature/_____
ANDREZA CRISTINA TAVEIRA FIGUEIREDO
CLERK

Fees
To the Official _____: R\$24.99 / To IPESP _____: R\$ 5.00
ISS _____: R\$0.51 / Total _____: R\$30.50
Form: 130/2017

I, André Vinicius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Date: August 21, 2024.



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

NOME

**** MARIE SAMUDIO SILVEIRA DE SOUSA ****

MATRÍCULA

**** 112375 01 55 2017 1 00436 243 0122752-24 ****

DATA DE NASCIMENTO POR EXTENSO

DIA

MÊS

ANO

VINTE E QUATRO DE NOVEMBRO DE DOIS MIL E DEZESSETE

24

11

2017

HORA

MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO

12:58

SÃO PAULO - SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO

LOCAL DE NASCIMENTO

SEXO

SÃO PAULO - SP

REDE D'OR SÃO LUIZ SERVIÇOS
MÉDICOS ITAIM

FEMININO

FILIAÇÃO

PAI: MARCOS FRANCISCO SILVEIRA DE SOUSA, NATURAL DE SÃO PAULO - SP***

MÃE: TATIANA MARRI SAMUDIO SILVEIRA DE SOUSA, NATURAL DE SÃO PAULO - SP***

AVÓS

PATERNOS: JOSÉ ALVES DE SOUSA e MIRIAM VERA DA SILVEIRA SOUSA***

MATERNOS: FRANCISCO RAMON SAMUDIO e IRINEA DAS DORES SAMUDIO ***

GÊMEO

NOME E MATRÍCULA DO(S) GÊMEO(S)

NÃO

SEM INFORMAÇÃO

DATA DO REGISTRO POR EXTENSO

NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO

VINTE E SETE DE NOVEMBRO DE DOIS MIL E DEZESSETE

30748203372

OBSERVAÇÕES / AVERBAÇÕES

Assento lavrado no livro A nº 0436, fls. nº 243 e termo nº 122752. NATURALIDADE DECLARADA: SÃO PAULO - SP. Inscrita no Cadastro de Pessoa Física - CPF sob nº 53829753888, conforme Instrução Normativa RFB nº 1548/15. Foi declarante a mãe. **NADA MAIS ME CUMPRE CERTIFICAR.**

REGISTRO CIVIL DO 26º SUBDISTRITO - JARDIM PAULISTA
KATIA CRISTINA SILENCIO POSSAR - Oficial
Rua Comendador Miguel Galfat, 70 - São Paulo - SP CEP: 04537-080
Tel: (11) 3845-8424

Site: www.cartoriojardimpaulista.sp.gov.br
E-mail: contato@cartoriojardimpaulista.sp.gov.br

O conteúdo da certidão é verdadeiro. Dou fé
São Paulo, 27 de novembro de 2017

ANDREZA CRISTINA TAVEIRA FIGUEIREDO
ESCREVENTE

Emolumentos:
Ao Oficial: R\$ 24,99 / Ao IPESP: R\$ 5,00
ISS: R\$ 0,51 / Total: R\$ 30,50
Guia: 130/2017 /