Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-130, Petition for Alien Relative

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Hannah	Middle Name (if any) Marie	Family Name (Last Name) JAMES GOMES

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 675 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

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

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Roberto	Middle Name (if any) N/A	Family Name (Last Name) GOMES JUNIOR

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 1440 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

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

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

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

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

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

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

Form I-765, Application for Employment Authorization

Applicant's/Petitioner's/Requester's Information (Full Legal Name)		
Given Name (First Name) Roberto	Middle Name (if any) N/A	Family Name (Last Name) GOMES JUNIOR

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

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

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

Credit Card Information		
Credit Card Number	**Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover	Authorized Payment Amount $ 260 .00
Credit Card Expiration Date (mm/yyyy) CVV Code		

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

RE: Form I-130, Petition for Alien Relative
Petitioner: Hannah Marie James Gomes
Beneficiary: Roberto Gomes Junior (Spouse).

Dear Sir or Madam,

Please find enclosed Form I-130 Petition for Alien Relative and all requisite documentation, filed by counsel on behalf of **Roberto Gomes Junior**.

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

- **Hannah Marie James Gomes' Signed Forms:**
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-130, Petition for Alien Relative;
- Form I-864, Affidavit of Support Under Section 213A of the INA;

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

I. **Hannah Marie James Gomes' Identification Document:**
   - Hannah Marie James Gomes' Valid Passport;
   - Hannah Marie James Gomes' Birth Certificate;
   - Hannah Marie James Gomes' Driver's License;

II. **Roberto Gomes Junior's Identification Documents:**
   - Roberto Gomes Junior's Valid Passport;
   - Roberto Gomes Junior's Birth Certificate with English Translation;
   - Roberto Gomes Junior's Prior Nonimmigrant Visa;
   - Roberto Gomes Junior's Copy of I-94;

III. **Hannah Marie James Gomes and Roberto Gomes Junior's Marriage Certificate;**

IV. **Hannah Marie James Gomes' Previous Marriage Divorce Certificate;**

V. **Roberto Gomes Junior's Previous Marriage Documents;**

- Roberto Gomes Junior's Prior Marriage Certificate;
- Roberto Gomes Junior's Previous Marriage Divorce Certificate;

VI. Evidence of Bona Fide Marriage:

- Hannah Marie James Gomes' Personal Statement;
- Roberto Gomes Junior's Personal Statement;
- Hannah Marie James Gomes and Roberto Gomes Junior's Lease Agreement;
- Hannah Marie James Gomes and Roberto Gomes Junior's Bank Combined Statement of Accounts (Wells Fargo);
- Hannah Marie James Gomes and Roberto Gomes Junior's Bank Account (Wells Fargo);
- Roberto Gomes Junior's Transactions to Hannah Marie James Gomes for Rent;
- Roberto Gomes Junior's Life Insurance (Hannah as Beneficiary);
- Hannah Marie James Gomes and Roberto Gomes Junior's Car Insurance (Drive Insurance);
- Hannah Marie James Gomes's Custom Wedding Dress Appointments;
- Hannah Marie James Gomes and Roberto Gomes Junior's Wedding App;
- Hannah Marie James Gomes and Roberto Gomes Junior's Costco Wholesale Membership (Person Within Household);

VII. Evidence of Bona Fide Marriage: Letters of Support:

- Letter of Support Delivered by Anne James;
- Letter of Support Delivered by Isaac David James;
- Letter of Support Delivered by David Mark James;
- Letter of Support Delivered by Samir Abraao Abdelnur;
- Letter of Support Delivered by Claudio F Castro;

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

- Photographic Evidence of Relationship;
- Photographic Evidence of Relationship - Hannah Marie James Gomes and Roberto Gomes Junior's Wedding Photos;
- Photographic Evidence of Relationship - Hannah Marie James Gomes and Roberto Gomes Junior's Wedding Gift Cards;

IX. Petitioner's Financial Information:

- Hannah Marie James Gomes' IRS Federal Income Tax Return - 2025;
- Hannah Marie James Gomes' W2 - 2025;
- Hannah Marie James Gomes' IRS Federal Income Tax Return - 2024;
- Hannah Marie James Gomes' W2 - 2024;
- Hannah Marie James Gomes' IRS Federal Income Tax Return - 2023.
- Hannah Marie James Gomes' W2 - 2023;

X. **Hannah Marie James Gomes' Child Identification Document:**
   - Eljah Emory Kile's Birth Certificate;

XI. **Roberto Gomes Junior's Children Identification Documents:**
   - Sophia Lima Gomes' Birth Certificate;
   - Sarah Lima Gomes' Birth Certificate;
   - Noah Lima Gomes' Birth Certificate;

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

Sincerely,



_____ Date: 09/08/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

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

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

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

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

2.c. Middle Name: N/A

Address of Attorney or Accredited Representative

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

I-130, I-864

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): JAMES GOMES

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

6.c. Middle Name: Marie

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

2096285195

11. Mobile Telephone Number (if any)

2096285195

12. Email Address (if any)

hannahjames199@gmail.com

Mailing Address of Client

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

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

13.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

13.c. City or Town: San Diego

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

13.f. Province: N/A

13.g. Postal Code: N/A

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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

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

Options Regarding Receipt of USCIS Notices and Documents

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

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

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

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

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

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

Signature of Client or Authorized Signatory for an Entity

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

➡ [signature]

2.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

[signature]

1.b. Date of Signature (mm/dd/yyyy) 06/25/2026

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): JAMES GOMES

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

1.c. Middle Name: Marie

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Petition for Alien Relative

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

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

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

Section of Law/Visa Category

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

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

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

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

Remarks

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

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

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

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

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

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

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

☒ Spouse ☐ Parent ☐ Brother/Sister ☐ Child

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

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

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

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

Part 2. Information About You (Petitioner)

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

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

3. U.S. Social Security Number (if any)
► 610941708

Your Full Name

4.a. Family Name (Last Name): JAMES GOMES

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

4.c. Middle Name: Marie

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

Other Names Used (if any)

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

5.a. Family Name (Last Name): JAMES

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

5.c. Middle Name: Marie

Other Information

6. City/Town/Village of Birth: Fresno CA

7. Country of Birth: USA

8. Date of Birth (mm/dd/yyyy): 11/27/1996

9. Sex ☐ Male ☒ Female

Mailing Address

(USPS ZIP Code Lookup)

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

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

10.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

10.d. City or Town: San Diego

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

10.g. Province: N/A

10.h. Postal Code: N/A

10.i. Country: USA

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

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

Address History

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

Physical Address 1

12.a. Street Number and Name: 332 Gateway Drive

12.b. ☒ Apt. ☐ Ste. ☐ Flr. 108

12.c. City or Town: Pacifica

12.d. State: CA **12.e.** ZIP Code: 94044

12.f. Province: N/A

12.g. Postal Code: N/A

12.h. Country: USA

13.a. Date From (mm/dd/yyyy): 05/30/2025

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

Physical Address 2

14.a. Street Number and Name: 16078 Cambrian Drive

14.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

14.c. City or Town: San Leandro

14.d. State: CA **14.e.** ZIP Code: 94578

14.f. Province: N/A

14.g. Postal Code: N/A

14.h. Country: USA

15.a. Date From (mm/dd/yyyy): 05/01/2021

15.b. Date To (mm/dd/yyyy): 05/30/2025

Your Marital Information

16. How many times have you been married? ▶ 2

17. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

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

18. Date of Current Marriage (if currently married) (mm/dd/yyyy) 02/09/2026

Place of Your Current Marriage (if married)

19.a. City or Town: Castro Valley

19.b. State: CA

19.c. Province: Alameda

19.d. Country: USA

Names of All Your Spouses (if any)

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

Spouse 1

20.a. Family Name (Last Name): GOMES JUNIOR

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

20.c. Middle Name: N/A

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

Spouse 2

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

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

22.c. Middle Name: Conley

23. Date Marriage Ended (mm/dd/yyyy): 02/05/2026

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

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

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

24.c. Middle Name: Ellen

25. Date of Birth (mm/dd/yyyy): 11/05/1962

26. Sex ☐ Male ☒ Female

27. Country of Birth: USA

28. City/Town/Village of Residence: Castro Valley

29. Country of Residence: USA

Parent 2's Information

Full Name of Parent 2

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

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

30.c. Middle Name: Mark

31. Date of Birth (mm/dd/yyyy): 07/03/1962

32. Sex ☒ Male ☐ Female

33. Country of Birth: USA

34. City/Town/Village of Residence: Peoria

35. Country of Residence: USA

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):

☒ U.S. Citizen ☐ Lawful Permanent Resident

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

37. My citizenship was acquired through (Select **only one** box):

☒ Birth in the United States

☐ Naturalization

☐ Parents

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

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

39.a. Certificate Number

39.b. Place of Issuance

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

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

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

40.a. Class of Admission

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

Place of Admission

40.c. City or Town

40.d State

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

☐ Yes ☐ No

Employment History

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

Employer 1

42. Name of Employer/Company: Twelvemonth

43.a. Street Number and Name: 330 Lorton Ave

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

43.c. City or Town: Burlingame

43.d. State: CA **43.e.** ZIP Code: 94010

43.f. Province: N/A

43.g. Postal Code: N/A

43.h. Country: USA

44. Your Occupation: Service Manager

45.a. Date From (mm/dd/yyyy): 07/22/2026

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

Employer 2

46. Name of Employer/Company: Blossom and Root Kitchen

47.a. Street Number and Name: 411 Hartz Ave

47.b. ☐ Apt. ☐ Ste. ☐ Flr. Suite A

47.c. City or Town: Danville

47.d. State: CA **47.e.** ZIP Code: 94526

47.f. Province: N/A

47.g. Postal Code: N/A

47.h. Country: USA

48. Your Occupation: Bar Manager

49.a. Date From (mm/dd/yyyy): 12/26/2023

49.b. Date To (mm/dd/yyyy): 07/26/2026

Part 3. Biographic Information

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

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

☐ Hispanic or Latino
☒ Not Hispanic or Latino

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

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

3. Height Feet: 5 Inches: 7

4. Weight Pounds: 155

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

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

Part 3. Biographic Information (continued)

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

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

Part 4. Information About Beneficiary

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

► **A-** N/A

2. USCIS Online Account Number (if any)

► N/A

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

► N/A

Beneficiary's Full Name

4.a. Family Name (Last Name): GOMES JUNIOR

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

4.c. Middle Name: N/A

Other Names Used (if any)

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

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

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

5.c. Middle Name: N/A

Other Information About Beneficiary

6. City/Town/Village of Birth: Cornelio Procopio

7. Country of Birth: Brazil

8. Date of Birth (mm/dd/yyyy): 01/29/1990

9. Sex ☒ Male ☐ Female

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

☐ Yes ☒ No ☐ Unknown

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

Beneficiary's Physical Address

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

11.a. Street Number and Name: 332 Gateway Dr

11.b. ☒ Apt. ☐ Ste. ☐ Flr.: 108

11.c. City or Town: Pacifica

11.d. State: CA **11.e.** ZIP Code: 94044

11.f. Province: N/A

11.g. Postal Code: N/A

11.h. Country: USA

Other Address and Contact Information

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

12.a Street Number and Name: SAME

12.b. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

12.c. City or Town: N/A

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

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

13.a. Street Number and Name:

13.b. ☐ Apt. ☐ Ste. ☐ Flr.:

13.c. City or Town:

13.d. Province:

13.e. Postal Code:

13.f. Country:

14. Daytime Telephone Number (if any): 4156700285

Part 4. Information About Beneficiary (continued)

15. Mobile Telephone Number (if any)

4156700285

16. Email Address (if any)

robertogomesjunior01@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married? ► 2

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced

☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married) (mm/dd/yyyy) 02/09/2026

Place of Beneficiary's Current Marriage (if married)

20.a. City or Town: Castro Valley

20.b. State: CA

20.c. Province: N/A

20.d. Country: USA

Names of Beneficiary's Spouses (if any)

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

Spouse 1

21.a. Family Name (Last Name): JAMES GOMES

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

21.c. Middle Name: Marie

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

Spouse 2

23.a. Family Name (Last Name): LIMA GOMES

23.b. Given Name (First Name): Ana Luiza

23.c. Middle Name: N/A

24. Date Marriage Ended (mm/dd/yyyy): 12/09/2025

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name): JAMES GOMES

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

25.c. Middle Name: Marie

26. Relationship: Spouse

27. Date of Birth (mm/dd/yyyy): 11/27/1996

28. Country of Birth: USA

Person 2

29.a. Family Name (Last Name): LIMA GOMES

29.b. Given Name (First Name): Sophia

29.c. Middle Name: N/A

30. Relationship: Child

31. Date of Birth (mm/dd/yyyy): 06/24/2014

32. Country of Birth: Brazil

Person 3

33.a. Family Name (Last Name): LIMA GOMES

33.b. Given Name (First Name): Sarah

33.c. Middle Name: N/A

34. Relationship: Child

35. Date of Birth (mm/dd/yyyy): 08/24/2017

36. Country of Birth: Brazil

Part 4. Information About Beneficiary (continued)

Person 4

37.a. Family Name (Last Name): GOMES

37.b. Given Name (First Name): Noah

37.c. Middle Name: Lima

38. Relationship: Child

39. Date of Birth (mm/dd/yyyy): 06/17/2020

40. Country of Birth: Brazil

Person 5

41.a. Family Name (Last Name): KILE

41.b. Given Name (First Name): Elijah

41.c. Middle Name: Emory

42. Relationship: Step-child

43. Date of Birth (mm/dd/yyyy): 06/09/2016

44. Country of Birth: USA

Beneficiary's Entry Information

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

☒ Yes ☐ No

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

46.a. He or she arrived as a (Class of Admission): B1

46.b. Form I-94 Arrival-Departure Record Number: ▶ 27529506756

46.c. Date of Arrival (mm/dd/yyyy): 05/28/2018

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status: 11/27/2018

47. Passport Number: FU067581

48. Travel Document Number: N/A

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

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy): 09/11/2027

Beneficiary's Employment Information

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

51.a. Name of Current Employer (if applicable): Dnamo Football Club

51.b. Street Number and Name: 1816 Coalinga Ave

51.c. ☐ Apt. ☐ Ste. ☐ Flr.: N/A

51.d. City or Town: Richmond

51.e. State: CA **51.f.** ZIP Code: 94801

51.g. Province: N/A

51.h. Postal Code: N/A

51.i. Country: USA

52. Date Employment Began (mm/dd/yyyy): 08/10/2024

Additional Information About Beneficiary

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

☐ Yes ☒ No

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

☐ Removal ☐ Exclusion/Deportation

☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town:

55.b. State:

56. Date (mm/dd/yyyy):

Part 4. Information About Beneficiary (continued)

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

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

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

57.c. Middle Name: N/A

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

58.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

58.c. City or Town: N/A

58.d. Province: N/A

58.e. Postal Code: N/A

58.f. Country: N/A

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

59.a. Street Number and Name: 332 Gateway Drive

59.b. ☒ Apt. ☐ Ste. ☐ Flr. 108

59.c. City or Town: Pacifica

59.d. State: CA **59.e.** ZIP Code: 94044

59.f. Province: N/A

59.g. Postal Code: N/A

59.h. Country: USA

60.a. Date From (mm/dd/yyyy): 05/30/2025

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

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

61.a. City or Town: San Francisco

61.b. State: CA

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

62.a. City or Town: N/A

62.b. Province: N/A

62.c. Country: N/A

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

Part 5. Other Information

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

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

2.a. Family Name (Last Name):

2.b. Given Name (First Name):

2.c. Middle Name:

3.a. City or Town:

3.b. State:

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

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

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

Relative 1

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

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

6.c. Middle Name: N/A

7. Relationship: N/A

Part 5. Other Information (continued)

Relative 2

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

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

8.c. Middle Name: N/A

9. Relationship: N/A

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

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

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

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

Petitioner's Statement

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

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

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

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

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number: 2096285195

4. Petitioner's Mobile Telephone Number (if any): 2096285195

5. Petitioner's Email Address (if any): hannahjames199@gmail.com

Petitioner's Declaration and Certification

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

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

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

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

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

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

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

Petitioner's Signature

6.a. Petitioner's Signature (sign in ink) ➡ [signature]

6.b. Date of Signature (mm/dd/yyyy): 06/25/2026

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

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

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

Interpreter's Full Name

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

N/A

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

N/A

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

N/A

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: N/A

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

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

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

N/A

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

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

Provide the following information about the preparer.

Preparer's Full Name

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

HAVERROTH SILVA

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

Otavio

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

HS Law Corp

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country

USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 9. Additional Information

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

1.a. Family Name (Last Name): JAMES GOMES

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

1.c. Middle Name: Marie

2. A-Number (if any) ► A- N/A

3.a. Page Number: 4 **3.b.** Part Number: 2 **3.c.** Item Number: 42

3.d.
Twelvemonth - 330 Lorton Ave, Burlingame, CA, USA, 94010 - Waitress - From 06/28/2025 to 04/17/2026.

Chow - 6000 Bollinger Canyon Road, Suite 1100, San Ramon, CA, USA, 94583 - Bartender - From 12/16/2022 to 09/11/2023.

Hideout Saloon Pub & Grub - 5031 CA-140 Ste f, Mariposa, CA, USA, 95338 - Bartender - From 03/01/2021 to 04/01/2022.

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Affidavit of Support Under Section 213A of the INA

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

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

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

To be completed by an Attorney or Accredited Representative (if any).	☒ Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
		343486	0 0 7 4 9 2 6 2 5 4 3 8

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

Part 1. Basis For Filing Affidavit of Support

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

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

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

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

1.d. ☐ I am the only joint sponsor.

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

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

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

Part 2. Information About You (Sponsor)

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

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
JAMES GOMES	Hannah	Marie

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

2. Sponsor's Current Mailing Address

In Care Of Name (if any)
Otavio Haverroth Silva

Street Number and Name
PO Box 90487

Apt. Ste. Flr. Number
☐ ☐ ☐ N/A

City or Town
San Diego

State
CA

ZIP Code
92169

Province
N/A

Postal Code
N/A

Country
USA

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

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

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

Street Number and Name
332 Gateway Drive

Apt. Ste. Flr. Number
☒ ☐ ☐ 108

City or Town
Pacifica

State
CA

ZIP Code
94044

Province
N/A

Postal Code
N/A

Country
USA

Other Information

5. Country of Domicile
USA

6. Date of Birth (mm/dd/yyyy)
11/27/1996

7. Country of Birth
USA

8. U.S. Social Security Number (Required)
► 6 1 0 9 4 1 7 0 8

9. Immigration Status

☒ I am a U.S. citizen.

☐ I am a U.S. national.

☐ I am a lawful permanent resident.

10 Sponsor's A-Number (if any)
► A- N / A

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

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

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

Part 3. Information About the Principal Immigrant

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

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

2. Current Mailing Address

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

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

City or Town	State	ZIP Code
San Diego	CA	92169

Province	Postal Code	Country
N/A	N/A	USA

Other Information

3. Country of Citizenship or Nationality: Brazil

4. Date of Birth (mm/dd/yyyy): 01/29/1990

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

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

7. Daytime Telephone Number: 4156700285

Part 4. Information About the Immigrants You Are Sponsoring

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

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

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

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

4. **Family Member 1**

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

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

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

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

5. Family Member 2

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

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

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

6. Family Member 3

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

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

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

7. Family Member 4

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

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

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

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

For USCIS Use Only	

Part 5. Sponsor's Household Size

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

Persons you are sponsoring in this affidavit:

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

Persons NOT sponsored in this affidavit:

2. Yourself. **1**

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

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

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

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

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

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

Household Size: **3**

Part 6. Sponsor's Employment and Income

I am currently:

1. ☒ Employed as a/an **Service Manager**

2. Name of Employer 1 **Twelvemonth**

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

4. ☐ Self-Employed as a/an (Occupation) **N/A**

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

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

7. My current individual annual income is: $ **67,337.00**

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

For USCIS Use Only	

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

8. **Person 1**

Name: N/A

Relationship: N/A

Current Income $ N/A

9. **Person 2**

Name: N/A

Relationship: N/A

Current Income $ N/A

10. **Person 3**

Name: N/A

Relationship: N/A

Current Income $ N/A

11. **Person 4**

Name: N/A

Relationship: N/A

Current Income $ N/A

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

Remarks

12. **My Current Annual Household Income** (Total all lines **from Part 6. Item Numbers 7. - 11.**; the total will be compared to Federal Poverty Guidelines on Form I-864P.) $ 67,337.00

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

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

Federal Tax Return Information

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

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

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

For USCIS Use Only	

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

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

	Tax Year	Total Income
16.a. Most Recent	2025	$ 67,337.00
16.b. 2nd Most Recent	2024	$ 43,164.00
16.c. 3rd Most Recent	2023	$ 37,734.00

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

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

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

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

Your Assets (if applicable)

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

Assets of your household members (if applicable)

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

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

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

Assets of the principal sponsored immigrant (if applicable).

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

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

Total Value of Assets

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

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

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

Sponsor's Contract

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

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

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

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

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

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

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

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

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

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

What Other Consequences Are There?

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

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

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

What If I Do Not Fulfill My Obligations?

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

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

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

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

When Will These Obligations End?

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

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

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

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

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

Sponsor's Statement

1. Sponsor's Statement Regarding the Interpreter

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

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

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

Sponsor's Contact Information

3. Sponsor's Daytime Telephone Number
2096285195

4. Sponsor's Mobile Telephone Number (if any)
2096285195

5. Sponsor's Email Address (if any)
hannahjames199@gmail.com

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

Sponsor's Declaration and Certification

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

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

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

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

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

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

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

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

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

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

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

Sponsor's Signature

6. Sponsor's Signature



Date of Signature (mm/dd/yyyy): 08/31/2026

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

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

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

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

N/A

Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

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

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

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

6. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

N/A

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

Preparer's Full Name

1. Preparer's Family Name (Last Name)

HAVERROTH SILVA

Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name

HS Law Corp

Preparer's Contact Information

3. Preparer's Daytime Telephone Number

5102419336

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

5102419336

5. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Certification and Signature

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

6. Preparer's Signature



Date of Signature (mm/dd/yyyy)

08/31/2026

Part 11. Additional Information

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

1. Family Name (Last Name): JAMES GOMES | Given Name (First Name): Hannah | Middle Name (if applicable): Marie

2. A-Number (if any) ► A- N / A

3. Page Number | Part Number | Item Number

4. Page Number | Part Number | Item Number

5. Page Number | Part Number | Item Number

6. Page Number | Part Number | Item Number

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 (*USPS ZIP Code Lookup*): 92169

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number: 5102419336

5. Mobile Telephone Number (if any): 5102419336

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

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

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

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

Licensing Authority: California

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

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

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

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

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

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

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

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

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

Part 3. Notice of Appearance as Attorney or Accredited Representative

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

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

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

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

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

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

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

N/A

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

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

N/A

4. Receipt Number (if any)

► N/A

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

☒ Applicant ☐ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

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

6.a. Family Name (Last Name): GOMES JUNIOR

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

6.c. Middle Name: N/A

7.a. Name of Entity (if applicable)

N/A

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

N/A

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

► N/A

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

► A- N/A

Client's Contact Information

10. Daytime Telephone Number

4156700285

11. Mobile Telephone Number (if any)

4156700285

12. Email Address (if any)

robertogomesjunior01@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

➡ Rodolfo Gomez Junior

2.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 5. Signature of Attorney or Accredited Representative

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

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 06/25/2026

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): GOMES JUNIOR

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

1.c. Middle Name: N/A

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

2.d. N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

Supplemental Information for Spouse Beneficiary

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

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

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

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

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

Part 1. Information About You (Spouse Beneficiary)

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

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

Your Full Name

3.a. Family Name (Last Name): GOMES JUNIOR

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

3.c. Middle Name: N/A

Address History

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

Physical Address 1

4.a. Street Number and Name: 332 Gateway Drive

4.b. ☒ Apt. ☐ Ste. ☐ Flr. 108

4.c. City or Town: Pacifica

4.d. State: CA **4.e.** ZIP Code: 94044

4.f. Province: N/A

4.g. Postal Code: N/A

4.h. Country: USA

5.a. Date From (mm/dd/yyyy): 05/01/2025

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

Physical Address 2

6.a. Street Number and Name: 265 Gateway Drive

6.b. ☒ Apt. ☐ Ste. ☐ Flr. 113

6.c. City or Town: Pacifica

6.d. State: CA **6.e.** ZIP Code: 94044

6.f. Province: N/A

6.g. Postal Code: N/A

6.h. Country: USA

7.a. Date From (mm/dd/yyyy): 04/01/2024

7.b. Date To (mm/dd/yyyy): 05/01/2025

Last Physical Address Outside the United States

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

8.a. Street Number and Name: Rua Sao Luiz 210

8.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

8.c. City or Town: Cornelio Procopio

8.d. Province: Parana

8.e. Postal Code: 86300000

8.f. Country: Brazil

Part 1. Information About You (The Spouse Beneficiary)

9.a. Date From (mm/dd/yyyy) 01/01/2018

9.b. Date To (mm/dd/yyyy) 05/01/2018

Information About Parent 1

Full Name of Parent 1

10.a. Family Name (Maiden Name) GOMES

10.b. Given Name (First Name) Roberto

10.c. Middle Name N/A

11. Date of Birth (mm/dd/yyyy) 03/03/1964

12. Sex ☒ Male ☐ Female

13. City/Town/Village of Birth
Cornelio Procopio

14. Country of Birth
Brazil

15. City/Town/Village of Residence
Cornelio Procopio

16. Country of Residence
Brazil

Information About Parent 2

Full Name of Parent 2

17.a. Family Name (Last Name) DE SOUZA GOMES

17.b. Given Name (First Name) Celia

17.c. Middle Name N/A

18. Date of Birth (mm/dd/yyyy) 11/10/1970

19. Sex ☐ Male ☒ Female

20. City/Town/Village of Birth
Santa Maria

21. Country of Birth
Brazil

22. City/Town/Village of Residence
Cornelio Procopio

23. Country of Residence
Brazil

Part 2. Information About Your Employment

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

Employment History

Employer 1

1. Name of Employer/Company
Dnamo Football Club

2.a. Street Number and Name 1816 Coalinga Ave

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town Richmond

2.d. State CA **2.e.** ZIP Code 94801

2.f. Province N/A

2.g. Postal Code N/A

2.h. Country
USA

3. Your Occupation
Football Coach

4.a. Date From (mm/dd/yyyy) 08/10/2024

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

Employer 2

5. Name of Employer/Company
Uber

6.a. Street Number and Name Multiple Addressess

6.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

6.c. City or Town San Francisco

6.d. State CA **6.e.** ZIP Code N/A

6.f. Province N/A

6.g. Postal Code N/A

6.h. Country
USA

Part 2. Information About Your Employment (continued)

7. Your Occupation
Driver

8.a. Date From (mm/dd/yyyy) 07/01/2018

8.b. Date To (mm/dd/yyyy) 09/01/2024

Part 3. Information About Your Employment Outside the United States

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

1. Name of Employer/Company
5x Mais

2.a. Street Number and Name R S 4 332 Quadra 12 Lote

2.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

2.c. City or Town Goiania

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

2.f. Province St Bela Vista

2.g. Postal Code 74823450

2.h. Country
Brazil

3. Your Occupation
Owner

4.a. Date From (mm/dd/yyyy) 08/01/2016

4.b. Date To (mm/dd/yyyy) 03/01/2018

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

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

Spouse Beneficiary's Statement

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

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

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

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

Spouse Beneficiary's Contact Information

3. Spouse Beneficiary's Daytime Telephone Number
4156700285

4. Spouse Beneficiary's Mobile Telephone Number (if any)
4156700285

5. Spouse Beneficiary's Email Address (if any)
robertogomesjunior01@gmail.com

Spouse Beneficiary's Certification

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

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

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

Spouse Beneficiary's Signature

6.a. Spouse Beneficiary's Signature (sign in ink)
➡ Roberto Gomes Junior

6.b. Date of Signature (mm/dd/yyyy) 06/25/2026

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

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

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

Interpreter's Full Name

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

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

7.b. Date of Signature (mm/dd/yyyy) 06/25/2026

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

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

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country
USA

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

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

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

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

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



8.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 7. Additional Information

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

1.a. Family Name (Last Name): GOMES JUNIOR

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

3.d.
1168 Escalero Avenue
Pacifica, CA 94044 - USA
from 03/01/2022 to 03/01/2024

1324 Hermosa Avenue
Pacifica, CA 94044 - USA
From 03/01/2020 to 03/01/2022

4.a. Page Number: 2 **4.b.** Part Number: 2 **4.c.** Item Number: 1

4.d.
Self-employer
Multiple Addressess - San Francisco, CA - USA
Cleaner
From 10/31/2018 to 05/01/2024

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Application to Register Permanent Residence or Adjust Status

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

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

For USCIS Use Only

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

☐ Applicant Interviewed ☐ Interview Waived

Date of Initial Interview: _____

Lawful Permanent Resident as of: _____

Section of Law

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

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

☒ **Select this box if Form G-28 is attached.**	**Volag Number** (if any)	**Attorney State Bar Number** (if applicable)	**Attorney or Accredited Representative USCIS Online Account Number** (if any)
	N/A	343486	0074926254338

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

NOTE TO ALL APPLICANTS: If you do not completely fill out this application or fail to submit required documents listed in the Instructions, U.S. Citizenship and Immigration Services (USCIS) may reject or deny your application.

For all sections of this application, if you need to provide any additional information or are instructed to provide an explanation, use the space provided in **Part 14. Additional Information**.

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

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

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

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

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

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

3. Date of Birth (mm/dd/yyyy) 01/29/1990

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

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

N/A
N/A

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

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

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

A-Number (if any) ► A- N/A

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

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

N/A

N/A

6. Sex ☒ Male ☐ Female

7. Place of Birth

City or Town of Birth: Cornelio Procopio

Country of Birth: Brazil

8. Country of Citizenship or Nationality: Brazil

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

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

10. Recent Immigration History

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

Passport or Travel Document Number Used at Last Arrival: FU067581

Expiration Date of this Passport or Travel Document (mm/dd/yyyy): 09/11/2027

Country that Issued this Passport or Travel Document: Brazil

Nonimmigrant Visa Number Used During Most Recent Arrival (if any): L4113799

Date Nonimmigrant Visa Was Issued (mm/dd/yyyy): 10/05/2016

Place and Date of Last Arrival into the United States

City or Town: New York City

State: NY

Date of Last Arrival (mm/dd/yyyy): 05/28/2018

11. When I last arrived in the United States:

☒ I was inspected at a Port of Entry and admitted as (for example, exchange visitor, visitor, temporary worker, student): Visitor

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

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

☐ Other:

A-Number ► A- N/A

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

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

Family Name (Last Name): GOMES JUNIOR

Given Name (First Name): Roberto

Form I-94 Arrival/Departure Record Number ► 27529506756

Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy) or Type or Print "D/S" for Duration of Status: 11/27/2018

Immigration Status on Form I-94 (for example, class of admission, or paroled, if paroled): B1

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

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

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

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

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

18. Addresses

Current U.S. Physical Address

In Care Of Name (if any): Roberto Gomes Junior

Street Number and Name: 332 Gateway Drive

Apt. ☒ Ste. ☐ Flr. ☐ Number: 108

City or Town: Pacifica

State: CA

ZIP Code: 94044

Date You First Resided at This Address (mm/dd/yyyy): 05/01/2025

Is this your current mailing address? ☐ Yes ☒ No

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

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

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

Street Number and Name: PO Box 90487

Apt. ☐ Ste. ☐ Flr. ☐ Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

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

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

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

Prior Address

In Care Of Name (if any)

Roberto Gomes Junior

Street Number and Name: 265 Gateway Drive | Apt. Ste. Flr. ☒ ☐ ☐ | Number: 113

City or Town: Pacifica | State: CA | ZIP Code: 94044

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

Dates of Residence

From (mm/dd/yyyy): 04/01/2024 To (mm/dd/yyyy): 05/01/2025

Most Recent Address Outside the United States

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

Street Number and Name: Rua Sao Luiz 210 | Apt. Ste. Flr. ☐ ☐ ☐ | Number: N/A

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

Province: Parana | Postal Code: 86300000 | Country: Brazil

Dates of Residence

From (mm/dd/yyyy): 01/01/2018 To (mm/dd/yyyy): 05/01/2018

19. Social Security Card

Has the Social Security Administration (SSA) ever officially issued a Social Security card to you? ☐ Yes ☒ No

If you answered "Yes," provide your U.S. Social Security Number (SSN). ► N/A

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

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

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

Part 2. Application Type or Filing Category

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

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

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

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

☒ Principal Applicant

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

Principal Applicant's Name

Family Name (Last Name): GOMES JUNIOR

Given Name (First Name): Roberto

Middle Name (if applicable): N/A

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

Principal Applicant's Date of Birth (mm/dd/yyyy): 01/29/1990

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

3.a. Family-based

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

☒ Spouse of a U.S. Citizen.

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

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

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

☐ Widow or widower of a U.S. citizen.

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

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

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

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

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

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

☐ Spouse of a lawful permanent resident.

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

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

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

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

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

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

Part 2. Application Type or Filing Category (continued)

3.b. Employment-based

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

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

☐ Alien of Extraordinary Ability

☐ Outstanding Professor or Researcher

☐ Multinational Executive or Manager

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

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

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

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

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

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

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

☐ No

☐ Yes

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

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

☐ None of These

Is the relative above a:

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

3.c. Special Immigrant

☐ Special Immigrant Juvenile, Form I-360

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

☐ Certain International Broadcaster, Form I-360

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

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

☐ Panama Canal Zone Employees, Form I-360

☐ Certain Physicians, Form I-360

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

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

☐ Minister of Religion

☐ Other Religious Worker

Part 2. Application Type or Filing Category (continued)

3.d. Asylee or Refugee

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

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

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

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

3.e. Human Trafficking Victim or Crime Victim

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

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

3.f. Special Programs Based on Certain Public Laws

☐ The Cuban Adjustment Act

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

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

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

☐ Lautenberg Parolees

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

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

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

3.g. Additional Options

☐ Diversity Visa program

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

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

☐ Individual Born in the United States Under Diplomatic Status

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

☐ Other Eligibility

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

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

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

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

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

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

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

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

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

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

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

Part 4. Additional Information About You

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

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

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

City or Town: N/A

Country: N/A

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

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

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

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

Employment and Educational History

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

Employer or School (current or most recent): Employer

Name of Employer, Company, or School: Dnamo Football Club

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

Part 4. Additional Information About You (continued)

Address of Employer, Company, or School

Street Number and Name	Apt. Ste. Flr.	Number
1816 Coalinga Ave	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Richmond	CA	94801

Province	Postal Code	Country
N/A	N/A	USA

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) 08/10/2024 To (mm/dd/yyyy) Present

If unemployed or retired, source of financial support:

N/A

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

Name of Employer, Company, or School	Your Occupation (if unemployed or retired, so state)
5X Mais	Owner

Address of Employer, Company, or School

Street Number and Name	Apt. Ste. Flr.	Number
R S 4 332 Quadra 12 Lote	☐ ☐ ☐	N/A

City or Town	State	ZIP Code
Goiania	N/A	N/A

Province	Postal Code	Country
Goias	74823450	Brazil

Dates of Employment, Unemployment, Retirement, or School Attendance

From (mm/dd/yyyy) 08/01/2016 To (mm/dd/yyyy) 03/01/2018

If unemployed or retired, source of financial support:

N/A

Part 5. Information About Your Parents

Information About Your Parent 1

1. Parent 1's Legal Name

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

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

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

3. Date of Birth (mm/dd/yyyy) 03/03/1964

Part 5. Information About Your Parents (continued)

4. Country of Birth

Brazil

Information About Your Parent 2

5. Parent 2's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
DE SOUZA GOMES	Celia	N/A

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

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

7. Date of Birth (mm/dd/yyyy) 11/10/1970

8. Country of Birth

Brazil

Part 6. Information About Your Marital History

1. What is your current marital status?

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

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

3. How many times have you been married (including your current marriage, marriages abroad, annulled marriages, and marriages to the same person)? 2

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

4. Current Spouse's Legal Name

Family Name (Last Name)	Given Name (First Name)	Middle Name (if applicable)
JAMES GOMES	Hannah	Marie

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

6. Current Spouse's Date of Birth (mm/dd/yyyy) 11/27/1996

7. Current Spouse's Country of Birth

USA

8. Current Spouse's Current Physical Address

Street Number and Name	Apt.	Ste.	Flr.	Number
332 Gateway Drive	☒	☐	☐	108

City or Town	State	ZIP Code
Pacifica	CA	94044

Province	Postal Code	Country
N/A	N/A	USA

Part 6. Information About Your Marital History (continued)

9. Place of Marriage to Current Spouse

City or Town: Castro Valley

State or Province: CA

Country: USA

Date of Marriage to Current Spouse (mm/dd/yyyy): 02/09/2026

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

Information About Prior Marriages (if any)

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

Family Name (Last Name): LIMA GOMES

Given Name (First Name): Ana Luiza

Middle Name (if applicable): N/A

12. Prior Spouse's Date of Birth (mm/dd/yyyy): 02/18/1992

13. Prior Spouse's Country of Birth: Brazil

14. Prior Spouse's Country of Citizenship or Nationality: Brazil

15. Date of Marriage to Prior Spouse's (mm/dd/yyyy): 06/10/2010

16. Place of Marriage to Prior Spouse

City or Town: Belo Horizonte

State or Province: Minas Gerais

Country: Brazil

17. Place Where Marriage with Prior Spouse Legally Ended

City or Town: San Mateo

State or Province: CA

Country: USA

Date of Marriage with Prior Spouse Legally Ended (mm/dd/yyyy): 12/09/2025

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

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

Part 7. Information About Your Children

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

NOTE: The term "children" includes all biological or legally adopted children, as well as current stepchildren, of any age, whether born in the United States or other countries, married or unmarried, living with you or elsewhere and includes any missing children and those born to you outside of marriage. **4**

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

2. Child 1

Current Legal Name

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

A-Number (if any) ► A- N/A Date of Birth (mm/dd/yyyy) 06/24/2014

Country of Birth: Brazil

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

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

3. Child 2

Current Legal Name

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

A-Number (if any) ► A- N/A Date of Birth (mm/dd/yyyy) 08/24/2017

Country of Birth: Brazil

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

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

Part 8. Biographic Information

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

☐ Hispanic or Latino ☒ Not Hispanic or Latino

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

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

☐ Native Hawaiian or Other Pacific Islander ☒ White

3. Height Feet 6 Inches 0 **4.** Weight Pounds 1 8 9

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds

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

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

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

Organization 1

2. Name of Organization

Brazilian Presbyterian Church

3. City or Town

San Mateo

State or Province

California

Country

USA

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

Legitimate Religious Organization

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

Church Member

5. Dates of Membership or Dates of Involvement

From (mm/dd/yyyy) 07/01/2018 To (mm/dd/yyyy) 01/01/2026

Organization 2

6. Name of Organization

N/A

Part 9. General Eligibility and Inadmissibility Grounds (continued)

7. City or Town

N/A

State or Province

N/A

Country

N/A

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

N/A

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

N/A

9. Dates of Membership or Dates of Involvement

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

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

Criminal Acts and Violations

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

Security and Related

Do you intend to:

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

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

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

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

Have you **EVER**:

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

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

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

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

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

53.a. Torture? ☐ Yes ☒ No

53.b. Genocide? ☐ Yes ☒ No

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

Public Charge

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

☐ Syrian National Adjusting Status under Public Law 106-378

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

☒ I do not fall under any of the exempt categories listed above and will complete **Item Numbers 57. - 66**.

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

57. What is the size of your household? 3

58. Indicate your annual household income.

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

59. Identify the total value of your household assets.

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

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

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

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

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

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

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

☐ Doctorate degree

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

List of Certifications
N/A
N/A
N/A
N/A
N/A
N/A
N/A
N/A

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

Benefit Received	Start Date	End Date	Dollar Amount	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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

Institution Name/City/State	Date From	Date To	Reason	In a Category Exempt from Public Charge
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

Illegal Entries and Other Immigration Violations

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

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

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

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

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

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

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

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

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

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

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

Part 9. General Eligibility and Inadmissibility Grounds (continued)

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

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

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

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

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

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

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

Miscellaneous Conduct

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

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

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

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

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

Have you **EVER:**

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

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

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

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

86. If you answered "Yes" to **Item Number 85.**, what was your nationality or immigration status immediately before you left (for example, U.S. citizen or national, lawful permanent resident, nonimmigrant, parolee, present without admission or parole, or any other status)?

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

Applicant's Contact Information

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

1. Applicant's Daytime Telephone Number: 4156700285
2. Applicant's Mobile Telephone Number (if any): 4156700285
3. Applicant's Email Address (if any): robertogomesjunior01@gmail.com

Applicant's Certification and Signature

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

4. Applicant's Signature ➡ Roberto Gomes Junior — Date of Signature (mm/dd/yyyy): 06/25/2026

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

Interpreter's Full Name

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

Interpreter's Contact Information

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

Interpreter's Certification and Signature

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

6. Interpreter's Signature — Date of Signature (mm/dd/yyyy): 06/25/2026

A-Number ► A- N/A

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

Preparer's Full Name

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

Preparer's Given Name (First Name)
Otavio

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

Preparer's Contact Information

3. Preparer's Daytime Telephone Number
5102419336

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

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

Preparer's Certification and Signature

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

6. Preparer's Signature

Date of Signature (mm/dd/yyyy)
06/25/2026

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

Part 13. Signature at Interview

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

Subscribed to and sworn to (affirmed) before me

USCIS Officer's Printed Name or Stamp

Date of Signature (mm/dd/yyyy)

Applicant's Signature (sign in ink)

USCIS Officer's Signature (sign in ink)

Part 14. Additional Information

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

1. Family Name (Last Name): GOMES JUNIOR | Given Name (First Name): Roberto | Middle Name (if applicable): N/A

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

1168 Escalero Avenue
Pacifica, CA 94044 - USA
From 07/01/2021 to 03/31/2024

1324 Hermosa Avenue
Pacifica, CA 94044 - USA
From 03/01/2020 to 03/01/2022

3. Page Number: 12 | Part Number: 7 | Item Number: 1

Noah Lima Gomes
06/17/2020
USA
Biological Child

Elijah Emory Kile - 06/09/2016
USA
Step-child

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

The applicant worked without authorization afer his B-1 visa expired. The applicant remained beyond the authorized period of stay and worked without authorization in order to support himself and his family.

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

The applicant entered the United States on a B-1 visa on May 28, 2018, and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II) from November 28, 2018, to the present.

Part 14. Additional Information

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

1. Family Name (Last Name): GOMES JUNIOR | Given Name (First Name): Roberto | Middle Name (if applicable): N/A

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

The applicant entered the United States on a B-1 visa on May 28, 2018, and remained beyond the authorized period of admission, accruing unlawful presence under INA § 212(a)(9)(B)(i)(II) from November 28, 2018, to the present.

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

N/A

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

N/A

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

N/A

Application For Employment Authorization

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

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

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

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

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

Part 1. Reason for Applying

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

1.a. ☒ Initial permission to accept employment.

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

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

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

Part 2. Information About You

Your Full Legal Name

1.a. Family Name (Last Name): GOMES JUNIOR

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

1.c. Middle Name: N/A

Other Names Used

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

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

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

2.c. Middle Name: N/A

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

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

3.c. Middle Name: N/A

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

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

4.c. Middle Name: N/A

Part 2. Information About You (continued)

Your U.S. Mailing Address

5.a. In Care Of Name (if any)
Otavio Haverroth Silva

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

5.c. ☐ Apt. ☐ Ste. ☐ Flr. N/A

5.d. City or Town: San Diego

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

(USPS ZIP Code Lookup)

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

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

U.S. Physical Address

7.a. Street Number and Name: 332 Gateway Drive

7.b. ☒ Apt. ☐ Ste. ☐ Flr. 108

7.c. City or Town: Pacifica

7.d. State: CA **7.e.** ZIP Code: 94044

Other Information

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

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

10. Sex ☒ Male ☐ Female

11. Marital Status
☐ Single ☒ Married ☐ Divorced ☐ Widowed

12. Have you previously filed Form I-765?
☐ Yes ☒ No

13. Provide your Social Security number (SSN) (if known).
► N/A

Your Country or Countries of Citizenship or Nationality

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

14.a. Country
Brazil

14.b. Country
N/A

Part 2. Information About You (continued)

Place of Birth

List the city/town/village, state/province, and country where you were born.

15.a. City/Town/Village of Birth

Cornelio Procopio

15.b. State/Province of Birth

Parana

15.c. Country of Birth

Brazil

16. Date of Birth (mm/dd/yyyy) 01/29/1990

Information About Your Last Arrival in the United States

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

► 27529506756

18. Passport Number of Your Most Recently Issued Passport

FU067581

19. Travel Document Number (if any)

N/A

20. Country That Issued Your Passport or Travel Document

Brazil

21. Expiration Date for Passport or Travel Document (mm/dd/yyyy) 09/11/2027

22. Date of Your Last Arrival Into the United States, On or About (mm/dd/yyyy) 05/28/2018

23. Place of Your Last Arrival Into the United States

New York City

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

B-1

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

Adjustment of status - I-485 pending

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

► N- N/A

Information About Your Eligibility Category

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

(c) (9) ( )

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

28.a. Degree N/A

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

N/A

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

N/A

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

► N/A

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

☐ Yes ☐ No

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

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

► N/A

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

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

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

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

Applicant's Statement

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

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

1.b. ☒ The interpreter named in **Part 4.** read to me every question and instruction on this application and my answer to every question in portuguese, a language in which I am fluent, and I understood everything.

2. ☒ At my request, the preparer named in **Part 5.**, Otavio Haverroth Silva, prepared this application for me based only upon information I provided or authorized.

Applicant's Contact Information

3. Applicant's Daytime Telephone Number
4156700285

4. Applicant's Mobile Telephone Number (if any)
4156700285

5. Applicant's Email Address (if any)
robertogomesjunior01@gmail.com

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

Applicant's Certification

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

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

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

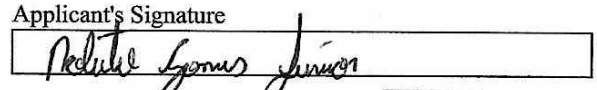
1) I reviewed and provided or authorized all of the information in my application; and

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

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

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

Applicant's Signature

7.a. Applicant's Signature


7.b. Date of Signature (mm/dd/yyyy) 06/25/2026

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

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

Provide the following information about the interpreter.

Interpreter's Full Name

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

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

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

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

Interpreter's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number: 4154252508

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

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

Interpreter's Certification

I certify, under penalty of perjury, that:

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

Interpreter's Signature

7.a. Interpreter's Signature

7.b. Date of Signature (mm/dd/yyyy): 06/25/2026

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

Provide the following information about the preparer.

Preparer's Full Name

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

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

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

Preparer's Mailing Address

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

3.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A

3.c. City or Town: San Diego

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

3.f. Province: N/A

3.g. Postal Code: N/A

3.h. Country: USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number: 5102419336

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

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

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

Preparer's Statement

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

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

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

Preparer's Certification

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

Preparer's Signature

8.a. Preparer's Signature



8.b. Date of Signature (mm/dd/yyyy) 06/25/2026

Part 6. Additional Information

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

1.a. Family Name (Last Name): GOMES JUNIOR

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

1.c. Middle Name: N/A

2. A-Number (if any) ► A- N/A

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

3.d. N/A

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

4.d. N/A

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

5.d. N/A

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

6.d. N/A

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

7.d. N/A

Exhibit list

Exhibits:	Pages:
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Hannah Marie James Gomes' Valid Passport	1-14
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Hannah Marie James Gomes and Roberto Gomes Junior's Marriage Certificate	40
Exhibit 4 - Hannah Marie James Gomes' Previous Marriage Divorce Certificate	
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Roberto Gomes Junior’s Transactions to Hannah Marie James Gomes for Rent	79-84
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Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

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Exhibit 1 - Hannah Marie James Gomes' Identification Documents

O say does that Star
spangled banner yet wave
O'er the Land of the free
& the Home of the brave



USA

. . .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.

We the People

Of the United States,
in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America.

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

3

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA



Type / Type / Tipo: P

Code / Code / Codigo: USA

Passport No. / No. du Passeport / No. de Pasaporte: 659959486

Surname / Nom / Apellidos
JAMES

Given Names / Prénoms / Nombres
HANNAH MARIE

Nationality / Nationalité / Nacionalidad
UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento
27 Nov 1996

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

Sex / Sexe / Sexo
F

Date of issue / Date de délivrance / Fecha de expedición
25 Jan 2021

Authority / Autorité / Autoridad
United States
Department of State

Date of expiration / Date d'expiration / Fecha de caducidad
24 Jan 2031

Endorsements / Mentions Spéciales / Anotaciones
SEE PAGE 27

USA

P<USAJAMES<<HANNAH<MARIE<<<<<<<<<<<<<<<<<<<<<<

659959486 1USA9611272F3101241345779398<605806

PERSONAL DATA AND EMERGENCY CONTACT

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

BEARER'S ADDRESS IN THE UNITED STATES:
ADRESSE DU TITULAIRE AUX ETATS-UNIS:
DIRECCION DEL PORTADOR EN LOS ESTADOS UNIDOS:

BEARER'S FOREIGN ADDRESS:
ADRESSE DU TITULAIRE A L'ETRANGER:
DIRECCION DEL PORTADOR EN EL EXTRANJERO:

IN CASE OF EMERGENCY, NOTIFY THE NEAREST AMERICAN EMBASSY OR CONSULATE OR THE STATE DEPARTMENT, OFFICE OF AMERICAN CITIZENS SERVICES AND CRISIS MANAGEMENT, AT 202–647–5225, AND THE EMERGENCY CONTACT YOU NAME BELOW:

EN CAS D'URGENCE, PRIERE D'AVISER L'AMBASSADE OU LE CONSULAT DES ETATS-UNIS LE PLUS PROCHE OU LE BUREAU DES SERVICES AUX CITOYENS AMERICAINS ET DE REPONSE AUX CRISES DU DEPARTMENT D'ETAT, AU 202–647–5225, AINSI QUE LA PERSONNE QUE VOUS DESIGNEZ CI-DESSOUS.

EN CASO DE EMERGENCIA, NOTIFIQUE A LA EMBAJADA O CONSULADO DE LOS ESTADOS UNIDOS MAS CERCANO, O AL CENTRO DE EMERGENCIA PARA CIUDADANOS Y GESTION DE CRISIS, DEPARTAMENTO DE ESTADO, POR EL TELEFONO 202–647–5225, Y A LA PERSONA QUE SE INDICA A CONTINUACION.

Name / Nom / Nombre

Address / Adresse / Dirección

Telephone / Téléphone / Teléfono

IMPORTANT INFORMATION REGARDING YOUR PASSPORT

THIS PASSPORT IS NOT VALID UNLESS SIGNED BY THE BEARER IN THE AREA DESIGNATED ON PAGE THREE.

IT IS UNLAWFUL for any person other than the original, lawful recipient to use this passport. Use of this passport in contravention of passport regulations or of the conditions or restrictions set out in the passport, or for travel to countries where a U.S. passport is not valid is a felony (Title 18, U.S. Code, Section 1544). For further information, contact the nearest U.S. embassy or consulate, or the Department of State, Office of Passport Policy and Legal Advisory Services, at the telephone number listed at *www.travel.state.gov*

U.S. GOVERNMENT PROPERTY This passport is the property of the United States (Title 22, Code of Federal Regulations, Section 51.9). It must be surrendered upon demand made by an authorized representative of the United States Government.

LOSS OR THEFT The loss, theft, or destruction of a passport should be reported immediately to local police authorities and to Passport Services, CLASP Unit, Washington, D.C. 20522-1705, or, if overseas, to the nearest U.S. embassy or consulate. Your passport is a valuable citizenship and identification document. It should be carefully safeguarded.

ALTERATION OR MUTILATION OF PASSPORT This passport must not be altered or mutilated in any way. Alteration could make the passport invalid, and if willful, may subject you to prosecution (Title 18, U.S. Code, Section 1543). Only authorized officials of the United States or of foreign countries may place stamps or make notations or additions in this passport. You may amend or update personal information for your own convenience on the adjoining PERSONAL DATA AND EMERGENCY CONTACT page.

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

Daniel Webster

IMPORTANT INFORMATION

1. TRAVEL INFORMATION Consult our Consular Information Sheets, Travel Warnings, and Public Announcements at *http://travel.state.gov*

2. HEALTH AND VACCINATIONS Contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 or *www.cdc.gov*

3. HEALTH INSURANCE Medicare/Medicaid does not cover healthcare costs outside the U.S. Does your insurance apply overseas, including medical evacuation, payment to a hospital or doctor overseas, or reimbursement to you later? See our brochure "Medical Information For Americans Traveling Abroad," or consult *http://travel.state.gov*

4. YOUR PASSPORT Make sure you have a signed, valid passport, and foreign entry visas, if required. Make two photocopies of your passport data page. Carry one copy with you in a separate place from your passport. Leave one at home with family/friends, along with a copy of your proposed travel itinerary.

5. EMERGENCY CONTACT Use a pencil to fill in the PERSONAL DATA AND EMERGENCY CONTACT information requested on page 4 of this passport.

6. AVOID VIOLATING FOREIGN LAWS Remember, while in a foreign country, you are subject to its laws. Penalties for violating local laws, even unknowingly, can be more severe than in the U.S. for similar offenses. Deal only with authorized agents when exchanging money, or purchasing souvenirs. If in trouble, contact the nearest U.S. embassy or consulate. If you are arrested, demand to see the U.S. Consul.

7. ILLEGAL DRUGS Do not carry packages abroad or to the U.S. at the request of or as a favor to a stranger. Penalties for possession or trafficking in illegal drugs, even unknowingly, are strict and convicted offenders can expect prison sentences and heavy fines.

8. SAFETY Avoid becoming a target. Do not wear conspicuous clothing or expensive jewelry, and do not carry excessive amounts of money or unnecessary credit cards. Consular Information Sheets include a security and crime section that discusses conditions in specific countries. Consult "A Safe Trip Abroad" at *http://travel.state.gov*

9. BE MINDFUL OF SECURITY THREATS Do not leave luggage unattended in public areas, nor accept packages from strangers.

10. DISASTERS AND CATASTROPHIC EVENTS If a catastrophic event occurs, call home to let family and friends know you are okay. If you require assistance, contact the nearest U.S. embassy or consulate.

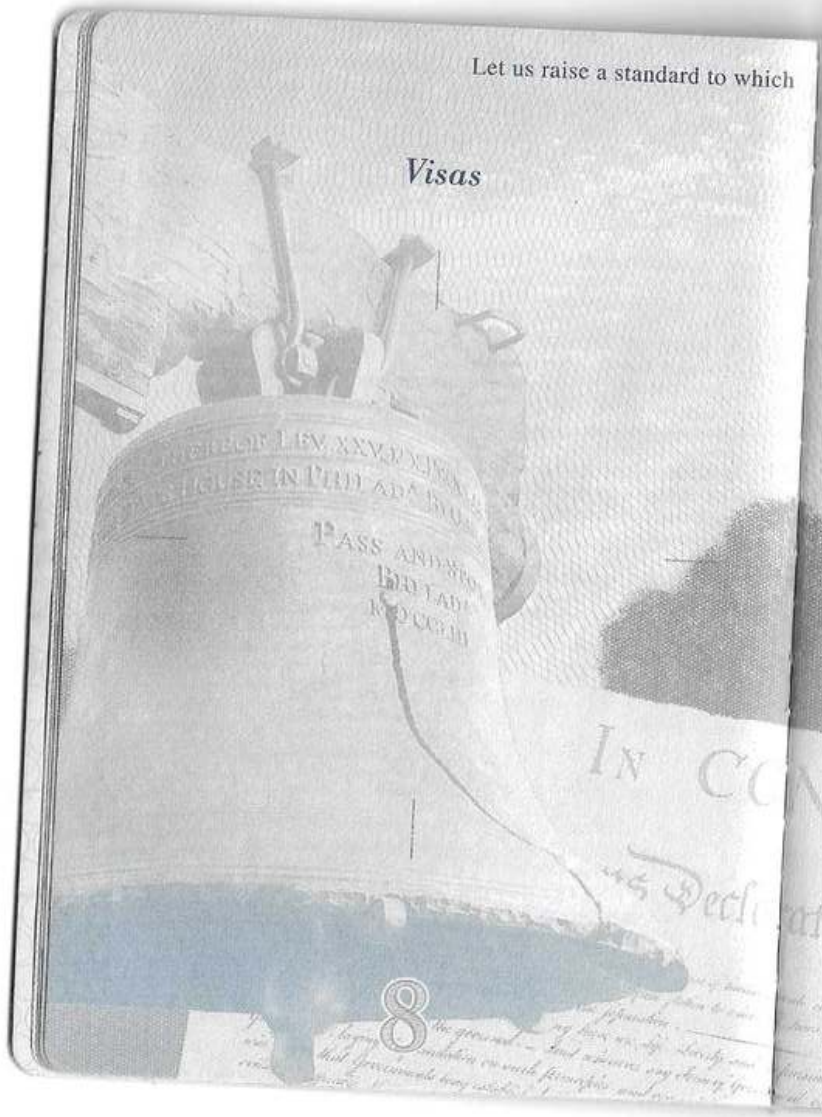
11. REGISTER WITH U.S. EMBASSY When visiting a foreign country for a prolonged stay, traveling to remote or volatile areas, or residing overseas, register with the U.S. embassy or consulate by telephone, fax, or in person or register online through the Department's Registration Home Page at *https://travelregistration.state.gov/ibrs/*

12. PARENTAL CHILD ABDUCTION For information on prevention of international child abduction, or help if your child has been taken, contact the Department of State's Office of Children's Issues at 1-202-736-7000, or consult our home page at *http://travel.state.gov*

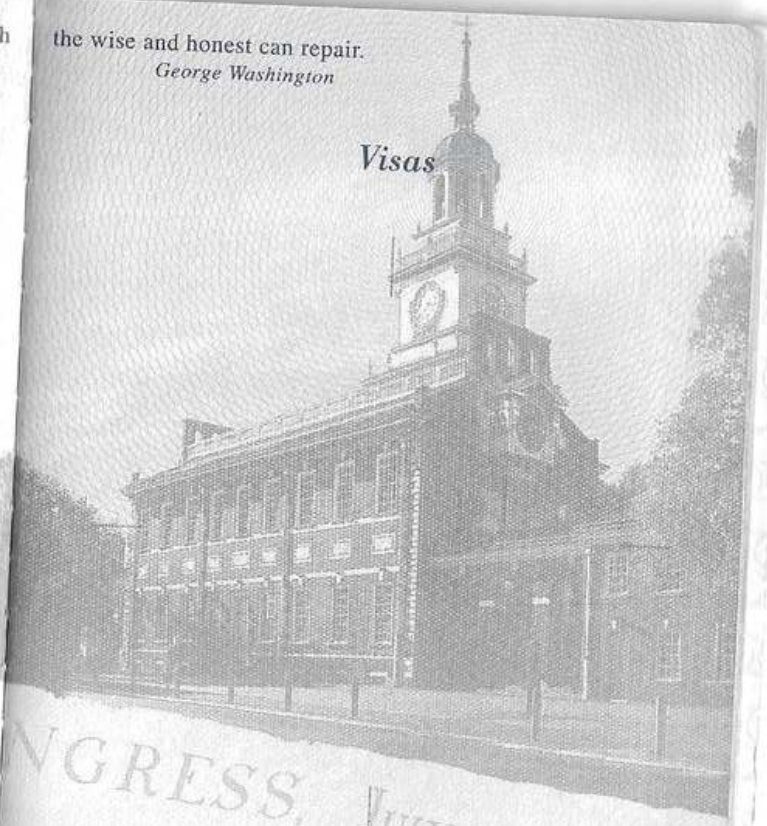
13. LOSS OF U.S. CITIZENSHIP Under certain circumstances, you may lose your U.S. citizenship by performing, voluntarily and with the intention to relinquish U.S. citizenship, any of the following acts: (1) being naturalized in a foreign state; (2) taking an oath or making a declaration to a foreign state; (3) serving in the armed forces of a foreign state; (4) accepting employment with a foreign government; or (5) formally renouncing U.S. citizenship before a U.S. consular officer overseas. Consult the nearest U.S. embassy or consulate, or contact the Office of American Citizens Services and Crisis Management, Department of State, SA-29, 4th Floor, 2201 C Street NW, Washington DC 20520, or call 1-202-647-5225. Toll free hot-line 1-888-407-4747, or if calling from outside the U.S., 1-317-472-2338.

14. DUAL CITIZENS A person who has the citizenship of more than one country at the same time is considered a dual citizen. A dual citizen may be subject to the laws of the other country that considers that person its citizen while in that country's jurisdiction, including conscription for military service. 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 should contact the nearest U.S. embassy or consulate.

Let us raise a standard to which



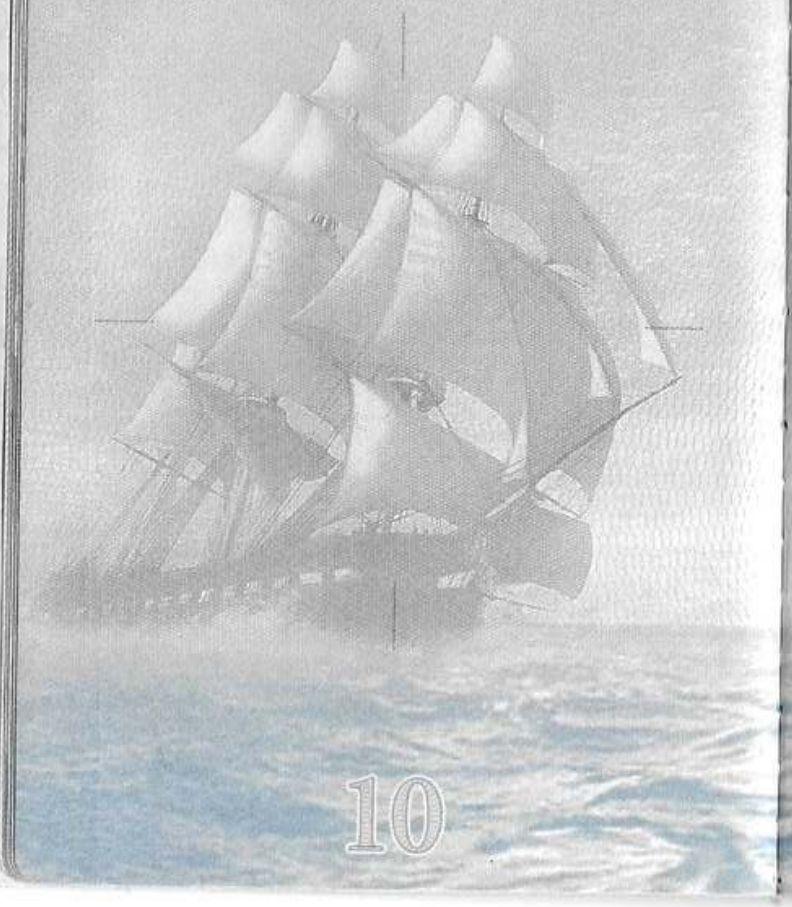
the wise and honest can repair.
George Washington



IN CONGRESS, JULY 4, 1776.

We hold these truths to be self-evident: that all men are with certain unalienable rights, that among these

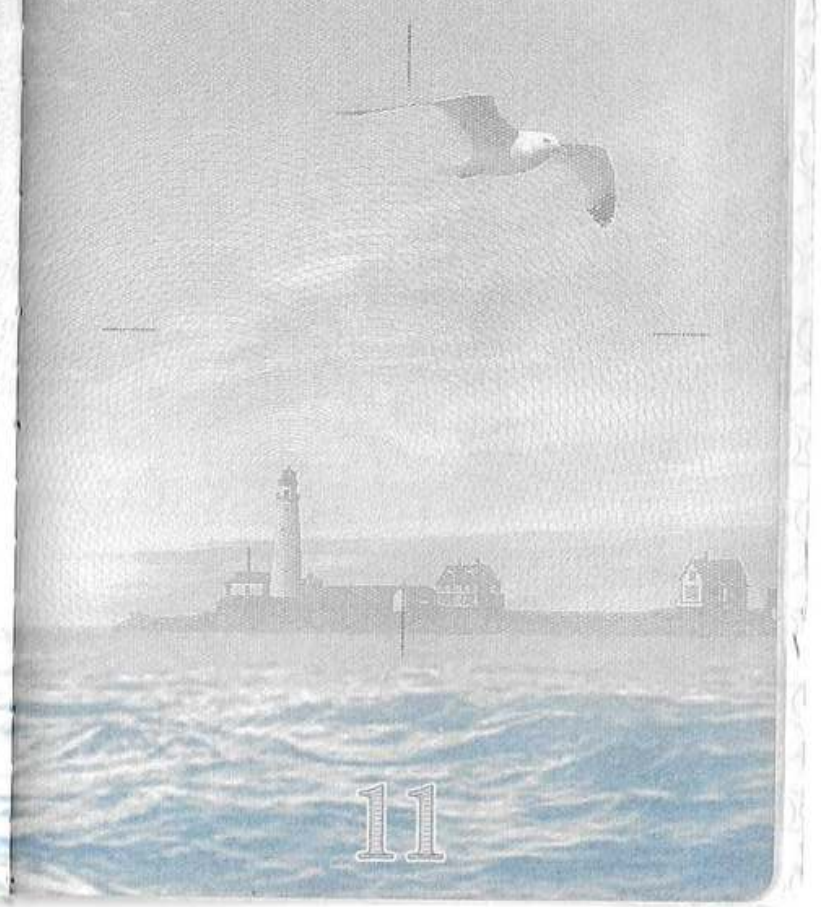
Visas



created equal, that they are endowed by their Creator are life, liberty, and the pursuit of happiness.

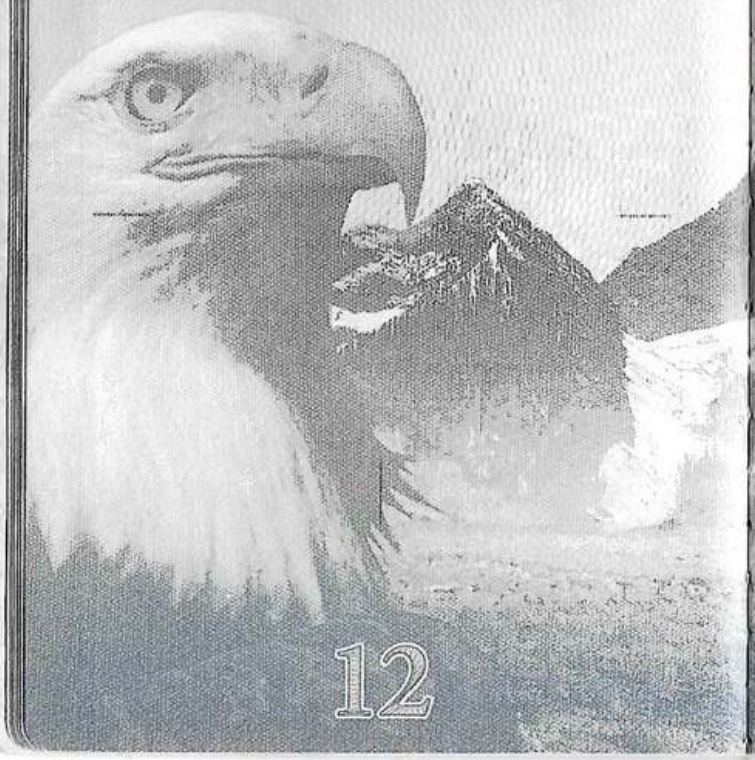
excerpt from the Declaration of Independence

Visas



We have a great dream. It started way back in 1776,

Visas

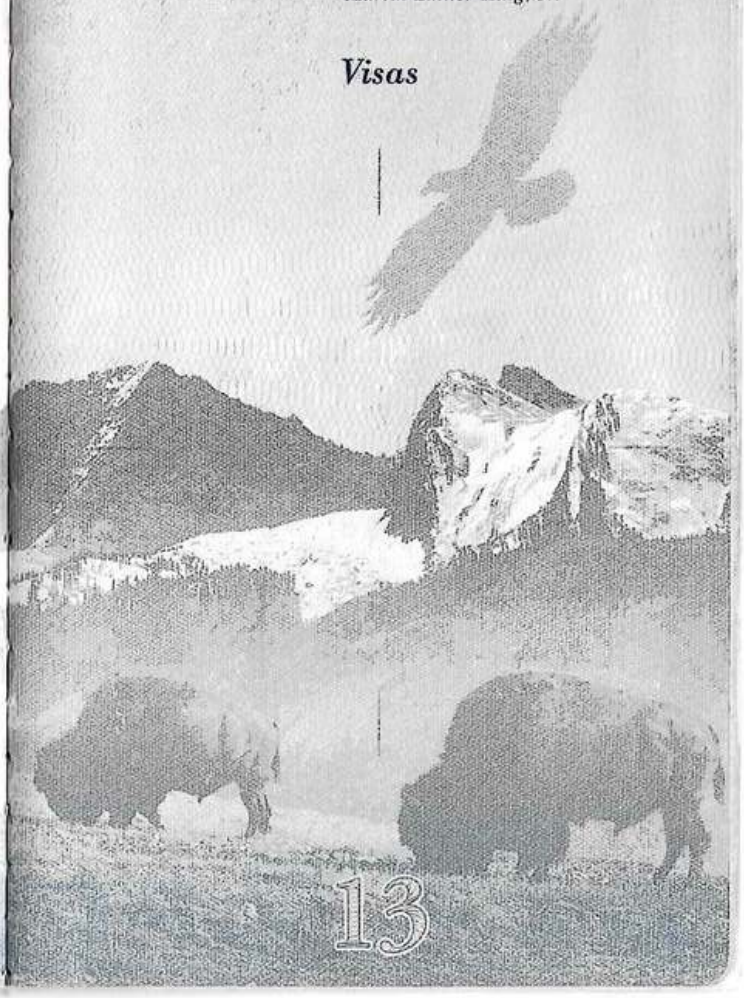


12

and God grant that America will be true to her dream.

Martin Luther King, Jr.

Visas



13

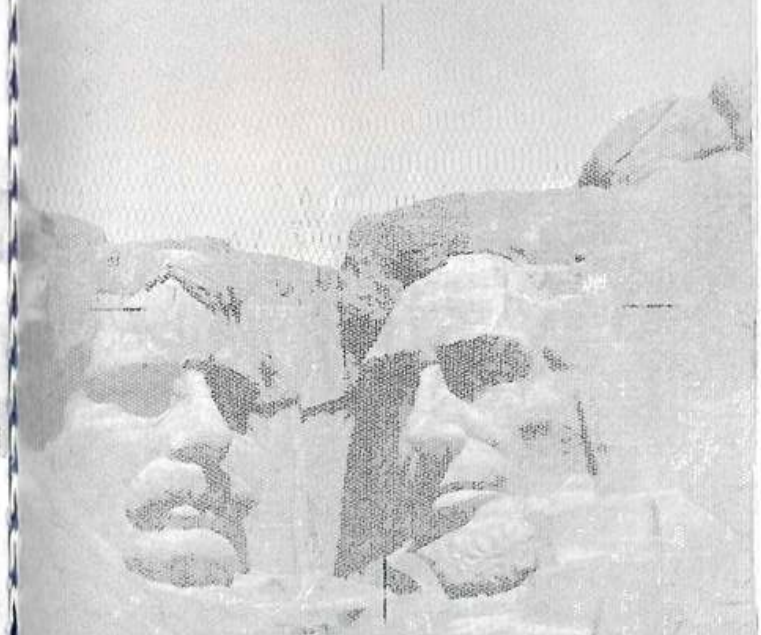
Let every nation know, whether it wishes us well or ill, that we shall pay any price, bear any burden, meet any hardship, support any friend, oppose any foe, in order to assure the survival and the success of liberty.

John F. Kennedy

Visas



Visas

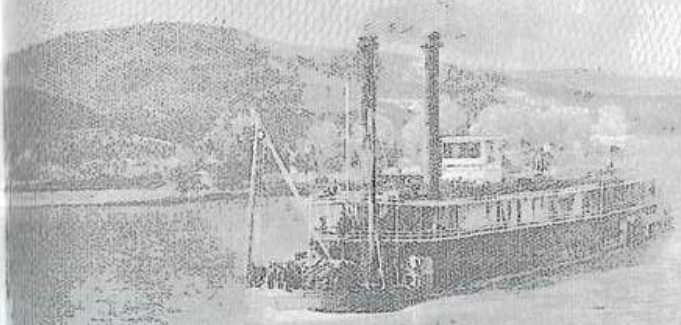


This is a new nation, based on a mighty

Visas

continent, of boundless possibilities.
Theodore Roosevelt

Visas



Whatever America hopes to bring to pass in the world must first come to pass in the heart of America.
Dwight D. Eisenhower

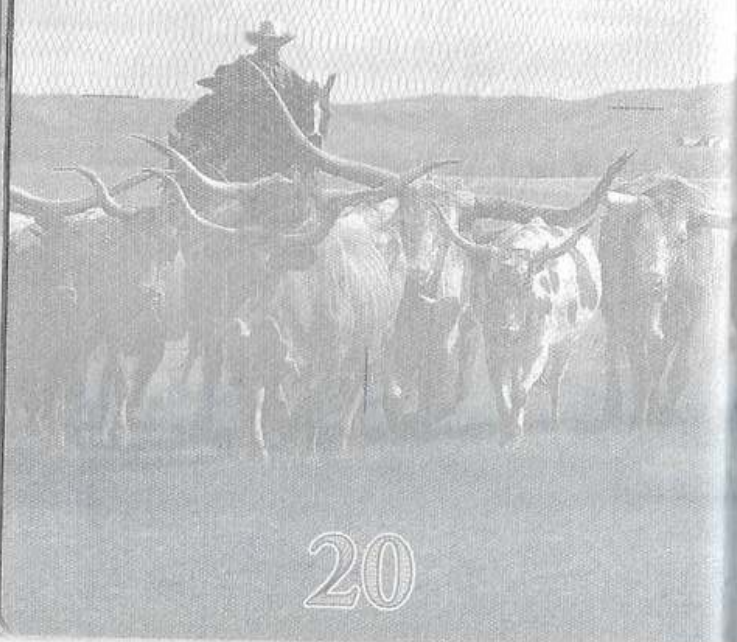
Visas



Visas



For this is what America is all about. It is the uncrossed desert and the unclimbed ridge. It is the star that is not reached and the harvest sleeping in the unplowed ground. Is our world gone? We say "Farewell." Is a new world coming? We welcome it — and we will bend it to the hopes of man. *Lyndon B. Johnson*



Visas



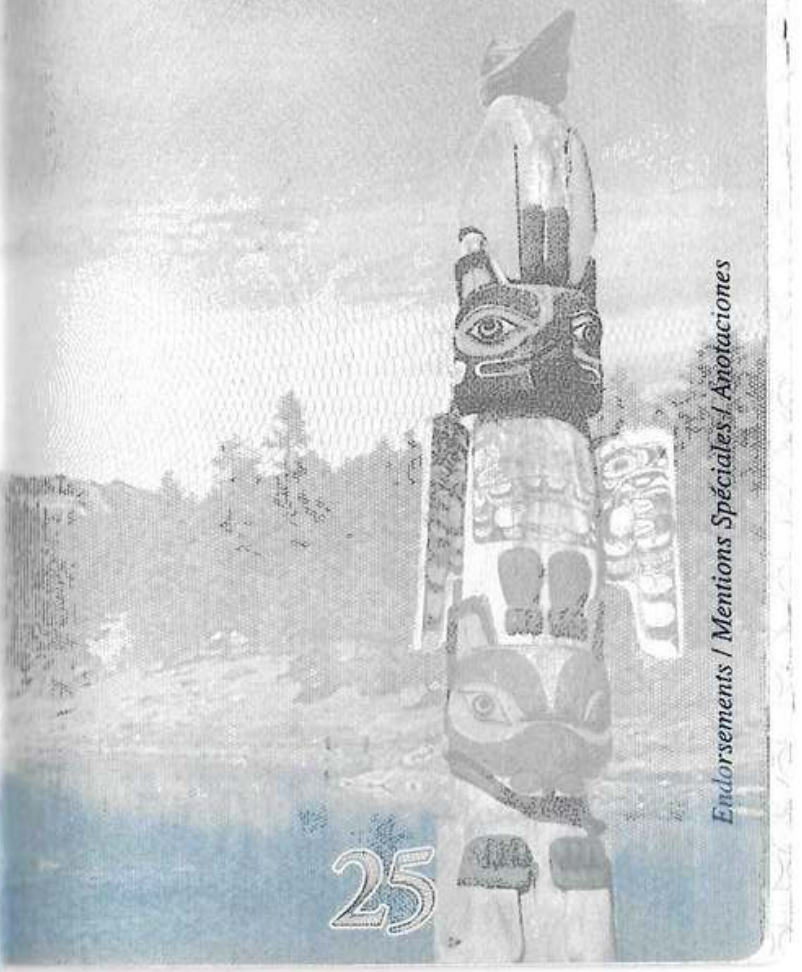
We send thanks to all the Animal life in the world.
We are glad they are still here and

Visas



They have many things to teach us as people.
we hope it will always be so.

Excerpt from the Thanksgiving Address, Mohawk version



Endorsements / Mentions Spéciales/ Anotaciones

The cause of freedom is not the cause
it is the cause of humankind.



of a race or a sect, a party or a class –
the very birthright of humanity.

Anna Julia Cooper



Every generation has the obligation to free men's minds for a look at new worlds . . . to look out from a higher plateau than the last generation.

Ellison S. Onizuka

This document contains sensitive electronics. For best performance, do not bend, perforate or expose to extreme temperatures.

A. RESTRICTIONS ON IMPORTATION OF GOODS AND SERVICES For information, write the Department of the Treasury, Office of Foreign Assets Control, Treasury Annex, 1500 Pennsylvania Avenue N.W., Washington, D.C. 20220, or consult *http://www.treas.gov/ofac*

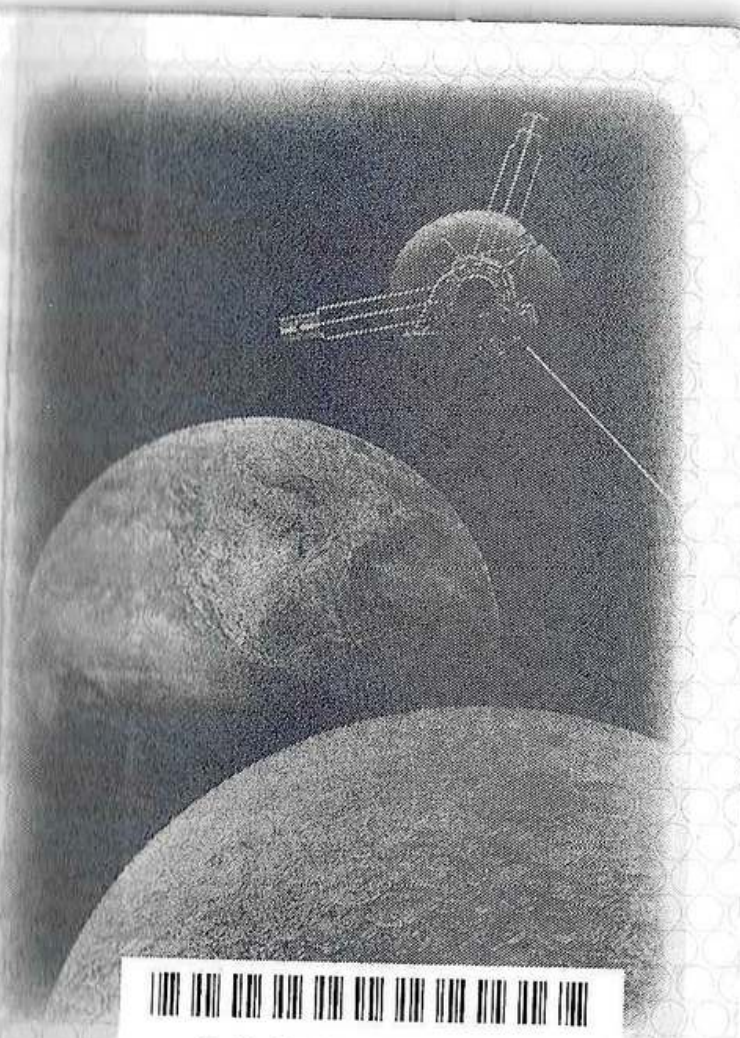
B. CUSTOMS & BORDER PROTECTION Contact Customs & Border Protection (CBP), for a copy of "Know Before You Go" and "Pets, Wildlife - Licensing and Health Requirements," at *http://www.cbp.gov/xp/cgov/travel/*

C. AGRICULTURE For a copy of "Travelers' Tips On Bringing Food, Plant, and Animal Products into the United States," contact the U.S. Department of Agriculture, *http://www.aphis.usda.gov/travel* See also U.S. Fish and Wildlife Service, *http://www.le.fws.gov/TipsforTravelers.htm* for other important "Information for International Travelers."

D. U.S. TAXES All U.S. citizens working and residing abroad are required to file and report on their worldwide income. Consult IRS Publication 54, "Tax Guide for U.S. Citizens and Resident Aliens Abroad," available at *http://irs.gov/publications/p54/index.html*

E. SOCIAL SECURITY Write to the Social Security Administration, Office of International Operations, P.O. Box 17769, Baltimore, MD 21235, or consult *http://www.ssa.gov/international* about receiving payments while outside the U.S., or contact the nearest Social Security office in the United States or at a U.S. embassy or consulate abroad.

EXACT WEBSITE ADDRESSES SUBJECT TO CHANGE.



659959486

CERTIFICATION OF VITAL RECORD

COUNTY of FRESNO

FRESNO, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA

USE BLACK INK ONLY

STATE FILE NUMBER: 1199610 013801

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD

1A. NAME OF CHILD — FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)
HANNAH	MARIE	JAMES

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH — MM/DD/CCYY	4B. HOUR — (24 HOUR CLOCK TIME)
FEMALE	SINGLE	-	11/27/1996	2108

PLACE OF BIRTH

5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS — STREET, NUMBER, OR LOCATION	
ST. AGNES HOSPITAL	1303 E. HERNDON	
5C. CITY	5D. COUNTY	5E. PLANNED PLACE OF BIRTH
FRESNO	FRESNO	HOSPITAL

FATHER OF CHILD

6A. NAME OF FATHER — FIRST (GIVEN)	6B. MIDDLE	6C. LAST (FAMILY)	7. STATE OF BIRTH	8. DATE OF BIRTH
DAVID	MARK	JAMES	OR	07/03/62

MOTHER OF CHILD

9A. NAME OF MOTHER — FIRST (GIVEN)	9B. MIDDLE	9C. LAST (MAIDEN)	10. STATE OF BIRTH	11. DATE OF BIRTH
ANNE	ELLEN	JAMES	CA	11/25/62

PARENT'S CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12A. PARENT OR OTHER INFORMANT — SIGNATURE: Anne James

12B. RELATIONSHIP TO CHILD: Mother

12C. DATE SIGNED: 11/28/96

CERTIFICATION OF BIRTH

I CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED.

13A. ATTENDANT OR CERTIFIER — SIGNATURE — DEGREE OR TITLE: [signature] MD

13B. LICENSE NUMBER: G42498

13C. DATE SIGNED: 11-29-96

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: ROYDON STEINKE, MD, 6327 N FRESNO ST, FRESNO

14. TYPED NAME AND TITLE OF CERTIFIER OTHER THAN ATTENDANT: ROBERTA SPEECHLEY, M.R.S.

LOCAL REGISTRAR

15A. DATE OF DEATH	15B. STATE FILE NO. (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION
		David M. Shotten M.D.	12/03/1996

137074

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF THE FRESNO COUNTY RECORDER.

William C. Greenwood

WILLIAM C. GREENWOOD
COUNTY RECORDER

DATE ISSUED FEB 02 1999

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

MIDWEST BANK NOTE COMPANY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

California USA DRIVER LICENSE



DL F7703223

EXP 11/27/2029

LN JAMES

FN HANNAH MARIE

332 GATEWAY DR APT 108

PACIFICA, CA 94044

DOB 11/27/1996

RSTR NONE

DONOR

CLASS C

END NONE



11271996

SEX F

HAIR BRN

EYES HZL

HGT 5'-07"

WGT 160 lb

ISS 07/08/2025

DD 03/05/2025504OD/DDFD/29

Exhibit 2 - Roberto Gomes Junior's Identification Documents

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.

BRA

Este documento pertence à
Ce document appartient à la
This document is the property of the
Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSEPORT
PASSPORT
PASAPORTE

Roberto Gomes Junior

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FU067581

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité

This passport must be signed, except where the bearer is unable to do so

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: FU067581

SOBRENOME / SURNAME
GOMES JUNIOR

NOME / GIVEN NAMES
ROBERTO

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
29 JAN/JAN 1990

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
M

NATURALIDADE / PLACE OF BIRTH
CORNÉLIO PROCÓPIO/PR

FILIAÇÃO / FILIATION
ROBERTO GOMES

CELIA DE SOUZA GOMES

DATA DE EXPEDIÇÃO / DATE OF ISSUE
12 SET/SEP 2017

AUTORIDADE / AUTHORITY
SR/DPF/GO

VÁLIDO ATÉ / DATE OF EXPIRY
11 SET/SEP 2027

P<BRAGOMES<JUNIOR<<ROBERTO<<<<<<<<<<<<<<<<<<<<
FU067581<2BRA9001295M2709112<<<<<<<<<<<<<<08

Para uso das autoridades brasileiras

Reservé aux autorités brésiliennes

For the use of Brazilian authorities

Para uso de las autoridades brasileñas

INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido.

O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2. Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo, para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular deve considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação.

Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessão a outra pessoa constituem crimes, pela lei brasileira. Para ressalvar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.

É recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter presente que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e a seus familiares.

É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento, em vista de que muitos países exigem prazo mínimo de validade.

O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido da autorização pertinente prevista em lei.

O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.

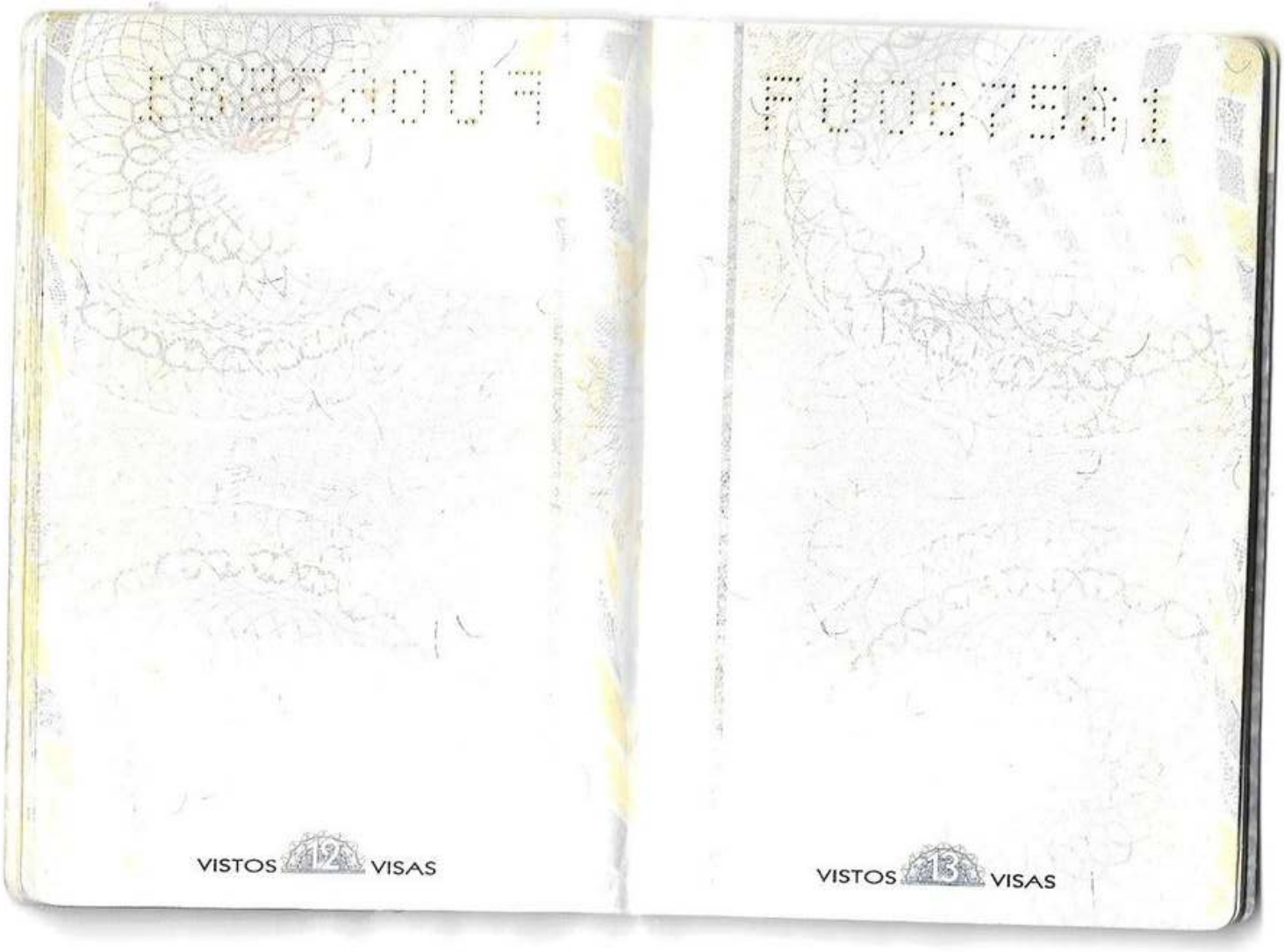
Consulte / Consultez / Consult / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br

VISTOS 6 VISAS

VISTOS 7 VISAS

VISTOS VISAS

VISTOS VISAS



VISTOS 12 VISAS

VISTOS 13 VISAS

VISTOS 14 VISAS

VISTOS 15 VISAS

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VISTOS 17 VISAS

VISTOS 18 VISAS

VISTOS 19 VISAS

VISTOS 20 VISAS

VISTOS 21 VISAS

VISTOS 24 VISAS

VISTOS 25 VISAS

VISTOS 26 VISAS

VISTOS 27 VISAS

VISTOS 28 VISAS

VISTOS 29 VISAS

VISTOS 30 VISAS

VISTOS 31 VISAS

Os campos abaixo devem ser preenchidos pelo titular.
Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Em caso de acidente, avisar a Embaixada ou o Consulado do Brasil mais próximo e a pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name: _____
Endereço / Address: _____
Cidade / City: _____
Estado / State: _____
País / Country: _____
Telefone / Phone: _____

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando que ele não ficará úmido, dobrado ou amassado. Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA

Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL

FEDERATIVE REPUBLIC OF BRAZIL

CIVIL REGISTRY OFFICE
OF NATURAL PERSONS

Rua Alagoas, 76 - Centro, Phone: (043) 524-1449
City and Judicial District of CORNÉLIO PROCÓPIO, State of PARANÁ
Mariney de A. Pellegrini - Registrar; Wagner A. Pellegrini - Clerk.

BOOK A-094 PAGE 229 ENTRY 017078

BIRTH CERTIFICATE No. 17078

I CERTIFY that, in the book, page, and entry cited in the Birth Register of this Civil Registry Office, on February 2, 1990 the birth record of *.*.*.*.*.*.*.*.*.*.*.

**** Roberto Gomes Júnior ****

was drawn up. Male, born on January twenty-ninth, nineteen ninety (01/29/1990), at three o'clock (3:00 a.m.), at Casa de Misericórdia, in Cornélio Procópio-Paraná. *.

son of: **Roberto Gomes.** *.

and **Célia de Souza Gomes.** *.

he was born in Congonhas-Paraná, office assistant, she was born in Santa Mariana -Paraná, homemaker. *.

Paternal grandparents: Paulo Gomes. *.*
and Ana Correa Gomes. *.*

and maternal grandparents: Hildo de Souza. *.*
and Joana Darc Santos de Souza. *.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.

The declarant was: The father. *.

The witnesses were those listed in the record. *.

Notes: No Record. *.

.*.*.*

.*.*.*

.*.*.*

The above is true and I certify.
Cornélio Procópio, July 19, 2005.

---//Signature//---

Wagner Antonio Pellegrini
Clerk

3RD NOTARY PUBLIC OFFICE AND CIVIL REGISTRY OFFICE
OF NATURAL PERSONS
City and Judicial District of Cornélio Procópio-Paraná
CNPJ 00.738.783/0001-05, Phone: (43) 524-1449.
Mariney de Andrade Pellegrini
REGISTRAR
Wagner Antonio Pellegrini
Deputy Clerk

Law 13.228 of 07/18/2001
FUNARPEN
AUTHENTICITY
SEAL
CIVIL
REGISTRY
AXV56303

3RD NOTARY PUBLIC OFFICE AND CIVIL REGISTRY OFFICE
OF NATURAL PERSONS
City and Judicial District of Cornélio Procópio-Paraná
CNPJ 00.738.783/0001-05, Phone: (43) 524-1449.
Mariney de Andrade Pellegrini
REGISTRAR
Wagner Antonio Pellegrini
Deputy Clerk

ANOREG PR

VALID THROUGHOUT THE NATIONAL TERRITORY, ANY ALTERATION OR ERASURE INVALIDATES THIS DOCUMENT

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 9, 2026.

REPÚBLICA FEDERATIVA DO BRASIL

OFÍCIO DE REGISTRO CIVIL
DAS PESSOAS NATURAIS

Rua Alagoas, 76 - Centro Tel.:(043) 524-1449
Município e Comarca de CORNÉLIO PROCÓPIO, Estado PARANÁ
Mariney de A. Pellegrini-Oficial•Wagner A. Pellegrini-Escr.

LIVRO A-094 FOLHA 229 TERMO 017078

CERTIDÃO DE NASCIMENTO Nº 17078

CERTIFICO que, do livro, folha e termo citados, de ASSENTO DE NASCIMENTOS deste Ofício, consta que, foi lavrado no dia 02 de fevereiro de 1990, o assento de nascimento de.*.*.*.*.*.

**** Roberto Gomes Júnior ****

do sexo masculino, nascido no dia vinte e nove de janeiro de um mil, novecentos e noventa (29/01/1990), às três horas (03:00h), em Casa de Misericórdia, em Cornélio Procópio-PR.*.*.*.*.*.*.*.*.*.*.*.
Filho de **Roberto Gomes**.*
e de **Célia de Souza Gomes**.
ele natural de Congonhas-Paraná, auxiliar de escritório, ela natural de Santa Mariana-Paraná, do lar.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.
São avós paternos: Paulo Gomes.*
e Ana Correa Gomes.*.
e avós maternos: Hildo de Souza.*.
e Joana Darc Santos de Souza.*.
Foi declarante: O Pai.*.
Com as testemunhas constantes no termo.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*.*
Observação: Nada Consta.*
.*.*.*.*

.*.*.*.*

.*.*.*.*

O referido é verdade e dou fé.

Cornélio Procópio, 19 de julho de 2005.

Wagner Antônio Pellegrini
Escrevente

3º OFÍCIO DE NOTAS E REGISTRO CIVIL DAS PESSOAS NATURAIS
Mun. e Com. de Cornélio Procópio-PR.
CNPJ 00.738.783/0001-05 - Fone: (43) 524-1449
Mariney de Andrade Pellegrini
OFICIAL
Wagner Antonio Pellegrini
Escrevente Substituto

Lei 13.228 de 18/01/2001 - FUNARPEN SELO DE AUTENTICIDADE
REGISTRO CIVIL
AXV56303

ANO/REG PR

VÁLIDA EM TODO TERRITÓRIO NACIONAL, QUALQUER ADULTERAÇÃO OU RASURA INVALIDA ESTE DOCUMENTO

DEC 04 2016

JUN 03 2017

VISTOS VISAS

OCT 25 2016

B1/B2

APR 24 2017

VISA

UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20162780340002

Surname
GOMES JUNIOR

Given Name
ROBERTO

Visa Type /Class
R B1/B2

Passport Number
FG596026

Sex
M

Birth Date
29JAN1990

Nationality
BRZL

Entries
M

Issue Date
05OCT2016

Expiration Date
03OCT2026

1011

Annotation

L4113799

**

VNUSAGOMES<JUNIOR<<ROBERTO<<<<<<<<<<<<<<<<<<<

FG596026<1BRA9001295M2610036B3BRAOJZ50451252

For: **ROBERTO GOMES JUNIOR**

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: 27529506756

Arrival/Issued Date: 2018 May 28

Class of Admission: B1

Admit Until Date: 2018 November 27

Details provided on the I-94 Information form:

Last/Surname: GOMES JUNIOR

First (Given) Name: ROBERTO

Birth Date: 1990 January 29

Document Number: FU067581

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: 06/30/2026

View Travel History

Travel history includes up to 100 arrivals and departures spanning the last ten years

Travel History Results

Document Number: **FU067581**

Document Country of Issuance: **Brazil**

Row	DATE	TYPE	LOCATION
1	2018-05-28	Arrival	NYC
2	2016-12-10	Departure	NEW
3	2016-12-04	Arrival	WAS
4	2016-11-07	Departure	MIA
5	2016-10-25	Arrival	MIA

OMB No. 1651-0111 Expiration Date: 06/30/2026

Exhibit 3 - Hannah Marie James Gomes and Roberto Gomes Junior's Marriage Certificate

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN MATEO
REDWOOD CITY, CALIFORNIA

DUPLICATE LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE – MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE DARK INK ONLY

STATE FILE NUMBER: 4-2026-41-000232
LOCAL REGISTRATION NUMBER

FIRST PERSON DATA (■ Groom ☐ Bride)

1A. FIRST NAME	1B. MIDDLE
ROBERTO	–

1C. CURRENT LAST	1D. LAST NAME AT BIRTH (IF DIFFERENT THAN 1C)
GOMES JUNIOR	–

2. DATE OF BIRTH (MM/DD/CCYY)	3. STATE/COUNTRY OF BIRTH	4. #PREV. MARRIAGES/SRDP	5A. LAST MARRIAGE/SRDP ENDED BY:	5B. DATE ENDED (MM/DD/CCYY)
01/29/1990	BRAZIL	1	☐ DEATH ■ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A	12/09/2025

6. ADDRESS	7. CITY	8. STATE/COUNTRY	9. ZIP CODE
332 GATEWAY DR, APT 108	PACIFICA	CA	94044

10A. FULL BIRTH NAME OF FATHER/PARENT	10B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
ROBERTO GOMES	BRAZIL

11A. FULL BIRTH NAME OF MOTHER/PARENT	11B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
CELIA DE SOUZA GOMES	BRAZIL

SECOND PERSON DATA (☐ Groom ■ Bride)

12A. FIRST NAME	12B. MIDDLE
HANNAH	MARIE

12C. CURRENT LAST	12D. LAST NAME AT BIRTH (IF DIFFERENT THAN 12C)
JAMES	–

13. DATE OF BIRTH (MM/DD/CCYY)	14. STATE/COUNTRY OF BIRTH	15. # PREV. MARRIAGES/SRDP	16A. LAST MARRIAGE/SRDP ENDED BY:	16B. DATE ENDED (MM/DD/CCYY)
11/27/1996	CA	1	☐ DEATH ■ DISSO ☐ ANNULMENT ☐ TERM SRDP ☐ N/A	02/05/2026

17. ADDRESS	18. CITY	19. STATE/COUNTRY	20. ZIP CODE
332 GATEWAY DR, APT 108	PACIFICA	CA	94044

21A. FULL BIRTH NAME OF FATHER/PARENT	21B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
DAVID MARK JAMES	OR

22A. FULL BIRTH NAME OF MOTHER/PARENT	22B. STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY)
ANNE ELLEN JAMES	CA

AFFIDAVIT

WE, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 358 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF PERSON LISTED IN FIELDS 1A-1D	24. SIGNATURE OF PERSON LISTED IN FIELDS 12A-12D
▶ /S/ ROBERTO GOMES JUNIOR	▶ /S/ HANNAH MARIE JAMES

LICENSE TO MARRY

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE MARRIED HAVE PERSONALLY APPEARED BEFORE ME, OR THE PERSON PERFORMING THE CEREMONY HAS PERSONALLY APPEARED BEFORE ME AND PRESENTED AN AFFIDAVIT SIGNED BY THE PARTIES TO BE MARRIED DECLARING THAT ONE OR BOTH OF THE PARTIES ARE PHYSICALLY UNABLE TO APPEAR AND EXPLAINING THE REASONS THEREFOR IN ACCORDANCE WITH FAMILY CODE SECTION 426. THE PARTIES PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSONS CLAIMED, HAVE DECLARED THAT THEY MEET ALL OF THE REQUIREMENTS OF THE LAW, AND HAVE PAID THE FEES PRESCRIBED BY LAW. AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE-NAMED PERSONS. REQUIRED CONSENTS AND AFFIDAVITS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE (MM/DD/CCYY)	25B. EXPIRES AFTER (MM/DD/CCYY)	25C. NAME OF COUNTY CLERK	25D. SIGNATURE OF CLERK OR DEPUTY CLERK
02/09/2026	05/09/2026	MARK CHURCH	BY ▶ /s/ MARK CHURCH

25E. MARRIAGE LICENSE NUMBER	25F. COUNTY OF ISSUE	25G. RETURN COMPLETED MARRIAGE LICENSE TO (INCLUDE ADDRESS):
SM028634	SAN MATEO	555 COUNTY CENTER,REDWOOD CITY, CA 94063

WITNESS(ES) (ONE REQUIRED, NO MORE THAN TWO ALLOWED)

26A. SIGNATURE OF WITNESS	26B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)
/S/ ISAAC JAMES	ISAAC JAMES

26C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
28 CORTE DURADO, BENICIA, CA 94510

27A. SIGNATURE OF WITNESS	27B. NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY)

27C. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

I, THE UNDERSIGNED, DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA, THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE MARRIAGE CEREMONY MUST TAKE PLACE IN THE STATE OF CALIFORNIA.

28A. DATE OF MARRIAGE (MM/DD/CCYY)	28B. CITY/TOWN OF MARRIAGE	28C. COUNTY OF MARRIAGE
02/09/2026	CASTRO VALLEY	ALAMEDA

29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
▶ Anne James	CHRISTIAN

29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT CLEARLY)	29D. OFFICIAL TITLE
ANNE JAMES	REVEREND

29E. ADDRESS, CITY, STATE/COUNTRY, AND ZIP CODE
16078 CAMBRIAN DR, CASTRO VALLEY, CA 94578

NEW NAMES (IF ANY)

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 1A-1D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

30A. FIRST – MUST BE SAME AS 1A	30B. MIDDLE	30C. LAST
–	–	–

NEW MIDDLE AND LAST NAME OF PERSON LISTED IN 12A-12D (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION)

31A. FIRST – MUST BE SAME AS 12A	31B. MIDDLE	31C. LAST
HANNAH	MARIE	JAMES GOMES

LOCAL REGISTRAR

32A. NAME OF LOCAL REGISTRAR	32B. SIGNATURE OF CLERK OR DEPUTY CLERK	32C. DATE ACCEPTED FOR REGISTRATION
MARK CHURCH	BY ▶ /s/ MARK CHURCH	FEB 17 2026

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS — VS-117 (01/01/2010)

000892093

CERTIFIED COPY OF VITAL RECORDS
COUNTY OF SAN MATEO, STATE OF CALIFORNIA

Page 1 of 1

MARK CHURCH
Assessor-County Clerk-Recorder

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Mateo County Assessor-County Clerk-Recorder.

By KAMILLE SANTOS, Deputy DATE ISSUED 02/17/2026

CASANMAT02

This copy not valid unless prepared on engraved border displaying date, seal and signature of Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 4 - Hannah Marie James Gomes' Previous Marriage Divorce Certificate

FL-180

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
IQBAL SINGH BAINS 328213 THE BAINS LAW OFFICES 516 West Shaw Avenue, Suite 200 Fresno, Ca 93704 TELEPHONE NO.: (559) 890-1007 FAX NO. (Optional): (888) 630-1230 E-MAIL ADDRESS (Optional): iqbal@bainslawoffices.com ATTORNEY FOR (Name): HANNAH JAMES	FILED MARIPOSA SUPERIOR COURT FEB 05 2026 COURT CLERK
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIPOSA STREET ADDRESS: P.O. BOX 2828 MAILING ADDRESS: 5088 Bullion Street CITY AND ZIP CODE: Mariposa, Ca 95388 BRANCH NAME: RECEIVED JAN 09 2026 by: Mariposa Superior Court	
MARRIAGE OR PARTNERSHIP OF PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE	

JUDGMENT

☒ DISSOLUTION ☐ LEGAL SEPARATION ☐ NULLITY

CASE NUMBER: 22-CVFL-0009017

☐ Status only
☐ Reserving jurisdiction over termination of marital or domestic partnership status
☐ Judgment on reserved issues

Date marital or domestic partnership status ends:

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders. The restraining orders are contained on page(s) of the attachment. They expire on *(date):*

2. This proceeding was heard as follows: ☒ Default or uncontested ☐ By declaration under Family Code section 2336 ☐ Contested ☐ Agreement in court
   a. Date: Dept.: Room:
   b. Judicial officer *(name):* ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*

3. The court acquired jurisdiction of the respondent on *(date):* 01/20/2023
   a. ☒ The respondent was served with process.
   b. ☐ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☒ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
      (1) ☒ on *(specify date):* FORTHWITH
      (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☐ respondent's former name is restored to *(specify):*
   g. ☐ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☒ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]

CEB ceb.com | Essential Forms

JUDGMENT
(Family Law)

Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

James, Hannah

CASE NAME (Last name, first name of each party):	CASE NUMBER:
JAMES, HANNAH - KILE, HOLDEN	22-CVFL-0009017

4. i. ☒ The children of this marriage or domestic partnership are:
   (1) ☒ Name: ELIJAH EMROY KILE — Birthdate: 06/09/2016
   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership
   j. ☒ Child custody and visitation (parenting time) are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
   (2) ☒ *Child Custody and Visitation Order Attachment* (form FL-341).
   (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
   (4) ☐ Previously established in another case. Case number: Court:
   k. ☒ Child support is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
   (2) ☒ *Child Support Information and Order Attachment* (form FL-342).
   (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
   (4) ☐ Previously established in another case. Case number: Court:
   l. ☒ Spousal, domestic partner, or family support is ordered:
   (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
   (2) ☒ Jurisdiction terminated to order spousal or partner support to ☒ petitioner ☒ respondent
   (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
   (4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
   (5) ☐ Other *(specify):*

   m. ☒ Property division is ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
   (3) ☒ Other *(specify):* THERE ARE NONE TO BE DIVIDED BY THE COURT.

   n. ☒ Attorney fees and costs are ordered as set forth in the attached
   (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
   (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
   (3) ☒ Other *(specify):* EACH PARTY ARE TO PAY THEIR OWN ATTORNEY FEES AND COSTS.

   o. ☐ Other *(specify):*

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: 2/5/2026

Natasha K Moriyci
JUDICIAL OFFICER

5. Number of pages attached: 10

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

CHILD CUSTODY AND VISITATION (PARENTING TIME) ORDER ATTACHMENT

TO ☐ ***Findings and Order After Hearing*** **(form FL-340)** ☒ ***Judgment*** **(form FL-180)** ☐ ***Judgment*** **(form FL-250)**

☐ ***Stipulation and Order for Custody and/or Visitation of Children*** **(form FL-355)**

☐ Other *(specify):*

1. **Jurisdiction.** This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (Family Code sections 3400–3465).
2. **Notice and opportunity to be heard.** The responding party was given notice and an opportunity to be heard, as provided by the laws of the State of California.
3. **Country of habitual residence.** The country of habitual residence of the child or children in this case is
   ☒ the United States ☐ Other *(specify):*
4. **Penalties for violating this order.** If you violate this order, you may be subject to civil or criminal penalties, or both.
5. ☐ **Child abduction prevention.** There is a risk that one of the parties will take the children out of California without the other party's permission. (*Child Abduction Prevention Order Attachment* **(form FL-341(B))** is attached and must be obeyed.)
6. ☒ **Child Custody.** Custody of the minor children of the parties is awarded as follows:

Child's Name	Birth Date	Legal custody to: *(person who decides about the child's health, education, and welfare)*	Physical custody to: *(person the child regularly lives with)*
ELIJAH EMROY KILE	06/09/2016	HANNAH JAMES HOLDEN KILE	HANNAH JAMES HOLDEN KILE

7. ☐ **Child custody orders with allegations of a history of abuse or substance abuse**
   (Do not complete this section if the parties have entered, or will enter into, an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)
   a. Allegations have been raised in form FL-311, other documents filed in the court, or in a court hearing that
      ☐ petitioner ☐ respondent ☐ other parent/party has (or have) either:
      (1) a history of abuse against any of the following persons: a child, the other parent, their current spouse, or the person they live with or are dating or engaged to; or
      (2) the habitual or continual illegal use of controlled substances, or the habitual or continual abuse of alcohol, or the habitual or continual abuse of prescribed controlled substances.
   b. ☐ The court does NOT grant sole or joint custody of the minor children to ☐ petitioner ☐ respondent ☐ other parent/party
   c. ☐ Even though there are allegations of a history of abuse or substance abuse, the court GRANTS sole or joint custody of the minor child as set out in item 6 for the following reasons: ☐ Attachment 7c.

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

8. ☐ ***Visitation (Parenting Time)***
   a. ☐ Reasonable right of visitation to the party without physical custody **(not appropriate in cases involving domestic violence)**
   b. ☐ See the attached _____ -page document
   c. ☐ The parties will go to child custody mediation or child custody recommending counseling at *(specify date, time, and location):*
   d. ☐ No Visitation (parenting time)
   e. ☐ Visitation (parenting time) for the ☐ petitioner ☐ respondent ☐ other *(name):* will be as follows:
      (1) ☐ **Weekends starting** *(date):*
      (Note: The first weekend of the month is the first weekend with a Saturday.)
      ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th weekend of the month
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (a) ☐ The parties will alternate the fifth weekends, with the ☐ petitioner ☐ respondent ☐ other parent/party having the initial fifth weekend, which starts *(date):*
      (b) ☐ The ☐ petitioner ☐ respondent ☐ other parent/party will have the fifth weekend in ☐ odd ☐ even numbered months.
      (2) ☐ **Alternate weekends starting** *(date):*
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (3) ☐ **Weekdays starting** *(date):*
      from *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      to *(day of week)* at *(time)* ☐ a.m. ☐ p.m./ if applicable, specify: ☐ start of school ☐ after school
      (4) ☐ **Other visitation (parenting time) days and restrictions are:** ☐ listed in Attachment 7e(4) *(form MC-025 may be used for this purpose)* ☐ as follows:

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

9. ☐ **Visitation (parenting time) with allegations of a history of abuse, substance abuse, or other parenting concerns**

   a. ☐ **Supervised visitation (parenting time).**

      (1) Until ☐ further order of the court ☐ other *(specify):* , the ☐ petitioner ☐ respondent ☐ other parent/party *(name):* will have supervised visitation (parenting time) with the minor children according to the schedule on page 2.

      (2) **In addition, *Supervised Visitation Order* (form FL-341(A) is attached.**

   b. ☐ **Unsupervised visitation (parenting time)**

      (Do not complete this section if the parties have entered or will enter into an agreement on child custody and/or visitation (parenting time), in writing or stated in court.)

      (1) Even though there are allegations of a history of abuse or substance abuse under Family Code section 3011, the ☐ petitioner ☐ respondent ☐ other parent/party *(name):* has (or have) unsupervised visitation (parenting time) with the minor children as set forth in 8.

      (2) The reasons for granting unsupervised visitation to the person(s) alleged to have a history of abuse or substance abuse are: ☐ as follows: ☐ Attachment 9b.

      (3) The orders for visitation (parenting time) are specific as to time, day, place, and manner of transfer of the child, as *Family Code section 6323(c)* requires.

10. ☐ **Transportation for visitation (parenting time) and place of exchange**

   a. The children must be driven only by a licensed and insured driver. The vehicle must be legally registered with the Department of Motor Vehicles, and must have child restraint devices properly installed, as required by law.

   b. ☐ *Transportation to begin the visits will be provided by the* ☐ *petitioner* ☐ *respondent* ☐ other *(specify):*

   c. ☐ Transportation **from** the visits will be provided by the ☐ petitioner ☐ respondent ☐ other *(specify):*

   d. ☐ The exchange point at the beginning of the visit will be at *(address):*

   e. ☐ The exchange point at the end of the visit will be at *(address):*

   f. ☐ During the exchanges, the party driving the children will wait in the car and the other party will wait in the home (or exchange location) while the children go between the car and the home (or exchange location).

   g. ☐ Other *(specify):*

11. ☐ **Travel with children.** The ☐ petitioner ☐ respondent ☐ other parent/party *(name):* **must** have written permission from the other parent or a court order to take the children out of

   a. ☐ the state of California.

   b. ☐ the following counties *(specify):*

   c. ☐ other places *(specify):*

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

12. ☐ **Holiday schedule.** The children will spend holiday time as listed ☐ below ☐ in the attached schedule. *(Children's Holiday Schedule Attachment (form FL-341(C))* may be used for this purpose.)

13. ☐ **Additional custody provisions.** The parents will follow the additional custody provisions listed ☐ below ☐ in the attached schedule. (*Additional Provisions—Physical Custody Attachment* (form FL-341(D)) may be used for this purpose.)

14. ☐ **Joint legal custody.** The parents will share joint legal custody as listed ☐ below ☐ in the attached schedule. (*Joint Legal Custody Attachment* (form FL-341(E)) may be used for this purpose.)

15. **Access to children's records.** Both the custodial and noncustodial parent have the right to access records and information about their minor children (including medical, dental, and school records) and consult with professionals who are providing services to the children.

16. ☒ **Other** *(specify):*

THE CHILD'S VISITATION WITH THE FATHER SHALL BE MUTUALLY AGREED UPON BETWEEN THE PARENTS.

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

CHILD SUPPORT INFORMATION AND ORDER ATTACHMENT

Attachment to: ☐ **Findings and Order After Hearing (form FL-340)** ☒ **Judgment (form FL-180)**
☐ **Judgment (form FL-250)** ☐ **Restraining Order After Hearing (form DV-130)**
☐ **Other** *(specify):*

THE COURT USED THE FOLLOWING INFORMATION IN DETERMINING THE AMOUNT OF CHILD SUPPORT:

1. ☐ *A printout of a computer calculation and findings is attached and incorporated in this order for all required items not filled out below.*

2. ☐ **Income**

a. Each parent's monthly income is as follows:

	Gross income monthly	Net monthly income	Receiving TANF/CalWORKs
Petitioner:	$	$	☐
Respondent:	$	$	☐
Other parent/party:	$	$	☐

b. **Earning capacity.** The court finds that the *(check all that apply):*
(1) ☐ petitioner has the ability to earn $ per month.
(2) ☐ respondent has the ability to earn $ per month.
(3) ☐ other parent/party has the ability to earn $ per month.
(4) The factors used to calculate earning capacity under Family Code section 4058(b) are stated
(a) ☐ in *Earning Capacity Factors Attachment* (form FL-302).
(b) ☐ as follows *(specify):*

3. ☐ **Children of this relationship**

a. Number of children who are the subjects of the support order *(specify):*

b. Approximate percentage of time spent with petitioner: %
respondent: %
other parent/party: %

4. ☐ **Hardships**

Hardships for the following have been allowed in calculating child support:

	Petitioner	Respondent	Other Parent/Party	Approximate end date for the hardship
a. ☐ Other minor children:	$	$	$	
b. ☐ Extraordinary medical expenses:	$	$	$	
c. ☐ *Catastrophic losses:*	$	$	$	

THE COURT ORDERS

5. ☐ **Low-income adjustment**

a. ☐ The low-income adjustment applies at the lowest amount of the range.
b. ☐ The lowest amount of the low-income adjustment has been rebutted and does not apply because *(specify reasons):*

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

6. ☒ **Child support**

a. **Base child support**

☐ Petitioner ☐ Respondent ☐ Other parent/party must pay child support beginning *(date):* and continuing until further order of the court, or until the child marries, dies, is emancipated, reaches age 19, or reaches age 18 and is not a full-time high school student, whichever occurs first, as follows:

Child's name	Date of birth	Monthly amount	Payable to *(name):*
ELIJAH EMROY KILE	06/09/2016	RESERVED 0	

Payable ☐ on the 1st of the month ☐ other *(specify):*

b. ☐ **Mandatory additional child support**

(1) Childcare costs related to employment or reasonably necessary job training

(a) ☐ Petitioner must pay: % of total or ☐ $ per month child-care costs.
(b) ☐ Respondent must pay: % of total or ☐ $ per month child-care costs.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month child-care costs.
(d) ☐ Costs to be paid as follows *(specify):*

(2) Reasonable uninsured health care costs for the children

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

c. ☐ **Additional child support**

(1) ☐ Costs related to the educational or other special needs of the children

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

(2) ☐ Travel expenses for visitation

(a) ☐ Petitioner must pay: % of total or ☐ $ per month.
(b) ☐ Respondent must pay: % of total or ☐ $ per month.
(c) ☐ Other parent/party must pay: % of total or ☐ $ per month.
(d) ☐ Costs to be paid as follows *(specify):*

d. ☐ **Non-Guideline Order**

This order is ☐ below ☐ above the child support guideline set forth in Family Code section 4055. *Non-Guideline Child Support Findings Attachment* (form FL-342(A)) is attached.

Total child support per month: $ 0.00

THIS IS A COURT ORDER.

PETITIONER: HANNAH JAMES RESPONDENT: HOLDEN KILE OTHER PARENT/PARTY:	CASE NUMBER: 22-CVFL-0009017

7. **Health care expenses**

   a. Health insurance coverage for the minor children of the parties must be maintained by the ☒ petitioner ☒ respondent ☐ other parent/party if available at no or reasonable cost through their respective places of employment or self-employment. Both parties are ordered to cooperate in the presentation, collection, and reimbursement of any health care claims. The parent ordered to provide health insurance must seek continuation of coverage for the child after the child attains the age when the child is no longer considered eligible for coverage as a dependent under the insurance contract, if the child is incapable of self-sustaining employment because of a physically or mentally disabling injury, illness, or condition and is chiefly dependent on the parent providing health insurance for support and maintenance.

   b. ☐ Health insurance is not available to the ☐ petitioner ☐ respondent ☐ other parent/party at a reasonable cost at this time.

   c. ☐ The party providing coverage must assign the right of reimbursement to the other party.

8. **Earnings assignment**
   An earnings assignment order is issued. **Note:** The parent ordered to pay support is responsible for the payment of support directly to the recipient until support payments are deducted from the payor's wages and for payment of any support not paid by the assignment.

9. In the event that there is a contract between a person ordered to receive support and a private child support collector, the parent ordered to pay support must pay the fee charged by the private child support collector. This fee must not exceed 33-1/3 percent of the total amount of past due support nor may it exceed 50 percent of any fee charged by the private child support collector. The money judgment created by this provision is in favor of the private child support collector and the person ordered to receive support, jointly.

10. ☐ **Employment search order (Family Code section 4505)**
    ☐ Petitioner ☐ Respondent ☐ Other parent/party is ordered to seek employment with the following terms and conditions:

11. **Other orders** *(specify):*

12. **Notices**

    a. *Notice of Rights and Responsibilities Regarding Child Support* (form FL-192) must be attached and is incorporated into this order.

    b. If this form is attached to *Restraining Order After Hearing* (form DV-130), the support orders issued on this form (form FL-342) remain in effect after the restraining orders issued on form DV-130 end.

13. **Child Support Case Registry Form**
    Both parties must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this order. Thereafter, the parties must notify the court of any change in the information submitted within 10 days of the change by filing an updated form.

NOTICE: Any parent ordered to pay child support must pay interest on overdue amounts at the legal rate, which is currently 10 percent per year.

NOTICE OF RIGHTS AND RESPONSIBILITIES REGARDING CHILD SUPPORT

Childcare and Health Care Costs and Reimbursement Procedures

Your child support order may include a provision for payment of childcare or uninsured health care costs. Childcare costs may be included as part of the monthly child support payment or reimbursable as a percentage of the costs. If the childcare costs are included as part of the monthly child support payment, you must pay that amount each month until the court changes (modifies) the child support order. If you need to change your child support order because there has been a change in the cost of childcare, see page 2.

If you have a child support order that includes a provision for the reimbursement of a percentage of childcare costs or a portion of the child's or children's health care costs and those costs are not paid by insurance, the **law says:**

1. **Notice.** You must give the other parent an itemized statement of the charges that have been billed for any childcare costs or health care costs not paid by insurance. You must give this statement to the other parent within a reasonable time, but no more than 90 days after those costs were given to you.
2. **Proof of full payment.** If you have already paid all of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid them and (2) ask for reimbursement for the other parent's court-ordered share of those costs.
3. **Proof of partial payment.** If you have paid only your share of the childcare costs or uninsured health care costs, you must (1) give the other parent proof that you paid your share, (2) ask that the other parent pay his or her share of the costs directly to the childcare or health care provider, and (3) give the other parent the information necessary for that parent to be able to pay the bill.
4. **Payment by notified parent.** If you receive notice from a parent that a childcare or uninsured health care cost has been incurred, you must pay your share of that cost within the time the court orders; or if the court has not specified a period of time, you must make payment (1) within 30 days from the time you were given notice of the amount due, (2) according to any payment schedule set by the health care provider, (3) according to a schedule agreed to in writing by you and the other parent, or (4) according to a schedule adopted by the court.
5. ***Going to court.*** *Sometimes parents get into* disagreements about childcare and health care costs. If you and the other parent cannot resolve the situation after talking about it, you can request that the court make a decision.
   a. **Disputed requests for payment.** If you dispute a request for payment made by the other parent, you may file a request for the court to resolve the dispute, but only if you pay the requested amount before filing your request.
   b. **Nonpayment.** If you claim that the other parent has failed to pay you back for a payment, or they have failed to make a payment to the provider after proper notice, you may file a request for the court to resolve the dispute.
   c. **Paid charges.** The court will presume that if uninsured health care costs or childcare costs for employment or necessary training for job skills have been paid, those costs were reasonable. If you want to dispute paid charges, you will have to show the court that the costs were unreasonable.
   d. **Attorney's fees.** If the court decides one parent has been unreasonable, it can order that parent to pay the other parent's attorney's fees and costs.
   e. **Court forms.** Use forms FL-300 and FL-490 to get a court date. See form FL-300-INFO for information about completing, filing, and serving your court papers.
6. **Court-ordered insurance coverage.** If a parent provides health care insurance as ordered by the court, that insurance must be used at all times to the extent that it is available for health care costs.
   a. **Burden to prove.** The parent claiming that the coverage is inadequate to meet the child's needs has the burden of proving that to the court.
   b. **Cost of additional coverage.** If a parent purchases health care insurance in addition to that ordered by the court, that parent must pay all the costs of the additional coverage. In addition, if a parent uses alternative coverage that costs more than the coverage provided by court order, that parent must pay the difference.
7. **Preferred health providers.** If the court-ordered coverage designates a preferred health care provider, that provider must be used at all times consistent with the terms of the health insurance policy. When any parent uses a health care provider other than the preferred provider, any health care costs that would have been paid by the preferred health provider if that provider had been used must be the sole responsibility of the parent incurring those costs.
8. ***Need help?*** *Contact the family law facilitator in your county* or call your county's bar association and ask for an experienced family lawyer.

Form Adopted for Mandatory Use
Judicial Council of California
FL-192 [Rev. September 1, 2024]

CEB | Essential Forms
ceb.com

Family Code, §§ 4007.5, 4010, 4062, 4063
www.courts.ca.gov

James, Hannah

Information Sheet on Changing a Child Support Order

General Info
The court has made a child support order in your case. This order will remain the same unless one of the parents requests that the support be changed (modified). An order for child support can be modified by filing a request to change child support and serving the other parent. If both parents agree on a new child support amount, they can complete, sign, and file with the court a *Stipulation to Establish or Modify Child Support and Order* (form FL-350). **(Note:** If the local child support agency is involved in your case, it must be served with any request to change child support and approve any agreement.)

Online Self-Help Guide
For more information about how child support works, visit: https://selfhelp.courts.ca.gov/child-support.

When a Child Support Order May Be Changed
The court considers several things when ordering the payment of child support.

- First, the number of children is considered, along with the percentage of time each parent has physical custody of the children.
- Next, the net disposable incomes of both parents are determined (which is how much money is left each month after taxes and certain other items like health insurance, union dues, or other child support ordered and paid are subtracted from a parent's paycheck). The court can also look at a parent's earning ability.
- The court considers both parents' tax filing status and may consider hardships, such as the cost of raising the parent's child from another relationship who lives with the parent.

A parent can request to change an existing order for child support when circumstances change significantly. For example if the net disposable income of one of the parents changes, parenting time changes, or a new child is born.

Examples
- You have been ordered to pay $500 per month in child support. You lose your job. You will continue to owe $500 per month, plus 10 percent interest on any unpaid support, unless you file a motion to modify your child support to a lower amount and the court orders a reduction.
- You are currently receiving $300 per month in child support from the other parent, whose net income has just increased substantially. You will continue to receive $300 per month unless you file a motion to modify your child support to a higher amount and the court orders an increase.
- You are paying child support based on having physical custody of your children 30 percent of the time. After several months it turns out that you actually have physical custody of the children 50 percent of the time. You may file a motion to modify child support to a lower amount.

How to Change a Child Support Order
To change a child support order, you must file papers with the court. *Remember:* You must follow the order you have now.

What forms do I need?
If you are asking to change a child support order, you must fill out one of these forms:

- Form FL-300, *Request for Order* **or**
- Form FL-390, *Notice of Motion and Motion for Simplified Modification of Order for Child, Spousal, or Family Support*

You must also fill out one of these forms, and attach proof of income for the past two months (like your paycheck stubs):

- Form FL-150, *Income and Expense Declaration* **or**
- Form FL-155, *Financial Statement (Simplified)*

What if I am not sure which forms to fill out?
Contact the family law facilitator in your county. You can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

After you fill out the forms, file them with the court clerk and ask for a hearing date. Write the hearing date on the form. The clerk may ask you to pay a filing fee. If you cannot afford the fee, fill out these forms, too:

- Form FW-001, *Request to Waive Court Fees* **and**
- Form FW-003, *Order on Court Fee Waiver (Superior Court)*

You must serve the other parent. If the local child support agency is involved, serve it too.

- This means someone 18 or over—not you—must deliver copies of your filed court forms to the other parent, at least **16 court days** before the hearing. Add **5 calendar days** if delivered by mail within California (see Code of Civil Procedure section 1005 for other situations).
- **Court days** are weekdays when the court is open for business (Monday through Friday except court holidays). **Calendar days** include all days of the month, including weekends and holidays. To find court holidays, go to www.courts.ca.gov/holidays.htm.

Blank copies of both of these forms must also be served:
- Form FL-320, *Responsive Declaration to Request for Order*
- Form FL-150, *Income and Expense Declaration*

Then the server fills out and signs a *Proof of Service*. Take this form, plus one copy, to the clerk and file it at least one week before your hearing.

Go to your hearing and ask the judge to change the support. Bring your tax returns from the last two years and your proof of income for the past two months (like your paycheck stubs). The judge will look at your information, listen to both parents, and make an order. After the hearing, fill out:

- Form FL-340, *Findings and Order After Hearing* **and**
- Form FL-342, *Child Support Information and Order Attachment*

Need help?
Contact the family law facilitator in your county or call your county's bar association and ask for an experienced family lawyer.

Information About Child Support for Incarcerated or Confined Parents

1. **Child support.** As of September 27, 2022, child support automatically stops if the parent who has to pay is confined against their will for more than 90 days in a row in jail, prison, juvenile detention, a mental health facility, or other institution.

   Exception. Child support does not automatically stop if the parent who has to pay has money available to pay child support.

2. **Past confinement.** Child support also automatically stops during past confinement if it was ordered from October 8, 2015, through December 31, 2019, or January 1, 2021, through September 26, 2022, and the parent who has to pay was confined for more than 90 days in a row during the same time frame.

   Exceptions for past confinement. Child support does not automatically stop if the parent who has to pay was in jail or prison for failing to pay child support or for domestic violence against the other parent or the child, or if they had money available to pay support.

3. **Timing.** The date child support automatically restarts will depend on the parent's release date. If you need to change your child support order, see page 2.

   a. **If released before January 1, 2024,** child support automatically restarts the first day of the first full month after the parent is released.

   b. **If released after January 1, 2024,** child support will automatically restart the first day of the 10th month after the parent is released.

   Employment before the 10-month period ends: If the parent who has to pay support starts working before the date child support is set to automatically restart, the person who is owed support or the local child support agency can request the court restart the child support order early. The court may order a different amount of child support if appropriate.

4. **More info.** For more information about child support and incarcerated parents, see Family Code section 4007.5 or go to https://selfhelp.courts.ca.gov/child-support/incarcerated-parent.
   You can also contact the family law facilitator in your county and can find them here: www.courts.ca.gov/selfhelp-facilitators.htm.

The foregoing instrument is a correct copy of the original on file in this office.
ATTEST: 2/9/2026
BY: _____
Court Clerk

Exhibit 5 - Roberto Gomes Junior's Previous Marriage Documents

FEDERATIVE REPUBLIC OF BRAZIL
STATE OF MINAS GERAIS

CIVIL REGISTRY OF NATURAL PERSONS

M A R R I A G E C E R T I F I C A T E

11024 / 0

NAME:
ROBERTO GOMES JÚNIOR //
ANA LUÍZA LIMA GOMES //

REGISTRATION
058040 01 55 2010 3 00031 147 0017439 - 03

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

HE: ROBERTO GOMES JÚNIOR //
01/29/1990, Cornélio Procópio, Paraná, Brazilian //
Filiation: ROBERTO GOMES and CÉLIA DE SOUZA GOMES //

SHE: ANA LUÍZA LIMA GOMES //
02/18/1992, Belo Horizonte, Minas Gerais, Brazilian //
Filiation: CARLOS ALBERTO ROCHA GOMES and ADRIANA MARIA LIMA GOMES //

DATE OF MARRIAGE REGISTRATION IN FULL	DAY	MONTH	YEAR
JUNE TWENTY-THIRD, TWO THOUSAND TEN //	23	06	2010

MARITAL PROPERTY REGIME

PARTIAL COMMUNITY OF PROPERTY

NAME EACH SPOUSE BEGAN TO USE

ROBERTO GOMES JÚNIOR //
ANA LUÍZA LIMA GOMES //

NOTES / ANNOTATIONS

MARRIAGE SOLEMNIZED ON JUNE TENTH, TWO THOUSAND TEN. //

SECOND SUBDISTRICT OF BELO HORIZONTE
Maria Candida Baptista Faggion
BELO HORIZONTE / MINAS GERAIS
Rua Guarani, 251 - Centro

The content of this certificate is true.
I certify.
06/25/2010, Belo Horizonte, Minas Gerais

CERTIFICATE WITHOUT ANNOTATIONS

LAW NO. 15424/2004 TABLES 7,8	
FEES	18.34
JUDICIAL INSPECTION FEE	3.70
TOTAL	22.04

CIVIL REGISTRY
Judiciary
State of Minas Gerais
Judicial Administrative Department
Inspection Seal
CERTIFICATE
ANN 05581

----//signature//----

VERA LÚCIA CUSTÓDIO DE CASTRO
DEPUTY REGISTRAR

AA 5767522

STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS STATE OF MINAS GERAIS

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VALID THROUGHOUT THE NATIONAL TERRITORY, ANY ALTERATION OR ERASURE INVALIDATES THIS DOCUMENT

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 5, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
ESTADO DE MINAS GERAIS

REGISTRO CIVIL DAS PESSOAS NATURAIS

C E R T I D Ã O D E C A S A M E N T O 11024/0

NOME:
ROBERTO GOMES JÚNIOR //
ANA LUÍZA LIMA GOMES //

MATRÍCULA:
058040 01 55 2010 3 00031 147 0017439 - 03

NOMES COMPLETOS DE SOLTEIRO, DATA E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES

ELE: ROBERTO GOMES JÚNIOR //
29/01/1990, Cornélio Procópio, PR, brasileiro //
Filiação: ROBERTO GOMES e CÉLIA DE SOUZA GOMES //

ELA: ANA LUÍZA LIMA GOMES //
18/02/1992, Belo Horizonte, MG, brasileira //
Filiação: CARLOS ALBERTO ROCHA GOMES e ADRIANA MARIA LIMA GOMES //

DATA DE REGISTRO DO CASAMENTO POR EXTENSO	DIA	MÊS	ANO
VINTE E TRÊS DE JUNHO DE DOIS MIL E DEZ //	23	06	2010

REGIME DE BENS DO CASAMENTO
COMUNHÃO PARCIAL,

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR
ROBERTO GOMES JÚNIOR //
ANA LUÍZA LIMA GOMES //

OBSERVAÇÕES AVERBAÇÕES
CASAMENTO CELEBRADO EM DEZ DE JUNHO DE DOIS MIL E DEZ. //

SEGUNDO SUBDISTRITO DE BELO HORIZONTE
Maria Candida Baptista Faggion
BELO HORIZONTE/MG
Rua Guarani, 251 - Centro

O conteúdo da certidão é verdadeiro.
Dou fé.
Data e Local:
25/06/2010, Belo Horizonte MG

CERTIDÃO S/ AVERB
LEI 15424/2004 TABELA 7,8

EMOLUMENTOS	18,34
TAXA FISC JUD	3,70
TOTAL	22,04

Selo de Fiscalização
CERTIDÃO
ANN 05521

VERA LÚCIA CUSTÓDIO DE CASTRO
OFICIAL SUBSTITUTA

AA 5767522

VÁLIDO EM TODO TERRITÓRIO NACIONAL. QUALQUER ADULTERAÇÃO OU RASURA INVALIDA ESTE DOCUMENTO

RECEIVED

FL-180

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
ROBERTO GOMES, JR. 332 GATEWAY DR., APT. 108 PACIFICA CA 94044 TELEPHONE NO.: (415) 670-0285 FAX NO. (Optional): E-MAIL ADDRESS (Optional): robertogomesjunior01@gmail.com ATTORNEY FOR (Name): ROBERTO GOMES, JR.	SEP 16 2025 CLERK OF THE SUPERIOR COURT SAN MATEO COUNTY Electronically **FILED** By Superior Court of California, County of San Mateo ON 12/11/2025 By /s/ Lubana, Simran Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF San Mateo STREET ADDRESS: 400 County Center MAILING ADDRESS: CITY AND ZIP CODE: Redwood City, CA 94063 BRANCH NAME: Southern Branch: Hall of Justice & Records	
MARRIAGE OR PARTNERSHIP OF PETITIONER: ANA LUIZA LIMA GOMES RESPONDENT: ROBERTO GOMES, JR.	
JUDGMENT ☑ DISSOLUTION ☐ LEGAL SEPARATION ☐ NULLITY ☑ Status only ☐ Reserving jurisdiction over termination of marital or domestic partnership status ☐ Judgment on reserved issues Date marital or domestic partnership status ends: 12/09/2025	CASE NUMBER: 24-FAM-00943

1. ☐ This judgment ☐ contains personal conduct restraining orders ☐ modifies existing restraining orders.
   The restraining orders are contained on page(s) of the attachment. They expire on *(date):*
2. This proceeding was heard as follows: ☑ Default or uncontested ☐ By declaration under Family Code section 2336
   ☐ Contested ☐ Agreement in court
   a. Date: 12/09/2025 Dept.: 26 Room: 2F
   b. Judicial officer *(name):* Judge Dabel ☐ Temporary judge
   c. ☐ Petitioner present in court ☐ Attorney present in court *(name):*
   d. ☐ Respondent present in court ☐ Attorney present in court *(name):*
   e. ☐ Claimant present in court *(name):* ☐ Attorney present in court *(name):*
   f. ☐ Other *(specify name):*
3. The court acquired jurisdiction of the respondent on *(date):* 6/13/2024
   a. ☐ The respondent was served with process.
   b. ☑ The respondent appeared.

THE COURT ORDERS, GOOD CAUSE APPEARING

4. a. ☑ Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons
   (1) ☑ on *(specify date):* 12/09/2025
   (2) ☐ on a date to be determined on noticed motion of either party or on stipulation.
   b. ☐ Judgment of legal separation is entered.
   c. ☐ Judgment of nullity is entered. The parties are declared to be single persons on the ground of *(specify):*
   d. ☐ This judgment will be entered nunc pro tunc as of *(date):*
   e. ☐ Judgment on reserved issues.
   f. The ☐ petitioner's ☐ respondent's former name is restored to *(specify):*
   g. ☑ Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.
   h. ☐ This judgment contains provisions for child support or family support. Each party must complete and file with the court a *Child Support Case Registry Form* (form FL-191) within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The *Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order* (form FL-192) is attached.

Form Adopted for Mandatory Use
Judicial Council of California
FL-180 [Rev. July 1, 2012]

JUDGMENT
(Family Law)

Family Code, §§ 2024, 2340, 2343, 2346
www.courts.ca.gov

CASE NAME *(Last name, first name of each party)*: GOMES V. GOMES	CASE NUMBER: 24-FAM-00943

4. i. ☐ The children of this marriage or domestic partnership are:
   (1) ☐ Name Birthdate

   (2) ☐ Parentage is established for children of this relationship born prior to the marriage or domestic partnership
   j. ☐ Child custody and visitation (parenting time) are ordered as set forth in the attached
      (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
      (2) ☐ *Child Custody and Visitation Order Attachment* (form FL-341).
      (3) ☐ *Stipulation and Order for Custody and/or Visitation of Children* (form FL-355).
      (4) ☐ Previously established in another case. Case number: Court:
   k. ☐ Child support is ordered as set forth in the attached
      (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
      (2) ☐ *Child Support Information and Order Attachment* (form FL-342).
      (3) ☐ *Stipulation to Establish or Modify Child Support and Order* (form FL-350).
      (4) ☐ Previously established in another case. Case number: Court:
   l. ☐ Spousal, domestic partner, or family support is ordered:
      (1) ☐ Reserved for future determination as relates to ☐ petitioner ☐ respondent
      (2) ☐ Jurisdiction terminated to order spousal or partner support to ☐ petitioner ☐ respondent
      (3) ☐ As set forth in the attached *Spousal, Partner, or Family Support Order Attachment* (form FL-343).
      (4) ☐ As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
      (5) ☐ Other *(specify)*:
   m. ☐ Property division is ordered as set forth in the attached
      (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Property Order Attachment to Judgment* (form FL-345).
      (3) ☐ Other *(specify)*:
   n. ☐ Attorney fees and costs are ordered as set forth in the attached
      (1) ☐ Settlement agreement, stipulation for judgment, or other written agreement.
      (2) ☐ *Attorney Fees and Costs Order* (form FL-346).
      (3) ☐ Other *(specify)*:
   o. ☑ Other *(specify)*: **Bifurcation of Status of Marriage or Domestic Partnership (see attached F**

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date: _____

_____
JUDICIAL OFFICER
☑ SIGNATURE FOLLOWS LAST ATTACHMENT

5. Number of pages attached: 4

NOTICE

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.
A debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.
An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.
Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

PETITIONER: ANA LUIZA LIMA GOMES RESPONDENT: ROBERTO GOMES, JR.	CASE NUMBER: 24-FAM-00943

BIFURCATION OF STATUS OF MARRIAGE OR DOMESTIC PARTNERSHIP

ATTACHMENT TO ☑ **JUDGMENT (FL-180)** ☐ **FINDINGS AND ORDER AFTER HEARING (FL-340)**

The court grants the request of ☐ petitioner ☑ respondent to bifurcate and grant a separate trial on the issue of the dissolution of the status of the marriage or domestic partnership apart from other issues.

Date marital or domestic partnership status ends (specify):

THE COURT FINDS

1. A preliminary declaration of disclosure with a completed schedule of assets and debts and income and expense declaration has been served on the nonmoving party, or the parties have stipulated in writing to defer service of the preliminary declaration of disclosure until a later time.
2. Each retirement or pension plan of the parties has been joined as a party to the proceeding for dissolution unless joinder is precluded or made unnecessary by applicable law.

THE COURT ORDERS

3. a. To preserve the claims of each party in all retirement plan benefits on entry of judgment granting a dissolution of the status of the marriage or domestic partnership, the court makes one of the following orders for each retirement plan in which either party is a participant:

   (1) A final domestic relations order or qualified domestic relations order under Family Code section 2610 disposing of each party's interest in retirement plan benefits, including survivor and death benefits.

   (2) An interim order preserving the nonemployee party's right to retirement plan benefits, including survivor and death benefits, pending entry of judgment on all remaining issues.

   (3) A provisional order on *Pension Benefits—Attachment to Judgment* (form FL-348) incorporated as an attachment to the judgment of dissolution of the status of marriage or domestic partnership (*Judgment (Family Law)* (form FL-180)). This order provisionally awards to each party a one-half interest in all retirement benefits attributable to employment during the marriage or domestic partnership.

   b. Name of plan:

Type of order attached		
3a(1)	3a(2)	3a(3)
☐	☐	☐
☐	☐	☐
☐	☐	☐

   ☐ See attachment 3b for additional plans.

   c. The moving party must promptly serve on the retirement or pension plan administrator a copy of any order entered under items a and b above and a copy of the judgment granting dissolution of the status of the marriage or domestic partnership (form FL-180).

4. Jurisdiction is reserved for later determination of all other pending issues in this case.

5. The court makes the following additional orders as conditions for granting the severance on the issue of dissolution of the status of marriage or domestic partnership. In the case of the moving party's death, the order continues to be binding on that moving party's estate and will be enforceable against any asset, including the proceeds thereof, to the same extent that these obligations would have been enforceable before the person's death.

   a. ☑ **Division of property**
   The ☑ petitioner ☑ respondent must indemnity and hold the other party harmless from any ☑ taxes, ☑ reassessments, ☑ interest, and ☑ penalties payable by the other party in connection with the division of the community estate that would not have been payable if the parties were still married or domestic partners at the time the division was made.

Form Adopted for Mandatory Use
Judicial Council of California
FL-347 [January 1, 2018]

BIFURCATION OF STATUS OF MARRIAGE OR DOMESTIC PARTNERSHIP—ATTACHMENT (Family Law)

Family Code, §§ 2337, 2610;
Probate Code, §§ 160 et seq., 5000 et seq.
www.courts.ca.gov

PETITIONER: ANA LUIZA LIMA GOMES RESPONDENT: ROBERTO GOMES, JR.	CASE NUMBER: 24-FAM-00943

5. b. ☑ **Health insurance**

Until judgment has been entered on all remaining issues and has become final, the ☑ petitioner ☑ respondent must maintain all existing health and medical insurance coverage for the other party, and that party must also maintain any minor children as named dependents, as long as that party is eligible to do so. If at any time during this period the ☑ petitioner ☑ respondent is not eligible to maintain that coverage, that party must, at his or her sole expense, provide and maintain health and medical insurance coverage that is comparable to the existing health and medical insurance coverage to the extent it is available.

If that coverage is not available, the ☑ petitioner ☑ respondent is responsible for paying the health and medical care for the other party and the minor children to the extent that care would have been covered by the existing insurance coverage but for the dissolution of marital status or domestic partnership, and will otherwise indemnify and hold the other party harmless from any adverse consequences resulting from the loss or reduction of the existing coverage. "Health and medical insurance coverage" includes any coverage under any group or individual health or other medical plan, fund, policy, or program.

c. ☑ **Probate homestead**

Until judgment has been entered on all remaining issues and has become final, the ☑ petitioner ☑ respondent must indemnify and hold the other party harmless from any adverse consequences to the other party if the bifurcation results in a termination of the other party's right to a probate homestead in the residence in which the other party resides at the time the severance is granted.

d. ☑ **Probate family allowance**

Until judgment has been entered on all remaining issues and has become final, the ☑ petitioner ☑ respondent must indemnify and hold the other party harmless from any adverse consequences to the other party if the bifurcation results in the loss of the rights of the other party to a probate family allowance as the surviving spouse or surviving domestic partner.

e. ☑ **Retirement benefits**

Except for any retirement plan, fund, or arrangement identified in any order issued and attached as set out in paragraph 3, until judgment has been entered on all remaining issues and has become final, the ☑ petitioner ☑ respondent must indemnify and hold the other party harmless from any adverse consequences to the other party if the bifurcation results in the loss of the other party's rights with respect to any retirement, survivor, or deferred compensation benefits under any plan, fund, or arrangement, or to any elections or options associated with them, to the extent that the other party would have been entitled to those benefits or elections as the spouse or surviving spouse or the domestic partner or surviving domestic partner of the moving party.

f. ☑ **Social security benefits**

The moving party must indemnify and hold the other party harmless from any adverse consequences if the bifurcation results in the loss of rights to social security benefits or elections to the extent the other party would have been entitled to those benefits or elections as the surviving spouse or surviving domestic partner of the moving party.

g. ☐ **Beneficiary designation—nonprobate transfer**

Attachment 5(g), Order Re: Beneficiary Designation for Nonprobate Transfer Assets, will remain in effect for each covered asset until the division of any community interest therein has been completed.

h. ☐ **Individual Retirement Accounts**

Attachment 5(h), Order Re: Division of IRA Under Internal Revenue Code Section 408(d)(6), has been issued to preserve the ability of ☐ petitioner ☐ respondent to defer distribution of his or her community interest on the death of the IRA owner.

PETITIONER: ANA LUIZA LIMA GOMES RESPONDENT: ROBERTO GOMES, JR.	CASE NUMBER: 24-FAM-00943

5. i. ☐ **Enforcement of community property rights**
Good cause exists to make additional orders as set out in Family Code section 2337(c)(9). See Attachment 5(i).

j. ☐ **Other conditions that are just and equitable**
Other:

6. Number of pages attachments:

WARNING: *Judgment (Family Law)* (form FL-180) (status only) must be completed in addition to this form for the status of the marriage or domestic partnership to be ended.

PETITIONER: ANA LUIZA LIMA GOMES	CASE NUMBER
RESPONDENT: ROBERTO GOMES, JR.	24-FAM-00943

STIPULATION FOR JUDGMENT

The undersigned parties have read the judgment and all attachments thereto and understand its terms. The parties have not entered into this stipulation under duress or coercion.

The foregoing is agreed to by:

Date: 09/14/25

Ana Gomes
Petitioner

Date: 09/14/25

Roberto Gomes Junior
Respondent

Date: 12/11/2025

Electronically
SIGNED
Judge of the Superior Court
By /s/ Dabel, Sean
12/11/2025

Exhibit 6 - Evidence of Bona Fide Marriage

Hannah Marie James Gomes
332 Gateway Driver apt 108
Pacifica, CA, 94044
209 628-5195
hannahjames199@gmail.com
03/15/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

It all started with an online dating app. I was at my wits end with dating. I told everyone that I was either going to marry the next man I went on a date with or give up. Roberto and I matched in March 2023. We had been chatting for a few weeks before our first date, but being single parents made it difficult to find time. On top of that, I was heading to Illinois to visit my dad for a week. I remember sitting on my dad's couch texting with Roberto, and I must have been grinning ear to ear because my dad said, "who's the guy!?" We were talking about playing soccer and doing crossword puzzles. We discovered that both of us enjoy simple activities like this. Little did I know that he would be my partner in all life has to offer.

Finally, we were able to go on our first date in early April of 2023. I spent at least an hour picking my outfit with my mom and settled on a thin strap satin blue blouse, black pants, and blue suede heels. Roberto was wearing sleek black dress shoes, nice pants, and a fitted shirt. He looked so good, and I was so nervous. As we were being shown to our table, the hostess asked if we were celebrating anything and I said, "oh it's our first date!" The waiter who brought us bread and water asked if we wanted a picture, and we awkwardly declined. We both wish we had taken that opportunity and mention that missed chance often. I want to go back in the same outfits for an anniversary dinner and get that picture.

I was absolutely smitten with Roberto. I couldn't get enough of him. He was respectful, gentle, and very easy on the eyes. He showed genuine interest in what I cared about and liked. I love reading, and one night I had just finished book two out of five in a series and was texting Roberto about how bummed I was that I didn't have the next book. He asked what it was, so I sent him a picture. A little over an hour later, I got a text to go outside. He was outside of my house with the next book in the series. If that isn't love, I don't know what is. My mom was also quite impressed. He set the bar very high for himself, and it is a bar he has held constant through our relationship.

One of my favorite memories is a date in the park. We played soccer in the grass and sat on a blanket talking in the sun. I don't remember who brought it up, but we talked about how crazy it was that we were having such strong feelings for each other after just a couple months. I was so relieved that he felt the same. When I used to hear people say "when you know you know," I would scoff and roll my eyes. That type of love only happened in movies. But here I was, falling in love with a man I can't picture my life without.

I was really nervous meeting his kids for the first time. If they didn't like me, it was game over. I bought them all stuffed animals and coloring books. Thankfully, our meeting was incredibly similar to my story with Roberto we fell in love fast. I am so lucky to know Sophia, Sarah, and Noah. Sophia is thoughtful, creative, honest, and kind, and she loves hugs. Sarah is playful, joyful, fun, and knows what she wants I think she'll be a lawyer one day. Noah is bright and silly, and I'm pretty sure he'll be an astronaut, or at least an astronomer one day. He knows more about outer space than anyone I know.

Soon, we started having all the kids spend time together, including my son Eli. There was an adjustment period, but now they are all like brothers and sisters.

Roberto proposed on his birthday in the most romantic way possible. We had gone out for a birthday breakfast and were walking on the beach. We stopped at a nice stump to look at the ocean and sit together. He listened to a voice memo from his parents and started getting emotional. I asked if he was okay, and he said yes, just wait a minute and I immediately knew he was going to ask me to marry him. He turned to me, took my hands, and began telling me how our values aligned, that the kids love me, and that he knows God put us together. For those reasons, he wanted me to be his wife. Then he got down on one knee and took a piece of dried grass to tie around my finger.

He didn't have the ring because he had been planning to propose that night at dinner, but the moment on the log at the beach felt special, and he followed his heart to do it then. To me, that is more meaningful than any other proposal could have been. We had the best rest of the day. I had planned a nice homemade dinner for his birthday, and it turned out we were celebrating for two reasons.

At that time, we still didn't live together, and it was so hard to be apart. I didn't want to pull Eli out of school in the middle of the year to move to Pacifica, so we waited until summer. We moved into a two-bedroom apartment, set up bunk beds for the kids, got a new couch, filled the kitchen with pots and pans, and started our life together. It was a great summer. We went to Lake Tahoe, as is a tradition in my family. Roberto had only been in the winter, so seeing it in the summer was a treat. He loves bears, but a few nights they came a little too close to our campsite for comfort. One morning we woke up and found huge bear paw tracks through the campsite. Now Lake Tahoe is one of our favorite places. I'm afraid we might miss the camping trip this summer because we have our wedding and Roberto's soccer tournament.

Although we had a beautiful ceremony at my mom's home, I still, like many women, dream of a big, beautiful wedding. My mom hired someone to make a wedding dress using fabric from my grandmother's dress something I've dreamed of since I was a teen. We'll be getting married at the church I grew up in. We booked a Brazilian caterer to honor Roberto's roots. And I know he loves me because he agreed to have dinner at the restaurant I work at, which is vegan. His willingness to do that made me want to book the Brazilian food even more. I know his parents and brother will enjoy it as well.

I do look forward to sharing a meal with them at the restaurant I work at. Roberto has been so supportive of me keeping my job in the East Bay after I moved in with him. We planned for me to get a new job and transition to life on the Peninsula. However, I really love my job and had recently been promoted from waitress/bartender to bar manager! It's a lot of work and an hour on the road each way. It's definitely not a choice he would make, as he is the picture of practicality, but he knows it is what I want so he helps make it work.

Roberto is one of a kind and he offers so much to the people in his life. He is giving and kind. He loves God. He knows what he wants for himself and his family, which I have been blessed to join. Roberto gives back to the community by using his experience as a former professional player to help develop young athletes. He has also created a youth soccer tournament that provides great opportunities for players. The players and the parents really respect and appreciate him and the way he works. He is taking what he loves and making a career out of it, something that embodies the American dream quite well. He is proud to live in this country, and I am proud to call him my husband.

Sincerely,



Hannah Marie James Gomes

Roberto Gomes Junior
332 Gateway Driver apt 108
Pacifica, CA, 94044
415 670-0285
robertogomesjunior01@gmail.com
03/10/2026

Personal Statement Regarding My Relationship

To Whom It May Concern,

I would like to share my experience and perspective about my relationship with Hannah.

We met through an online dating app in March of 2023. At that time, I wasn't expecting anything more than just meeting someone new, but from the very beginning, something felt different. We started talking, and even before meeting in person, I could already see in her something that caught my attention her simplicity, her values, and the way she spoke about life, family, and her faith in God.

When we finally went on our first date in early April, I remember being nervous, but at the same time very comfortable around her. The conversation flowed naturally, and it felt easy to be myself. I could see that she was kind, genuine, and someone who values the small things in life something that is very important to me.

A few weeks into dating, I remember a very specific moment that stayed with me. I was driving her home, and she was sitting next to me, looking out the window. Out of nowhere, a thought crossed my mind I looked at her and thought, "Wow… I think I'm going to marry this woman one day." It was a simple moment, but very real. At that time, we were just getting to know each other, but something inside me already knew she was special.

There is another moment I will never forget. We were in Las Vegas together, at a concert, and I remember we were standing in line to buy a drink. Hannah, as always, was smiling and being kind to everyone around her. There were two women in line near us, and she started talking to them in a very natural and friendly way. I was just watching her interact, the way she connects with people so easily, while I tend to be more quiet. As those women were leaving, one of them looked at me and said, "She's a keeper. You gotta remember that. She's a good one." I never forgot that moment. And she was right she is a keeper.

As our relationship grew, what stood out to me the most was her heart. The way she loves, the way she cares, and especially the way she treats my children. Watching her interact with Sophia, Sarah, and Noah meant a lot to me. She is patient, loving, and very present. She listens to them, supports them, and treats them with kindness and respect. As a father, that is something I value deeply.

At the same time, bringing our families together was very important to both of us. Seeing my kids and her son Eli build a relationship has been something very special. Today, they interact like brothers and sisters, and that is something that happened naturally over time.

One of the most meaningful experiences for me was going to Lake Tahoe with her family. It was our first big trip together with everyone, and it gave me the opportunity to spend real time with her mom, her brother, and Eli. My brother was also there, which made it even more special. Being there, sharing simple moments like meals, conversations, and time outdoors, allowed me to see who she really is in her natural environment. Every day of that trip confirmed to me that she is truly a blessing in my life and the person I want to build my future with.

Something that connects us deeply is how we both value simple things. We don't need anything extravagant to be happy. Spending time together, being with the kids, having a meal, going to the park, or just being present with each other those are the things that matter to us. We share the same vision about family, love, and life.

Her faith is also something that I admire a lot. She believes in God, and that is something we both share. I truly believe that God brought us together, and that our relationship has a purpose.

From the beginning until today, she has brought balance, peace, and happiness into my life. She is loving, supportive, and genuine. Everything we have built has been real, and it continues to grow stronger every day.

I am grateful for her, for the family we are building together, and for the life we are creating.

Sincerely,



Roberto Gomes Junior

AVALON ACCESS

Payments | Service | Information | Lease | Renew / Vacate

Roberto Gomez Junior
Account: CA039-332-108-10

My Lease | Permission To Enter | Vehicles | Pets

MY LEASE

Apartment 332-108
eaves Pacifica | 332 Gateway Drive 108 | Pacifica, CA 94044

CA039-332-108-10

Occupants and Guarantors

Roberto Gomez Junior Current Resident
Hannah James Current Resident
Elijah Kile Current Minor Occupant

Lease Terms

Lease status	Current Standard Lease
Lease term	12 months
Lease start date	04/01/2025
Current term start date	05/01/2026
Lease expiration date	04/30/2027

Recurring Monthly Charges

Base Rent	$3,505.00
Connect+ Internet	$65.00
Total Monthly Charges	**$3,570.00**

This is only an estimate. Your actual amount due each month may vary based on utility charges or other discounts and concessions.

Deposits and Non-refundable Charges

Required Deposits

Security Deposit	$750.00
Other Deposits	$0.00
Total Required Deposits	**$750.00**
Total One-Time Payments	**$0.00**

Miscellaneous Terms and Charges

Rent Due Date	1st of month
Returned Check Charge	$25.00

Assignments

GARPORT	G13

Utilities

Electricity	Paid by resident
Gas	Paid by resident
Sewer	Paid by resident
Trash	Paid by resident
Water	Paid by resident
Other	Paid by resident

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Contact Us

Wells Fargo Combined Statement of Accounts

HANNAH M JAMES
ROBERTO GOMES JUNIOR
332 GATEWAY DR APT 108
PACIFICA CA 94044-1150

Questions?

Available by phone 24 hours a day, 7 days a week:
We accept all relay calls, including 711
1-800-TO-WELLS (1-800-869-3557)

En español: 1-877-727-2932

Online: wellsfargo.com

Write: Wells Fargo Bank, N.A. (114)
P.O. Box 6995
Portland, OR 97228-6995

You and Wells Fargo

Thank you for being a loyal Wells Fargo customer. We value your trust in our company and look forward to continuing to serve you with your financial needs.

Other Wells Fargo Benefits

Check your security settings

Now is a great time to make sure your security settings are up to date before the busy fall, back-to-school, and holiday seasons arrive.

Sign on now and complete a few simple steps in less than 10 minutes:

1. Update and strengthen your password, or better yet get Passkey (it takes just a minute).
2. Ensure we have your current contact information (current mobile number and email).
3. Set up account alerts*, which you can customize for your needs.

Learn more at www.wellsfargo.com/securitytools

* Sign-up may be required. Availability may be affected by your mobile carrier's coverage area. Your mobile carrier's message and data rates may apply.

Summary of accounts

Checking and Savings

Account	*Page*	*Account number*	*Ending balance last statement*	*Ending balance this statement*
WELLS FARGO EVERYDAY CHECKING (Your primary account)	2	5299207075	319.03	383.42
WELLS FARGO WAY2SAVE®SAVINGS	6	5299494392	59.00	25.14
		Total deposit accounts	$378.03	$408.56

Wells Fargo Everyday Checking

Statement period activity summary

Beginning balance on 7/16	$319.03
Deposits/Additions	4,323.86
Withdrawals/Subtractions	- 4,259.47
Ending balance on 8/17	$383.42

Account number: 5299207075 (primary account)

HANNAH M JAMES
ROBERTO GOMES JUNIOR

California account terms and conditions apply

For Direct Deposit use
Routing Number (RTN): 121042882

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - 000005299494392

Transaction history

Date	*Check Number*	*Description*	*Deposits/ Additions*	*Withdrawals/ Subtractions*	*Ending daily balance*
7/16		Monthly Service Fee for 06/16 to 07/15		15.00	304.03
7/17		The Knot Newlywe The Knot N St-C7Y2N5C6N4Z1 Hannah James	100.00		404.03
7/23		Purchase authorized on 07/21 Arco#83831Arco Amp Manteca CA S346202688947346 Card 7489		10.21	
7/23		Purchase authorized on 07/21 Dutch Bros CA0808 Manteca CA S356202852443073 Card 7489		21.25	
7/23		Purchase authorized on 07/22 7-11 #37265 700 Hickey Bl Pacifica CA P386204058692457 Card 7489		45.34	
7/23		Save As You Go Transfer Debit to Xxxxxxxxxx4392		3.00	324.23
7/24		The Knot Newlywe The Knot N St-Z4L5W8Y0P5A6 Hannah James	100.00		
7/24		Purchase authorized on 07/22 Ross Stores #1940 Daly City CA S346204106858333 Card 7489		41.73	
7/24		Purchase authorized on 07/24 Staples 0488 Debit South San Fra CA P346205597677072 Card 7489		30.26	
7/24		Save As You Go Transfer Debit to Xxxxxxxxxx4392		2.00	350.24
7/27		Mobile Deposit : Ref Number :007250643823	30.00		
7/27		Mobile Deposit : Ref Number :207250644911	100.00		
7/27		Mobile Deposit : Ref Number :707270350723	150.00		630.24
7/29		Recurring Payment authorized on 07/28 Disney Plus 888-9057888 CA S306210033550854 Card 7489		11.99	618.25
7/30		Purchase authorized on 07/28 Starbucks 80078272 800-782-7282 WA S586209568913563 Card 7489		25.00	
7/30		Purchase authorized on 07/28 Safeway #2843 Pacifica CA S356209579013406 Card 7489		7.13	
7/30		Purchase authorized on 07/29 Sq *Beach Monkey C Pacifica CA S356210584902154 Card 7489		9.08	

Transaction History (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
7/30		Purchase authorized on 07/30 7-11 #37265 Pacifica CA P000000847169909 Card 7489		49.92	
7/30		Save As You Go Transfer Debit to Xxxxxxxxxx4392		4.00	523.12
7/31		The Knot Newlywe The Knot N St-P8G6Y8G5F9F4 Hannah James	300.00		
7/31		Purchase authorized on 07/31 Staples 0488 Debit South San Fra CA P356212590425841 Card 7489		15.33	
7/31		Save As You Go Transfer Debit to Xxxxxxxxxx4392		1.00	806.79
8/3		Purchase authorized on 07/31 Safeway #2843 Pacifica CA S346213066790758 Card 7489		39.50	
8/3		Purchase authorized on 07/31 Playstation San Mateo CA S356213101481213 Card 7489		9.99	
8/3		Non-WF ATM Withdrawal authorized on 08/03 345 Rockaway Ave Pacifica CA 586215819737811 ATM ID P697673 Card 7489		122.00	
8/3		Non-Wells Fargo ATM Transaction Fee		3.00	
8/3		Save As You Go Transfer Debit to Xxxxxxxxxx4392		2.00	630.30
8/5		The Knot Newlywe The Knot N St-W9A8Q3J9R3x2 Hannah James	150.00		780.30
8/6		Purchase authorized on 08/04 Zara USA 11828 San Francisco CA S466216671611862 Card 8414		75.93	
8/6		Purchase authorized on 08/04 NEW Monkey Thai Alameda CA S386217159329334 Card 7489		95.13	
8/6		Save As You Go Transfer Debit to Xxxxxxxxxx4392		2.00	607.24
8/7		The Knot Newlywe The Knot N St-x2J1W2R3E9C1 Hannah James	600.00		
8/7		Purchase authorized on 08/05 Safeway #2843 Pacifica CA S346218060083595 Card 7489		42.44	
8/7		Purchase authorized on 08/06 Chipotle 1590 Lafayette CA S306218766782496 Card 8414		43.70	
8/7		Purchase authorized on 08/06 Chevron 0097578 Danville CA S466218815599260 Card 7489		65.82	
8/7		Save As You Go Transfer Debit to Xxxxxxxxxx4392		3.00	1,052.28
8/10		Mobile Deposit : Ref Number :408100446927	100.00		
8/10		Mobile Deposit : Ref Number :308100446111	100.00		
8/10		Purchase authorized on 08/07 Royal Gas Lafayette CA S306219678689446 Card 8414		52.47	
8/10		Purchase authorized on 08/07 McDonald's F15279 Lafayette CA S346219775746293 Card 8414		46.80	
8/10		Purchase authorized on 08/09 McDonald's F25945 Pacifica CA S306221756514231 Card 8414		37.61	
8/10		Purchase authorized on 08/09 7-11 #37265 Pacifica CA P000000240564295 Card 8414		87.07	
8/10		Purchase authorized on 08/09 Crabby Jim's Seafo Monterey CA S386222139322986 Card 8414		188.94	
8/10		Purchase authorized on 08/09 Pirates Cove Monterey CA S346222153228802 Card 7489		121.20	
8/10		Purchase authorized on 08/10 Maverik #762 Lemoore CA P386222788506514 Card 8414		68.82	
8/10		Purchase authorized on 08/10 Maverik #762 Lemoore CA P306222794763767 Card 8414		21.83	627.54
8/11		Zelle From Hannah James on 08/10 Ref # Bacxcxuwcxan	100.00		
8/11		Purchase authorized on 08/09 Safeway #0761 Pacific Grove CA S466222171290355 Card 7489		16.47	
8/11		Purchase authorized on 08/10 Tst* First Awakeni Monterey CA S466222615336363 Card 8414		93.94	
8/11		Purchase authorized on 08/10 Booking.Com* 1Nnei WWW.Zipstay.C CA S356223164566639 Card 8414		475.28	
8/11		Overdraft Protection From 5299494392	68.86		210.71
8/12		The Knot Newlywe The Knot N St-Z0K8S0L6F0G6 Hannah James	100.00		
8/12		ATM Cash Deposit on 08/12 3116 Floral Ave Selma CA 0009062 ATM ID 9872K Card 8414	1,970.00		
8/12		Purchase authorized on 08/10 Ross Store 428 Sand City CA S306222671962598 Card 7489		260.04	

Transaction History (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
8/12		Purchase authorized on 08/12 Valero 22 Mile House Madera CA P356224588114360 Card 8414		49.68	
8/12		Save As You Go Transfer Debit to Xxxxxxxxxx4392		2.00	1,968.99
8/13		The Knot Newlywe The Knot N St-W7T1D0J9I6M0 Hannah James	80.00		
8/13		Purchase authorized on 08/11 Sequoia- Lodgepole 559-335-5500 CA S386223756222947 Card 7489		50.67	
8/13		Purchase authorized on 08/12 Fh* Lakeside Marin WWW.Action-WA CA S346224602968535 Card 7489		236.76	
8/13		Purchase authorized on 08/12 Yosemite Np El Portal CA S586224654774022 Card 8414		35.00	
8/13		Purchase authorized on 08/12 Sp Yosemite Conser 120-93792648 CA S346224795110072 Card 8414		11.91	
8/13		Purchase authorized on 08/12 Ls Mammoth Shirt C 192-58191873 CA S356225145440977 Card 7489		13.23	
8/13		Save As You Go Transfer Debit to Xxxxxxxxxx4392		5.00	1,696.42
8/14		The Knot Newlywe The Knot N St-T1P3P7Z7x2Y3 Hannah James	275.00		
8/14		Purchase authorized on 08/12 Ynp Basecamp Eater Fresno CA S346224714672888 Card 7489		39.24	
8/14		Purchase authorized on 08/12 Vulcania Rest Mamm Mammoth Lakes CA S466225139633259 Card 8414		234.75	
8/14		Purchase authorized on 08/12 Sq *Local Scoop MA Mammoth Lakes CA S346225156342584 Card 8414		18.00	
8/14		Purchase authorized on 08/13 Sq *Black Velvet C Mammoth Lakes CA S586225554634096 Card 7489		29.08	
8/14		Purchase authorized on 08/13 Chevron 0376810 Gardnerville NV S466225732964146 Card 8414		53.84	
8/14		Purchase authorized on 08/13 Stateline Brewery 510-3960821 CA S586225853110655 Card 8414		71.82	
8/14		Purchase authorized on 08/13 Bird App* Pending. Bird.CO FL S386226094106363 Card 8414		6.41	
8/14		Purchase authorized on 08/13 Bird App* Pending. Bird.CO FL S386226095566357 Card 7489		5.81	
8/14		Purchase authorized on 08/13 Retroactive Arcade South Lake Ta CA S346226104638363 Card 7489		40.00	
8/14		Purchase authorized on 08/14 Powder House Zalanta S Lake Tahoe CA P356226860042989 Card 7489		11.19	
8/14		Purchase authorized on 08/14 Up Shirt Creek S Lake Tahoe CA P306227011738351 Card 7489		56.97	
8/14		Save As You Go Transfer Debit to Xxxxxxxxxx4392		11.00	1,393.31
8/17		Purchase authorized on 08/13 Insomnia Cookies - South Lake Ta CA S386225861541665 Card 8414		18.44	
8/17		Purchase authorized on 08/13 Margaritaville Lak South Lake Ta CA S586226163523446 Card 8414		36.48	
8/17		Purchase authorized on 08/13 Margaritaville Lak South Lake Ta CA S306226189057503 Card 7489		78.22	
8/17		Purchase authorized on 08/14 Bird App* Pending. Bird.CO FL S466226583381585 Card 8414		3.37	
8/17		Purchase authorized on 08/14 Bird App* Pending. Bird.CO FL S386226588674546 Card 8414		3.37	
8/17		Purchase authorized on 08/14 Starbucks 80078272 800-782-7282 WA S306226592547531 Card 8414		40.00	
8/17		Purchase authorized on 08/14 Bird App* Pending. Bird.CO FL S386226669651263 Card 8414		5.73	
8/17		Purchase authorized on 08/14 Sq *Lakeside Beach South Lake Ta CA S356226716070876 Card 7489		60.02	
8/17		Purchase authorized on 08/14 Black Bear Trading Compan S Lake Tahoe CA P346227042586087 Card 8414		18.99	
8/17		Purchase authorized on 08/14 Stateline Brewery 510-3960821 CA S586227097302710 Card 8414		161.59	
8/17		Purchase authorized on 08/15 Sq *LA Papa Baked Salinas CA S306227709957988 Card 7489		30.59	
8/17		Purchase authorized on 08/15 Salinas Regional S Salinas CA S356227822253627 Card 8414		10.00	

Transaction History (continued)

Date	Check Number	Description	Deposits/ Additions	Withdrawals/ Subtractions	Ending daily balance
8/17		Purchase authorized on 08/15 Guerreros Taqueria Pacifica CA S346228072379587 Card 8414		53.12	
8/17		Purchase authorized on 08/16 Starbucks 80078272 800-782-7282 WA S386228442600612 Card 8414		40.00	
8/17		Purchase authorized on 08/16 7-11 #37265 Pacifica CA P000000843770682 Card 8414		89.21	
8/17		Purchase authorized on 08/16 Salinas Regional S Salinas CA S346228622278980 Card 8414		10.00	
8/17		Purchase authorized on 08/16 Sq *LA Papa Baked Salinas CA S466228624858819 Card 8414		4.37	
8/17		Purchase authorized on 08/16 Sq *Guzman Ice Cre Salinas CA S386228658452898 Card 8414		21.00	
8/17		Purchase authorized on 08/16 Starbucks 80078272 800-782-7282 WA S586228735659063 Card 8414		10.00	
8/17		Purchase authorized on 08/16 Target T-0320 5001 Junipe Colma CA P346228767662157 Card 7489		192.20	
8/17		Purchase authorized on 08/16 Sq *Plato's Closet Pacifica CA S586229022512729 Card 8414		102.19	
8/17		Save As You Go Transfer Debit to Xxxxxxxxxx4392		21.00	383.42
Totals			$4,323.86	$4,259.47	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

Monthly service fee summary

For complete list of fees and detailed account information, see the disclosures applicable to your account or talk to a banker. Go to wellsfargo.com/feefaq for a link to these documents, and answers to common monthly service fee questions.

Fee period: 06/16/2026 - 07/15/2026	Standard monthly service fee $15.00	You paid $15.00

Your monthly service fee can be avoided with any one of the following each fee period:	This fee period
• Primary account owner is 17-24 years old	Not Met
• A qualifying monthly non-civilian military direct deposit with the Wells Fargo Worldwide Military Banking Program	Not Met
• Maintain a minimum daily balance of $1500.00	$33.73
• Qualifying electronic deposits totaling $500.00 or more	$200.00
• $5,000 or more in qualifying deposit balances, investment balances or both	Not Met

TIP

Report check fraud right away. Fraudsters target the mail looking for checks they can alter and use. They may keep the amount the same, so it's important to review the check image as soon as it clears. Contact us to request check images or view them online. If you mail checks, make sure the person you sent it to receives it.

IMPORTANT ACCOUNT INFORMATION

NEW YORK CITY CUSTOMERS ONLY -- Pursuant to New York City regulations, we request that you contact us at 1-800-TO WELLS (1-800-869-3557) to share your language preference.

Other Wells Fargo Benefits

Help take control of your finances with a Wells Fargo personal loan.
Whether it's managing debt, making a large purchase, improving your home, or paying for unexpected expenses, a personal loan may be able to help. See personalized rates and payments in minutes with no impact to your credit score.
Get started at wellsfargo.com/personalloan.

Other Wells Fargo Benefits

Wells Fargo is serious about security.
Keeping your accounts and information secure is our priority. We use sophisticated tools to help safeguard your money - 24/7 fraud monitoring, data encryption, secure technology, and protection against suspicious activity. Visit our Security Center at wellsfargo.com/security to learn more.

Wells Fargo Way2Save®Savings

Statement period activity summary

Beginning balance on 7/16	$59.00
Deposits/Additions	35.00
Withdrawals/Subtractions	- 68.86
Ending balance on 8/17	$25.14

Account number: 5299494392
HANNAH M JAMES
ROBERTO GOMES JUNIOR
California account terms and conditions apply
For Direct Deposit use
Routing Number (RTN): 121042882

Interest summary

Interest paid this statement	$0.00
Average collected balance	$56.21
Annual percentage yield earned	0.00%
Interest earned this statement period	$0.00
Interest paid this year	$0.00

Transaction history

Date	*Description*	*Deposits/ Additions*	*Withdrawals/Subtractions*	*Ending daily balance*
7/24	Save As You Go Transfer Credit From Xxxxxxxxxx7075	3.00		62.00
7/27	Save As You Go Transfer Credit From Xxxxxxxxxx7075	2.00		64.00
7/31	Save As You Go Transfer Credit From Xxxxxxxxxx7075	4.00		68.00
8/3	Save As You Go Transfer Credit From Xxxxxxxxxx7075	1.00		69.00
8/4	Save As You Go Transfer Credit From Xxxxxxxxxx7075	2.00		71.00
8/7	Save As You Go Transfer Credit From Xxxxxxxxxx7075	2.00		73.00
8/10	Save As You Go Transfer Credit From Xxxxxxxxxx7075	3.00		76.00

Transaction History (continued)

Date	*Description*	*Deposits/ Additions*	*Withdrawals/Subtractions*	*Ending daily balance*
8/12	Overdraft Protection to 5299207075		68.86	7.14
8/13	Save As You Go Transfer Credit From Xxxxxxxxxx7075	2.00		9.14
8/14	Save As You Go Transfer Credit From Xxxxxxxxxx7075	5.00		14.14
8/17	Save As You Go Transfer Credit From Xxxxxxxxxx7075	11.00		25.14
Totals		$35.00	$68.86	

The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.

TIP

Report check fraud right away. Fraudsters target the mail looking for checks they can alter and use. They may keep the amount the same, so it's important to review the check image as soon as it clears. Contact us to request check images or view them online. If you mail checks, make sure the person you sent it to receives it.

Important Information You Should Know

- To dispute or report inaccuracies in information we have furnished to a Consumer Reporting Agency about your accounts

  Wells Fargo Bank, N.A. may furnish information about deposit accounts to Early Warning Services. You have the right to dispute the accuracy of information that we have furnished to a consumer reporting agency by writing to us at Wells Fargo Bank N.A. Attn: Deposit Furnishing Disputes MAC F2304-019 PO Box 50947 Des Moines, IA 50340. Include with the dispute the following information as available: Full name (First, Middle, Last), Complete address, The account number or other information to identify the account being disputed, Last four digits of your social security number, Date of Birth. Please describe the specific information that is inaccurate or in dispute and the basis for the dispute along with supporting documentation. If you believe the information furnished is the result of identity theft, please provide us with an identity theft report.

- If your account has a negative balance:

  Please note that an account overdraft that is not resolved 60 days from the date the account first became overdrawn will result in closure and charge off of your account. In this event, it is important that you make arrangements to redirect recurring deposits and payments to another account. The closure will be reported to Early Warning Services. We reserve the right to close and/or charge-off your account at an earlier date, as permitted by law. The laws of some states require us to inform you that this communication is an attempt to collect a debt and that any information obtained will be used for that purpose.

- In case of errors or questions about your electronic transfers:

  Telephone us at the number printed on the front of this statement or write us at Wells Fargo Bank, P.O. Box 6995, Portland, OR 97228-6995 as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer on the statement or receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

  1. Tell us your name and account number (if any).
  2. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
  3. Tell us the dollar amount of the suspected error.

  We will investigate your complaint and will correct any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so that you will have the use of the money during the time it takes us to complete our investigation.

- In case of errors or questions about other transactions (that are not electronic transfers):

  Promptly review your account statement within 30 days after we made it available to you, and notify us of any errors.

Account Balance Calculation Worksheet

1. Use the following worksheet to calculate your overall account balance.
2. Go through your register and mark each check, withdrawal, ATM transaction, payment, deposit or other credit listed on your statement. Be sure that your register shows any interest paid into your account and any service charges, automatic payments or ATM transactions withdrawn from your account during this statement period.
3. Use the chart to the right to list any deposits, transfers to your account, outstanding checks, ATM withdrawals, ATM payments or any other withdrawals (including any from previous months) which are listed in your register but not shown on your statement.

ENTER

A. The ending balance shown on your statement.. . . . . $ _____

ADD

B. Any deposits listed in your $ _____
register or transfers into $ _____
your account which are not $ _____
shown on your statement. + $ _____
. . . . . TOTAL $ _____

CALCULATE THE SUBTOTAL

(Add Parts A and B)
. . . . . TOTAL $ _____

SUBTRACT

C. The total outstanding checks and withdrawals from the chart above. . . . . - $ _____

CALCULATE THE ENDING BALANCE

(Part A + Part B - Part C)
This amount should be the same as the current balance shown in your check register. . . . . $ _____

Number	Items outstanding	Amount
	Total $	

To download and print additional Account Balance Calculation Worksheets (PDF), enter www.wellsfargo.com/balancemyaccount in your browser on either your computer or mobile device.

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Consumer Account Application

WELLS FARGO

Bank Name:	Branch Name:
WELLS FARGO BANK, N.A.	CHESTNUT AVENUE

Banker Name:	Officer/Portfolio Number:	Date:
VELASQUEZ MORENO, SAIDA	CD054	04/20/2026

Banker Phone:	Branch Number:	Banker AU:	Banker MAC:
650/873-5932	04312	0000509	A0490-011

To help the government fight the funding of terrorism and money laundering activities, U.S. Federal law requires financial institutions to obtain, verify, and record information that identifies each person (individuals and businesses) who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

New Account Information

Product Name:	Account Number:	Product:
Wells Fargo Everyday Checking	5299207075	DDA

Purpose of Account:	Minor:	COID:
Personal/Household income		114

Product Name:	Account Number:	Product:
Wells Fargo Way2Save Savings	5299494392	DDA

Purpose of Account:	Minor:	COID:
Savings		114

New Account Kit:	Checking/Savings Bonus Offer Available:
HANNAHJAMES199@GMAIL.COM	No

Related Customers

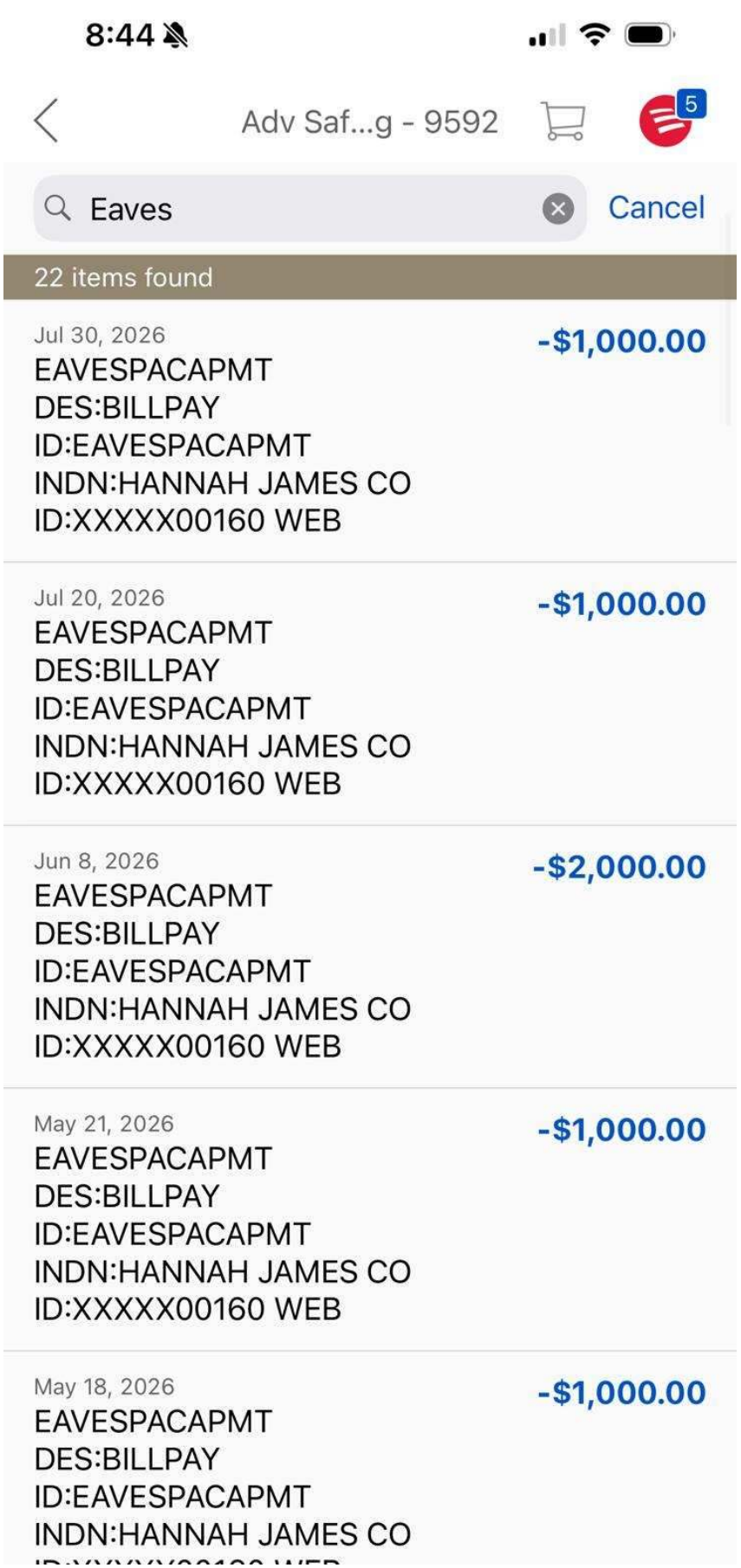
Customer Name:	Account Relationship:
HANNAH M JAMES	Primary Joint Owner (or)
ROBERTO GOMES JUNIOR	Secondary Joint Owner (or)

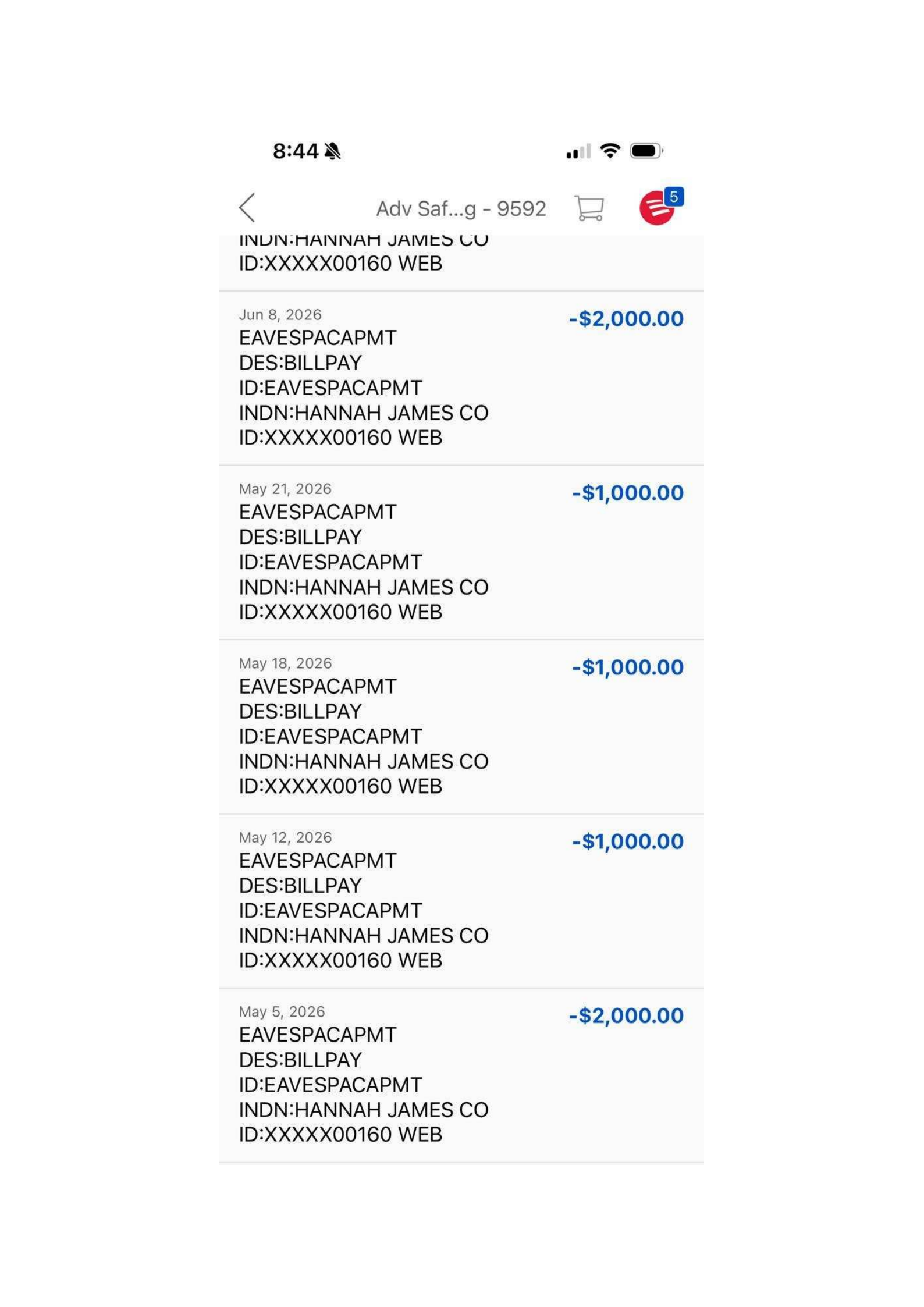
Statement Mailing Information

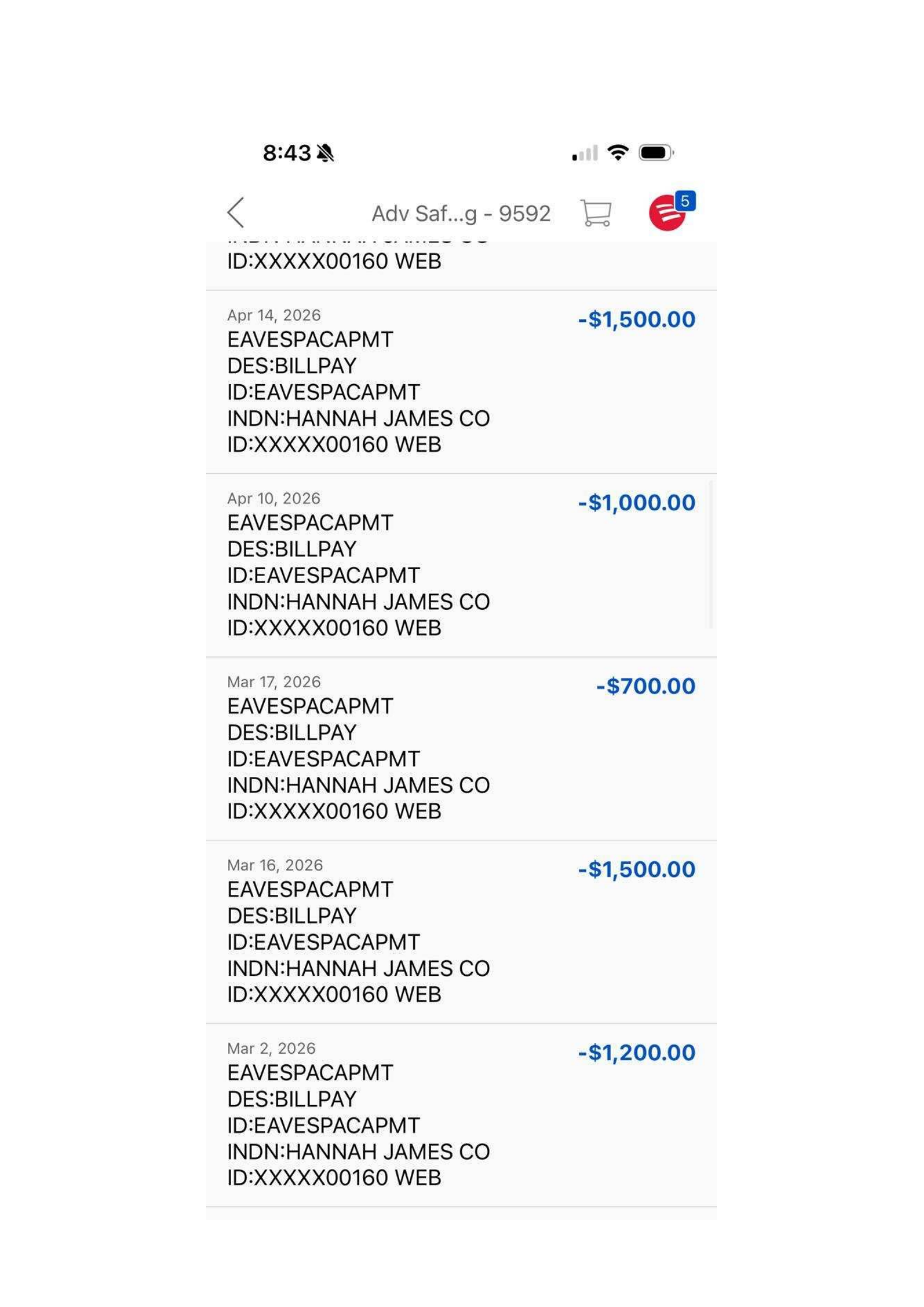
Customer(s) Listed on Statement:	Statement Mailing Address:	
HANNAH M JAMES	332 GATEWAY DR APT 108	
ROBERTO GOMES JUNIOR	Address Line 2:	
	City: PACIFICA	State: CA
	ZIP/Postal Code: 94044-1150	Country: US

Customer Copy

Roberto Gomes Junior's Transactions to Hannah Marie James Gomes for Rent


8:44
Adv Saf...g - 9592
5
Eaves
Cancel
22 items found
Jul 30, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
Jul 20, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
Jun 8, 2026
-$2,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
May 21, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
May 18, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO


8:44
Adv Saf...g - 9592
5
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
Jun 8, 2026
-$2,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
May 21, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
May 18, 2026
-$1,000.00
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
May 12, 2026
-$1,000.00
EAVESPACAPMT
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May 5, 2026
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8:43
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Apr 14, 2026
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ID:XXXXX00160 WEB

INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB

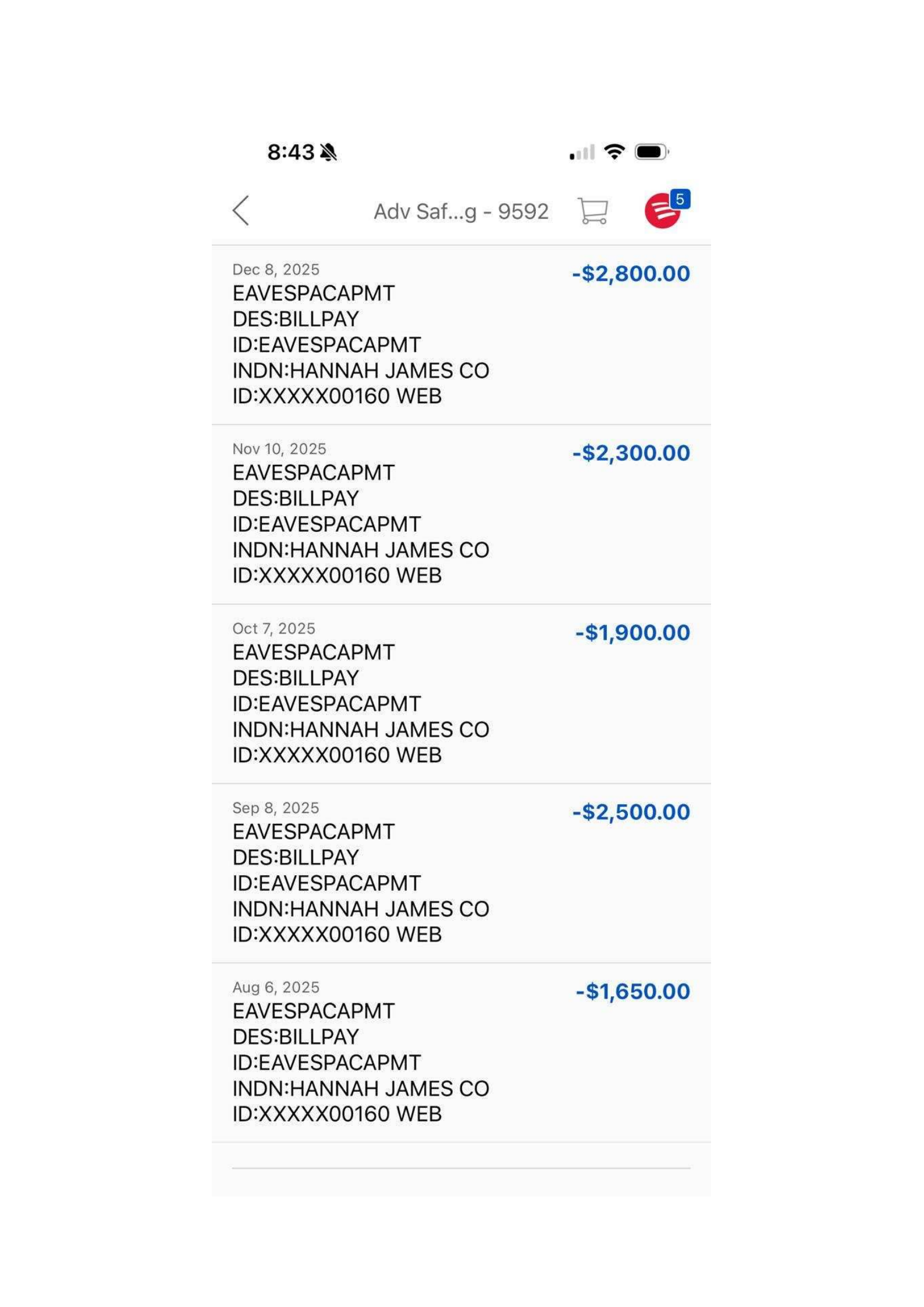
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INDN:HANNAH JAMES CO
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ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB

Feb 17, 2026 **-$2,200.00**
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INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB

Jan 20, 2026 **-$1,100.00**
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ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB

Jan 12, 2026 **-$1,500.00**
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ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB


8:43
Adv Saf...g - 9592
5
Dec 8, 2025
EAVESPACAPMT
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ID:XXXXX00160 WEB
-$2,800.00
Nov 10, 2025
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
-$2,300.00
Oct 7, 2025
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
-$1,900.00
Sep 8, 2025
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
-$2,500.00
Aug 6, 2025
EAVESPACAPMT
DES:BILLPAY
ID:EAVESPACAPMT
INDN:HANNAH JAMES CO
ID:XXXXX00160 WEB
-$1,650.00

National Life Group®

Beneficiary Change Letter

03/24/2026

Policy Number	765204100
Insured	ROBERTO GOMES

#BWNCDPH

ROBERTO GOMES
265 GATEWAY DR APT 113
PACIFICA CA 94044

Dear Valued Customer,

As requested, we have updated your beneficiary information effective as of the date the change request was signed. Your beneficiary arrangement is currently shown below.

We look forward to providing you with service of the highest quality. If you have any questions, please feel free to contact your agent or National Life Group.

Beneficiaries

Insured Name: ROBERTO GOMES

Primary Beneficiaries

Name	Allocation
ANA LUIZA GOMES	30%
HANNAH MARIE JAMES	31%
SOPHIA LIMA GOMES	13%
SARAH LIMA GOMES	13%
NOAH LIMA GOMES	13%

Secondary Beneficiaries

Name	Allocation
None Listed	

Self Service!

You can pay your bills, update beneficiary information, request funds, and more... Go to NationalLife.com or download our mobile app today!!

Questions?

Contact your Agent or National Life to discuss your options

Your Agent:
CAVALCANTI KAMILLA GALVAO
650-293-1235

National Life:
800-732-8939
Manage your account online at NationalLife.com

Products issued by:
Life Insurance Company of the Southwest®

National Life Group® is a trade name representing various affiliates, which offer a variety of financial service products. Life Insurance Company of the Southwest, Addison, TX, is a member of National Life Group.

Your ID Cards

Keep these cards handy--in your glove compartment or wallet. And contact us anytime you have a question or need to report a claim.

If you have a claim, we'll get you back on the road as soon as possible. And while you'll always have a choice where to repair your vehicle, when you use a shop in our preapproved network, we'll guarantee your repair for as long as you own or lease your vehicle.

Thank you for choosing Drive Insurance.



ROBERTO GOMES JUNIOR
hannah m james

Valued Customer Since 2021



Form CDA022 CA (08/24)

IF YOU'RE IN AN ACCIDENT
1. Remain at the scene. Don't admit fault.
2. Find a safe location, call the police, and exchange driver information.
3. Call Drive Insurance right away.

TO REPORT A CLAIM
Call 1-800-274-4499 or go to claims.progressive.com.

NEED ROADSIDE ASSISTANCE?
Call 1-800-776-2778.

DRIVE Insurance

KEEP THIS CARD IN YOUR VEHICLE WHILE IN OPERATION.

California Evidence of Liability Insurance

Policy Number: 952352033 **NAIC Number:** 27804
Effective Date: 03/15/2026 **Expiration Date:** 09/15/2026
Insurer: Drive Insurance Co 1-800-300-3693
PO Box 6807 Cleveland, OH 44101
Named Insured(s):
ROBERTO GOMES JUNIOR
hannah m james
Your Broker:
INSMALL FIN & INS SV 1-650-756-1672
1080 SULLIVAN AVE
DALY CITY, CA 94015

DRIVE Insurance

Year	Make	Model	VIN
2019	Mazda	Cx-9	JM3TCBDY4K0318679
2005	Toyota	Prius	JTDKB22U053059070

This policy complies with Section 16056 or 16500.5 of the California Vehicle Code.

Evidence of financial responsibility shall at all times be carried in the vehicle.

Insurance information has already been submitted directly to the DMV electronically, submit this document to DMV only if specifically requested by DMV.

DRIVE Insurance

Evidence of Wedding Preparations: Hannah Marie James Gomes's Custom Wedding Dress Appointments

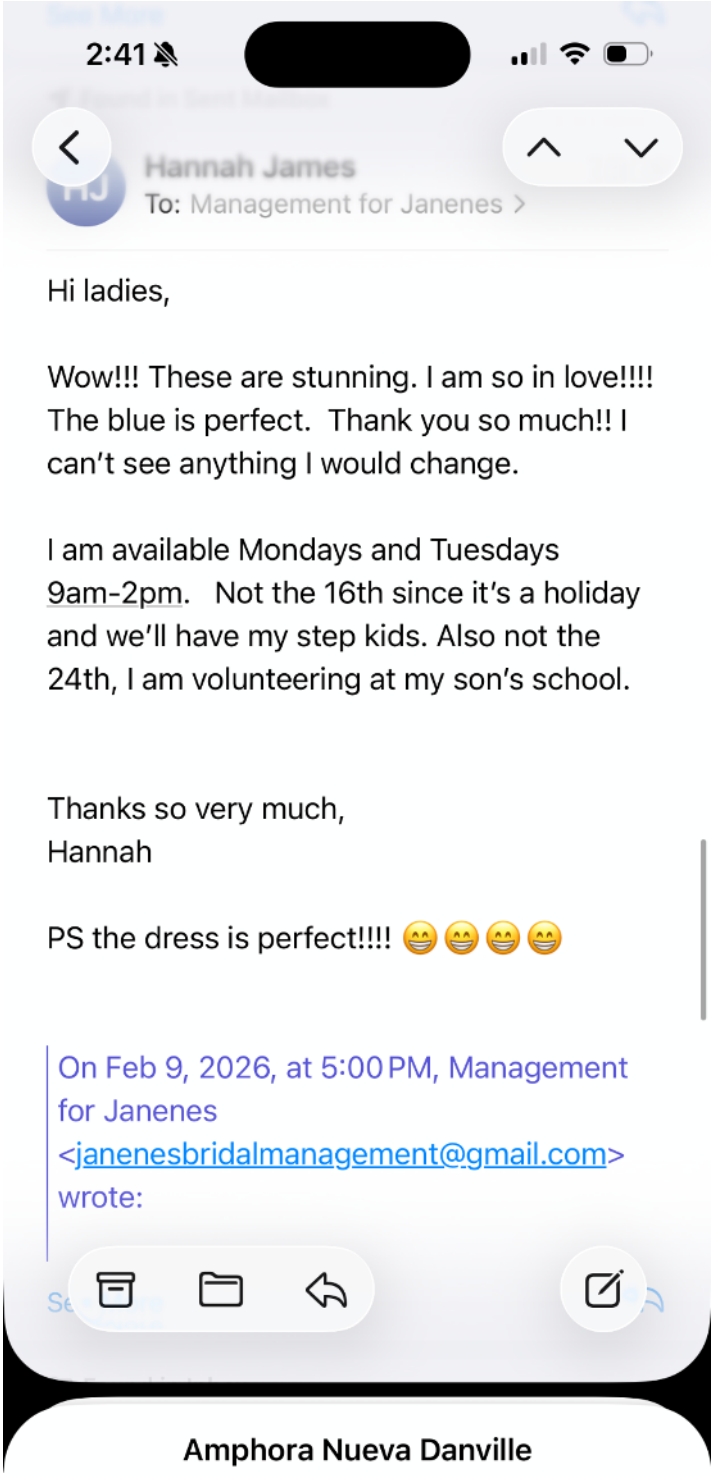
Bridal Boutique’s email with sketches of Hannah’s wedding dress.

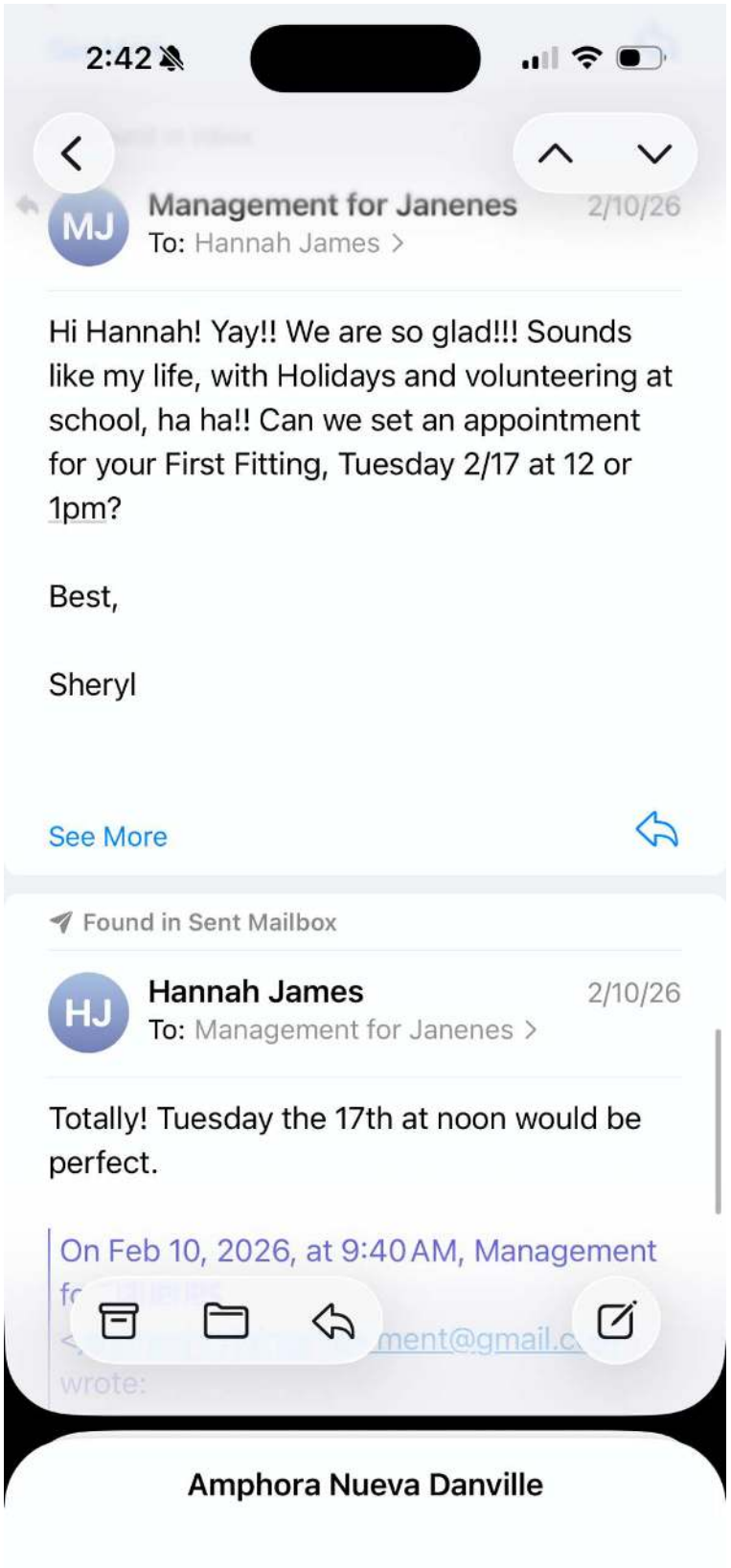




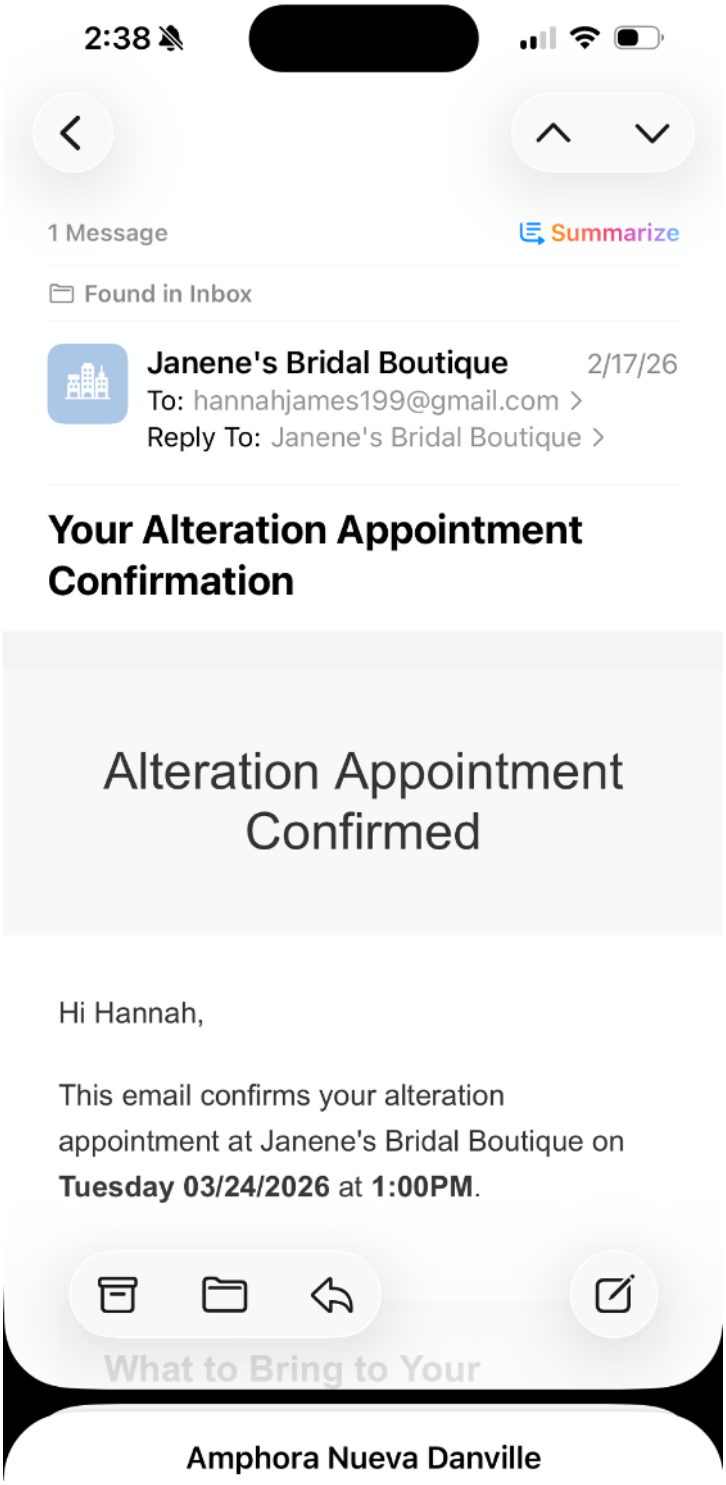
Amphora Nueva Danville

Hannah's scheduling the wedding dress fitting appointment.

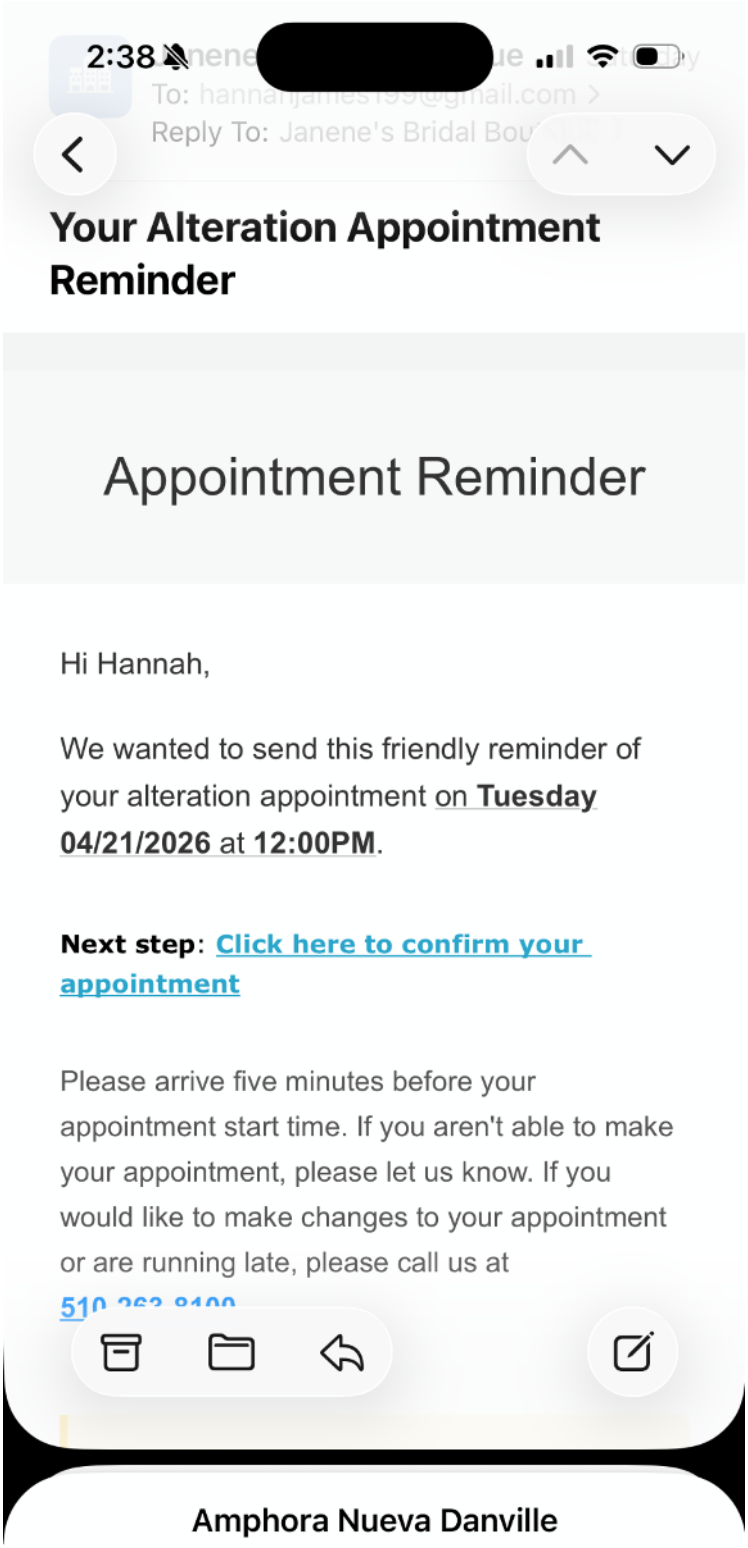



2:42
MJ
Management for Janenes
2/10/26
To: Hannah James
Hi Hannah! Yay!! We are so glad!!! Sounds like my life, with Holidays and volunteering at school, ha ha!! Can we set an appointment for your First Fitting, Tuesday 2/17 at 12 or 1pm?
Best,
Sheryl
See More
Found in Sent Mailbox
HJ
Hannah James
2/10/26
To: Management for Janenes
Totally! Tuesday the 17th at noon would be perfect.
On Feb 10, 2026, at 9:40 AM, Management
wrote:
Amphora Nueva Danville

Hanna’s confirmation email of appointment for the wedding dress.



Hanna’s confirmation email of appointment for the wedding dress



Evidence of Wedding Preparations: Hannah Marie James Gomes and Roberto Gomes Junior's Wedding App

9:07

Our Story



H&R

8.8.2026

Created on The Knot

Getting married? Create your wedding website for free.

theknot.com

9:06

Our Story



Hannah & Roberto

SATURDAY, AUGUST 8, 2026 •
LAFAYETTE, CA

Like many modern love stories, ours began on a dating app... though neither of us expected what would happen next.

By the time we matched, I had just about given up on dating. I told my friends and family that I was either going to marry the next man I went on a date with or call it quits. Lucky for me, Roberto was that last first date.

As it turns out, he was taking an even bigger leap—it was his very first date from a dating app!

We were both surprised by how quickly we fell in love. From the beginning, everything felt easy and natural. Before long, I met Roberto's children, Roberto met my son and what could have been a complicated blending of families simply... worked. We knew we weren't just dating —we were becoming a family.

Today, our greatest adventure is raising our four wonderful children together. Sophia (12) is incredibly sweet, friendly and [illegible] wherever she goes. She loves crocheting, [illegible] kinds of crafts. Elijah (Eli, 10) is very athletic and loves baseball. He has an

theknot.com

Our Story

Today, our greatest adventure is raising our four wonderful children together. Sophia (12) is incredibly sweet, friendly and can make a friend wherever she goes. She loves crocheting, sewing, and all kinds of crafts. Elijah (Eli, 10) is very athletic and loves baseball. He has an affinity for baseball history and can talk sports with just about anyone, anytime. Sarah (9) is silly, sensitive, and a wonderfully talented artist. She also loves reading the Babysitters Club graphic novels. Noah (6) is fascinated by everything related to space and the ocean, especially dwarf planets and orca whales. Each of them brings something unique to our family, and we couldn't imagine this journey without them.

Just nine months later, on Roberto's birthday, we took a walk on the beach after breakfast together. He had actually planned to propose later that day, but the moment felt too perfect to wait. So, with the waves as our background music and no one else around, he took my hand and asked me to marry him. Since he hadn't planned on proposing quite yet, he didn't have the ring with him, so I spent the rest of the day wearing a little piece of dried grass tied around my finger instead!

As we begin this next chapter, we're excited for everything that's ahead. Right now, I'm fortunate to work at the best vegan restaurant in the East Bay, Blossom and Root. My next step is joining the management team at a vegan restaurant closer to our home on the Peninsula. After our honeymoon, I'll begin college part time as I work toward my dream of becoming a children's librarian.

Roberto continues to pursue his passion for coaching and is working toward earning his US Soccer B License. Combined with his professional soccer experience in Brazil, we pray this will open the door to coaching at the collegiate level. He has also launched an impressively successful youth soccer tournament program, GOAT Soccer Cup, which b ng players from across California toget compete, with the most

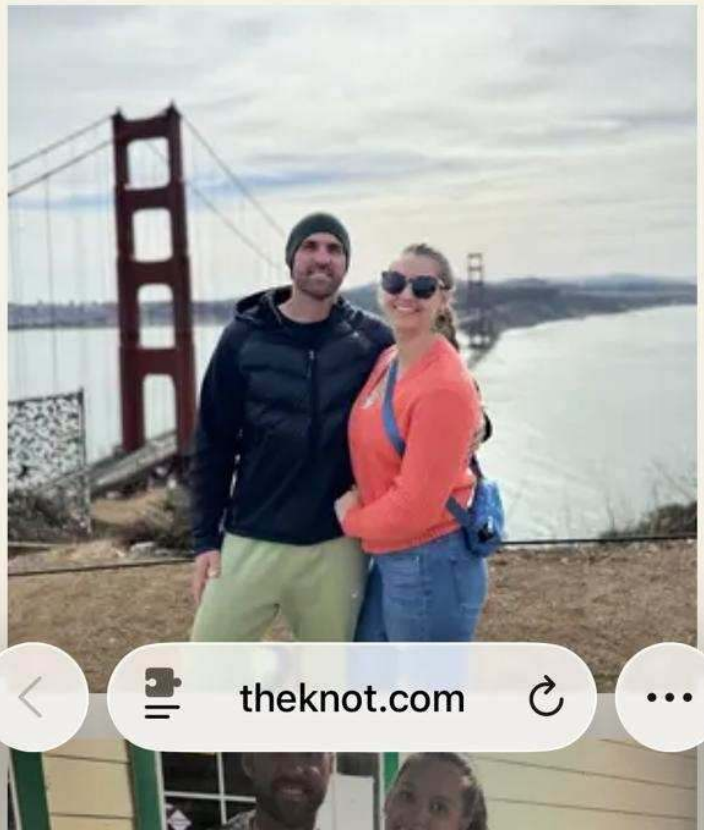
theknot.com

9:07

Our Story

Roberto continues to pursue his passion for coaching and is working toward earning his US Soccer B License. Combined with his professional soccer experience in Brazil, we pray this will open the door to coaching at the collegiate level. He has also launched an impressively successful youth soccer tournament program, GOAT Soccer Cup, which brings talented young players from across California together to compete, with the most recent championship team earning a trip to Disneyland. As we take these exciting steps in our careers, we're also planning, saving, and praying to buy our first home. We can't wait to see where God leads our family next and look forward to all the adventures still to come.

The outpouring of love and excitement we've received throughout this journey has been one of its greatest blessings. Thank you for being part of our story—we can't wait to celebrate with you!



theknot.com

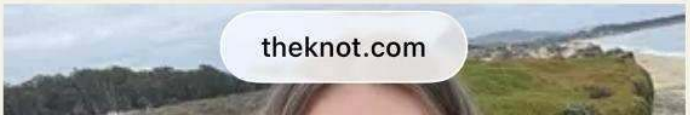
9:07

Our Story









theknot.com

9:07

Dress Code



Hannah & Roberto

SATURDAY, AUGUST 8, 2026 •
LAFAYETTE, CA

GARDEN PARTY VIBES

We want everyone to feel comfortable. Think sun dresses/simple cocktail dress or khakis with a blazer. Reception is outdoor and indoor, weather should be on the warmer side but bring layers just in case.

theknot.com

9:07

H&R

Wedding Day!

SATURDAY, AUGUST 8, 2026

4:00 PM–10:00 PM

4:30 PM–5:00 PM

CEREMONY

Please be seated in the sanctuary by 4:15

5:00 PM–6:15 PM

COCKTAIL HOUR

Enjoy drinks and live music while the newly weds take photos

6:30 PM–10:00 PM

DINNER AND RECEPTION

Join us for a meal followed by dessert, fun, and dancing!

theknot.com

9:07

2 + A



Hannah & Roberto

SATURDAY, AUGUST 8, 2026 •
LAFAYETTE, CA

ARE CHILDREN WELCOME TO ATTEND?

YES! This is a family friendly (even encouraged!) event. Both ceremony and reception. There will be kids activities such as coloring, bubbles, and a bouncy house. We will have a childcare person for those moments when you don't want to go to the bouncy house for the tenth time! Please just add how many and what ages to your RSVP. And any allergies of course. Looking forward to celebrating with you and your kiddos!

theknot.com

9:07

H&R

Hannah & Roberto

SATURDAY, AUGUST 8, 2026 •
LAFAYETTE, CA



RSVP

theknot.com

9:05

Registry

Shop | Manage | Track Gifts

Sue Decker

1 gift



Lenox
Chirp 12-Piece Dinnerware Set

Quantity: 1
$289.95

Gifted Order #003744741

Fulfilled by Easy Use

Gift Message

May your wedding day be filled with love & joy & laughter!
Steve & Sue

Purchased July 5, 2026

Kelley Lawton

1 gift



Safavieh
Jovanni Pillow, Set of 2

Quantity: 1
$50.21

Gifted Order #003741917

Fulfilled by Safavieh

9:04

Registry

Shop Manage Track Gifts

Constance L. Couts

1 gift



Honeymoon Fund

Quantity: 100
$100.00

Funds will post to your account within 5-7 business days from purchase.

Purchased July 11, 2026

Kathy Nolan

1 gift

No photos yet

Gibson
Tahoe Sunset 12-Piece Reactive Dinnerware Set, Matte

Quantity: 1
$69.99

Gifted Order #003758645

Fulfilled by Gibson Homewares

Gift Message

Home Vendors Planning Registry Website

9:03

Registry

Shop | Manage | Track Gifts



Lodge
5-Piece Cast Iron Cookware Set

Quantity: 1
$99.90

Gifted Order #003770476

Fulfilled by Lodge



Hatch
Restore 3 Sunrise Alarm Clock with Sound Machine and Smart Light

Quantity: 1
$169.99

Gifted Order #003764907

Fulfilled by Hatch

Gift Message

Wishing you both great happiness in this new journey and union. May you always have patience and compassion for one another and lots of laughter and lightness in your heart.
Sincerely,
Alonso Piedra G

Purchased July 13, 2026

Home | Vendors | Planning | Registry | Website

9:04

Registry

Shop Manage Track Gifts



BLACK+DECKER

8-Cup Food Processor

Quantity: 1
$47.99

Gifted Order #003767520

Fulfilled by Wayfair

Purchased July 14, 2026

Marilyn Honegger 1 gift



De'Longhi
Stilosa Espresso Machine

Quantity: 1
$149.95

Gifted Order #003765686

Fulfilled by Premco

Gift Message

So so happy for you both and for your families!
Excited to share your special day!
Love,
Marilyn and Scott Honegger

Purchased July 13, 2026

Home Vendors Planning Registry Website

9:02

Registry

Shop | Manage | Track Gifts

Betsy Koegler

2 gifts



Euro Ceramica
Primavera Hand-Painted Stoneware Canape Plate, Set of 4

Quantity: 1
$31.99

Gifted Order #003818733

Fulfilled by Euro Ceramica



Euro Ceramica
Primavera 8.8" Hand-Painted Stoneware All-Purpose Bowl

Quantity: 1
$27.99

Gifted Order #003818733

Fulfilled by Euro Ceramica

Gift Message

Roberto and Hannah we are so happy for you! You are so lucky to have found each other and always remember your vows. Love and happiness from the Koegler family 💞

Purchased August 3, 2026

Home | Vendors | Planning | Registry | Website

9:05

Registry

Shop Manage Track Gifts



Safavieh
Jovanni Pillow, Set of 2

Quantity: 1
$50.21

Gifted Order #003741917

Fulfilled by Safavieh

Gift Message

Much love and coziness to you both as you enter into this next era of your lives! Congratulations and many blessings....
Kelley

Purchased July 4, 2026

1 gift



When the vibes are right and the table is set, take a break and enjoy the view. Inspired by the panoramic scenery of Emerald Bay, the Tahoe Sunset Dinnerware Set by Gibson Elite captures the crystalline color play of nature in this picturesque

Home Vendors Planning Registry Website

9:03

Registry

Shop Manage Track Gifts

Kimberley Pannke

1 gift



Blue Diamond
Classic 10-Piece Cookware Set

Quantity: 1
$109.99

Gifted Order #003792642

Fulfilled by Power Sales Advertising

Gift Message

Congratulations to you both! We are so happy for you and wish you a lifetime of love and happiness.

Purchased July 24, 2026

Marie Tackett

1 gift



SPUR Experiences
Summer Morning Whale Watch for 2 - Monterey, CA

Quantity: 1
$182.00

Gifted Order #003785631

Fulfilled by SPUR Experiences

Home Vendors Planning Registry Website

9:03

Registry

Shop Manage Track Gifts

Mary Alice Pinkham

1 gift



Gibson
Sherwood 3-Piece Acacia Salad Bowl Set

Quantity: 1
$39.99

Gifted Order #003794618

Fulfilled by Gibson Homewares

Gift Message

We have been using our wedding gift salad bowl for 50 years now! You have chosen a beautiful set that will last you 50 years too.
Enjoy & Congratulations!
Mary Alice & Dave Pinkham

Purchased July 25, 2026

Kimberley Pannke

1 gift



Home Vendors Planning Registry Website

9:01

Registry

Shop Manage Track Gifts

Alix Fernandes 1 gift



Honeymoon Fund

Quantity: 200
$200.00

Funds will post to your account within 5-7 business days from purchase.

Gift Message

I am sooooo happy for you guys!!!!
Hannah, you are glowing!!!!
So nice to meet you Roberto! Muito prazer!!

Enjoy your trip!
Love Alix❤️

Purchased August 10, 2026

Jan T Warren 1 gift



Honeymoon Fund

Quantity: 75
$75.00

Home Vendors Planning Registry Website

9:01

Registry

Shop Manage Track Gifts

Jan T Warren

1 gift



Honeymoon Fund

Quantity: 75
$75.00

Funds will post to your account within 5-7 business days from purchase.

Gift Message

Blessings on your life together and the places you'll go the things you'll discover. Love, Jan and Joe

Purchased August 8, 2026

Stefani silva

1 gift

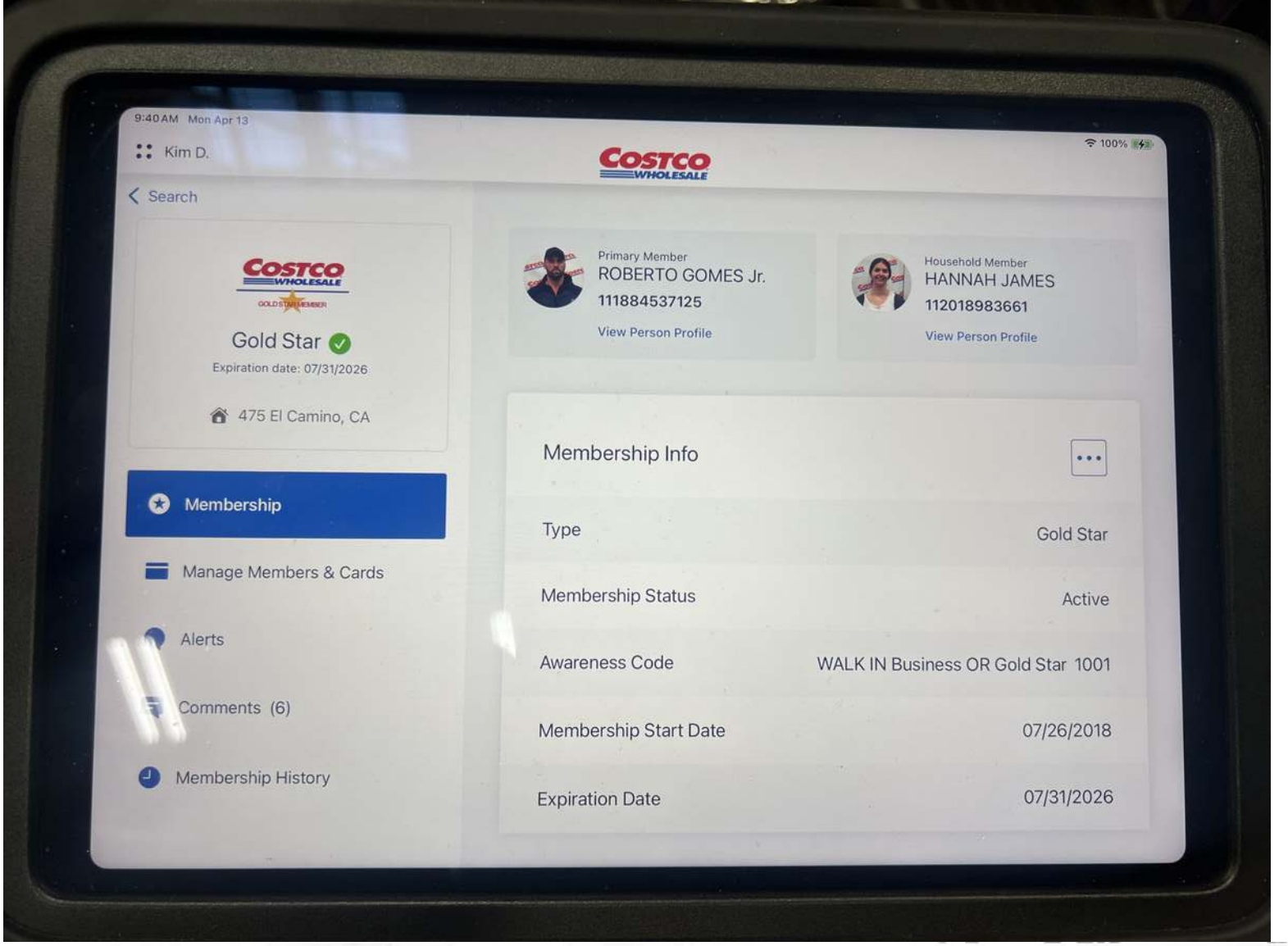


Honeymoon Fund

Quantity: 80
$80.00

Funds will post to your account within 5-7 business days from purchase.

Home Vendors Planning Registry Website



4/13/26 MEMBERSHIP SUMMARY SOUTH SAN FRANCISCO- MEP055

ROBERTO GOMES JR Till #

Mbrshp attributes * GOLD CURRENT > Comments

265 GATEWAY DR APT 113
PACIFICA, CA 94044-1207

Effective . 07/26/18
Renews . . 07/31/26
Last renew . 08/25/25 65.00 475

415/670-0285 Home whs . . 475 - EL CAMINO

Show active only? N

Tp*	Sign-up	Description	Current card	CC?	RS?	Ac?
P	07/26/18	Gomes, Roberto Jr.	111884537125		N	Y
D	03/18/25	James, Hannah	112018983661		N	Y
D	07/26/18	Gomes, Ana-Luiza	111884537126		N	N

END OF REPORT

Exhibit 7 - Evidence of Bona Fide Marriage: Letters of Support

Anne James
16078 Cambrian Dr.
Castro Valley, CA 94578
510 862-3559
revannelcsw@comcast.net

March 31, 2026

Dear Officer,

Roberto Gomes, Jr entered my daughter's life in the spring of 2023. It was a few months later when I met him in person, we were at a baby shower. I remember being impressed with his kindness. In the early days of their relationship, he would occasionally door dash both Hannah, who was living with me at the time, and myself a morning cup of coffee.

Roberto really began to be integrated into our family in 2024. In the summer he joined us on our annual camping trip at Lake Tahoe. I have a cousin who lives in Lake Tahoe and who owns a boat. We had a fabulous day boating to Emerald Bay, swimming to Fannette Island and climbing to the ruins of the tea house on the top. It was a wonderful day. That same year Roberto joined our Thanksgiving dinner meeting extended family. Christmas 2024 was a joyous celebration with Roberto and his 3 children joining us. I made all of us matching pajamas.

Summer of 2025 the annual camping trip included not only Roberto but his 3 children as well. We learned that his children are not tent campers, despite some nights of little sleep we had a memorable time. We met up with my cousin and unfortunately were not able to take a boat ride with the children but had a fun time together none the less. We spent the 2025 Thanksgiving and Christmas holidays together making more memories.

Roberto is a generous, caring and hard-working man. He is industrious working several jobs from janitorial work to playing and coaching soccer. I am proud to call him my son-in-law. I believe he is a person who embodies the American spirit and who enriches America.

If you have questions, please contact me for further information.

Sincerely,



Anne James


California USA DRIVER LICENSE
DL B7466573
CLASS C
EXP 11/25/2029
END NONE
LN JAMES
FN ANNE ELLEN
16078 CAMBRIAN DR
SAN LEANDRO, CA 94578
DOB 11/25/1962
RSTR NONE
11251962
SEX F
HAIR GRY
EYES GRN
HGT 5'-07"
WGT 180 lb
ISS
DD 10/16/2019579RB/AAFD/29
10/09/2024

Isaac David James
28 Corte Dorado
Benicia, CA 94510
Born: 12/14/1993 in Mason City, Iowa
(510) 566-7714
ijames1912@yahoo.com
To Whom it May Concern:

My name is Isaac David James. I am a lifelong U.S. Citizen and am currently employed as a Community Paramedic for the San Francisco Fire Department. I have known Roberto since July of 2024 shortly after he began dating my younger sister. Since then, I have come to know Roberto to be responsible, respectful, conscientious, and productive member of society.

Our first meeting was on a family camping trip in Lake Tahoe in July of 2024. During this trip Roberto quickly learned how to set up camp, helping clear space for tents and pack food and scented items into bear boxes. Later in this trip Roberto was excited to share traditional Brazilian food with all of us, grilling a Picanha along with other traditional Brazilian foods.

More recently, Roberto has organized and hosted multiple youth soccer tournaments. At these events, I have had the opportunity to watch Roberto interact with many people, adults and children, and have been impressed with his calm demeanor and respect, even in stressful situations. These events are a wonderful example of Roberto's commitment to community and his desire to share his love of soccer with others.

I have also had the joy of watching Roberto be a supportive partner to my younger sister, and a strong role model for my nephew. I recently had the honor of being a witness to their marriage.

Since I met Roberto he has demonstrated time and again that he is a good and honorable man who values family and community. I fully and unconditionally offer my support for his application for citizenship.

Respectfully Submitted,



Isaac David James


California USA DRIVER LICENSE
DL F2912500
CLASS CM1
EXP 12/14/2027
END NONE
LN JAMES
FN ISAAC DAVID
28 CORTE DORADO
BENICIA, CA 94510
DOB 12/14/1993
RSTR NONE
12141993
DONOR
SEX M
HAIR BRN
EYES HZL
HGT 6'-01"
WGT 210 lb
ISS
DD 04/02/2019504RB/DDFD/27
09/15/2022

David Mark James
4437 W. Castleton Rd.
Peoria, IL 61615
510-461-0791
davidjames0703@gmail.com

March 26, 2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

This letter is in support of Roberto and my daughter, Hannah, who are married. Even though I live in a different state, I have met Roberto on several occasions while visiting family in California.

I have come to know him, not just as my daughter's husband, but as a person. I have seen him interact with his children from a previous marriage, Sarah, Sophia, and Noah. And I've also watched him interact as a stepfather with my own grandson, Eli. He is present, caring, and supportive. He has patience and a persistence to show up for them when they need him.

On a recent visit he, my daughter, and I spent a morning together in Half Moon Bay, California. We shared breakfast together and then walked around town for a while window shopping and chatting. That time together gave me a better sense of who he is thoughtful, generous, and again I saw his patience while my daughter kept stopping to look at stuff along the way. I think both he and I demonstrated patience that day. But most importantly, from a dad's perspective, I saw the devotion, love and commitment he has for my daughter.

Roberto also has a background as a professional soccer player in Brazil. What has impressed me, though, is not that part of his past by itself, but how he carries it. He has taken that experience and built a youth soccer tournament program from the ground up, and it has grown significantly over the years. He enjoys working with the young players, and I see this as a natural extension of who he is.

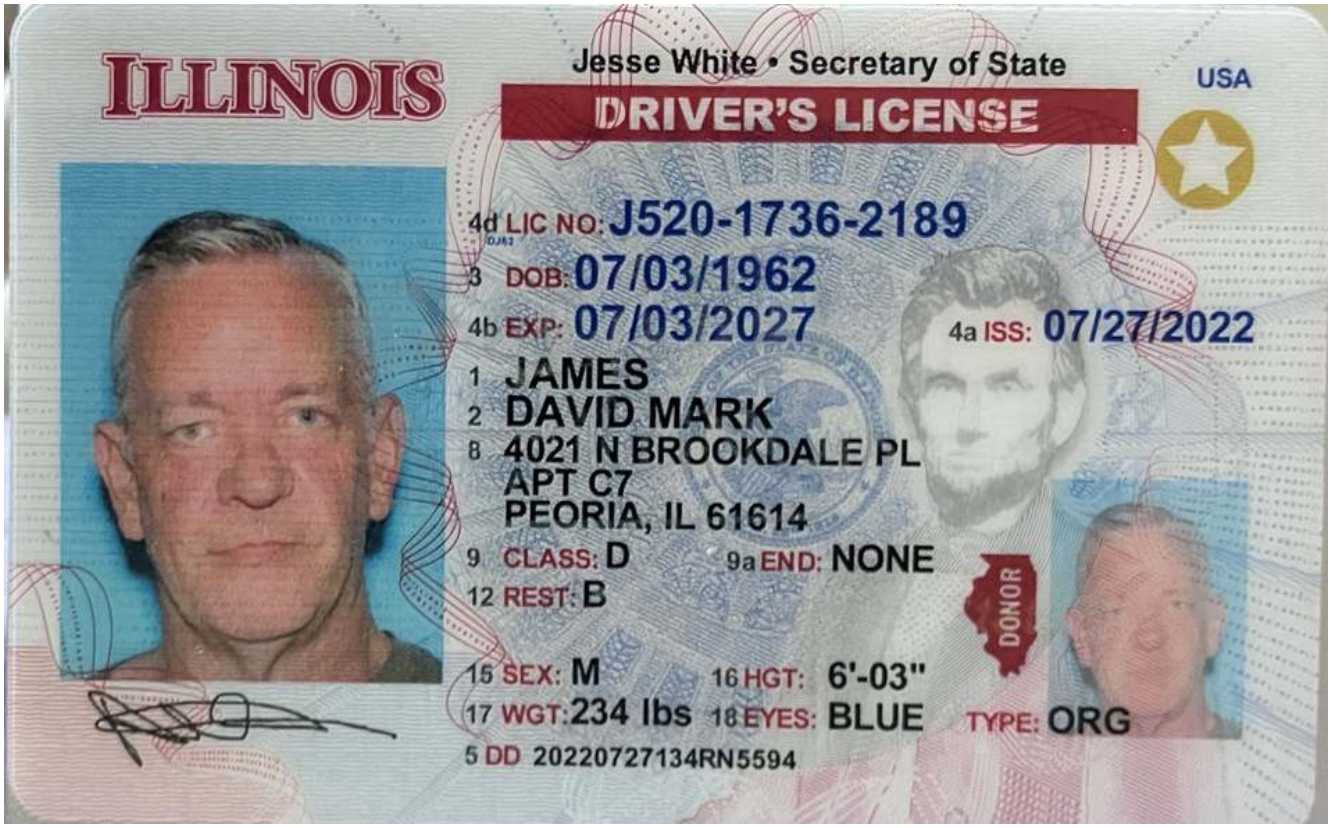
I am thrilled to be able to call Roberto my son-in-law, and I know that he has a strong commitment to his family and to building a stable life here in the United States.

Please feel free to contact me if further information is needed.

Sincerely,



David Mark James


ILLINOIS
Jesse White • Secretary of State
USA
DRIVER'S LICENSE
4d LIC NO: J520-1736-2189
3 DOB: 07/03/1962
4b EXP: 07/03/2027
4a ISS: 07/27/2022
1 JAMES
2 DAVID MARK
8 4021 N BROOKDALE PL
APT C7
PEORIA, IL 61614
9 CLASS: D
9a END: NONE
12 REST: B
DONOR
15 SEX: M
16 HGT: 6'-03"
17 WGT: 234 lbs
18 EYES: BLUE
TYPE: ORG
5 DD 20220727134RN5594

Samir Abraao Abdelnur
2000 44th Ave
San Francisco, CA, 94116
415 887-8400
samircarlifornia@gmail.com
03/31/2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Samir Abraão Abdelnur. I have known Roberto for over seven years through our church, and over time we built a friendship through that environment. We've spent time together at church and in the community, and I've been able to see different moments of his life during these years.

I met Hannah at First Presbyterian Church San Mateo, where we attend. From the first times I saw them together, it was something very natural. You don't have to look too much to notice they have a healthy relationship. As someone who values faith, I truly believe their relationship is blessed by God.

They clearly love each other, and they also care deeply about the family they are building. One thing that always stands out to me is how they complement each other. Hannah is very joyful, always smiling, very warm with people. Roberto is more quiet and serious, but very grounded. In a good way, they balance each other.

I've also had the chance to see how the kids interact with each other. Noah and Eli get along very well, and the girls, Sophia and Sarah, also have a great relationship with Eli. They seem comfortable together, respectful, and honestly like a good team. From what I've seen, they are well behaved, and it looks like both Roberto and Hannah are doing a good job raising them and creating a positive environment for all of them.

One moment that stayed with me was one of the first times I saw Eli at church. I asked him something simple about his family, and he told me that he had brothers and sisters. The way he said it felt very natural, like he truly sees them as his siblings. That says a lot.

I also work with events and have my own business providing Brazilian barbecue and food for celebrations like weddings and gatherings. I was honestly very happy when Hannah and her mom, Anne, reached out to me and invited me to be part of the food for the celebration of their wedding.

What really caught my attention in that moment was Hannah's mindset. She was thinking about Roberto and his family the whole time. She mentioned that she personally doesn't eat much meat, but she still wanted to make sure we had Brazilian barbecue because Roberto, his family, and her brother Isac really enjoy meat. At the same time, she also wanted to

include options that she likes, and we talked about building a menu that would represent both of them.

That showed me a lot about her. It wasn't just about what she prefers it was about making sure everyone, especially Roberto, would feel happy and comfortable. It felt very genuine and thoughtful, the kind of thing you see in a real relationship.

From everything I've seen, both in church and outside of it, I truly believe they are a beautiful couple. They respect each other, support each other, and you can clearly see the love between them. They are building something solid together, with faith and family as part of that foundation.

Please feel free to contact me if further information is needed.

Sincerely,

03/31/26

Samir Abraao Abdelnur

Endorsements / Mentions Spéciales / Anotaciones

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 Pasaporte
P	USA	A38688009

USA



Surname/Nom/Apellidos
ABDELNUR

Given names/Prénoms/Nombres
SAMIR ABRAAO

Nationality/Nationalité/Nacionalidad
UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento
04 MAR 1976

Sex/Sexe/Sexo
M

Place of birth/Lieu de naissance/Lugar de nacimiento
BRAZIL

Date of issue/Date de délivrance/Fecha de expedición
02 APR 2024

Date of expiration/Date d'expiration/Fecha de caducidad
01 APR 2034

Authority/Autorité/Autoridad
UNITED STATES DEPARTMENT OF STATE

P<USAABDELNUR<<SAMIR<ABRAAO<<<<<<<<<<<<<<<<<<<<

A38688009OUSA7603042M3404012574332178<873550

Claudio F Castro

1601 Sunnyvale Ave apt
WalnutCreek, CA, 94597
925 497-0492
cfcastro100@gmail.com
04/01/2026

Affidavit of Support for Family-Based Petition

To Whom It May Concern,

My name is Claudio F Castro, and I am a friend of Roberto. I met him through youth soccer, as we both work in this field as coaches, and that's how our friendship started. We have also worked together over the past few years. Since then, we've stayed in touch regularly, seeing each other at games, trainings, and also outside of soccer.

It was during that time that Roberto first told me about Hannah and how important she was to him, even before I had the chance to meet her in person.

I first met Hannah during a soccer tournament in Livermore. Roberto had already spoken highly of her, so I was looking forward to meeting her, and right away I could see what he meant. They were very natural together comfortable, respectful, and clearly connected. It felt like a normal, real relationship.

As I got to know them more, I also saw how they interact with each other's families. Eli, who is Hannah's son, is a big part of their daily life. I have personally seen Roberto spend time with Eli on several occasions, especially at the field. He takes him to train, plays with him, and is very present. What stood out to me is how naturally Roberto treats Eli like his own son.

Eli really likes baseball, and Hannah has always been very involved with that. In fact, from what I've seen and from what Roberto told me, it was because of Hannah and Eli that Roberto started getting into baseball more. Now it's something they all enjoy together. I've heard them talk about games, players, and plans to go watch games. They go often to San Francisco Giants games together as a family, and you can tell it's something they really enjoy sharing.

I even had the opportunity to play with Eli one day at West Sunset field in San Francisco, California, and it was very clear how comfortable Eli is around Roberto. You can see there is trust there, and that Eli genuinely enjoys being with him.

On the other side, I have also observed how Hannah is with Roberto's children Sophia, Sarah, and Noah. She is very kind, patient, and attentive with them. She talks to them, spends time with them, and makes an effort to be part of their lives. It's clear she genuinely cares about them and is building a real relationship with them.

We have also spent time together outside of soccer. I remember one evening when my wife and I had dinner with Roberto and Hannah. That night really stayed with me because of how natural everything felt. They were joking with each other, laughing, and just being themselves. At the same time, they were also talking about their future, their goals, and things they want to build together. It wasn't anything forced just normal conversation between a couple that is serious about each other and enjoys being together.

Roberto told me he met Hannah online, and from what I've seen, she has had a very positive impact on his life. He seems happier, more balanced, and focused. They support each other, and it's clear they are building something real together.

From everything I have personally seen and experienced, I truly believe that Roberto and Hannah have a sincere, stable, and loving relationship. It's something you can clearly recognize when you spend time around them.

Please feel free to contact me if further information is needed.

Sincerely,



04-01-26

Claudio F Castro


California USA
DRIVER LICENSE
DL F4776594
CLASS C
EXP 09/14/2027
END NONE
LN CASTRO
FN CLAUDIO FRANO
1493 DAVIS AVE
CONCORD, CA 94518
DOB 09/14/1996
RSTR NONE
09141996
SEX M
HAIR BLK
EYES BRN
HGT 5'-07"
WGT 185 lb
ISS 12/20/2022
DD 12/20/202252332/AAFD/27

Exhibit 8 - Evidence of Bona Fide Marriage: Photographic Evidence of Relationship

Hannah Marie James Gomes and Roberto Gomes Júnior Photographic Evidence



Roberto, Hannah and Natan (Roberto’s brother) during Halloween at San Francisco, California.



Roberto and Hannah during Halloween.



Roberto, Hannah and Natan (Roberto’s brother) during Halloween at San Francisco, California.



Elijah (Hannah’s son) and Sophia (Roberto’s daghter).



Hannah and Sarah and Noah (Roberto’s children).



Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children).



Hannah and Sarah (Roberto’s daughter) at Oakland Zoo, California.



Roberto, Hannah and Natan (Roberto’s brother) at Golden Bridge, San Francisco, California.



Roberto, Hannah and Natan (Roberto's brother) at Golden Bridge, San Francisco, California.



Elijah (Hannah’s son) and Noah (Roberto’s son).



Roberto, Sophia, Sarah and Noah (Roberto's children) at Anne's house (Hannah's mother) playing together.



Roberto and Elijah (Hannah’s son).



Roberto, Hannah, Elijah (Hannah’s son), Anne (Hannah’s mother), Isaac (Hannah’s brother) during christmas.



Roberto, Elijah (Hannah’s son), Anne (Hannah’s mother), Isaac (Hannah’s brother) during christmas.



Roberto and Hannah during christmas.



Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children).



Celia (Roberto's mother) and Noah (Hannah's daughter), playing together.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children).



Elijah (Hannah’s son) and Sophia (Roberto’s daughter).



Elijah (Hannah’s son) and Noah (Roberto’s son).



Celia (Roberto's mother) and Noah (Roberto's son), playing together.



Celia (Roberto's mother), Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children).



Hannah and Celia (Roberto’s mother) at Hannah’s Church.



Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) at Los Angeles, California.



Hannah and Celia (Roberto’s mother).



Elijah (Hannah's son), Sarah (Roberto's daughter) at Los Angeles, California.



Elijah (Hannah’s son) and Natan (Roberto’s Brother) playing together.



Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) at Disneyland, Anaheim, California.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children) at Disneyland, Anaheim, California.



Roberto, Hannah, Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children) at Disneyland, Anaheim, California.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children) at Disneyland, Anaheim, California.



Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) at Disneyland, Anaheim, California.



Elijah (Hannah's son), Sarah and Noah (Roberto's children) at Disneyland, Anaheim, California.



Roberto, Elijah (Hannah’s son) and Noah (Roberto’s son) at Disneyland, Anaheim, California.



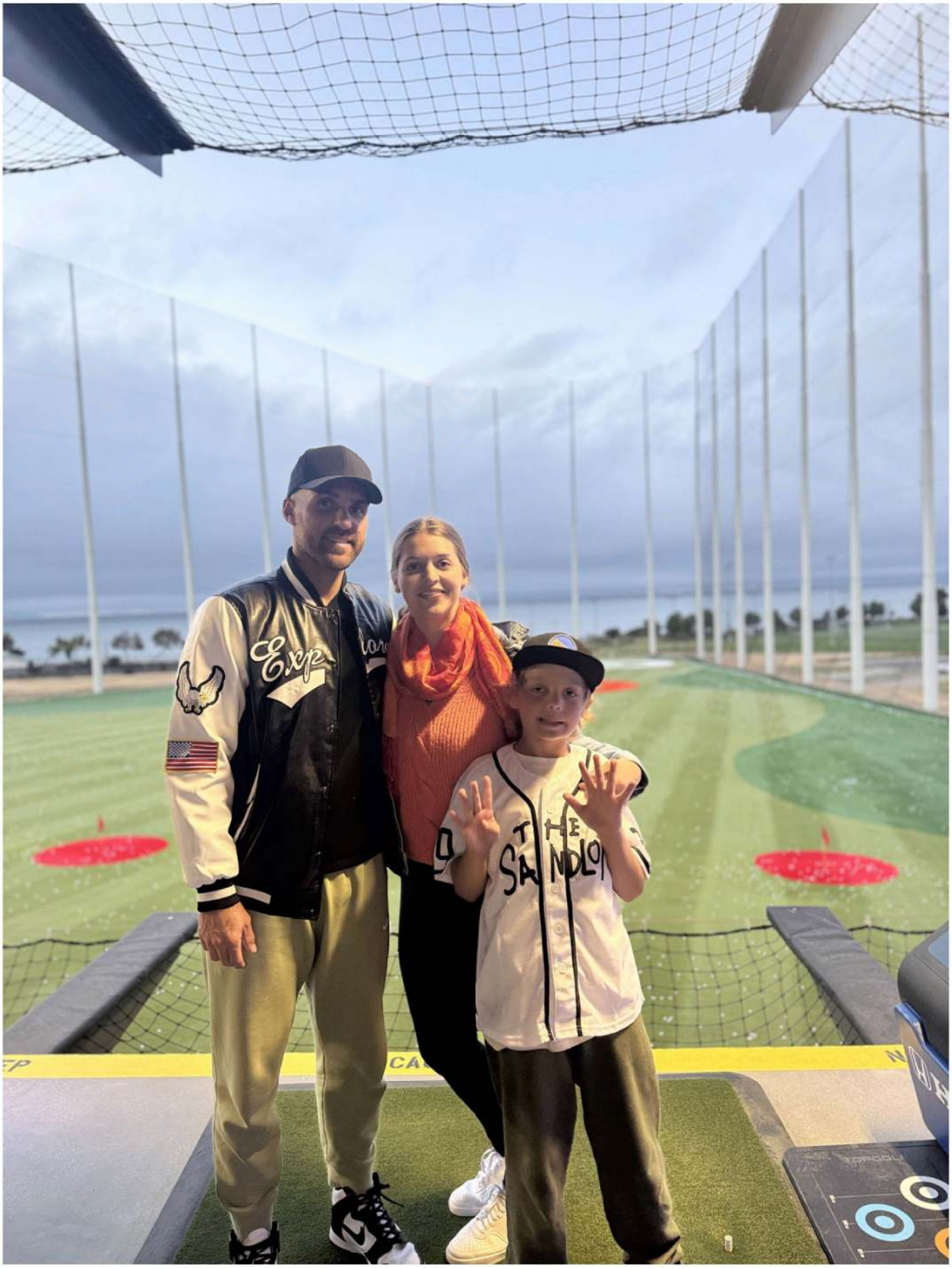
Elijah (Hannah's son) and Noah (Roberto's son) at Disneyland, Anaheim, California.



Roberto, Elijah (Hannah’s son), Sarah and Noah (Roberto’s children) at Disneyland, Anaheim, California.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children) at Disneyland, Anaheim, California.



Hannah, Roberto and Elijah (Hannah's son) at Topgolf, San Francisco, California.



Hannah and Celia (Roberto’s mother) having drinks at Topgolf, San Francisco, California.



Elijah (Hannah’s son) and Noah (Roberto’s son) having bath togerther.



Elijah (Hannah’s son), Sophia and Sarah (Roberto’s children) watching a movie together.



Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children).



Roberto and Hannah at Oracle Park, San Francisco, California.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children) having dinner together.



Hannah, Roberto, Anne (Hannah’s mother)Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children) at Lake Tahoe, camping.



Elijah (Hannah's son), Sophia and Sarah (Roberto's children) at Lake Tahoe, California.



Hannah, Roberto, Anne (Hannah’s mother)Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children) at Lake Tahoe, camping.



Hannah and Noah (Roberto’s son) together.



Hannah, Roberto, Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) celebrating Sarah's birthday.



Elijah (Hannah’s son), Sophia and Sarah (Roberto’s children) playing together.



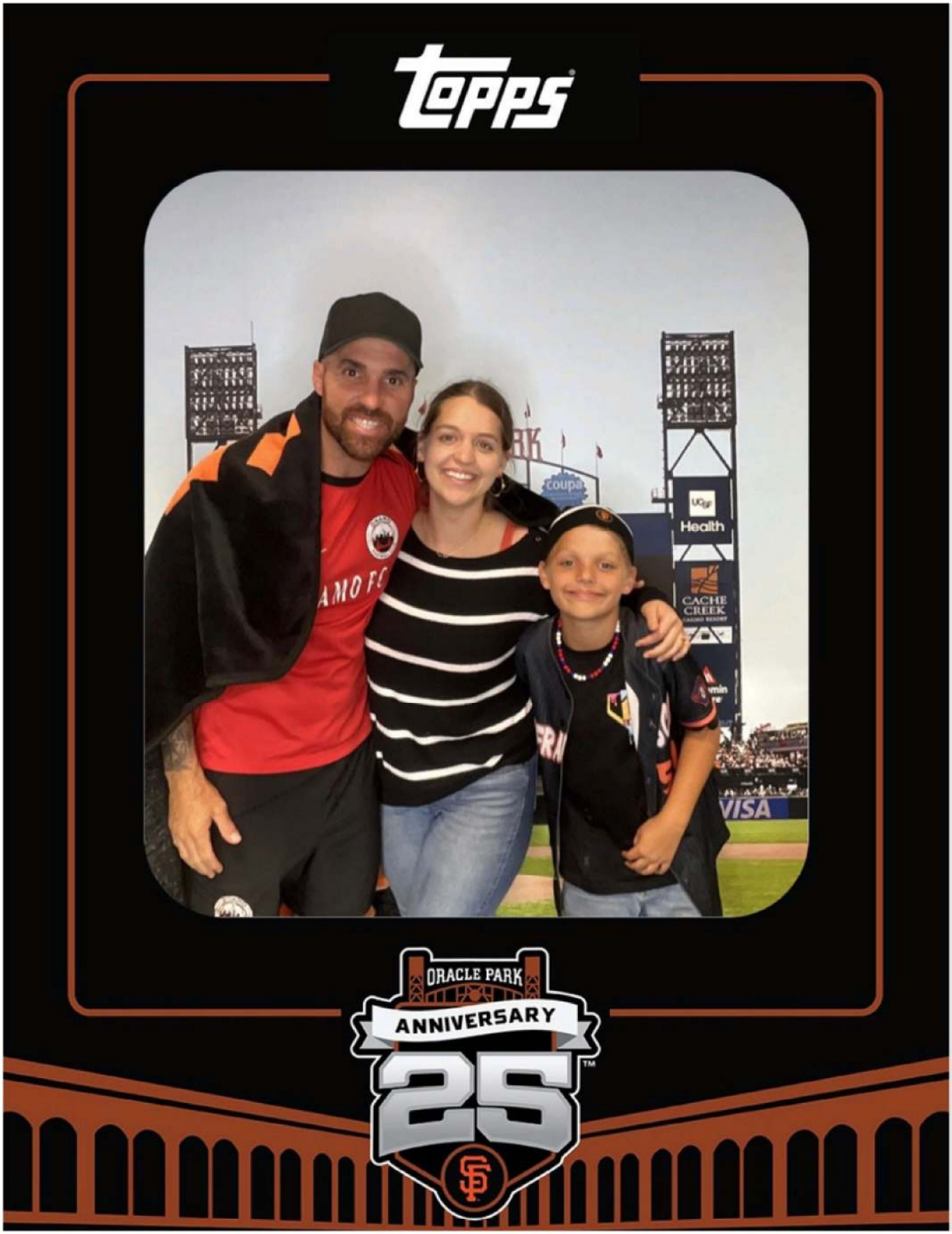
Elijah (Hannah’s son) and Noah (Roberto’s son) together.



Hannah, Elijah (Hannah’s son), Sophia and Sarah (Roberto’s children) playing together.



Roberto, Hannah, David (Hannah's father) and Elijah (Hannah's son) at Giant's game, Oracle Park, San Francisco, California.



Roberto, Hannah and Elijah (Hannah's son) at Giant's game, Oracle Park, San Francisco, California.



Roberto, Elijah (Hannah's son) Sophia, Sarah and Noah (Roberto's children) at Roberto's soccer game, Sunnyvale, California.



Elijah (Hannah's son), Sarah and Noah (Roberto's children) having ice cream together.



Elijah (Hannah’s son), Sarah and Noah (Roberto’s children) playing at their Church backyard.



Elijah (Hannah's son), Sarah and Noah (Roberto's children) playing at their Church youth room.



Elijah (Hannah’s son) and Noah (Roberto’s son) baking together.



Elijah (Hannah’s son) and Noah (Roberto’s son) together.



Elijah (Hannah’s son) Sophia, Sarah and Noah (Roberto’s children) posing in Anne’s (Hannah’s mother) backyard on Halloween.



Roberto, Isaac (Hannah's brother), Anne (Hannah's mother),Elijah (Hannah's son) Sophia, Sarah and Noah (Roberto's children) having dinner at Anne's house.



Hannah and Roberto before their engagement shoot.



Roberto and Hannah having luch after their engagement shoot, California.



Elijah (Hannah's son) Sophia, Sarah and Noah (Roberto's children) having ice cream together.



Hannah, Roberto and Noah (Roberto’s son) at Elijah baseball game.



Roberto and Hannah “save the date” for their wedding.



Roberto and Hannah at Hanna's mother, Anne, house.



Elijah (Hannah's son) and Noah (Roberto's son) playing videogames together.



Elijah (Hannah’s son) and Noah (Roberto’s son) having bath togerther.



Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) having dinner togerther.



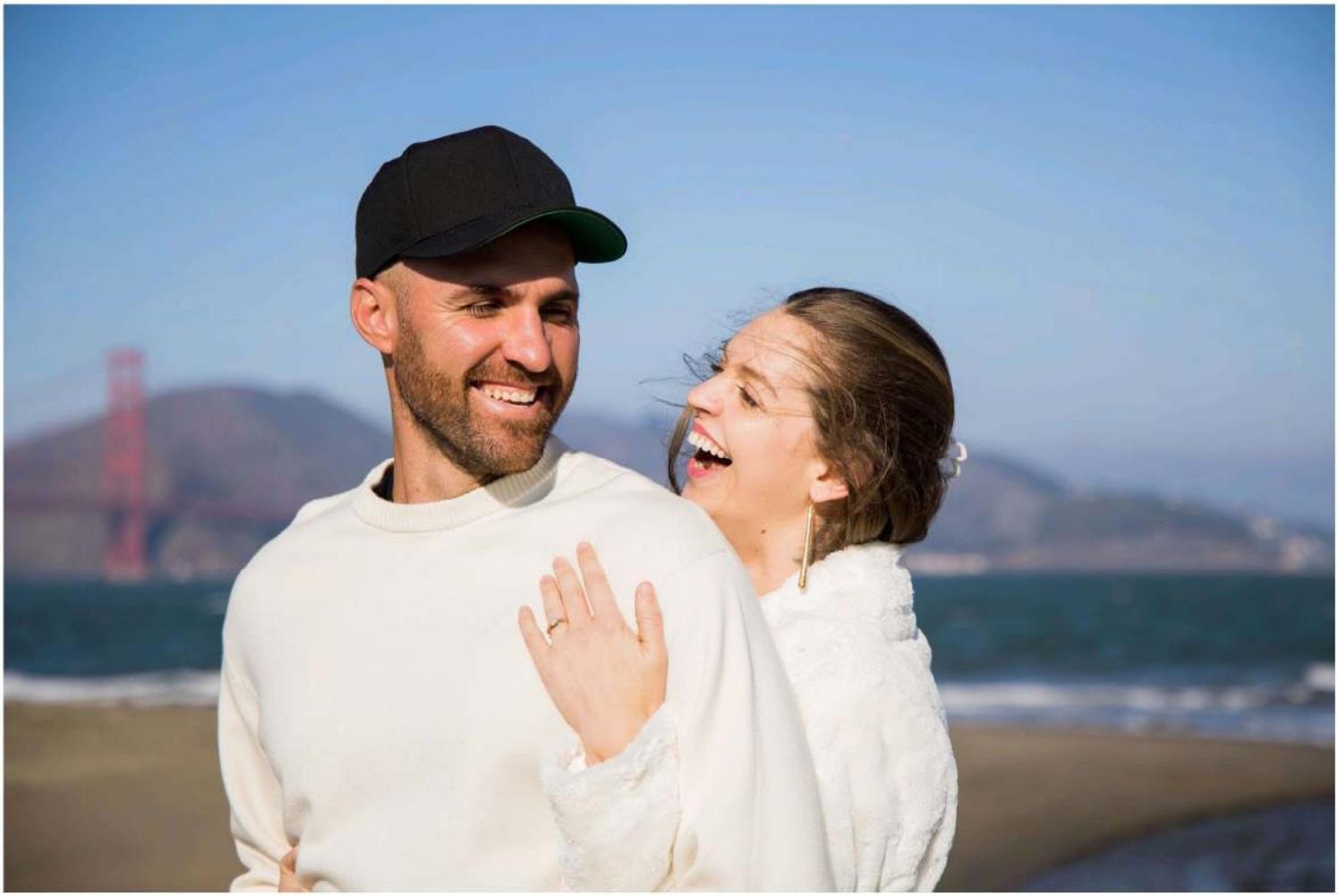
Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) playing together at their house.



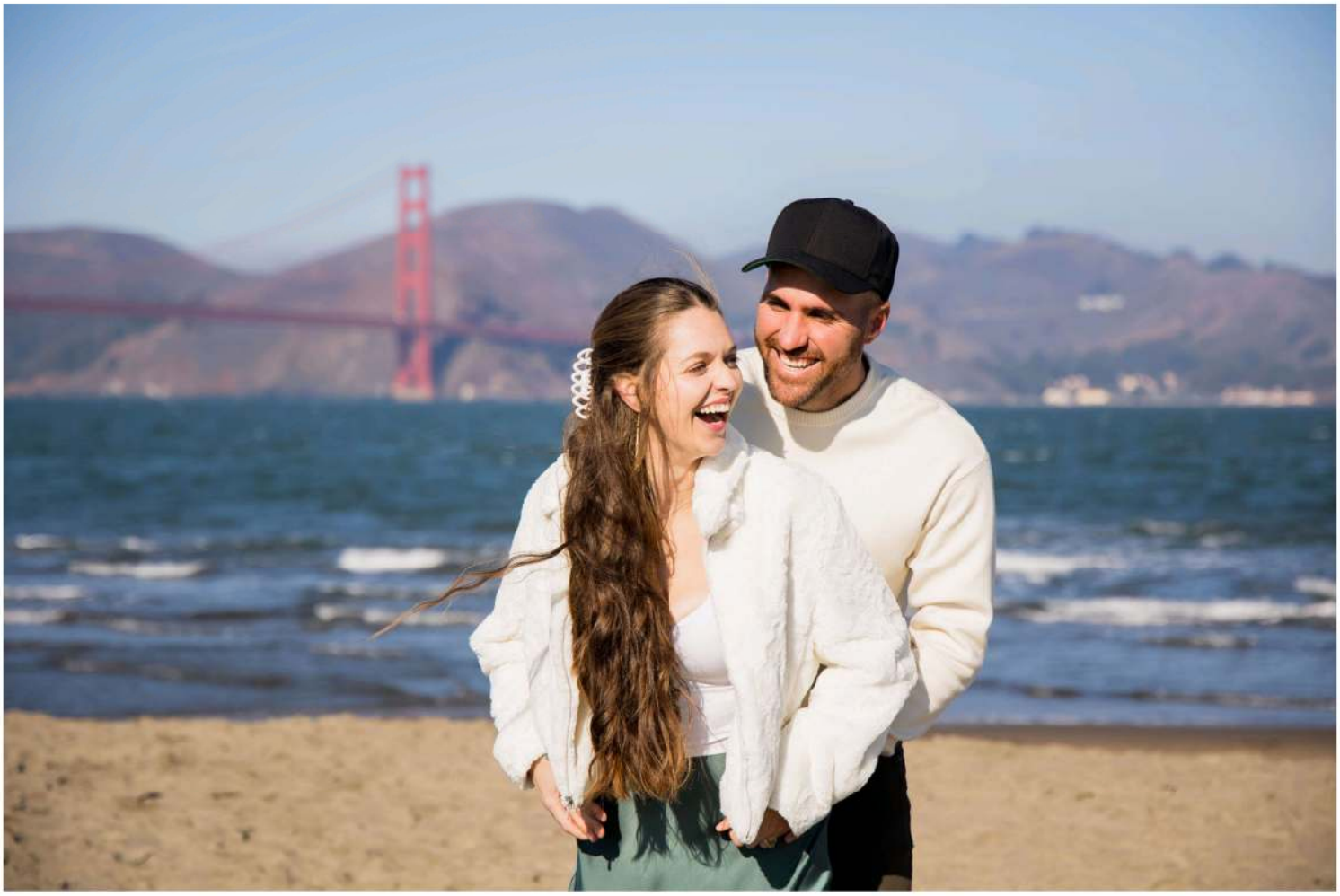
Roberto and Hannah at their engagement shoot.



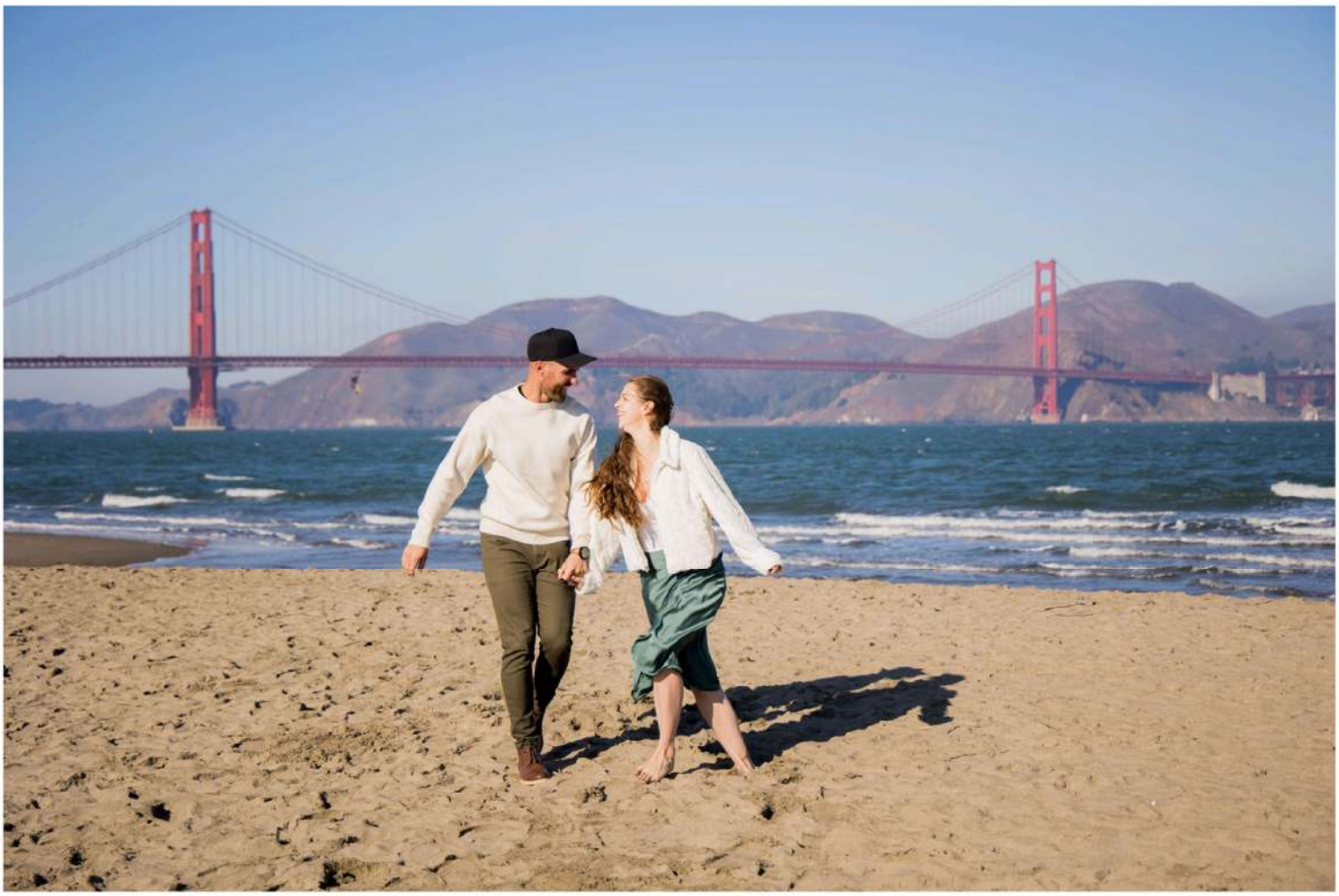
Roberto and Hannah at their engagement shoot.



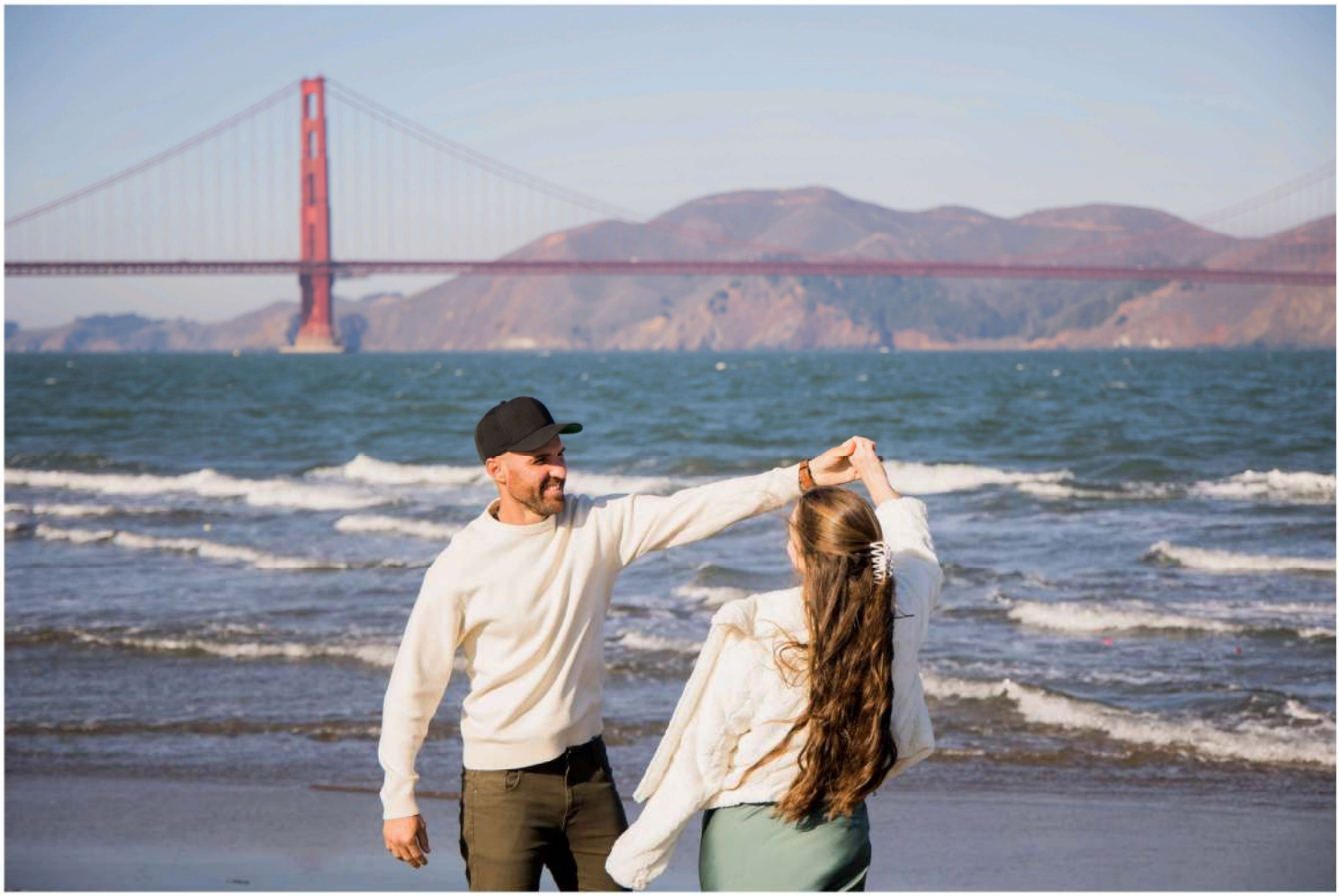
Roberto and Hannah at their engagement shoot, Golden Gates, California.



Roberto and Hannah at their engagement shoot, Golden Gates, California.



Roberto and Hannah at their engagement shoot, Golden Gates, California.



Roberto and Hannah at their engagement shoot, Golden Gates, California.



10/25/26 - Sophia, Sarah and Noah (Roberto’s children) at Elijah’s (Hannah’s son) school for Halloween.



2/9/26 - Roberto, Hannah, Elijah (Hannah’s son), Hannah’s mother and Hannah’s brother at a small dinner celebrating their marriage



2/9/26 - Roberto and Hannah celebrating their marriage with a small dinner at Hannah’s mother house.



12/24/25 - Elijah (Hannah’s son) and Sarah (Roberto’s daughter) on christmas eve.



12/24/25 - Sarah and Noah (Roberto’s children) on christmas eve cooking with Hannah.



12/25/25 - Elijah (Hannah’s son) Sophia, Sarah and Noah (Roberto’s children) on christmas morning.



12/9/25 - Hannah’s and Roberto’s engagement ring.



12/9/25 - Hannah and Roberto after he proposed.



12/9/25 - Hannah’s engagement ring.



11/3/25 - Elijah (Hannah's son) Sophia, Sarah and Noah (Roberto's children) having dinner together.



11/3/25 - Roberto and Hannah hiking together.



10/13/25 - Roberto, Elijah (Hannah’s son) Sophia, Sarah and Noah (Roberto’s children) at Oakland Zoo, California.



10/13/25 - Elijah (Hannah's son) Sophia, Sarah and Noah (Roberto's children) at Oakland Zoo, California.



9/13/25 - Roberto, Sarah, Sophia, Noah (Roberto’s chidren) and Elijah (Hannah’s son) hanging out.



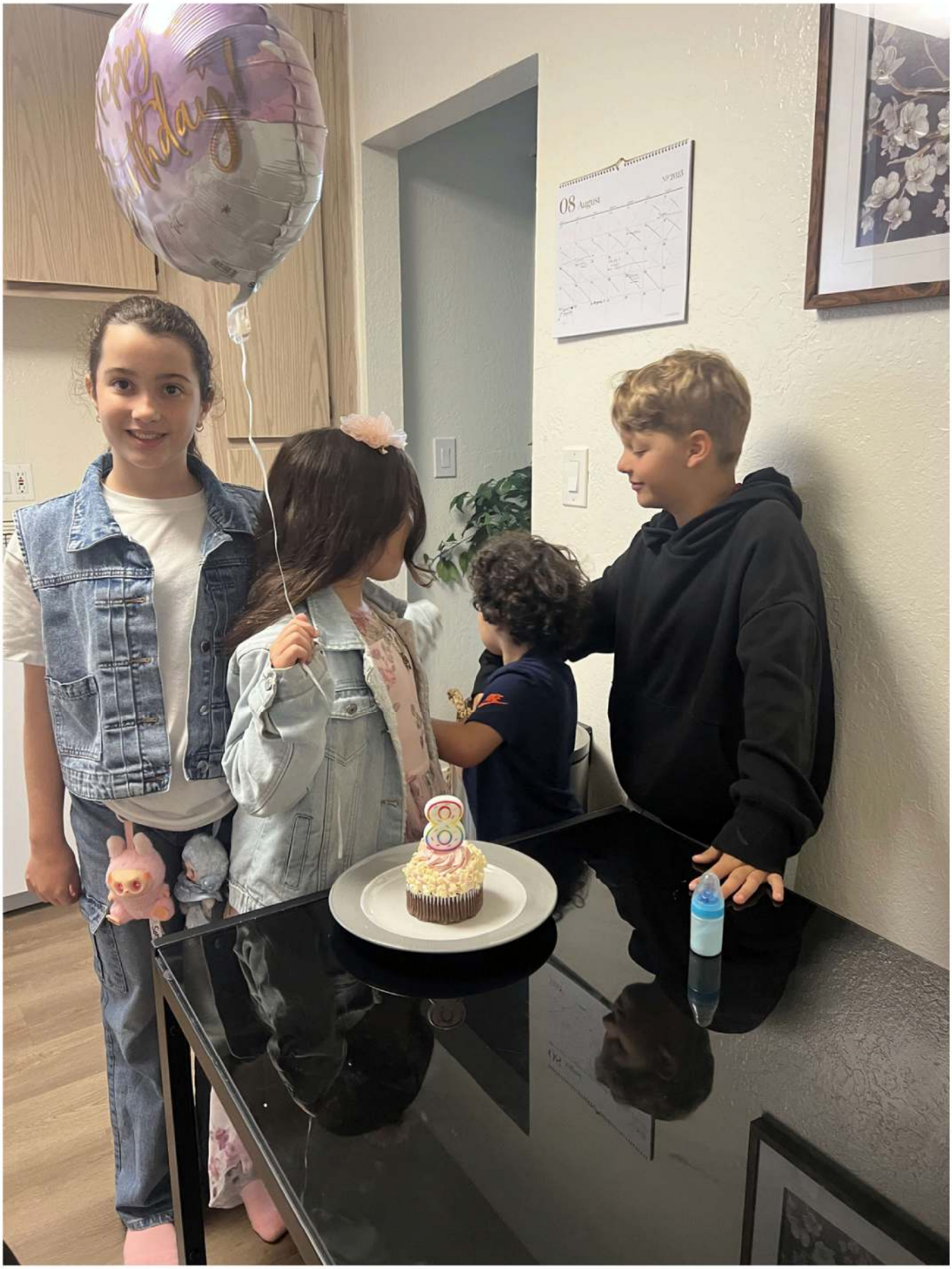
9/11/25 - Hannah, Elijah (Hannah's son), Sophia and Sarah (Roberto's children) at Top Golf, San Jose, California.



9/11/25 - Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) at Top Golf, San Jose, California.



9/2/25 - Roberto and Hannah going to the gym together.



8/24/25 - Sophia, Noah (Roberto's children) and Elijah (Hannah's son) at Sarah's (Roberto's daughter) birthday.



8/4/25 - Roberto, his children, Hannah, her son and their grandmother camping in Lake Tahoe, California.



8/3/25 - Sophia (Roberto's daughter) and Anne (Hannah's mother) at Lake Tahoe, California.



8/3/25 - Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) at Hotel, Lake Tahoe, California.



6/9/25 - Elijah (Hannah's son), Sophia and Sarah (Roberto's children) having breakfast together for Elijah's birthday.



6/9/25 - Roberto and Elijah (Hannah's son)for Elijah's birthday.



3/23/25 - Elijah (Hannah’s son), Sarah and Noah (Roberto’s children).



3/23/25 - Elijah (Hannah’s son) and Noah (Roberto’s son).



Roberto, Elijah (Hannah’s son) with Sophia, Sarah and Noah (Roberto’s children) at his Graduation.



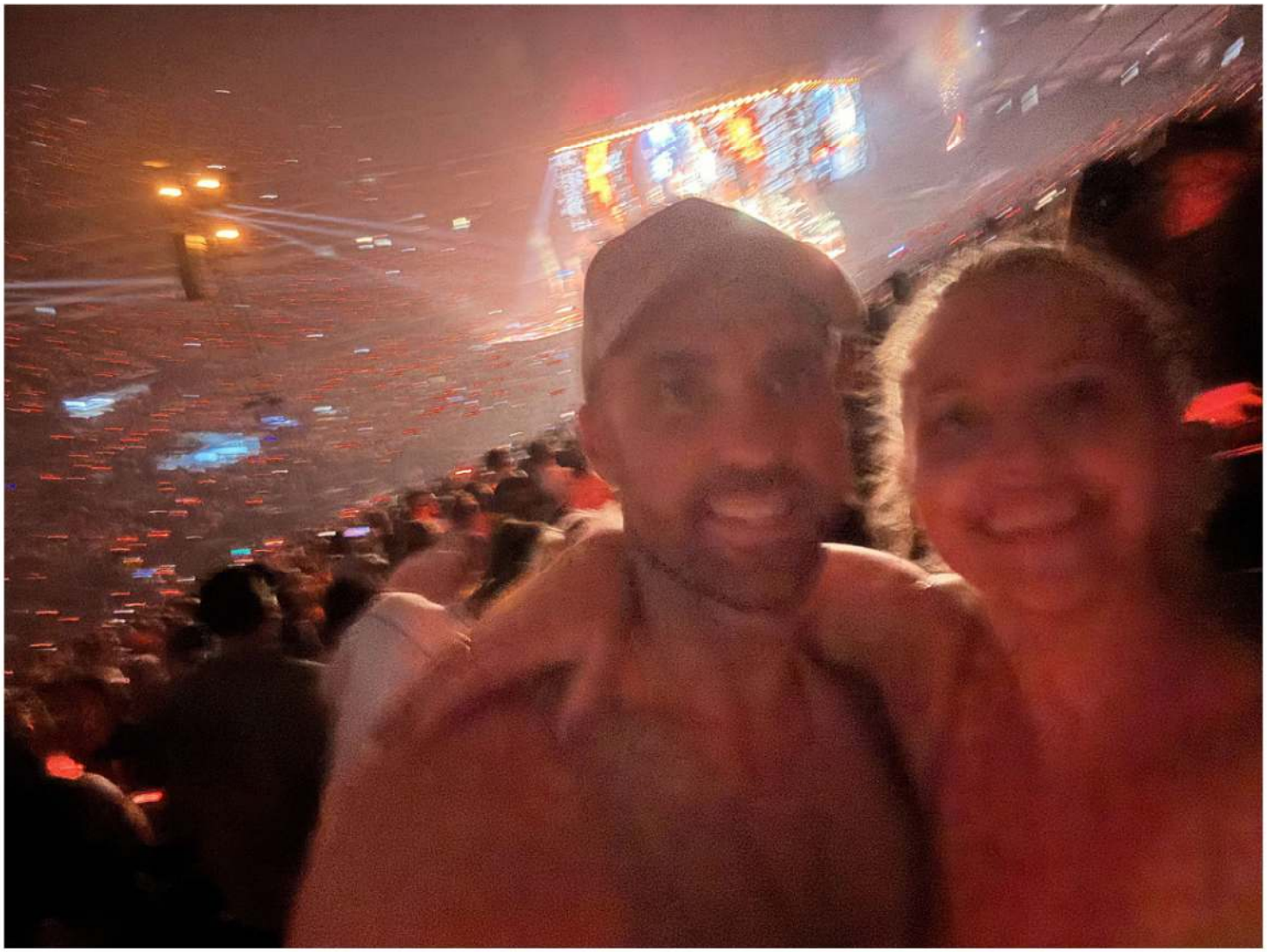
10/26/24 - Roberto, Hannah, Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children) watching an Ice Skating show.



10/26/24 - Elijah (Hannah's son), Sophia, Sarah and Noah (Roberto's children) watching an Ice Skating show.



10/26/24 - Elijah (Hannah’s son), Sophia, Sarah and Noah (Roberto’s children).



8/9/24 - Roberto and Hannah at a concert in Las Vegas, Nevada.



8/9/24 - Roberto and Hannah at a concert in Las Vegas, Nevada.



8/9/24 - Roberto and Hannah at a concert in Las Vegas, Nevada.



7/19/24 - Roberto, Hannah, Elijah (Hannah’s son) and Natan (Roberto’s brother) at Athletic’s Stadium, Oakland, California.



7/19/24 - Roberto, Hannah, Natan (Roberto’s brother) and Elijah (Hannah’s daughter) at an Athletics game, Oakland, California.



7/7/24 - Roberto and Hannah hiking together.



6/26/24 - Roberto and Hannah taking Natan, Roberto’s brother, to his first Giants game at Oracle Park, San Francisco, California.



6/17/24 - Roberto and Hannah after Hannah soccer tournament, Houston.



12/7/24 - Sarah, Sophia and Noah (Roberto's children) and Elijah (Hannah child) bowling together.



5/11/24 - Roberto and Hannah hiking on Lake Tahoe, California.

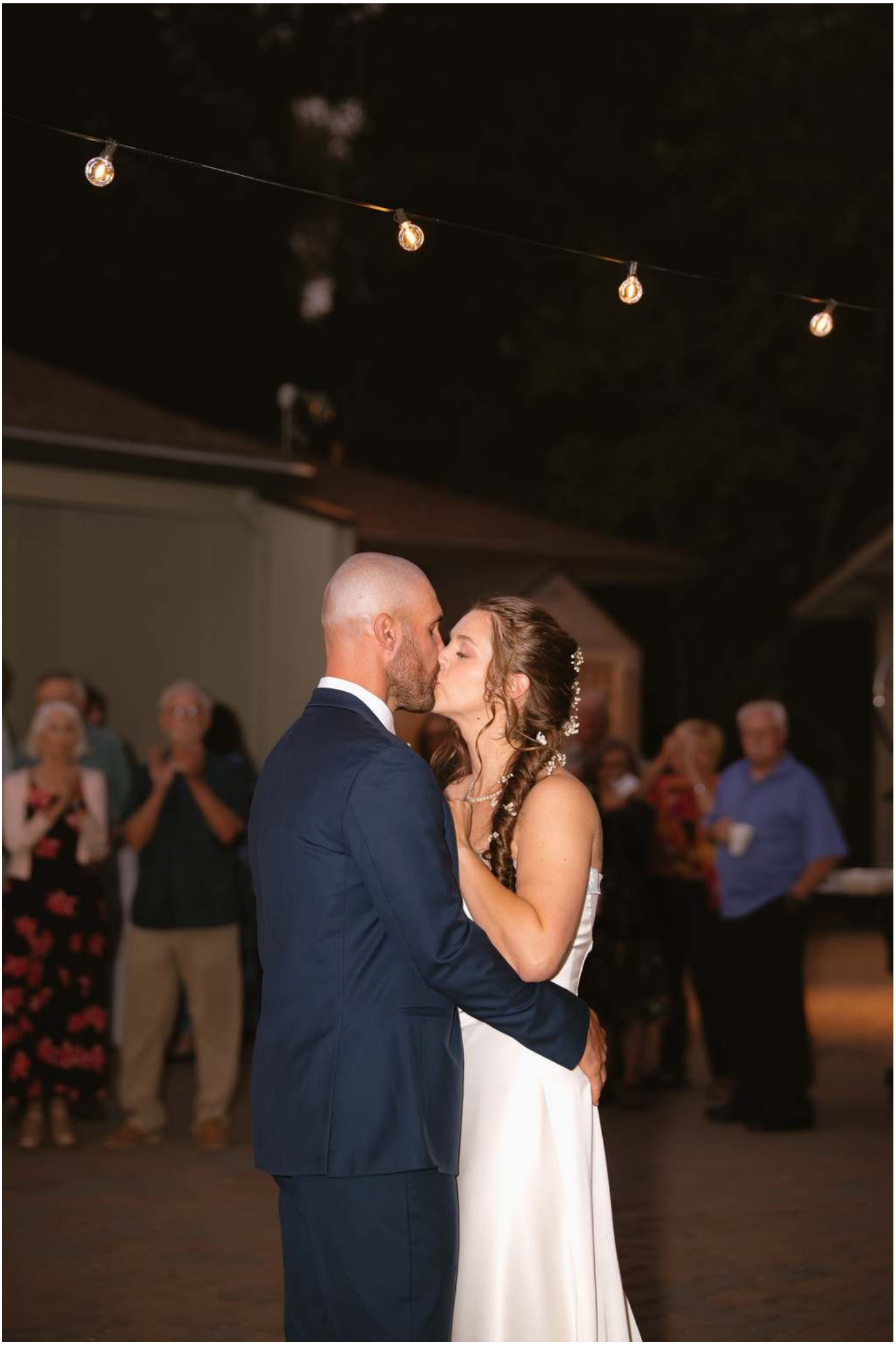


5/10/24 - Roberto and Hannah on their fist trip to Lake Tahoe, California.

Hannah Marie James Gomes and Roberto Gomes Júnior Wedding Photos













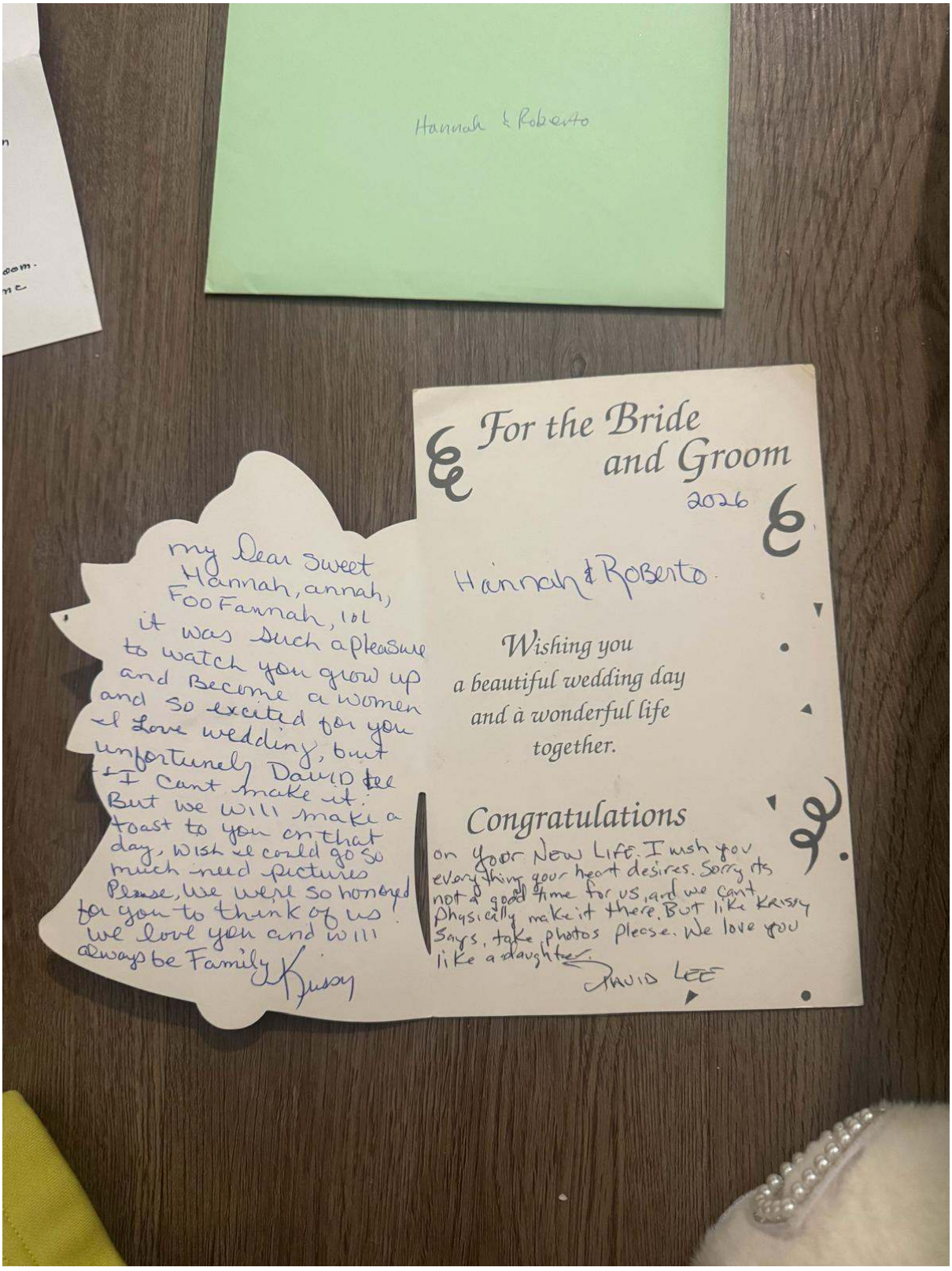


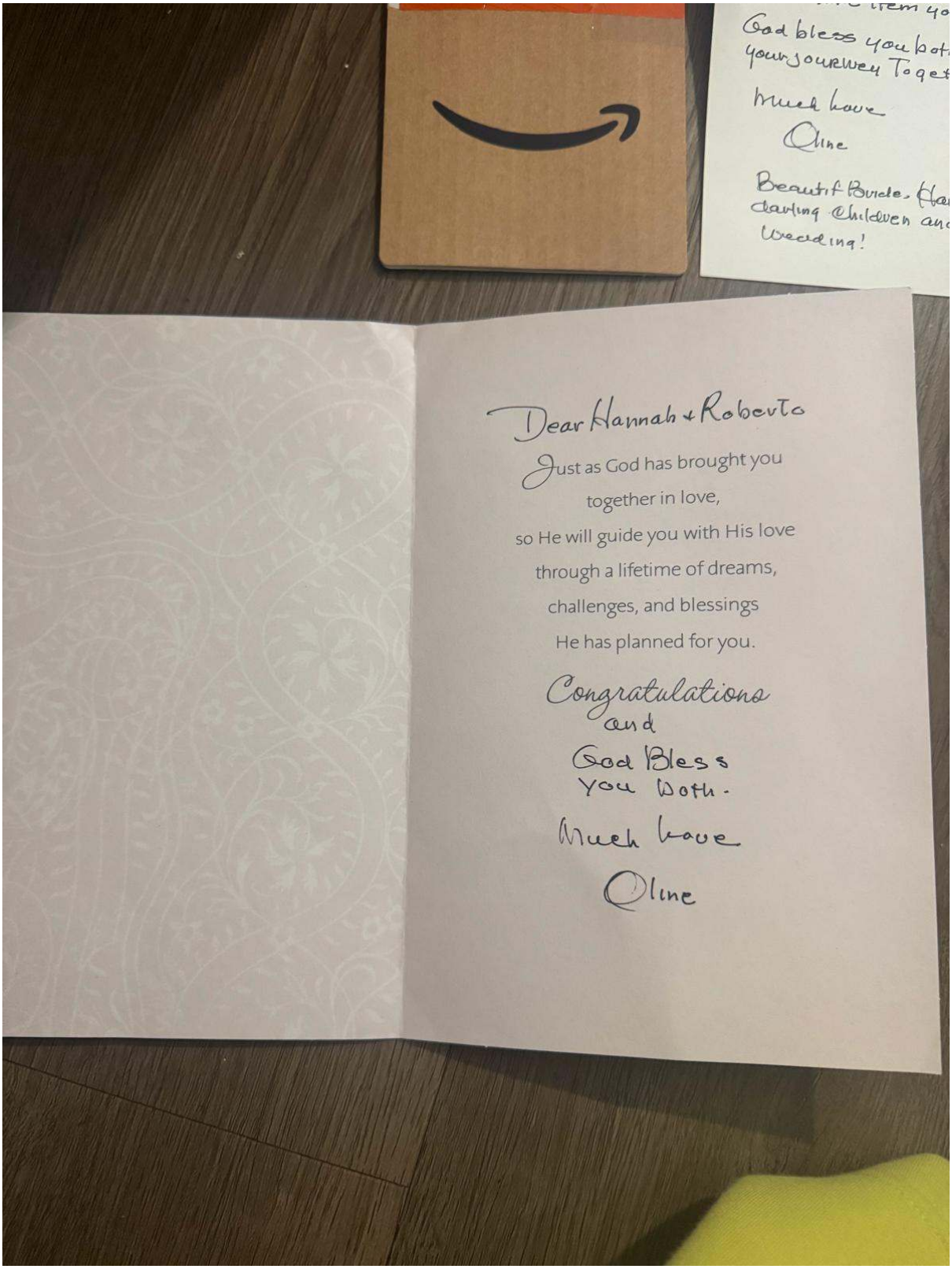


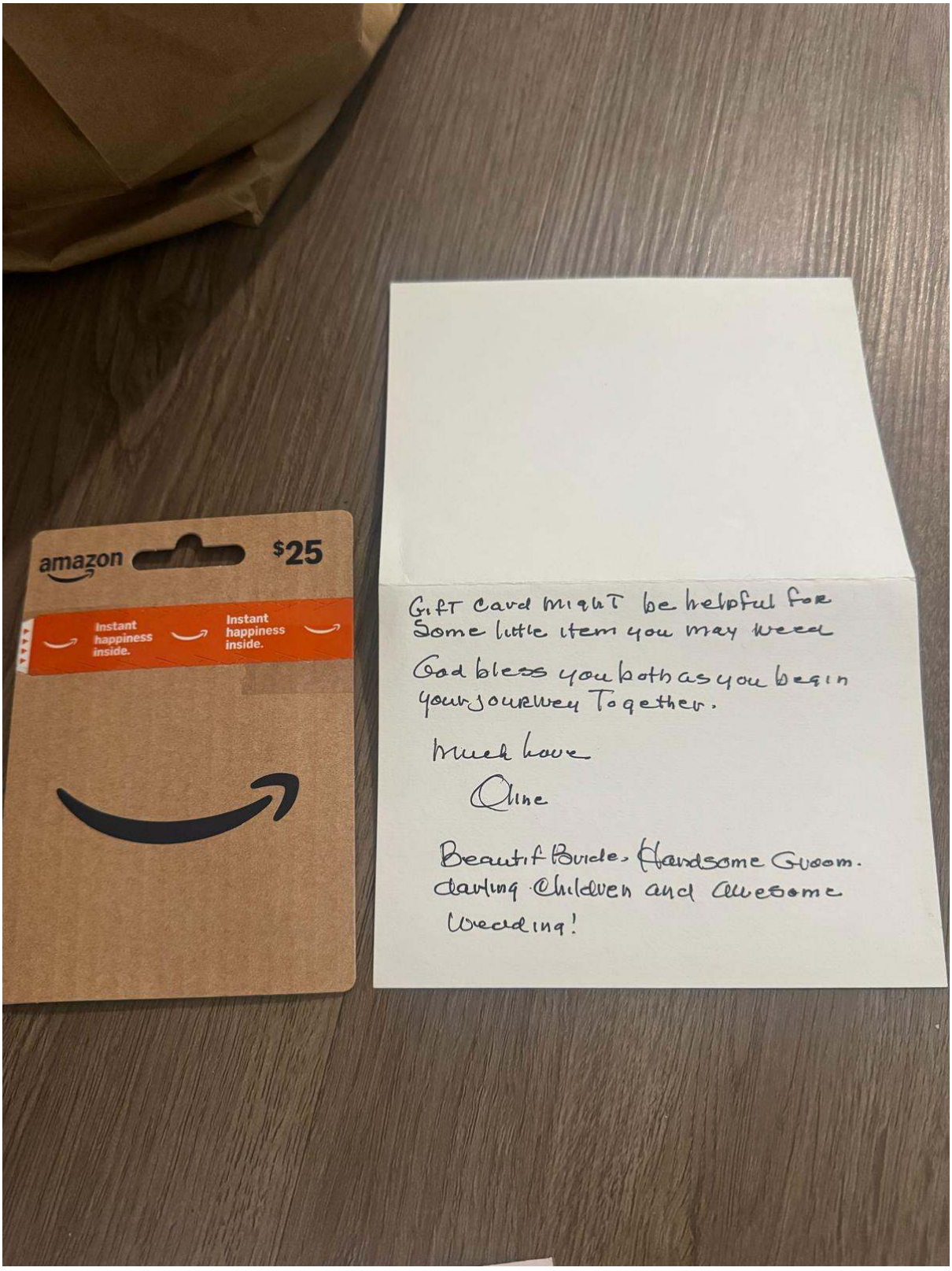




Hannah Marie James Gomes and Roberto Gomes Junior's Wedding Gift Cards

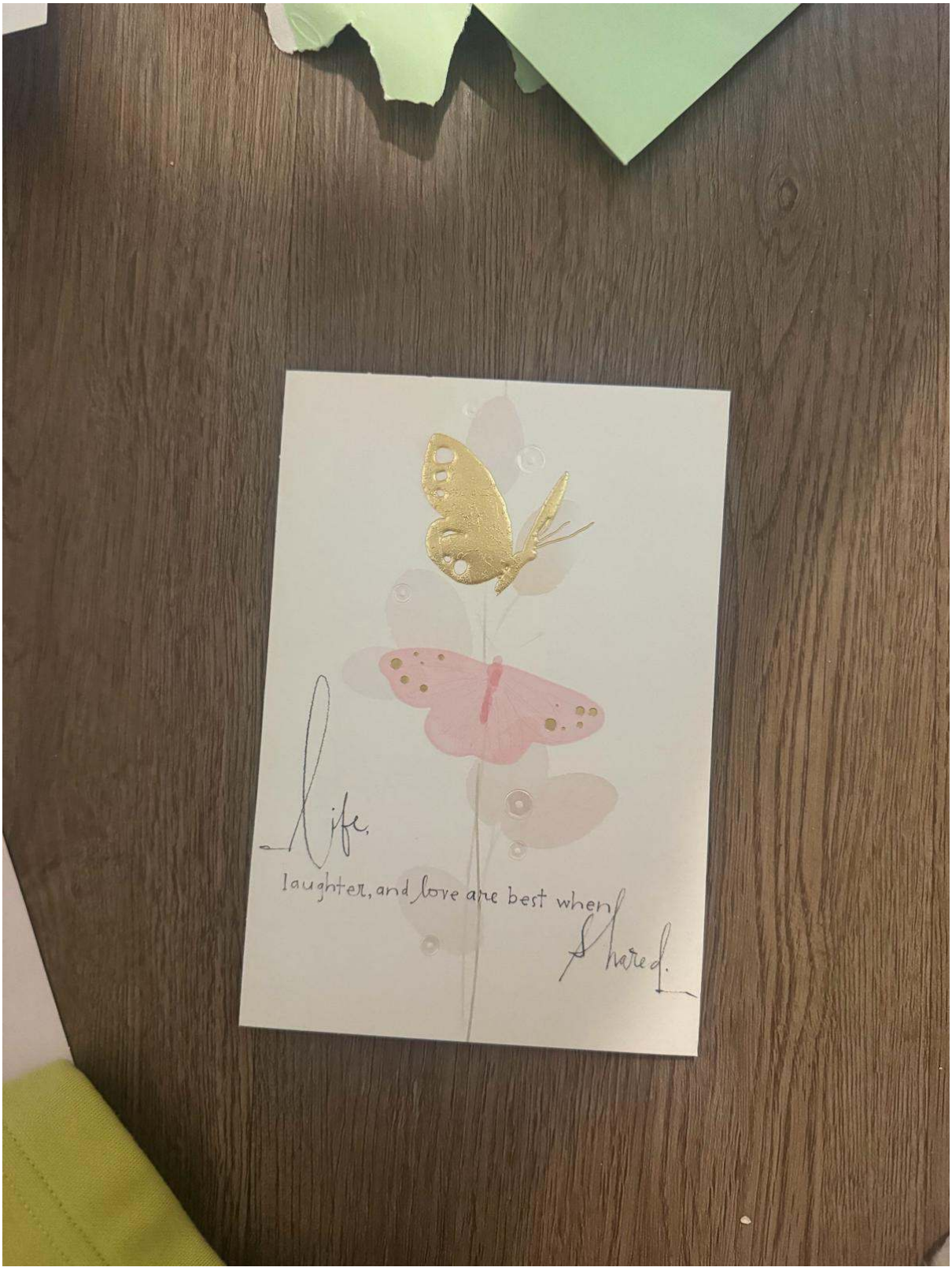

Hannah & Roberto
For the Bride and Groom
2026
Hannah & Roberto
Wishing you a beautiful wedding day and a wonderful life together.
Congratulations
on your New Life. I wish you everything your heart desires. Sorry its not a good time for us, and we cant physically make it there. But like Kaisey Says, take photos please. We love you like a daughter.
DAVID LEE
my Dear Sweet Hannah, annah, Foo Fannah, lol
it was such a pleasure to watch you grow up and become a women and so excited for you I Love wedding, but unfortunely David Lee + I Cant make it. But we will make a toast to you on that day, Wish we could go so much need pictures Please, We we're so honored for you to think of us We love you and will always be Family
Kasey

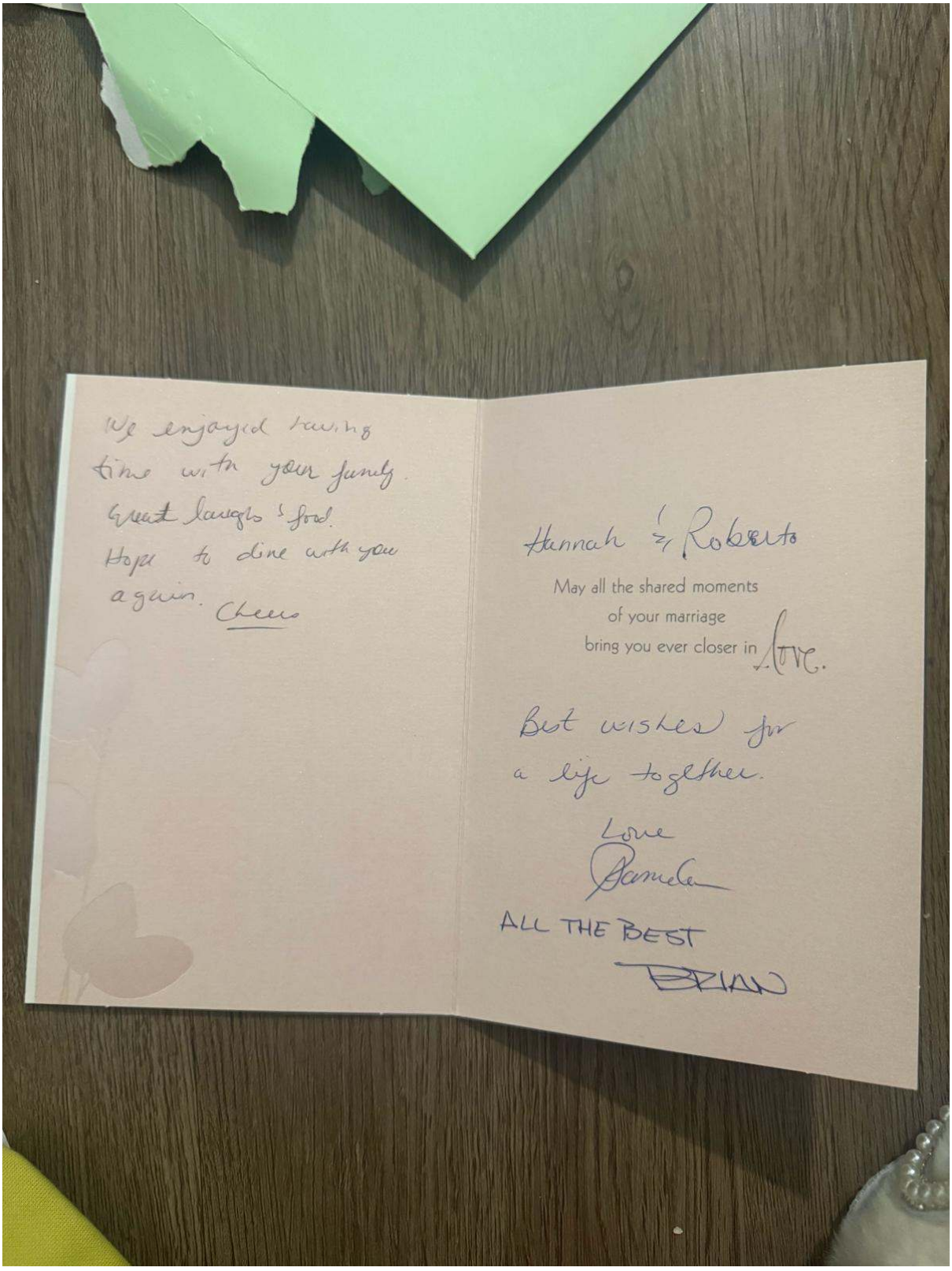

God bless you both
Much love
Oline
Beautiful Bride,
darling children
Wedding!
Dear Hannah + Roberto
Just as God has brought you
together in love,
so He will guide you with His love
through a lifetime of dreams,
challenges, and blessings
He has planned for you.
Congratulations
and
God Bless
You Both.
Much love
Oline


amazon
$25
Instant happiness inside.
Instant happiness inside.
Gift Card might be helpful for some little item you may need
God bless you both as you begin your journey Together.
Much love
Aline
Beautiful Bride, Handsome Groom. darling Children and Awesome Wedding!


of you both. I know she was Smiling
down on you + Roberto as you said
your vows.
I do not do alot of shopping
these days but I hope this wee
Roberto + Hannah
Gomes -
2026


amazon
$25
Instant happiness inside.
Instant happiness inside.
Dear Hannah and Roberto
I feel so blessed To have had
The opportunity To Witnes your
Wedding This afternoon. I
How I wish my dear, dear friend Heal
& your Grandmother Could have
been present. She loved you &
Isac Samuch & was So Proud
Of you both. I Know She was Smiling
down on you & Roberto As you Said
your vows.
I do not do alot Of Shopping
these days but I hope This wee


life.
laughter, and love are best when
shared.



We enjoyed having time with your family. Great laughs & food. Hope to dine with you again. Cheers

Hannah & Roberto

May all the shared moments
of your marriage
bring you ever closer in Love.

Best wishes for a life together.

Love
Pamela

ALL THE BEST
BRIAN

Exhibit 9 - Petitioner’s Financial Information

Cash App Taxes

Hannah’s 2025 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Hannah James

Cash App Taxes

Audit Defense Policy

Defense Code: CC2Q-CWQY-2025

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2025 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: CC2Q-CWQY-2025
    - The tax return year: 2025
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2026 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

Your Tax Year 2024 audit defense (Code = COBO-K7CY-2024) has been extended until 04/15/2027.

Your Tax Year 2023 audit defense (Code = CNCA-BQKI-2023) has been extended until 04/15/2027.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Hannah James

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2025** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

☐ Filed pursuant to section 301.9100-2 ☐ Combat zone ☐ Deceased MM / DD / YYYY Spouse MM / DD / YYYY

☐ Other

Your first name and middle initial	Last name	Your social security number
HANNAH M	JAMES	6 1 0 9 4 1 7 0 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.	Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025. ☒
332 GATEWAY DR	108	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code	Presidential Election Campaign
PACIFICA	CA	94044	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/county	Foreign postal code	

Filing Status

Check only one box.

☐ Single
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS). Enter spouse's SSN above and full name here:
☒ Head of household (HOH)
☐ Qualifying surviving spouse (QSS)
If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:
☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2025, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) . . ☐ Yes ☒ No

Dependents

(see instructions)

If more than four dependents, see instructions and check here . . ☐

	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name	ELIJAH			
(2) Last name	KILE			
(3) SSN	3 7 4 9 5 1 8 1 6			
(4) Relationship	SON			
(5) Check if lived with you more than half of 2025	(a) ☒ Yes (b) ☒ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.	(a) ☐ Yes (b) ☐ And in the U.S.
(6) Check if	☒ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled	☐ Full-time student ☐ Permanently and totally disabled
(7) Credits	☒ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents	☐ Child tax credit ☐ Credit for other dependents

☐ Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

Attach Sch. B if required.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	67337
b	Household employee wages not reported on Form(s) W-2			1b	
c	Tip income not reported on line 1a (see instructions)			1c	
d	Medicaid waiver payments not reported on Form(s) W-2 (see instructions)			1d	
e	Taxable dependent care benefits from Form 2441, line 26			1e	
f	Employer-provided adoption benefits from Form 8839, line 31			1f	
g	Wages from Form 8919, line 6			1g	
h	Other earned income (see instructions). Enter type and amount:			1h	
i	Nontaxable combat pay election (see instructions)	1i			
z	Add lines 1a through 1h			1z	67337
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
c	Check if your child's dividends are included in 1 ☐ Line 3a 2 ☐ Line 3b				
4a	IRA distributions	4a	b Taxable amount	4b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ QCD 3 ☐				
5a	Pensions and annuities	5a	b Taxable amount	5b	
c	Check if (see instructions) 1 ☐ Rollover 2 ☐ PSO 3 ☐				
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
d	If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here ☐				
7a	Capital gain or (loss). Attach Schedule D if required			7a	
b	Check if: ☐ Schedule D not required ☐ Includes child's capital gain or (loss)				
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your **total income**			9	67337
10	Adjustments to income from Schedule 1, line 26			10	
11a	Subtract line 10 from line 9. This is your **adjusted gross income**			11a	67337

Tax and Credits

	11b	Amount from line 11a (adjusted gross income)	11b	67337
	12a	Someone can claim ☐ You as a dependent ☐ Your spouse as a dependent		
	b	☐ Spouse itemizes on a separate return **c** ☐ You were a dual-status alien		
	d	**You:** ☐ Were born before January 2, 1961 ☐ Are blind		
		Spouse: ☐ Was born before January 2, 1961 ☐ Is blind		
Standard deduction for— • Single or Married filing separately, $15,750 • Married filing jointly or Qualifying surviving spouse, $31,500 • Head of household, $23,625 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.	e	**Standard deduction or itemized deductions** (from Schedule A)	12e	23625
	13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	
	b	Additional deductions from Schedule 1-A, line 38	13b	
	14	Add lines 12e, 13a, and 13b	14	23625
	15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your **taxable income**	15	43712
	16	**Tax** (see instructions). Check if any from Form(s): **1** ☐ 8814 **2** ☐ 4972 **3** ☐	16	4907
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	4907
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2200
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2200
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	2707
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	2707

Payments and Refundable Credits

	25	Federal income tax withheld from:				
	a	Form(s) W-2	25a	4020		
	b	Form(s) 1099	25b			
	c	Other forms (see instructions)	25c			
	d	Add lines 25a through 25c			25d	4020
	26	2025 estimated tax payments and amount applied from 2024 return			26	
If you have a qualifying child, you may need to attach Sch. EIC.		If you made estimated tax payments with your former spouse in 2025, enter their SSN (see instructions):				
	27a	Earned income credit (EIC)	27a			
	b	Clergy filing Schedule SE (see instructions) ☐				
	c	If you do not want to claim the EIC, check here ☐				
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here ☐	28			
	29	American opportunity credit from Form 8863, line 8	29			
	30	Refundable adoption credit from Form 8839, line 13	30			
	31	Amount from Schedule 3, line 15	31			
	32	Add lines 27a, 28, 29, 30, and 31. These are your **total other payments and refundable credits**			32	
	33	Add lines 25d, 26, and 32. These are your **total payments**			33	4020

Refund

	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	1313
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	1313
Direct deposit? See instructions.	b	Routing number 0 4 1 2 1 5 6 6 3 **c** Type: ☒ Checking ☐ Savings		
	d	Account number 1 2 8 4 5 5 3 7 1 3 1 9 8		
	36	Amount of line 34 you want **applied to your 2026 estimated tax**	36	

Amount You Owe

	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation **FOOD SERVICE WORKER**	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature **SELF-PREPARED**	Date	PTIN	Check if: ☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment Sequence No. **47**

Name(s) shown on return
HANNAH M JAMES

Your social security number
610941708

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11a of your Form 1040, 1040-SR, or 1040-NR				**1**	**67337**
2a	Enter income from Puerto Rico that you excluded	**2a**	**0**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**	**0**			
c	Enter the amount from line 15 of your Form 4563	**2c**	**0**			
d	Add lines 2a through 2c				**2d**	**0**
3	Add lines 1 and 2d				**3**	**67337**
4	Number of qualifying children under age 17 with the required social security number	**4**	**1**			
5	Multiply line 4 by $2,200				**5**	**2200**
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	**0**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.					
7	Multiply line 6 by $500				**7**	**0**
8	Add lines 5 and 7				**8**	**2200**
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000				**9**	**200000**
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.				**10**	**0**
11	Multiply line 10 by 5% (0.05)				**11**	**0**
12	Is the amount on line 8 more than the amount on line 11?				**12**	**2200**
	☐ **No. Stop here.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit.					
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from **Credit Limit Worksheet A**				**13**	**4907**
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**				**14**	**2200**
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.					

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040 or Form 1040-SR through line 27a (or Form 1040-NR through line 26) (also complete Schedule 3 (Form 1040), line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15	Reserved for future use		**15**	
16a	Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit		**16a**	
b	Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit		**16b**	
	TIP: The number of children you use for this line is the same as the number of children you used for line 4.			
17	Enter the **smaller** of line 16a or line 16b		**17**	
18a	Earned income (see instructions)	**18a**		
b	Nontaxable combat pay (see instructions) **18b**			
19	Is the amount on line 18a more than $2,500? ☐ **No.** Leave line 19 blank and enter -0- on line 20. ☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result	**19**		
20	Multiply the amount on line 19 by 15% (0.15) and enter the result		**20**	
	Next. On line 16b, is the amount $5,100 or more? ☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27. ☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.			

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21	Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions	**21**		
22	Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13	**22**		
23	Add lines 21 and 22	**23**		
24	**1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27a, and Schedule 3 (Form 1040), line 11. **1040-NR filers:** Enter the amount from Schedule 3 (Form 1040), line 11.	**24**		
25	Subtract line 24 from line 23. If zero or less, enter -0-		**25**	
26	Enter the **larger** of line 20 or line 25		**26**	
	Next, enter the **smaller** of line 17 or line 26 on line 27.			

Part II-C Additional Child Tax Credit

27	**This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28**	**27**	**0**

TAXABLE YEAR

FORM

2025 California Resident Income Tax Return 540

610-94-1708 JAME 25
HANNAH M JAMES

332 GATEWAY DR 108
PACIFICA CA 94044

11-27-1996 JAMES

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Principal Residence

Enter your county at time of filing (see instructions)

SAN MATEO

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) | Apt. no/ste. no.

City | State | ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 X Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. ☐

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

			Whole dollars only
7	**Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions.	1 X $153 = $	153
8	**Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions	☐ X $153 = $	
9	**Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions.	☐ X $153 = $	

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	ELIJAH		
Last Name	KILE		
SSN. See instructions.	374951816		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 | 1 | X $475 = $ | 475

11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 628

Taxable Income

12 State wages from your federal Form(s) W-2, box 16 . . . . . 12 | 67337 | .00

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13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. . . 13 | 67337 | .00

14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . 14 | | .00

15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions . . . . . 15 | 67337 | .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 | 67337 | .00

18 Enter the **larger** of:
- Your California **itemized deductions** from Schedule CA (540), Part II, line 30; **OR**
- Your California **standard deduction** shown below for your filing status:
  - Single or Married/RDP filing separately. $5,706
  - Married/RDP filing jointly, Head of household, or Qualifying surviving spouse/RDP. $11,412

If Married/RDP filing separately or the box on line 6 is checked, **STOP**. See instructions. . 18 | 11412 | .00

19 Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . 19 | 55925 | .00

Tax

31 Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule
● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . 31 | 964 | .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than $252,203, see instructions. . . . . 32 | 628 | .00

33 Subtract line 32 from line 31. If less than zero, enter -0- . . . . . 33 | 336 | .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 | 336 | .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: HANNAH M JAMES Your SSN or ITIN: 610941708

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45		.00
46	Nonrefundable Renter's Credit. See instructions	46	120	.00
47	Add line 40 through line 46. These are your total credits	47	120	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	216	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61		.00
62	Behavioral Health Services Tax. See instructions	62		.00
63	Other taxes and credit recapture. See instructions	63		.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	216	.00

Payments

71	California income tax withheld. See instructions	71	539	.00
72	2025 California estimated tax and other payments. See instructions	72		.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73		.00
74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	74		.00
75	Earned Income Tax Credit (EITC). See instructions	75		.00
76	Young Child Tax Credit (YCTC). See instructions	76		.00
77	Foster Youth Tax Credit (FYTC). See instructions	77		.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	539	.00

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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	539	.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	539	.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	323	.00

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Overpaid Tax/Tax Due

98	Amount of line 97 you want applied to your **2026** estimated tax	**98**	.00
99	Overpaid tax available this year. Subtract line 98 from line 97	**99**	323 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
California Pediatric Cancer Research Voluntary Tax Contribution Fund	**448**	.00
Parkinson's Disease Research Voluntary Tax Contribution Fund	**449**	.00
110 Add amounts in code 400 through code 449. This is your total contribution	**450**	.00

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Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 323 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number 041215663 ● Type [X] Checking [ ] Savings ● Account number 1284553713198 ● **116** Direct deposit amount 323 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type [ ] Checking [ ] Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage?

By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions . . . . . ◉ [X] Yes [ ] No

Organ Donor Election

By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California.

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If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time.

◉ ☐ Primary taxpayer

◉ ☐ Spouse/RDP (if joint tax return)

To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions.

Sign your tax return on Side 6

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address. ◉ Preferred phone number

● Print paid preparer's name ● Paid preparer's phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name | Telephone Number

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TAXABLE YEAR

SCHEDULE

2025 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 610941708

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**	67337		
b Household employee wages not reported on federal Form(s) W-2 . . . . . **1b**			
c Tip income not reported on line 1a **1c**			
d Medicaid waiver payments not reported on federal Form(s) W-2. See instructions **1d**			
e Taxable dependent care benefits from federal Form 2441, line 26 . . . . . **1e**			
f Employer-provided adoption benefits from federal Form 8839, line 31 . . . . . **1f**			
g Wages from federal Form 8919, line 6. . . . . **1g**			
h Other earned income. See instr. Enter type & amount. **1h**			
i Nontaxable combat pay election. See instructions. **1i**			
z Add line 1a through line 1i. **1z**	67337		
2 Taxable interest. **a** **2b**			
3 Ordinary dividends. See instructions. **a** **3b**			
4 IRA distributions. See instructions. **a** **4b**			
5 Pensions and annuities. See instructions. . . . **a** **5b**			
6 Social security benefits. . . . . **a** **6b**			
7 a Capital gain or (loss). See instructions **7a**			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes **1**			
2 a Alimony received. **b** Date of original divorce or separation agreement. See instr. **2a**			
3 Business income or (loss). See instructions. **3**			
4 Other gains or (losses) **4**			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**			
6 Farm income or (loss) **6**			
7 Unemployment compensation **7**			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss **8a**	◉ ( )		◉
b Gambling **8b**	◉	◉	
c Cancellation of debt **8c**	◉	◉	◉
d Foreign earned income exclusion from federal Form 2555 **8d**	◉ ( )		◉
e Income from federal Form 8853 **8e**	◉		◉
f Income from federal Form 8889 **8f**	◉	◉	
g Alaska Permanent Fund dividends **8g**	◉		
h Jury duty pay **8h**	◉		
i Prizes and awards **8i**	◉		
j Activity not engaged in for profit income **8j**	◉		
k Stock options **8k**	◉		◉
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property **8l**	◉		
m Olympic and Paralympic medals and USOC prize money **8m**	◉		
n IRC Section 951(a) inclusion **8n**	◉	◉	
o IRC Section 951A(a) inclusion **8o**	◉	◉	
p IRC Section 461(l) excess business loss adjustment **8p**	◉	◉	◉
q Taxable distributions from an ABLE account **8q**	◉		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 **8r**	◉		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d **8s**	◉ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan **8t**	◉		
u Wages earned while incarcerated **8u**	◉		
v Digital assets received as ordinary income not reported elsewhere **8v**	◉	◉	◉
z Other income. List type and amount. ◉ **8z**	◉	◉	◉

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Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add line 8a through line 8z **9a**			
b1 Disaster loss deduction from form FTB 3805V. . **9b1**			
b2 NOL deduction from form FTB 3805V **9b2**			
b3 NOL deduction from form FTB 3805Z, FTB 3807, or FTB 3809 . . . . . **9b3**			
10 Total. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7a, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. **10**	67337		

Section C – Adjustments to Income
from federal Schedule 1 (Form 1040)

11 Educator expenses **11**			
12 Certain business expenses of reservists, performing artists, and fee-basis government officials. **12**			
13 Health savings account deduction **13**			
14 Moving expenses. Attach form FTB 3913. See instructions **14**			
15 Deductible part of self-employment tax. See instructions. **15**			
16 Self-employed SEP, SIMPLE, and qualified plans. . **16**			
17 Self-employed health insurance deduction. See instructions. **17**			
18 Penalty on early withdrawal of savings **18**			
19 a Alimony paid. **19a**			
b Recipient's: SSN -- Last Name **c** Date of original divorce or separation agreement. See instr.			
20 IRA deduction **20**			
21 Student loan interest deduction **21**			
22 Reserved for future use **22**			
23 Archer MSA deduction **23**			

Section C – Adjustments to Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
24 Other adjustments:			
a Jury duty pay **24a**	◉		
b Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit. **24b**	◉	◉	◉
c Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m **24c**	◉	◉	
d Reforestation amortization and expenses. **24d**	◉	◉	
e Repayment of supplemental unemployment benefits under the federal Trade Act of 1974 . . . . **24e**	◉		
f Contributions to IRC Section 501(c)(18)(D) pension plans **24f**	◉	◉	◉
g Contributions by certain chaplains to IRC Section 403(b) plans **24g**	◉	◉	◉
h Attorney fees and court costs for actions involving certain unlawful discrimination claims **24h**	◉		
i Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations. **24i**	◉	◉	
j Housing deduction from federal Form 2555 . . . . . **24j**	◉	◉	
k Excess deductions of IRC Section 67(e) expenses from federal Schedule K-1 (Form 1041) **24k**	◉		
z Other adjustments. List type and amount. ◉ **24z**	◉	◉	◉
25 Total other adjustments. Add line 24a through line 24z **25**	◉	◉	◉
26 Add line 11 through line 23 and line 25 in columns A, B, and C. See instructions **26**	◉	◉	◉
27 **Total.** Subtract line 26 from line 10 in columns A, B, and C. See instructions **27**	◉ 67337	◉	◉

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Part II **Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A **Federal Amounts** (from federal Schedule A (Form 1040))	B **Subtractions** See instructions	C **Additions** See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses . . . . _____ **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11b. _____ **2**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
e Enter the smaller of line 5d or $40,000 ($20,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 . . . . . **7**			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098 . . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**			

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Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**			

18 Total. Combine line 17 column A less column B plus column C **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 . . . . . **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11b . . . . . .

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . **25**

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. . . . . **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$252,203**
Head of household **$378,310**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$504,411**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . **29**

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,706**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,412**

Transfer the amount on line 30 to Form 540, line 18. . . . . **30**

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TAXABLE YEAR

CALIFORNIA FORM

2025 Head of Household Filing Status Schedule 3532

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 610941708

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- **a** Not legally married/RDP during 2025 . . . . . 1a [X]
- **b** Surviving spouse/RDP (my spouse/RDP died before 01/01/2025) . . . . . 1b [ ]
- **c** Marriage/RDP was annulled . . . . . 1c [ ]
- **d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2025 . . . . . 1d [ ]
- **e** Legally married/RDP and did not live with spouse/RDP during 2025 . . . . . 1e [ ]
- **f** Legally married/RDP and lived with spouse/RDP during 2025. List the beginning and ending dates for each period when you lived together . . . . . 1f [ ]

	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)
From:		To:		From:		To:	

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Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- **a** Son, daughter, stepson, or stepdaughter . . . . . 2a [X]
- **b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . . . 2b [ ]
- **c** Eligible foster child . . . . . 2c [ ]
- **d** Father, mother, stepfather, or stepmother . . . . . 2d [ ]
- **e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . . . 2e [ ]

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

- First Name . . . . . Elijah
- Last Name . . . . . Kile
- SSN 374951816
- DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2025, go to line 3a. If not, go to line 4 . . . . . 06/09/2016
- **a** Was your qualifying person a full time student under age 24 in 2025? . . . . . 3a [ ] Yes [ ] No
- **b** Was your qualifying person permanently and totally disabled in 2025? . . . . . 3b [ ] Yes [ ] No

4 Enter qualifying person's gross income in 2025. See instructions 0.00

5 Number of days your qualifying person lived with you during 2025. See instructions 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days (or 366 days if it is a leap year). See instructions.

214
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2025**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HANNAH M	JAMES		610941708
If joint return, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no. /ste. no.	PMB/private mailbox	Daytime telephone number
332 GATEWAY DR	108		2096285195

City	State	ZIP code
PACIFICA	CA	94044

Foreign country name	Foreign province/state/county	Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions 1 67337
2 Refund or no amount due. See instructions 2 323
3 Amount you owe. See instructions 3

Part II Settle Your Account Electronically for Taxable Year 2025 (Pay by 4/15/2026)

4 ☒ Direct deposit of refund
5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2026 (These are NOT installment payments for the current amount you owe.)

	First Payment 4/15/2026	Second Payment 6/15/2026	Third Payment 9/15/2026	Fourth Payment 1/15/2027
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 323
9 Routing number 041215663
10 Account number 1284553713198
11 Type of account: ☒ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____
13 Routing number _____
14 Account number _____
15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2025 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

▶ Your signature _____ Date _____

▶ Spouse's/RDP's signature. If filing jointly, both must sign. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2025 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer ☐ Check if self-employed ☐ ERO's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

	a Employee's social security number 610-94-1708	OMB No. 1545-0008
b Employer identification number (EIN) 85-2606123	**1** Wages, tips, other compensation 22685.27	**2** Federal income tax withheld 815.59
c Employer's name, address, and ZIP code KAIZEN AND PROSPER LLC 40 Roberts Way Burlingame, California 94010	**3** Social security wages 10533.75	**4** Social security tax withheld 1444.24
d Control number	**5** Medicare wages and tips 23294.46	**6** Medicare tax withheld 337.76
e/f Employee's name, address, and ZIP code HANNAH JAMES 332 gateway dr Apt 108 Pacifica, CA 94044		
7 Social security tips 12760.71	**8** Allocated tips 0.00	**9** Advanced EIC payment 0.00
10 Dependent care benefits 0.00	**11** Nonqualified plans 0.00	See instructions for box 12 **12a** Code D 609.19
12b Code	**12c** Code	**12d** Code
13 Statutory employee ☐ Retirement plan ☑ Third-party sick pay ☐		**14** Other SDI 279.51
15 State Employer's state ID number CA 157-0022-2 ----------	**16** State wages, tips, etc 22685.27 ----------	**17** State income tax 0.00 ----------
18 Local wages, tips, etc. ----------	**19** Local income tax ----------	**20** Locality name ----------

Form **W-2** Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service

Copy B - To Be Filed with Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

This information is being furnished to the Internal Revenue Service.
If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

	a Employee's social security number 610-94-1708	OMB No. 1545-0008
b Employer identification number (EIN) 85-2606123	**1** Wages, tips, other compensation 22685.27	**2** Federal income tax withheld 815.59
c Employer's name, address, and ZIP code KAIZEN AND PROSPER LLC 40 Roberts Way Burlingame, California 94010	**3** Social security wages 10533.75	**4** Social security tax withheld 1444.24
d Control number	**5** Medicare wages and tips 23294.46	**6** Medicare tax withheld 337.76
e/f Employee's name, address, and ZIP code HANNAH JAMES 332 gateway dr Apt 108 Pacifica, CA 94044		
7 Social security tips 12760.71	**8** Allocated tips 0.00	**9** Advanced EIC payment 0.00
10 Dependent care benefits 0.00	**11** Nonqualified plans 0.00	See instructions for box 12 **12a** Code D 609.19
12b Code	**12c** Code	**12d** Code
13 Statutory employee ☐ Retirement plan ☑ Third-party sick pay ☐		**14** Other SDI 279.51
15 State Employer's state ID number CA 157-0022-2 ----------	**16** State wages, tips, etc 22685.27 ----------	**17** State income tax 0.00 ----------
18 Local wages, tips, etc. ----------	**19** Local income tax ----------	**20** Locality name ----------

Form **W-2** Wage and Tax Statement **2025**

Department of the Treasury—Internal Revenue Service

Copy C - For Employee's Record.

	a Employee's social security number 610-94-1708	OMB No. 1545-0008
b Employer identification number (EIN) 85-2606123	**1** Wages, tips, other compensation 22685.27	**2** Federal income tax withheld 815.59
c Employer's name, address, and ZIP code KAIZEN AND PROSPER LLC 40 Roberts Way Burlingame, California 94010	**3** Social security wages 10533.75	**4** Social security tax withheld 1444.24
d Control number	**5** Medicare wages and tips 23294.46	**6** Medicare tax withheld 337.76
e/f Employee's name, address, and ZIP code HANNAH JAMES 332 gateway dr Apt 108 Pacifica, CA 94044		
7 Social security tips 12760.71	**8** Allocated tips 0.00	**9** Advanced EIC payment 0.00
10 Dependent care benefits 0.00	**11** Nonqualified plans 0.00	See instructions for box 12 **12a** Code D 609.19
12b Code	**12c** Code	**12d** Code
13 Statutory employee ☐ Retirement plan ☑ Third-party sick pay ☐		**14** Other SDI 279.51
15 State Employer's state ID number CA 157-0022-2 ----------	**16** State wages, tips, etc 22685.27 ----------	**17** State income tax 0.00 ----------
18 Local wages, tips, etc. ----------	**19** Local income tax ----------	**20** Locality name ----------
Form **W-2** Wage and Tax Statement Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.	**2025**	Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

2025

E0003W020
OBM No. 1545-0008

c Employer's name, address, and ZIP code
CANOPY KITCHEN, LLC
BLOSSOM AND ROOT #6434
390 STARVIEW DR
DANVILLE CA 94526

7 Social security tips: 25614.54
8 Allocated tips:
9:
12a See instructions for box 12: AA 2083.86
12d:
b Employer identification number (EIN): 88-2633683

e Employee's name
HANNAH JAMES

16078 CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Loc
CA	186-6161-1	44652.16	539.00	

Form **W-2** Wage and Tax Statement

Copy C - For EMPLOYEE'S RECORDS.
(See Notice to Employee).

2025

E0003W020
OBM No. 1545-0008

c Employer's name, address, and ZIP code
CANOPY KITCHEN, LLC
BLOSSOM AND ROOT #6434
390 STARVIEW DR
DANVILLE CA 94526

7 Social security tips: 25614.54
8 Allocated tips:
9:
12a See instructions for box 12: AA 2083.86
12d:
b Employer identification number (EIN): 88-2633683

e Employee's name
HANNAH JAMES

16078 CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

This information is being furnished to the Inter
required to file a tax return, negligence penalty
imposed on you if this income is taxable and y

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Loc
CA	186-6161-1	44652.16	539.00	

Form **W-2** Wage and Tax Statement

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

2025

E0003W020
OBM No. 1545-0008

c Employer's name, address, and ZIP code
CANOPY KITCHEN, LLC
BLOSSOM AND ROOT #6434
390 STARVIEW DR
DANVILLE CA 94526

7 Social security tips: 25614.54
8 Allocated tips:
9:
12a See instructions for box 12: AA 2083.86
12d:
b Employer identification number (EIN): 88-2633683

e Employee's name
HANNAH JAMES

16078 CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Loc
CA	186-6161-1	44652.16	539.00	

CANOPY KITCHEN, LLC
BLOSSOM AND ROOT #6434
390 STARVIEW DR
DANVILLE CA 94526

IMPORTANT TAX
DOCUMENTS ENCLOSED

Department of the Treasury—Internal Revenue Service

25 E0003W020 OBM No. 1545-0008

	1 Wages, tips, other compensation 44652.16	2 Federal income tax withheld 3204.48	
7 Social security tips 25614.54	3 Social security wages 19037.62	4 Social security tax withheld 2768.46	
8 Allocated tips	5 Medicare wages and tips 44652.16	6 Medicare tax withheld 647.44	
9	10 Dependent care benefits	11 Nonqualified plans	
12a See instructions for box 12 Code AA 2083.86	12b Code	12c Code	
12d Code	13 Statutory emp ☐ Retirement plan ☒ Third party sick pay ☐	14 Other SDI 535.87	
b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708		

539.00				
17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name	etc.

Department of the Treasury—Internal Revenue Service

25 E0003W020 OBM No. 1545-0008

	1 Wages, tips, other compensation 44652.16	2 Federal income tax withheld 3204.48	
7 Social security tips 25614.54	3 Social security wages 19037.62	4 Social security tax withheld 2768.46	
8 Allocated tips	5 Medicare wages and tips 44652.16	6 Medicare tax withheld 647.44	
9	10 Dependent care benefits	11 Nonqualified plans	
12a See instructions for box 12 Code AA 2083.86	12b Code	12c Code	
12d Code	13 Statutory emp ☐ Retirement plan ☒ Third party sick pay ☐	14 Other SDI 535.87	
b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708		

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

539.00				
17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name	etc.

Department of the Treasury—Internal Revenue Service

25 E0003W020 OBM No. 1545-0008

	1 Wages, tips, other compensation 44652.16	2 Federal income tax withheld 3204.48	
7 Social security tips 25614.54	3 Social security wages 19037.62	4 Social security tax withheld 2768.46	
8 Allocated tips	5 Medicare wages and tips 44652.16	6 Medicare tax withheld 647.44	
9	10 Dependent care benefits	11 Nonqualified plans	
12a See instructions for box 12 Code AA 2083.86	12b Code	12c Code	
12d Code	13 Statutory emp ☐ Retirement plan ☒ Third party sick pay ☐	14 Other SDI 535.87	
b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708		

539.00				
17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name	etc.

TAX
CLOSED

Cash App Taxes

Hannah’s 2024 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Hannah James

Cash App Taxes

Audit Defense Policy

Defense Code: COBO-K7CY-2024

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2024 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: COBO-K7CY-2024
    - The tax return year: 2024
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2025 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

Your Tax Year 2023 audit defense (Code = CNCA-BQKI-2023) has been extended until 04/15/2026.

Your Tax Year 2022 audit defense (Code = CGKE-XMXI-2022) has been extended until 04/18/2026.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Hannah James

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2024** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning _____, 2024, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
HANNAH M	JAMES	6 1 0 9 4 1 7 0 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.	Apt. no.
16078 CAMBRIAN DR	

City, town, or post office. If you have a foreign address, also complete spaces below.	State	ZIP code
SAN LEANDRO	CA	94578

Foreign country name	Foreign province/state/county	Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.

☐ Single ☒ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required): _____

Digital Assets At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1960 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1960 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
ELIJAH E KILE	3 7 4 9 5 1 8 1 6	SON	☒	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)			1a	43164
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	43164
2a	Tax-exempt interest	2a	b Taxable interest	2b	
3a	Qualified dividends	3a	b Ordinary dividends	3b	
4a	IRA distributions	4a	b Taxable amount	4b	
5a	Pensions and annuities	5a	b Taxable amount	5b	
6a	Social security benefits	6a	b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐				
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐			7	
8	Additional income from Schedule 1, line 10			8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**			9	43164
10	Adjustments to income from Schedule 1, line 26			10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**			11	43164
12	**Standard deduction or itemized deductions** (from Schedule A)			12	21900
13	Qualified business income deduction from Form 8995 or Form 8995-A			13	
14	Add lines 12 and 13			14	21900
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**			15	21264

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $14,600
- Married filing jointly or Qualifying surviving spouse, $29,200
- Head of household, $21,900
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐	16	2222
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	2222
	19	Child tax credit or credit for other dependents from Schedule 8812	19	2000
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	2000
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	222
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
	24	Add lines 22 and 23. This is your **total tax**	24	222
Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2 — 25a: 2730		
	b	Form(s) 1099 — 25b:		
	c	Other forms (see instructions) — 25c:		
	d	Add lines 25a through 25c	25d	2730
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: 944		
	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	944
	33	Add lines 25d, 26, and 32. These are your **total payments**	33	3674
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**	34	3452
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐	35a	3452
Direct deposit? See instructions.	b	Routing number 0 4 1 2 1 5 6 6 3 c Type: ☒ Checking ☐ Savings		
	d	Account number 1 2 8 4 5 5 3 7 1 3 1 9 8		
	36	Amount of line 34 you want **applied to your 2025 estimated tax** — 36:		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions	37	
	38	Estimated tax penalty (see instructions) — 38:		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		FOOD SERVICE WORKER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
	SELF-PREPARED			☐ Self-employed
Firm's name			Phone no.	
Firm's address			Firm's EIN	

SCHEDULE EIC (Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **43**

Name(s) shown on return

HANNAH M JAMES

Your social security number

610 94 1708

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: **Elijah E** Last name: **Kile**	First name: Last name:	First name: Last name:
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2024 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2024 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	**374 95 1816**		
3 Child's year of birth	Year **2 0 1 6** *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ___ ___ ___ ___ *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year ___ ___ ___ ___ *If born after 2005 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2024?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	**SON**		
6 Number of months child lived with you in the United States during 2024 • If the child lived with you for more than half of 2024 but less than 7 months, enter "7." • If the child was born or died in 2024 and your home was the child's home for more than half the time they were alive during 2024, enter "12."	**12** months *Do not enter more than 12 months.*	**0** months *Do not enter more than 12 months.*	**0** months *Do not enter more than 12 months.*

Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren). See the instructions for Form 1040, line 27, for information on who may be a qualifying child.

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040, line 27.

Special rule for separated spouses. You can claim the EIC if you are married, not filing a joint return, had a qualifying child who lived with you for more than half of 2024, and either of the following applies.

- You lived apart from your spouse for the last 6 months of 2024, or
- You are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you didn't live in the same household as your spouse at the end of 2024.

If you meet these requirements, check the box at the top of Schedule EIC.

Qualifying child doesn't have an SSN. If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, and you are otherwise eligible, you can claim the self-only EIC. To claim the self-only EIC with a qualifying child, complete and attach Schedule EIC to your Form 1040 or 1040-SR. Complete line 1 and lines 2 through 6 for Child 1. If Child 1 has an ITIN, an ATIN, or an SSN that is not considered a valid SSN as defined in the instructions for Form 1040, line 27, enter it on line 2. Otherwise, leave line 2 blank.

Taking the EIC when not eligible. If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Future developments. For the latest information about developments related to Schedule EIC (Form 1040) and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/ScheduleEIC*.

Qualifying Child

A qualifying child for the EIC is your...

Son, daughter, stepchild, eligible foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)

AND

was...

Under age 19 at the end of 2024 and younger than you (or your spouse, if filing jointly)
or
Under age 24 at the end of 2024, a student, and younger than you (or your spouse, if filing jointly)
or
Any age and permanently and totally disabled

AND

Who is not filing a joint return for 2024
or is filing a joint return for 2024 only to claim
a refund of withheld income tax or estimated tax paid

AND

Who lived with you in the United States for more than half of 2024.

CAUTION *You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses. The IRS may ask you for documents to show you lived with each qualifying child. Documents you might want to keep for this purpose include school and childcare records and other records that show your child's address.*

TIP *If the child didn't live with you for more than half of the year because of a temporary absence, birth, death, placement with you for foster or adoption, or kidnapping, see* Exception to time lived with you *in the instructions for Form 1040, line 27.*

CAUTION *If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse, if filing a joint return), special rules apply. For details, see* Married child *or* Qualifying child of more than one person *in the instructions for Form 1040, line 27.*

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **47**

Name(s) shown on return
HANNAH M JAMES

Your social security number
610941708

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR				**1**	**43164**
2a	Enter income from Puerto Rico that you excluded	**2a**	**0**			
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**	**0**			
c	Enter the amount from line 15 of your Form 4563	**2c**	**0**			
d	Add lines 2a through 2c				**2d**	**0**
3	Add lines 1 and 2d				**3**	**43164**
4	Number of qualifying children under age 17 with the required social security number	**4**	**1**			
5	Multiply line 4 by $2,000				**5**	**2000**
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	**0**			
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.					
7	Multiply line 6 by $500				**7**	**0**
8	Add lines 5 and 7				**8**	**2000**
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000				**9**	**200000**
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.				**10**	**0**
11	Multiply line 10 by 5% (0.05)				**11**	**0**
12	Is the amount on line 8 more than the amount on line 11?				**12**	**2000**
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.					
	☒ **Yes.** Subtract line 11 from line 8. Enter the result.					
13	Enter the amount from **Credit Limit Worksheet A**				**13**	**2222**
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**				**14**	**2000**
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.					

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a**

b Number of qualifying children under age 17 with the required social security number: _____ x $1,700. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b**

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17**

18a Earned income (see instructions) **18a**

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☐ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19**

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20**

Next. On line 16b, is the amount $5,100 or more?

☐ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27** **0**

TAXABLE YEAR

FORM

2024 California Resident Income Tax Return 540

610-94-1708 JAME 24
HANNAH M JAMES

16078 CAMBRIAN DR
SAN LEANDRO CA 94578

11-27-1996 JAMES

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 X Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. ☐

See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $149 = $ 149

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $149 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $149 = $

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	ELIJAH		
Last Name	KILE		
SSN. See instructions.	374951816		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . 10 | 1 | X $461 = $ | 461

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . 11 $ 610

Taxable Income

12	State wages from your federal Form(s) W-2, box 16	12	43164 .00
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11	13	43164 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B	14	.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions	15	43164 .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	43164 .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	11080 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0-	19	32084 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule; [ ] FTB 3800 [ ] FTB 3803	31	427 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $244,857, see instructions.	32	610 .00
33	Subtract line 32 from line 31. If less than zero, enter -0-	33	.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	.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: HANNAH M JAMES Your SSN or ITIN: 610941708

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	45	.00
46	Nonrefundable Renter's Credit. See instructions	46	.00
47	Add line 40 through line 46. These are your total credits	47	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	48	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	61	.00
62	Mental Health Services Tax. See instructions	62	.00
63	Other taxes and credit recapture. See instructions	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	64	.00

Payments

71	California income tax withheld. See instructions	71	387 .00
72	2024 California estimated tax and other payments. See instructions	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	73	.00
74	Reserved for future use	74	.
75	Earned Income Tax Credit (EITC). See instructions	75	.00
76	Young Child Tax Credit (YCTC). See instructions	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	78	387 .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	387 .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	387 .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	387 .00

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

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**	387 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	**431**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
California ALS Research Network Voluntary Tax Contribution Fund	**447**	.00
110 Add amounts in code 400 through code 447. This is your total contribution	**110**	.00

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 387 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number 041215663 ● Type [X] Checking [ ] Savings ● Account number 1284553713198 ● **116** Direct deposit amount 387 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type [ ] Checking [ ] Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes [X] No

Sign your tax return on Side 6

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address. ◉ Preferred phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR | SCHEDULE

2024 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 610941708

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**	43164		
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**	43164		
2 Taxable interest. **a** **2b**			
3 Ordinary dividends. See instructions. **a** **3b**			
4 IRA distributions. See instructions. **a** **4b**			
5 Pensions and annuities. See instructions. **a** **5b**			
6 Social security benefits. **a** **6b**			
7 Capital gain or (loss). See instructions **7**			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes **1**			
2 a Alimony received. See instructions. **2a**			
3 Business income or (loss). See instructions. **3**			
4 Other gains or (losses) **4**			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**			
6 Farm income or (loss) **6**			
7 Unemployment compensation **7**			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss **8a**	◉ ( )		◉
b Gambling **8b**	◉	◉	
c Cancellation of debt **8c**	◉	◉	◉
d Foreign earned income exclusion from federal Form 2555 . . . . . **8d**	◉ ( )		◉
e Income from federal Form 8853 . . . . . **8e**	◉		◉
f Income from federal Form 8889 . . . . . **8f**	◉	◉	
g Alaska Permanent Fund dividends **8g**	◉		
h Jury duty pay **8h**	◉		
i Prizes and awards **8i**	◉		
j Activity not engaged in for profit income **8j**	◉		
k Stock options **8k**	◉		◉
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . **8l**	◉		
m Olympic and Paralympic medals and USOC prize money **8m**	◉		
n IRC Section 951(a) inclusion **8n**	◉	◉	
o IRC Section 951A(a) inclusion **8o**	◉	◉	
p IRC Section 461(l) excess business loss adjustment **8p**	◉	◉	◉
q Taxable distributions from an ABLE account . . **8q**	◉		
r Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . **8r**	◉		
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . **8s**	◉ ( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan **8t**	◉		
u Wages earned while incarcerated **8u**	◉		
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**	43164		

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**	◉ 43164	◉	◉

Part II **Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A **Federal Amounts** (from federal Schedule A (Form 1040))	B **Subtractions** See instructions	C **Additions** See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses . . . . _____ **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. _____ **2**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 . . . . . **7**			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098 . . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**			

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**	◉	◉	◉
12 Other than by cash or check. **12**	◉	◉	◉
13 Carryover from prior year. **13**	◉	◉	◉
14 Add line 11 through line 13 . . . . . **14**	◉	◉	◉
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**	◉	◉	◉
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**	◉	◉	◉
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**	◉	◉	◉
18 Total. Combine line 17 column A less column B plus column C . . . . . ◉ **18**			

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions . . . . . ◉ **19**

20 Tax preparation fees . . . . . ◉ **20**

21 Other expenses: investment, safe deposit box, etc. List type . . . . . ◉ ◉ **21**

22 Add line 19 through line 21 . . . . . ◉ **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . . ◉

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . ◉ **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . ◉ **25**

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . ◉ **26**

27 Other adjustments. See instructions. Specify. ◉ ◉ **27**

28 Combine line 26 and line 27. . . . . ◉ **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$244,857**
Head of household **$367,291**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$489,719**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . ◉ **29**

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,540**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$11,080**

Transfer the amount on line 30 to Form 540, line 18. . . . . ◉ **30**

TAXABLE YEAR

CALIFORNIA FORM

2024 Head of Household Filing Status Schedule 3532

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 6 1 0 9 4 1 7 0 8

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- **a** Not legally married/RDP during 2024 . . . . . **1a** ☐
- **b** Surviving spouse/RDP (my spouse/RDP died before 01/01/2024) . . . . . **1b** ☐
- **c** Marriage/RDP was annulled . . . . . **1c** ☐
- **d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2024 . . . . . **1d** ☐
- **e** Legally married/RDP and did not live with spouse/RDP during 2024 . . . . . **1e** ☒
- **f** Legally married/RDP and lived with spouse/RDP during 2024. List the beginning and ending dates for each period when you lived together . . . . . **1f** ☐

	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)
From:		To:		From:		To:	

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- **a** Son, daughter, stepson, or stepdaughter . . . . . **2a** ☒
- **b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . . . **2b** ☐
- **c** Eligible foster child . . . . . **2c** ☐
- **d** Father, mother, stepfather, or stepmother . . . . . **2d** ☐
- **e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . . . **2e** ☐

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

- First Name . . . . . Elijah
- Last Name . . . . . Kile
- SSN 374951816
- DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2024, go to line 3a. If not, go to line 4 . . . . . 06/09/2016
- **a** Was your qualifying person a full time student under age 24 in 2024? . . . . . **3a** ☐ Yes ☐ No
- **b** Was your qualifying person permanently and totally disabled in 2024? . . . . . **3b** ☐ Yes ☐ No

4 Enter qualifying person's gross income in 2024. See instructions 0.00

5 Number of days your qualifying person lived with you during 2024. See instructions 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days (or 366 days if it is a leap year). See instructions.

214
Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2024**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HANNAH M	JAMES		610941708
If joint return, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no. /ste. no.	PMB/private mailbox	Daytime telephone number
16078 CAMBRIAN DR			2096285195

City	State	ZIP code
SAN LEANDRO	CA	94578

Foreign country name	Foreign province/state/county	Foreign postal code

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income. See instructions. 1 43164
2 Refund or no amount due. See instructions 2 387
3 Amount you owe. See instructions 3

Part II Settle Your Account Electronically for Taxable Year 2024 (Pay by 4/15/2025)

4 ☒ Direct deposit of refund
5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2025 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2025	Second Payment 6/16/2025	Third Payment 9/15/2025	Fourth Payment 1/15/2026
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 387
9 Routing number 041215663
10 Account number 1284553713198
11 Type of account: ☒ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____
13 Routing number _____
14 Account number _____
15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2024 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

▶ Your signature _____ Date _____

▶ Spouse's/RDP's signature. If filing jointly, both must sign. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ | Date | Check if also paid preparer ☐ | Check if self-employed ☐ | ERO's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ | Date | Check if self-employed ☐ | Paid preparer's PTIN

Firm's name (or yours if self-employed) and address ▶ | Firm's FEIN | ZIP code

For Privacy Notice, get FTB 1131 EN-SP.

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

E0003W022
OBM No. 1545-0008

c Employer's name, address, and ZIP code CANOPY KITCHEN BLOSSOM AND ROOT #6434 411 HARTZ AVE DANVILLE CA 94526	1 Wages, tips, other compensation 41742.46	2 Federal income tax withheld 2689.91
	7 Social security tips 24113.21	3 Social security wages 17629.25
	8 Allocated tips	4 Social security tax withheld 2588.01
	9	5 Medicare wages and tips 41742.46
	10 Dependent care benefits	6 Medicare tax withheld 605.27
	11 Nonqualified plans	12a See instructions for box 12 Code
	12b Code	12c Code
e Employee's name HANNAH JAMES 16078 CAMBRIAN DRIVE SAN LEANDRO CA 94578	12d Code	13 Statutory emp / Retirement plan / Third party sick pay
f Employee's address and ZIP code	b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708
	14 Other SDI 459.16	

15 State	Employer's state ID number	16 State wages, tips. etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	186-6161-1	41742.46	375.00			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy C - For EMPLOYEE'S RECORDS.
(See Notice to Employee).

E0003W022
OBM No. 1545-0008

c Employer's name, address, and ZIP code CANOPY KITCHEN BLOSSOM AND ROOT #6434 411 HARTZ AVE DANVILLE CA 94526	1 Wages, tips, other compensation 41742.46	2 Federal income tax withheld 2689.91
	7 Social security tips 24113.21	3 Social security wages 17629.25
	8 Allocated tips	4 Social security tax withheld 2588.01
	9	5 Medicare wages and tips 41742.46
	10 Dependent care benefits	6 Medicare tax withheld 605.27
	11 Nonqualified plans	12a See instructions for box 12 Code
	12b Code	12c Code
e Employee's name HANNAH JAMES 16078 CAMBRIAN DRIVE SAN LEANDRO CA 94578	12d Code	13 Statutory emp / Retirement plan / Third party sick pay
f Employee's address and ZIP code	b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708
	This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.	14 Other SDI 459.16

15 State	Employer's state ID number	16 State wages, tips. etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	186-6161-1	41742.46	375.00			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2024**

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

E0003W022
OBM No. 1545-0008

c Employer's name, address, and ZIP code CANOPY KITCHEN BLOSSOM AND ROOT #6434 411 HARTZ AVE DANVILLE CA 94526	1 Wages, tips, other compensation 41742.46	2 Federal income tax withheld 2689.91
	7 Social security tips 24113.21	3 Social security wages 17629.25
	8 Allocated tips	4 Social security tax withheld 2588.01
	9	5 Medicare wages and tips 41742.46
	10 Dependent care benefits	6 Medicare tax withheld 605.27
	11 Nonqualified plans	12a See instructions for box 12 Code
	12b Code	12c Code
e Employee's name HANNAH JAMES 16078 CAMBRIAN DRIVE SAN LEANDRO CA 94578	12d Code	13 Statutory emp / Retirement plan / Third party sick pay
f Employee's address and ZIP code	b Employer identification number (EIN) 88-2633683	a Employee's social security number 610-94-1708
		14 Other SDI 459.16

15 State	Employer's state ID number	16 State wages, tips. etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	186-6161-1	41742.46	375.00			

CANOPY KITCHEN
BLOSSOM AND ROOT #6434
411 HARTZ AVE
DANVILLE CA 94526

IMPORTANT TAX
DOCUMENTS ENCLOSED

HANNAH JAMES
16078 CAMBRIAN DRIVE
SAN LEANDRO CA 94578

Cash App Taxes

Hannah's 2023 Tax Packet

Audit Defense Policy

Federal Tax Return

State Tax Return

Hannah James

Cash App Taxes

Audit Defense Policy

Defense Code: CNCA-BQKI-2023

Thanks for filing with Cash App Taxes! We hope you won't need these instructions. But if you do get audited on your 2023 return, we've partnered with the pros at Tax Protection Plus to help you through it – all for free! Here's what you'll need:

Instructions

1. Call Tax Protection Plus toll-free at **877-579-5602**.
    - Make the call within 30 days of hearing from the IRS or the state.
    - If you'd prefer to have them call you, send an email to: **cases@taxprotectionplus.com**.
    - Make the subject line: Audit Defense Redemption.
    - Include your name, phone number, and the best time to reach you (within their business hours).
2. You'll have to provide some personal info to get started, as well as:
    - Your Defense code: CNCA-BQKI-2023
    - The tax return year: 2023
    - Whether it's a federal (IRS) or state audit
3. You'll get an email with a secure link to upload your tax return and the audit notice you received.

Policy Details

Your Audit Defense expires one year after 04/15/2024 or your e-file date (whichever is later). If you're not sure when you e-filed, you can find the date on your Cash App Taxes dashboard.

Your Tax Year 2022 audit defense (Code = CGKE-XMXI-2022) has been extended until 04/18/2025.

Your Tax Year 2021 audit defense (Code = CYRA-WACY-2021) has been extended until 04/18/2025.

For more details about Audit Defense, visit **https://taxeshelp.cash.app/s/article/Audit-Defense-when-you-file-with-Cash-App-Taxes**

Hannah James

Form **1040** Department of the Treasury—Internal Revenue Service **U.S. Individual Income Tax Return** **2023** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____ See separate instructions.

Your first name and middle initial	Last name	Your social security number
HANNAH M	JAMES	6 1 0 9 4 1 7 0 8
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. **16078 CAMBRIAN DR** Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below. **SAN LEANDRO** State **CA** ZIP code **94578**

Foreign country name | Foreign province/state/county | Foreign postal code

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund. ☐ You ☐ Spouse

Filing Status Check only one box.
☐ Single ☑ Head of household (HOH)
☐ Married filing jointly (even if only one had income)
☐ Married filing separately (MFS) ☐ Qualifying surviving spouse (QSS)
If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☑ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** ☐ Were born before January 2, 1959 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ☐

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions): Child tax credit	Credit for other dependents
ELIJAH E KILE	3 7 4 9 5 1 8 1 6	SON	☑	☐
			☐	☐
			☐	☐
			☐	☐

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.
If you did not get a Form W-2, see instructions.

1a	Total amount from Form(s) W-2, box 1 (see instructions)				1a	37734
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	37734
2a	Tax-exempt interest	2a		b Taxable interest	2b	
3a	Qualified dividends	3a		b Ordinary dividends	3b	
4a	IRA distributions	4a		b Taxable amount	4b	
5a	Pensions and annuities	5a		b Taxable amount	5b	
6a	Social security benefits	6a		b Taxable amount	6b	
c	If you elect to use the lump-sum election method, check here (see instructions) ☐					
7	Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐				7	
8	Additional income from Schedule 1, line 10				8	
9	Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your **total income**				9	37734
10	Adjustments to income from Schedule 1, line 26				10	
11	Subtract line 10 from line 9. This is your **adjusted gross income**				11	37734
12	**Standard deduction or itemized deductions** (from Schedule A)				12	20800
13	Qualified business income deduction from Form 8995 or Form 8995-A				13	
14	Add lines 12 and 13				14	20800
15	Subtract line 14 from line 11. If zero or less, enter -0-. This is your **taxable income**				15	16934

Attach Sch. B if required.

Standard Deduction for—
- Single or Married filing separately, $13,850
- Married filing jointly or Qualifying surviving spouse, $27,700
- Head of household, $20,800
- If you checked any box under *Standard Deduction*, see instructions.

Tax and Credits	16	**Tax** (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972 3 ☐		16	1717
	17	Amount from Schedule 2, line 3		17	
	18	Add lines 16 and 17		18	1717
	19	Child tax credit or credit for other dependents from Schedule 8812		19	1717
	20	Amount from Schedule 3, line 8		20	
	21	Add lines 19 and 20		21	1717
	22	Subtract line 21 from line 18. If zero or less, enter -0-		22	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21		23	
	24	Add lines 22 and 23. This is your **total tax**		24	
Payments	25	Federal income tax withheld from:			
	a	Form(s) W-2	25a 2891		
	b	Form(s) 1099	25b		
	c	Other forms (see instructions)	25c		
	d	Add lines 25a through 25c		25d	2891
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 1412		
	28	Additional child tax credit from Schedule 8812	28 283		
	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	1695
	33	Add lines 25d, 26, and 32. These are your **total payments**		33	4586
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**		34	4586
	35a	Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐		35a	4586
Direct deposit? See instructions.	b	Routing number 0 4 1 2 1 5 6 6 3	c Type: ☑ Checking ☐ Savings		
	d	Account number 1 2 8 4 5 5 3 7 1 3 1 9 8			
	36	Amount of line 34 you want **applied to your 2024 estimated tax**	36		
Amount You Owe	37	Subtract line 33 from line 24. This is the **amount you owe**. For details on how to pay, go to *www.irs.gov/Payments* or see instructions		37	
	38	Estimated tax penalty (see instructions)	38		

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes.** Complete below. ☐ **No**

Designee's name | Phone no. | Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
		FOOD SERVICE WORKER	
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Joint return? See instructions. Keep a copy for your records.

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
	SELF-PREPARED			☐ Self-employed
Firm's name				Phone no.
Firm's address				Firm's EIN

SCHEDULE EIC (Form 1040)

Department of the Treasury
Internal Revenue Service

Earned Income Credit

Qualifying Child Information

Complete and attach to Form 1040 or 1040-SR only if you have a qualifying child.
Go to *www.irs.gov/ScheduleEIC* for the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **43**

Name(s) shown on return: **HANNAH M JAMES**

Your social security number: **610 94 1708**

If you are separated from your spouse, filing a separate return, and meet the requirements to claim the EIC (see instructions), check here ☐

Before you begin:

- See the instructions for Form 1040, line 27, to make sure that **(a)** you can take the EIC, and **(b)** you have a qualifying child. See also Pub. 596.
- Be sure the child's name on line 1 and social security number (SSN) on line 2 agree with the child's social security card. Otherwise, at the time we process your return, we may reduce your EIC. If the name or SSN on the child's social security card is not correct, call the Social Security Administration at 800-772-1213.
- If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.

CAUTION

- *You can't claim the EIC for a child who didn't live with you for more than half of the year.*
- *If your child doesn't have an SSN as defined in the instructions for Form 1040, line 27, see the instructions.*
- *If you take the EIC even though you are not eligible, you may not be allowed to take the credit for up to 10 years. See the instructions for details.*
- *It will take us longer to process your return and issue your refund if you do not fill in all lines that apply for each qualifying child.*

Qualifying Child Information

	Child 1	Child 2	Child 3
1 Child's name If you have more than three qualifying children, you have to list only three to get the maximum credit.	First name: **Elijah E** Last name: **Kile**	First name: Last name:	First name: Last name:
2 Child's SSN The child must have an SSN as defined in the instructions for Form 1040, line 27, unless the child was born and died in 2023 or you are claiming the self-only EIC (see instructions). If your child was born and died in 2023 and did not have an SSN, enter "Died" on this line and attach a copy of the child's birth certificate, death certificate, or hospital medical records showing a live birth.	**374 95 1816**		
3 Child's year of birth	Year **2016** *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*	Year *If born after 2004 **and** the child is younger than you (or your spouse, if filing jointly), skip lines 4a and 4b; go to line 5.*
4a Was the child under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)?	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*	☐ **Yes.** *Go to line 5.* ☐ **No.** *Go to line 4b.*
b Was the child permanently and totally disabled during any part of 2023?	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.	☐ **Yes.** *Go to line 5.* ☐ **No.** The child is not a qualifying child.
5 Child's relationship to you (for example, son, daughter, grandchild, niece, nephew, eligible foster child, etc.)	**SON**		
6 Number of months child lived with you in the United States during 2023 • If the child lived with you for more than half of 2023 but less than 7 months, enter "7." • If the child was born or died in 2023 and your home was the child's home for more than half the time he or she was alive during 2023, enter "12."	**12** months *Do not enter more than 12 months.*	**0** months *Do not enter more than 12 months.*	**0** months *Do not enter more than 12 months.*

Purpose of Schedule

After you have figured your earned income credit (EIC), use Schedule EIC to give the IRS information about your qualifying child(ren). See the instructions for Form 1040, line 27, for information on who may be a qualifying child.

To figure the amount of your credit or to have the IRS figure it for you, see the instructions for Form 1040, line 27.

Special rule for separated spouses. You can claim the EIC if you are married, not filing a joint return, had a qualifying child who lived with you for more than half of 2023, and either of the following applies.

- You lived apart from your spouse for the last 6 months of 2023, or
- You are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you didn't live in the same household as your spouse at the end of 2023.

If you meet these requirements, check the box at the top of Schedule EIC.

Qualifying child doesn't have an SSN. If you have a child who meets the conditions to be your qualifying child for purposes of claiming the EIC, but that child doesn't have an SSN as defined in the instructions for Form 1040, line 27, and you are otherwise eligible, you can claim the self-only EIC. To claim the self-only EIC with a qualifying child, complete and attach Schedule EIC to your Form 1040 or 1040-SR. Complete line 1 and lines 2 through 6 for Child 1. If Child 1 has an ITIN, an ATIN, or an SSN that is not considered a valid SSN as defined in the instructions for Form 1040, line 27, enter it on line 2. Otherwise, leave line 2 blank.

Taking the EIC when not eligible. If you take the EIC even though you are not eligible and it is determined that your error is due to reckless or intentional disregard of the EIC rules, you will not be allowed to take the credit for 2 years even if you are otherwise eligible to do so. If you fraudulently take the EIC, you will not be allowed to take the credit for 10 years. You may also have to pay penalties.

Future developments. For the latest information about developments related to Schedule EIC (Form 1040) and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/ScheduleEIC*.

Qualifying Child

A qualifying child for the EIC is a child who is your...

Son, daughter, stepchild, eligible foster child, brother, sister, stepbrother, stepsister, half brother, half sister, or a descendant of any of them (for example, your grandchild, niece, or nephew)

AND

was...

Under age 19 at the end of 2023 and younger than you (or your spouse, if filing jointly)
or
Under age 24 at the end of 2023, a student, and younger than you (or your spouse, if filing jointly)
or
Any age and permanently and totally disabled

AND

Who is not filing a joint return for 2023
or is filing a joint return for 2023 only to claim
a refund of withheld income tax or estimated tax paid

AND

Who lived with you in the United States for more than half of 2023.

CAUTION *You can't claim the EIC for a child who didn't live with you for more than half of the year, even if you paid most of the child's living expenses. The IRS may ask you for documents to show you lived with each qualifying child. Documents you might want to keep for this purpose include school and childcare records and other records that show your child's address.*

TIP *If the child didn't live with you for more than half of the year because of a temporary absence, birth, death, or kidnapping, see* Exception to time lived with you *in the instructions for Form 1040, line 27.*

CAUTION *If the child was married or meets the conditions to be a qualifying child of another person (other than your spouse, if filing a joint return), special rules apply. For details, see* Married child *or* Qualifying child of more than one person *in the instructions for Form 1040, line 27.*

SCHEDULE 8812 (Form 1040)

Department of the Treasury
Internal Revenue Service

Credits for Qualifying Children and Other Dependents

Attach to Form 1040, 1040-SR, or 1040-NR.

Go to *www.irs.gov/Schedule8812* for instructions and the latest information.

OMB No. 1545-0074

2023

Attachment Sequence No. **47**

Name(s) shown on return: **HANNAH M JAMES**

Your social security number: **610941708**

Part I Child Tax Credit and Credit for Other Dependents

1	Enter the amount from line 11 of your Form 1040, 1040-SR, or 1040-NR			**1**	37734
2a	Enter income from Puerto Rico that you excluded	**2a**	0		
b	Enter the amounts from lines 45 and 50 of your Form 2555	**2b**	0		
c	Enter the amount from line 15 of your Form 4563	**2c**	0		
d	Add lines 2a through 2c			**2d**	0
3	Add lines 1 and 2d			**3**	37734
4	Number of qualifying children under age 17 with the required social security number	**4**	1		
5	Multiply line 4 by $2,000			**5**	2000
6	Number of other dependents, including any qualifying children who are not under age 17 or who do not have the required social security number	**6**	0		
	Caution: Do not include yourself, your spouse, or anyone who is not a U.S. citizen, U.S. national, or U.S. resident alien. Also, do not include anyone you included on line 4.				
7	Multiply line 6 by $500			**7**	0
8	Add lines 5 and 7			**8**	2000
9	Enter the amount shown below for your filing status. • Married filing jointly—$400,000 • All other filing statuses—$200,000			**9**	200000
10	Subtract line 9 from line 3. • If zero or less, enter -0-. • If more than zero and not a multiple of $1,000, enter the next multiple of $1,000. For example, if the result is $425, enter $1,000; if the result is $1,025, enter $2,000, etc.			**10**	0
11	Multiply line 10 by 5% (0.05)			**11**	0
12	Is the amount on line 8 more than the amount on line 11?			**12**	2000
	☐ **No. STOP.** You cannot take the child tax credit, credit for other dependents, or additional child tax credit. Skip Parts II-A and II-B. Enter -0- on lines 14 and 27.				
	☑ **Yes.** Subtract line 11 from line 8. Enter the result.				
13	Enter the amount from **Credit Limit Worksheet A**			**13**	1717
14	Enter the smaller of line 12 or line 13. **This is your child tax credit and credit for other dependents**			**14**	1717
	Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 19.				

If the amount on line 12 is more than the amount on line 14, you may be able to take the **additional child tax credit** on Form 1040, 1040-SR, or 1040-NR, line 28. Complete your Form 1040, 1040-SR, or 1040-NR through line 27 (also complete Schedule 3, line 11) before completing Part II-A.

Part II-A Additional Child Tax Credit for All Filers

Caution: If you file Form 2555, you cannot claim the additional child tax credit.

15 Check this box if you **do not** want to claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . ☐

16a Subtract line 14 from line 12. If zero, **stop here**; you cannot take the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16a** 283

b Number of qualifying children under 17 with the required social security number: 1 x $1,600. Enter the result. If zero, **stop here**; you cannot claim the additional child tax credit. Skip Parts II-A and II-B. Enter -0- on line 27 . . . . . **16b** 1600

TIP: The number of children you use for this line is the same as the number of children you used for line 4.

17 Enter the **smaller** of line 16a or line 16b **17** 283

18a Earned income (see instructions) **18a** 37734

b Nontaxable combat pay (see instructions) **18b**

19 Is the amount on line 18a more than $2,500?

☐ **No.** Leave line 19 blank and enter -0- on line 20.

☑ **Yes.** Subtract $2,500 from the amount on line 18a. Enter the result **19** 35234

20 Multiply the amount on line 19 by 15% (0.15) and enter the result **20** 5285

Next. On line 16b, is the amount $4,800 or more?

☑ **No.** If you are a bona fide resident of Puerto Rico, go to line 21. Otherwise, skip Part II-B and enter the **smaller** of line 17 or line 20 on line 27.

☐ **Yes.** If line 20 is equal to or more than line 17, skip Part II-B and enter the amount from line 17 on line 27. Otherwise, go to line 21.

Part II-B Certain Filers Who Have Three or More Qualifying Children and Bona Fide Residents of Puerto Rico

21 Withheld social security, Medicare, and Additional Medicare taxes from Form(s) W-2, boxes 4 and 6. If married filing jointly, include your spouse's amounts with yours. If your employer withheld or you paid Additional Medicare Tax or tier 1 RRTA taxes, or if you are a bona fide resident of Puerto Rico, see instructions **21**

22 Enter the total of the amounts from Schedule 1 (Form 1040), line 15; Schedule 2 (Form 1040), line 5; Schedule 2 (Form 1040), line 6; and Schedule 2 (Form 1040), line 13 . **22**

23 Add lines 21 and 22 . . . . . **23**

24 **1040 and 1040-SR filers:** Enter the total of the amounts from Form 1040 or 1040-SR, line 27, and Schedule 3 (Form 1040), line 11.

1040-NR filers: Enter the amount from Schedule 3 (Form 1040), line 11. **24**

25 Subtract line 24 from line 23. If zero or less, enter -0- **25**

26 Enter the **larger** of line 20 or line 25 . . . . . **26**

Next, enter the **smaller** of line 17 or line 26 on line 27.

Part II-C Additional Child Tax Credit

27 **This is your additional child tax credit. Enter this amount on Form 1040, 1040-SR, or 1040-NR, line 28** . . **27** 283

TAXABLE YEAR

FORM

2023 California Resident Income Tax Return 540

610-94-1708 JAME 23
HANNAH M JAMES

16078 CAMBRIAN DR
SAN LEANDRO CA 94578

11-27-1996 JAMES

Principal Residence

Enter your county at time of filing (see instructions)

ALAMEDA

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.) Apt. no/ste. no.

City State ZIP code

Filing Status

If your California filing status is different from your federal filing status, check the box here . . . . . ☐

1 ☐ Single

2 ☐ Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

3 ☐ Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

4 X Head of household (with qualifying person). See instructions.

5 ☐ Qualifying surviving spouse/RDP. Enter year spouse/RDP died. ☐
See instructions.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr. . . . . ● 6 ☐

Exemptions

▶ For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 [1] X $144 = $ 144

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions . . . . . 8 [ ] X $144 = $

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. . . . . ● 9 [ ] X $144 = $

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Exemptions

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	ELIJAH		
Last Name	KILE		
SSN. See instructions.	374951816		
Dependent's relationship to you	SON		

Total dependent exemptions . . . . . ● 10 | 1 | X $446 = ◉ $ | 446

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 . . . . . ◉ 11 $ 590

Taxable Income

12	State wages from your federal Form(s) W-2, box 16 . . . . . ● 12	37734 .00	
13	Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 . . . . . ◉ 13		37734 .00
14	California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B . . . . . ● 14		.00
15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions 15		37734 .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		37734 .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		10726 .00
19	Subtract line 18 from line 17. This is your **taxable income**. If less than zero, enter -0- . . . . . ◉ 19		27008 .00

Tax

31	Tax. Check the box if from: [X] Tax Table [ ] Tax Rate Schedule ● [ ] FTB 3800 ● [ ] FTB 3803 . . . . . ● 31		332 .00
32	Exemption credits. Enter the amount from line 11. If your federal AGI is more than $237,035, see instructions. . . . . ◉ 32		590 .00
33	Subtract line 32 from line 31. If less than zero, enter -0- . . . . . ◉ 33		.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		.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: HANNAH M JAMES Your SSN or ITIN: 610941708

Special Credits

45	To claim more than two credits, see instructions. Attach Schedule P (540)	●	45	.00
46	Nonrefundable Renter's Credit. See instructions	●	46	.00
47	Add line 40 through line 46. These are your total credits	◉	47	.00
48	Subtract line 47 from line 35. If less than zero, enter -0-	◉	48	.00

Other Taxes

61	Alternative Minimum Tax. Attach Schedule P (540)	●	61	.00
62	Mental Health Services Tax. See instructions	●	62	.00
63	Other taxes and credit recapture. See instructions	●	63	.00
64	Add line 48, line 61, line 62, and line 63. This is your total tax.	●	64	.00

Payments

71	California income tax withheld. See instructions	●	71	589.00
72	2023 California estimated tax and other payments. See instructions	●	72	.00
73	Withholding (Form 592-B and/or Form 593). See instructions	●	73	.00
74	Excess SDI (or VPDI) withheld. See instructions	●	74	.00
75	Earned Income Tax Credit (EITC). See instructions	●	75	.00
76	Young Child Tax Credit (YCTC). See instructions	●	76	.00
77	Foster Youth Tax Credit (FYTC). See instructions	●	77	.00
78	Add line 71 through line 77. These are your total payments. See instructions	◉	78	589.00

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	589.00
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	589.00
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	589.00

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

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**	589 .00
100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	**100**	.00

Contributions

	Code	Amount
California Seniors Special Fund. See instructions	**400**	.00
Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	**401**	.00
Rare and Endangered Species Preservation Voluntary Tax Contribution Program	**403**	.00
California Breast Cancer Research Voluntary Tax Contribution Fund	**405**	.00
California Firefighters' Memorial Voluntary Tax Contribution Fund	**406**	.00
Emergency Food for Families Voluntary Tax Contribution Fund	**407**	.00
California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	**408**	.00
California Sea Otter Voluntary Tax Contribution Fund	**410**	.00
California Cancer Research Voluntary Tax Contribution Fund	**413**	.00
School Supplies for Homeless Children Voluntary Tax Contribution Fund	**422**	.00
State Parks Protection Fund/Parks Pass Purchase	**423**	.00
Protect Our Coast and Oceans Voluntary Tax Contribution Fund	**424**	.00
Keep Arts in Schools Voluntary Tax Contribution Fund	**425**	.00
California Senior Citizen Advocacy Voluntary Tax Contribution Fund	**438**	.00
Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	**439**	.00
Rape Kit Backlog Voluntary Tax Contribution Fund	**440**	.00
Suicide Prevention Voluntary Tax Contribution Fund	**444**	.00
Mental Health Crisis Prevention Voluntary Tax Contribution Fund	**445**	.00
110 Add amounts in code 400 through code 445. This is your total contribution	**110**	.00

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

Amount You Owe

111 AMOUNT YOU OWE. If you do not have an amount on line 99, add line 94, line 96, line 100, and line 110. See instructions. **Do not send cash.**

Mail to: **FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001** . . . . . ● **111** .00

Pay Online – Go to **ftb.ca.gov/pay** for more information.

Interest and Penalties

112 Interest, late return penalties, and late payment penalties . . . . . **112** .00

113 Underpayment of estimated tax.

Check the box: ● ☐ **FTB 5805 attached** ● ☐ **FTB 5805F attached** . . . . . ● **113** .00

114 Total amount due. See instructions. Enclose, but **do not** staple, any payment . . . . . **114** .00

115 REFUND OR NO AMOUNT DUE. Subtract the sum of line 110, line 112, and line 113 from line 99. See instructions.

Mail to: **FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0001.** . . . . . ● **115** 589 .00

Refund and Direct Deposit

Fill in the information to authorize direct deposit of your refund into one or two accounts. **Do not** attach a voided check or a deposit slip. See instructions. **Have you verified the routing and account numbers?** Use whole dollars only.

All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number 041215663 ● Type [X] Checking [ ] Savings ● Account number 1284553713198 ● **116** Direct deposit amount 589 .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Routing number ● Type [ ] Checking [ ] Savings ● Account number ● **117** Direct deposit amount .00

Voter Info.

For voter registration information, check the box and go to **sos.ca.gov/elections**. See instructions . . . . . ☐

Health Care Coverage Info.

Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the FTB to share limited information from your tax return with Covered California. See instructions . . . . . ◉ ☐ Yes [X] No

Sign your tax return on Side 6

Your name: HANNAH M JAMES Your SSN or ITIN: 610941708

IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal tax return.

Our privacy notice can be found in annual tax booklets or online. Go to **ftb.ca.gov/privacy** to learn about our privacy policy statement, or go to **ftb.ca.gov/forms** and search for **1131** to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code **948** when instructed.

Under penalties of perjury, I declare that I have examined this tax return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature | Date | Spouse's/RDP's signature (if a joint tax return, both must sign)

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

◉ Your email address. Enter only one email address. ◉ Preferred phone number

Paid preparer's signature **(declaration of preparer is based on all information of which preparer has any knowledge)**

Firm's name (or yours, if self-employed) ● PTIN

Firm's address ● Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions . . . . . ● ☐ Yes ☐ No

Print Third Party Designee's Name | Telephone Number

TAXABLE YEAR | SCHEDULE

2023 California Adjustments — Residents CA (540)

Important: Attach this schedule behind Form 540, Side 6 as a supporting California schedule.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 610941708

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**	37734		
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**	37734		
2 Taxable interest. **a** _____ **2b**			
3 Ordinary dividends. See instructions. **a** _____ **3b**			
4 IRA distributions. See instructions. **a** _____ **4b**			
5 Pensions and annuities. See instructions. **a** _____ **5b**			
6 Social security benefits. **a** _____ **6b**			
7 Capital gain or (loss). See instructions **7**			
Section B – Additional Income from federal Schedule 1 (Form 1040)			
1 Taxable refunds, credits, or offsets of state and local income taxes **1**			
2 a Alimony received. See instructions. **2a**			
3 Business income or (loss). See instructions. **3**			
4 Other gains or (losses) **4**			
5 Rental real estate, royalties, partnerships, S corporations, trusts, etc. **5**			
6 Farm income or (loss) **6**			
7 Unemployment compensation **7**			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
8 Other income:			
a Federal net operating loss **8a**	( )		
b Gambling **8b**			
c Cancellation of debt **8c**			
d Foreign earned income exclusion from federal Form 2555 . . . . . **8d**	( )		
e Income from federal Form 8853 . . . . . **8e**			
f Income from federal Form 8889 . . . . . **8f**			
g Alaska Permanent Fund dividends **8g**			
h Jury duty pay **8h**			
i Prizes and awards **8i**			
j Activity not engaged in for profit income **8j**			
k Stock options **8k**			
l Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property . . **8l**			
m Olympic and Paralympic medals and USOC prize money **8m**			
n IRC Section 951(a) inclusion **8n**			
o IRC Section 951A(a) inclusion **8o**			
p IRC Section 461(l) excess business loss adjustment **8p**			
q Taxable distributions from an ABLE account . . **8q**			
r Scholarship and fellowship grants not reported on federal Form(s) W-2 . . . . . **8r**			
s Nontaxable amount of Medicaid waiver payments included on federal Form 1040, line 1a or line 1d . . **8s**	( )		
t Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan **8t**			
u Wages earned while incarcerated **8u**			
z Other income. List type and amount. _____ **8z**			

Section B – Additional Income Continued	A Federal Amounts (taxable amounts from your federal tax return)	B Subtractions See instructions	C Additions See instructions
9 a Total other income. Add lines 8a through 8z. . **9a**			
b1 Disaster loss deduction from form FTB 3805V. . **9b1**			
b2 NOL deduction from form FTB 3805V **9b2**			
b3 NOL deduction from form FTB 3805Z, 3807, or 3809 . . . . . **9b3**			
10 Total. Combine Section A, line 1z through line 7, and Section B, line 1 through line 7, and line 9a in column A and column C. Add Section A, line 1z through line 7, and Section B, line 1 through line 7, line 9a, and line 9b1 through line 9b3 in column B (as applicable). See instructions. **10**	37734		

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**	◉ 37734	◉	◉

Part II **Adjustments to Federal Itemized Deductions**

Check the box if you did NOT itemize for federal but will itemize for California . . . . . ☐

	A **Federal Amounts** (from federal Schedule A (Form 1040))	B **Subtractions** See instructions	C **Additions** See instructions
Medical and Dental Expenses See instructions.			
1 Medical and dental expenses . . . . _____ **1**			
2 Enter amount from federal Form 1040 or 1040-SR, line 11.. _____ **2**			
3 Multiply line 2 by 7.5% (0.075) . . . . _____ **3**			
4 Subtract line 3 from line 1. If line 3 is more than line 1, enter 0 . . . . . **4**			
Taxes You Paid			
5 a State and local income tax or general sales taxes. . **5a**			
b State and local real estate taxes **5b**			
c State and local personal property taxes **5c**			
d Add line 5a through line 5c. **5d**			
e Enter the smaller of line 5d or $10,000 ($5,000 if married filing separately) in column A. Enter the amount from line 5a, column B in line 5e, column B. Enter the difference from line 5d and line 5e, column A in line 5e, column C **5e**			
6 Other taxes. List type _____ **6**			
7 Add line 5e and line 6 . . . . . **7**			
Interest You Paid			
8 a Home mortgage interest and points reported to you on federal Form 1098 . . . . . **8a**			
b Home mortgage interest not reported to you on federal Form 1098 . . . . . **8b**			
c Points not reported to you on federal Form 1098. . **8c**			
d Reserved for future use **8d**			
e Add line 8a through line 8c. **8e**			
9 Investment interest. **9**			
10 Add line 8e and line 9 . . . . . **10**			

Part II Adjustments to Federal Itemized Deductions Continued	**A** Federal Amounts (from federal Schedule A (Form 1040))	**B** Subtractions See instructions	**C** Additions See instructions
Gifts to Charity			
11 Gifts by cash or check. **11**			
12 Other than by cash or check. **12**			
13 Carryover from prior year. **13**			
14 Add line 11 through line 13 . . . . . **14**			
Casualty and Theft Losses			
15 Casualty or theft loss(es) (other than net qualified disaster losses). Attach federal Form 4684. See instructions . . **15**			
Other Itemized Deductions			
16 Other—from list in federal instructions.. . . . . **16**			
17 Add lines 4, 7, 10, 14, 15, and 16 in columns A, B, and C. **17**			

18 Total. Combine line 17 column A less column B plus column C **18**

Job Expenses and Certain Miscellaneous Deductions

19 Unreimbursed employee expenses: job travel, union dues, job education, etc. Attach federal Form 2106 if required. See instructions **19**

20 Tax preparation fees **20**

21 Other expenses: investment, safe deposit box, etc. List type **21**

22 Add line 19 through line 21 . . . . . **22**

23 Enter amount from federal Form 1040 or 1040-SR, line 11 . . . . .

24 Multiply line 23 by 2% (0.02). If less than zero, enter 0. . . . . **24**

25 Subtract line 24 from line 22. If line 24 is more than line 22, enter 0. . . . . **25**

26 Total Itemized Deductions. Add line 18 and line 25 . . . . . **26**

27 Other adjustments. See instructions. Specify. **27**

28 Combine line 26 and line 27. . . . . **28**

29 Is your federal AGI (Form 540, line 13) more than the amount shown below for your filing status?

Single or married/RDP filing separately **$237,035**
Head of household **$355,558**
Married/RDP filing jointly or qualifying surviving spouse/RDP. **$474,075**

No. Transfer the amount on line 28 to line 29.

Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540), line 29. . . . . **29**

30 Enter the larger of the amount on line 29 or your standard deduction shown below:

Single or married/RDP filing separately. See instructions **$5,363**
Married/RDP filing jointly, head of household, or qualifying surviving spouse/RDP . . **$10,726**

Transfer the amount on line 30 to Form 540, line 18. . . . . **30**

TAXABLE YEAR

CALIFORNIA FORM

2023 Head of Household Filing Status Schedule 3532

Attach to your California Form 540, Form 540NR, or Form 540 2EZ.

Name(s) as shown on tax return: HANNAH M JAMES

SSN or ITIN: 610941708

Part I Marital Status

1 Check one box below to identify your marital status. See instructions.

- **a** Not legally married/RDP during 2023 . . . . . **1a** ☐
- **b** Surviving spouse/RDP (my spouse/RDP died before 01/01/2023) . . . . . **1b** ☐
- **c** Marriage/RDP was annulled . . . . . **1c** ☐
- **d** Received final decree of divorce, legal separation, dissolution, or termination of marriage/RDP by 12/31/2023 . . . . . **1d** ☐
- **e** Legally married/RDP and did not live with spouse/RDP during 2023 . . . . . **1e** ☒
- **f** Legally married/RDP and lived with spouse/RDP during 2023. List the beginning and ending dates for each period when you lived together . . . . . **1f** ☐

	(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)		(mm/dd/yyyy)
From:		To:		From:		To:	

Part II Qualifying Person

2 Check one box below to identify the relationship of the person that qualifies you for the head of household filing status. See instructions.

- **a** Son, daughter, stepson, or stepdaughter . . . . . **2a** ☒
- **b** Grandchild, brother, sister, half brother, half sister, stepbrother, stepsister, nephew, or niece . . . . . **2b** ☐
- **c** Eligible foster child . . . . . **2c** ☐
- **d** Father, mother, stepfather, or stepmother . . . . . **2d** ☐
- **e** Grandfather, grandmother, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, sister-in-law, uncle, or aunt . . . . . **2e** ☐

Part III Qualifying Person Information

3 Information about your qualifying person. See instructions.

First Name	Elijah
Last Name	Kile
SSN	374951816
DOB (mm/dd/yyyy) If your qualifying person is age 19 or older in 2023, go to line 3a. If not, go to line 4.	06/09/2016

- **a** Was your qualifying person a full time student under age 24 in 2023? **3a** ☐ Yes ☐ No
- **b** Was your qualifying person permanently and totally disabled in 2023? **3b** ☐ Yes ☐ No

4 Enter qualifying person's gross income in 2023. See instructions 0.00

5 Number of days your qualifying person lived with you during 2023. See instructions 365

When calculating the total number of days your qualifying person lived with you, you may include any days your qualifying person was temporarily absent from your home. For example, illness, education, business, vacations, military service, and incarceration. In the event of a birth or death of your qualifying person during the year, enter 365 days. See instructions.

214

Date Accepted _____

DO NOT MAIL THIS FORM TO THE FTB

TAXABLE YEAR **2023**

California e-file Return Authorization for Individuals

FORM **8453**

Your first name and initial	Last name	Suffix	Your SSN or ITIN
HANNAH M	JAMES		610941708
If joint return, spouse's/RDP's first name and initial	Last name	Suffix	Spouse's/RDP's SSN or ITIN

Street address (number and street) or PO box	Apt. no. /ste. no.	PMB/private mailbox	Daytime telephone number
16078 CAMBRIAN DR			2096285195

City	State	ZIP code
SAN LEANDRO	CA	94578

Foreign country name	Foreign province/state/county	Foreign postal code

Part I Tax Return Information (whole dollars only)

1	California adjusted gross income. See instructions.	37734
2	Refund or no amount due. See instructions	589
3	Amount you owe. See instructions	

Part II Settle Your Account Electronically for Taxable Year 2023 (Pay by 4/15/2024)

4 ☑ Direct deposit of refund

5 ☐ Electronic funds withdrawal **5a** Amount _____ **5b** Withdrawal date (mm/dd/yyyy) _____

Part III Make Estimated Tax Payments for Taxable Year 2024 These are NOT installment payments for the current amount you owe.

	First Payment 4/15/2024	Second Payment 6/17/2024	Third Payment 9/16/2024	Fourth Payment 1/15/2025
6 Amount				
7 Withdrawal date				

Part IV Banking Information (Have you verified your banking information?)

8 Amount of refund to be directly deposited to account below 589

9 Routing number 041215663

10 Account number 1284553713198

11 Type of account: ☑ Checking ☐ Savings

12 The remaining amount of my refund for direct deposit _____

13 Routing number _____

14 Account number _____

15 Type of account: ☐ Checking ☐ Savings

Part V Declaration of Taxpayer(s)

I authorize my account to be settled as designated in Part II. If I check Part II, box 4, I declare that the direct deposit refund information in Part IV agrees with the authorization stated on my return. If I check Part II, box 5, I authorize an electronic funds withdrawal for the amount listed on line 5a and any estimated payment amounts listed on line 6 from the bank account listed on lines 9, 10, and 11. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to receive the refund or authorize an electronic funds withdrawal.

Under penalties of perjury, I declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual taxpayer identification number (ITIN), and the amounts shown in Part I above agrees with the information and amounts shown on the corresponding lines of my 2023 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I am filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I authorize my return and accompanying schedules and statements be transmitted to the FTB by my ERO, transmitter, or intermediate service provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

Sign Here

▶ Your signature _____ Date _____

▶ Spouse's/RDP's signature. If filing jointly, both must sign. *It is unlawful to forge a spouse's/RDP's signature.* _____ Date _____

Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer. See instructions.

I declare that I have reviewed the above taxpayer's return and that the entries on form FTB 8453 are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the taxpayer's return. I declare, however, that form FTB 8453 accurately reflects the data on the return.) I have obtained the taxpayer's signature on form FTB 8453 before transmitting this return to the FTB; I have provided the taxpayer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453 on file for **four** years from the due date of the return or **four** years from the date the return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Must Sign

ERO's signature ▶ _____ Date _____ Check if also paid preparer ☐ Check if self-employed ☐ ERO's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Must Sign

Paid preparer's signature ▶ _____ Date _____ Check if self-employed ☐ Paid preparer's PTIN _____

Firm's name (or yours if self-employed) and address ▶ _____ Firm's FEIN _____ ZIP code _____

For Privacy Notice, get FTB 1131 EN-SP.

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2023**

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

E0139W035
OBM No. 1545-0008

1 Wages, tips, other compensation: 37734.20	2 Federal income tax withheld: 2891.38	
7 Social security tips: 23318.74	3 Social security wages: 14415.46	4 Social security tax withheld: 2339.50
8 Allocated tips	5 Medicare wages and tips: 37734.20	6 Medicare tax withheld: 547.12
9	10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12 Code	12b Code	12c Code
12d Code	13 Statutory emp / Retirement plan / Third party sick pay	14 Other: SDI 339.62

c Employer's name, address, and ZIP code
HEA FOODS LLC
CHOW #9936
6000 BOLLINGER CANYON RD STE 1100
SAN RAMON CA 94583

b Employer identification number (EIN): 86-3100135

a Employee's social security number: 610-94-1708

e Employee's name
HANNAH JAMES

CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	166-1213-7	37734.20	589.00			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2023**

Copy C - For EMPLOYEE'S RECORDS.
(See Notice to Employee).

E0139W035
OBM No. 1545-0008

1 Wages, tips, other compensation: 37734.20	2 Federal income tax withheld: 2891.38	
7 Social security tips: 23318.74	3 Social security wages: 14415.46	4 Social security tax withheld: 2339.50
8 Allocated tips	5 Medicare wages and tips: 37734.20	6 Medicare tax withheld: 547.12
9	10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12 Code	12b Code	12c Code
12d Code	13 Statutory emp / Retirement plan / Third party sick pay	14 Other: SDI 339.62

c Employer's name, address, and ZIP code
HEA FOODS LLC
CHOW #9936
6000 BOLLINGER CANYON RD STE 1100
SAN RAMON CA 94583

b Employer identification number (EIN): 86-3100135

a Employee's social security number: 610-94-1708

e Employee's name
HANNAH JAMES

CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	166-1213-7	37734.20	589.00			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement **2023**

Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

E0139W035
OBM No. 1545-0008

1 Wages, tips, other compensation: 37734.20	2 Federal income tax withheld: 2891.38	
7 Social security tips: 23318.74	3 Social security wages: 14415.46	4 Social security tax withheld: 2339.50
8 Allocated tips	5 Medicare wages and tips: 37734.20	6 Medicare tax withheld: 547.12
9	10 Dependent care benefits	11 Nonqualified plans
12a See instructions for box 12 Code	12b Code	12c Code
12d Code	13 Statutory emp / Retirement plan / Third party sick pay	14 Other: SDI 339.62

c Employer's name, address, and ZIP code
HEA FOODS LLC
CHOW #9936
6000 BOLLINGER CANYON RD STE 1100
SAN RAMON CA 94583

b Employer identification number (EIN): 86-3100135

a Employee's social security number: 610-94-1708

e Employee's name
HANNAH JAMES

CAMBRIAN DRIVE
SAN LEANDRO CA 94578

f Employee's address and ZIP code

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local Income Tax	20 Locality name
CA	166-1213-7	37734.20	589.00			

IMPORTANT TAX
DOCUMENTS ENCLOSED

HEA FOODS LLC
CHOW #9936
6000 BOLLINGER CANYON RD STE
SAN RAMON CA 94583

HANNAH JAMES
CAMBRIAN DRIVE
SAN LEANDRO CA 94578

Notice to Employee

Do you have to file? Refer to the Form 1040 instructions to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2023 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2023 or if income is earned for services provided while you were an inmate at a penal institution. For 2023 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596. **Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.**

Employee's social security number (SSN). For your protection, this form may show only the last four digits of your SSN. However, your employer has reported your complete SSN to the IRS and the Social Security Administration (SSA).

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the SSA to correct any name, SSN, or money amount error reported to the SSA on Form W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2023 and more than $9,932.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. See the Form 1040 instructions. If you had more than one railroad employer and more than $5,821.20 in Tier 2 RRTA tax was withheld, you may be able to claim a refund on Form 843. See the Instructions for Form 843.

Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return.

Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959. See the Form 1040 instructions to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above $200,000.

Box 8. This amount is **not** included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Form 1040 instructions. You must file Form 4137 with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over your employer's plan limit is also included in box 1. See Form 2441.

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or box 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give you a copy.

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of $22,500 ($15,500 if you only have SIMPLE plans; $25,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to $22,500. Deferrals under code H are limited to $7,000.

However, if you were at least age 50 in 2023, your employer may have allowed an additional deferral of up to $7,500 ($3,500 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Form 1040 instructions.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year.

A—Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

B—Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Form 1040 instructions.

C—Taxable cost of group-term life insurance over $50,000 (included in boxes 1, 3 (up to the social security wage base), and 5)

D—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E—Elective deferrals under a section 403(b) salary reduction agreement

F—Elective deferrals under a section 408(k)(6) salary reduction SEP

G—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

H—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Form 1040 instructions for how to deduct.

J—Nontaxable sick pay (information only, not included in box 1, 3, or 5)

K—20% excise tax on excess golden parachute payments. See the Form 1040 instructions.

L—Substantiated employee business expense reimbursements (nontaxable)

M—Uncollected social security or RRTA tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

N—Uncollected Medicare tax on taxable cost of group-term life insurance over $50,000 (former employees only). See the Form 1040 instructions.

P—Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q—Nontaxable combat pay. See the Form 1040 instructions for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853.

S—Employee salary reduction contributions under a section 408(p) SIMPLE plan (not included in box 1)

T—Adoption benefits (not included in box 1). Complete Form 8839 to figure any taxable and nontaxable amounts.

V—Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to the social security wage base), and 5). See Pub. 525 for reporting requirements.

W—Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889.

Y—Deferrals under a section 409A nonqualified deferred compensation plan

Z—Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Form 1040 instructions.

AA—Designated Roth contributions under a section 401(k) plan

BB—Designated Roth contributions under a section 403(b) plan

DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

EE—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF—Permitted benefits under a qualified small employer health reimbursement arrangement GG—Income from qualified equity grants under section 83(i)

HH—Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the “Retirement plan” box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A.

Box 14. Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy’s parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep **Copy C** of Form W-2 for at least 3 years after the due date for filing your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Exhibit 10 - Hannah Marie James Gomes' Child Identification Document

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY of MERCED
MERCED, CALIFORNIA

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER: 1201624001325
LOCAL REGISTRATION NUMBER:

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
ELIJAH	EMORY	KILE

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
MALE	SINGLE	-	06/09/2016	2337

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
MERCY MEDICAL CENTER	333 MERCY AVENUE
5C. CITY	**5D. COUNTY**
MERCED	MERCED

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D ☐ MOTHER ☒ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
HOLDEN	CONLEY	KILE		CA	01/14/1994

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
HANNAH	MARIE	JAMES		CA	11/27/1996

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

12A. PARENT OR OTHER INFORMANT - SIGNATURE: Holden Kile Hannah Jones

12B. RELATIONSHIP TO CHILD: Parents

12C. DATE SIGNED: 06/11/2016

I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.

13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE: Timothy S. Johnson

13B. LICENSE NUMBER: G-58698

13C. DATE SIGNED: 06/11/2016

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT: TIMOTHY S JOHNSTON,MD,240 E. 13TH STREET,MERCED

14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		TIM LIVERMORE, MD	06/21/2016

000422436

CERTIFIED COPY OF VITAL RECORDS
STATE OF CALIFORNIA, COUNTY OF MERCED-RECORDER

This is a true and exact reproduction of the document officially registered and placed on file in the office of the MERCED COUNTY RECORDER.

DATE ISSUED: 07/31/2025

MATT H. MAY
MERCED COUNTY RECORDER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the Recorder.

PRINCO (Rev) 02/21

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit 11 - Roberto Gomes Junior’s Children Identification Documents

FEDERATIVE REPUBLIC OF BRAZIL

STATE OF GOIÁS - JUDICIAL DISTRICT OF GOIÂNIA

FRANCISCO TAVEIRA
REGISTRY OFFICE
4TH CIVIL REGISTRY OFFICE AND NOTARY PUBLIC OFFICE

Validate at www.ocartorio.net

Judiciary - State of Goiás
Electronic Inspection Seal
02001312051854092002980
Consult this seal at
http://extrajudicial.tjgo.jus.br/selo

BIRTH CERTIFICATE

Name
SOPHIA LIMA GOMES

Registration
025023 01 55 2014 1 00276 119 0143081 10

Date of birth in full	Day	Month	Year
June twenty-fourth, two thousand fourteen **	24	06	2014

Time of birth	City of birth and state
12:00 PM	Goiânia - Goiás **

City of registration and state	Place of birth	Sex
Goiânia - Goiás **	Ela Maternity **	Female

Filiation
ROBERTO GOMES JÚNIOR **
ANA LUÍZA LIMA GOMES **

Grandparents
Paternal: ROBERTO GOMES **
and CÉLIA DE SOUZA GOMES **
Maternal: CARLOS ALBERTO ROCHA GOMES **
and ADRIANA MARIA LIMA GOMES **

Twin	Name of the twin(s)
No	---------- **

Date of registration in full	Number of Live Birth Certificate
June thirtieth, two thousand fourteen **	30-64057238-5

Notes / Annotations
No record. Fees: Exempt; Judicial Fee: Exempt. **

Name of the Office
4TH CIVIL REGISTRY OFFICE AND NOTARY PUBLIC OFFICE OF THE JUDICIAL DISTRICT OF GOIÂNIA

Registrar
Bachelor Francisco José Taveira

City / State
Goiânia - State of Goiás

Address
Avenida Tocantins, 283, Centro
ZIP Code: 74.015-010 - Phone: (62) 3212-1030

The content of this certificate is true. I certify.

Goiânia - Goiás, June 30, 2014.

----//signature//----

Liliane de Souza Oliveira
Deputy Registrar

FRANCISCO TAVEIRA
REGISTRY OFFICE
4TH CIVIL REGISTRY OFFICE AND NOTARY PUBLIC OFFICE

Avenida Tocantins,
283, Centro,
Goiânia - Goiás

Liliane de Souza Oliveira
Deputy Registrar

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: June 8, 2026.

CARTORIO
FRANCISCO TAVEIRA
4° REGISTRO CIVIL E TABELIONATO DE NOTAS

REPÚBLICA FEDERATIVA DO BRASIL

ESTADO DE GOIÁS COMARCA DE GOIÂNIA

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
02001312051854092002980
Consulte este selo em
http://extrajudicial.tjgo.jus.br/selo

CERTIDÃO DE NASCIMENTO

Nome
SOPHIA LIMA GOMES

Matrícula
025023 01 55 2014 1 00276 119 0143081 10

Data do nascimento por extenso	Dia	Mês	Ano
Vinte e quatro de junho de dois mil e quatorze ••	24	06	2014

Hora	Município do nascimento e unidade de federação
12h 00min	Goiânia-GO ••

Município de registro e unidade de federação	Local de nascimento	Sexo
Goiânia-GO ••	Maternidade Ela ••	Feminino

Filiação
ROBERTO GOMES JÚNIOR ••
ANA LUÍZA LIMA GOMES ••

Avós
Paternos: ROBERTO GOMES ••
e CÉLIA DE SOUZA GOMES ••
Maternos: CARLOS ALBERTO ROCHA GOMES ••
e ADRIANA MARIA LIMA GOMES ••

Gêmeo	Nome do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V
Trinta de junho de dois mil e quatorze ••	30-64057238-5

Observações / Averbações
Nada consta. Emolumentos: Isento; Taxa Judiciária: Isento . ••

Nome do Ofício
4º REGISTRO CIVIL E TABELIONATO DE NOTAS DA COMARCA DE GOIÂNIA

Oficial Registrador
Bel. Francisco José Taveira

Município / UF
Goiânia - Estado de Goiás

Endereço
Av. Tocantins, 283, Centro
CEP: 74.015-010 - Fone: (62)3212-1030

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia -GO, 30 de junho de 2014 .

Liliane de Sousa Oliveira
Suboficial

CARTÓRIO FRANCISCO TAVEIRA 4º REGISTRO CIVIL E TABELIONATO DE NOTAS
Av. Tocantins, 283, Centro, Goiânia - GO

Liliane de Sousa Oliveira
Suboficial

SILVA REGISTRY OFFICE

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Judiciary - State of Goiás
Electronic Inspection Seal
01971701061836128909886
Consult this seal at
http://extrajudicial.tjgo.jus.br/selo

BIRTH CERTIFICATE

Name
SARAH LIMA GOMES
CPF No. 086.271.911-90
Registration
024729 01 55 2017 1 00412 041 0236577 38

Date of birth in full	Day	Month	Year
August twenty-fourth, two thousand seventeen **	24	08	2017

Time of birth	City of birth
01:07 AM	Goiânia - Goiás **

City of registration and state	Sex
Goiânia - Goiás **	Female

Filiation
ROBERTO GOMES JÚNIOR **
ANA LUÍZA LIMA GOMES **

Grandparents
Paternal: **ROBERTO GOMES** **
and **CÉLIA DE SOUZA GOMES** **
Maternal: **CARLOS ALBERTO ROCHA GOMES** **
and **ADRIANA MARIA LIMA GOMES** **

Twin	Name of the twin(s)
No	---------- **

Date of registration in full	Number of Live Birth Certificate
September first, two thousand and seventeen **	30-77013146-0

Notes / Annotations
Registered with the CPF under No. 086.271.911-90, in accordance with Federal Revenue Service (RFB) Normative Instruction No. 1548/15. **The registered was born in Goiânia/Goiás**, in accordance with Provisional Measure No. 776, of April 26, 2017. There is nothing further to certify. Fees: Exempt; Judicial Fee: Not applicable; State Funds: Not applicable; ISS (Service Tax): Not applicable. **

Name of the Office
1st Civil Registry Office and Notary Public Office

Registrar
Mateus da Silva

City / State
Goiânia - State of Goiás

Address
Avenida 85, Block 231, Lots 25/26 - Setor Marista
ZIP Code: 74.160-010 - Phone: (62) 3926-0300 - 3928-0300

The content of this certificate is true. I certify.

Goiânia-Goiás, September 1, 2017.

----//signature//----

Lorena Tavares Almeida
Clerk

Silva Registry Office
1st Civil Registry Office and Notary Public Office
Avenida 85, Block 231
Lots 25/26, Setor Marista
ZIP Code 74160-010
3926-0300 / 3928-0300
Goiânia-Goiás

Silva Registry Office
1st Civil Registry Office and Notary Public Office
Avenida 85, Block 231
Lots 25/26, Setor Marista
ZIP Code 74160-010
3926-0300 / 3928-0300
Goiânia-Goiás

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 8, 2026.

CARTÓRIO SILVA

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Poder Judiciário Estado de Goiás
Selo Eletrônico de Fiscalização
01971701061836128909886
consulte esse selo em
http://extrajudicial.tjgo.jus.br/selo

CERTIDÃO DE NASCIMENTO

Nome

SARAH LIMA GOMES

CPF nº 086.271.911-90

Matrícula

024729 01 55 2017 1 00412 041 0236577 38

Data do nascimento por extenso	Dia	Mês	Ano
Vinte e quatro de agosto de dois mil e dezessete ••	24	08	2017

Hora	Naturalidade
01h 07min	Goiânia-GO ••

Município de registro e unidade de federação	Sexo
Goiânia -GO ••	Feminino

Filiação
ROBERTO GOMES JÚNIOR ••
ANA LUÍZA LIMA GOMES ••

Avós
Paternos: **ROBERTO GOMES ••**
e **CÉLIA DE SOUZA GOMES ••**
Maternos: **CARLOS ALBERTO ROCHA GOMES ••**
e **ADRIANA MARIA LIMA GOMES ••**

Gêmeo	Nome do(s) gêmeo(s)
Não	---------- ••

Data do registro por extenso	Número da D.N.V
Primeiro de setembro de dois mil e dezessete ••	30-77013146-0

Observações / Averbações
Inscrita no CPF sob o nº 086.271.911-90, conforme Instrução Normativa RFB nº 1548/15. **A registrada é natural de Goiânia/GO** de acordo com Medida Provisória Nº 776, de 26 de abril de 2017. Nada mais me cumpria certificar. Emolumentos: Isento; Taxa Judiciária: Não incide; Fundos Estaduais: Não incide; ISS Não incide. ••

Nome do Ofício
1º Registro Civil e Tabelionato de Notas

Oficial Registrador
Mateus da Silva

Município / UF
Goiânia - Estado de Goiás

Endereço
Avenida 85, Quadra 231, Lote 25/26 - Setor Marista
CEP: 74.160-010 - Fone: (62) 3926-0300 - 3928-0300

O conteúdo da certidão é verdadeiro. Dou fé.

Goiânia-GO, 01 de setembro de 2017.

Lorena Tavares Almeida
Escrevente

Cartório Silva
1º Registro Civil e Tabelionato de Notas
Av. 85, Qd. 231
Lts. 25/26 Bl. Marista
CEP 74.160-010
3926-0300 / 3928-0300
Goiânia - GO

Cartório Silva
1º Registro Civil e Tabelionato de Notas
Av. 85, Qd. 231
Lts. 25/26 Bl. Marista
CEP 74.160-010
3926-0300 / 3928-0300
Goiânia - GO

BRASIL

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

1052020190897

1202038005122

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
USE BLACK INK ONLY

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

THIS CHILD

1A. NAME OF CHILD - FIRST	1B. MIDDLE	1C. LAST
NOAH	LIMA	GOMES

2. SEX	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/CCYY	4B. HOUR - 24 HOUR CLOCK TIME
MALE	SINGLE	-	06/17/2020	0642

PLACE OF BIRTH

5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY	5B. STREET ADDRESS - STREET AND NUMBER, OR LOCATION
CALIFORNIA PACIFIC MEDICAL CENTER	1101 VAN NESS AVE
5C. CITY	**5D. COUNTY**
SAN FRANCISCO	SAN FRANCISCO

NAME OF PARENT

6A. NAME OF PARENT - FIRST	6B. MIDDLE	6C. LAST - BIRTH NAME	6D. ☐ MOTHER ☒ FATHER ☐ PARENT	7. BIRTHPLACE - STATE/ COUNTRY	8. DATE OF BIRTH
ROBERTO	-	GOMES JR		BRAZIL	01/29/1990

NAME OF PARENT

9A. NAME OF PARENT - FIRST	9B. MIDDLE	9C. LAST - BIRTH NAME	9D. ☒ MOTHER ☐ FATHER ☐ PARENT	10. BIRTHPLACE - STATE/ COUNTRY	11. DATE OF BIRTH
ANA LUIZA	LIMA	GOMES		BRAZIL	02/18/1992

INFORMANT AND BIRTH CERTIFICATION

I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.	12A. PARENT OR OTHER INFORMANT - SIGNATURE	12B. RELATIONSHIP TO CHILD	12C. DATE SIGNED
	ANA LUIZA LIMA GOMES	MOTHER	06/18/2020
I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED.	13A. ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE	13B. LICENSE NUMBER	13C. DATE SIGNED
	ELENA Q FREIREZ, BIRTH CLERK	CNM236097	06/18/2020

13D. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT
LILIANA CORREA, CNM 3555 CESAR CHAVEZ STREET, SAN FRANCISCO, CA 94110	ELENA Q FREIREZ, BIRTH CLERK

LOCAL REGISTRAR

15A. DATE OF DEATH - MM/DD/CCYY	15B. STATE FILE NO. - STATE USE ONLY	16. LOCAL REGISTRAR - SIGNATURE	17. DATE ACCEPTED FOR REGISTRATION - MM/DD/CCYY
		TOMAS ARAGON MD DRPH	06/19/2020

CASANFRAD1

STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO

This is to certify that the image reproduced hereupon is a true copy of the record on file in the San Francisco Department of Public Health as of the date issued.

DATE ISSUED JAN 27 2021

003785057

Tomás Aragón

TOMÁS ARAGÓN, MD, DrPH
COUNTY HEALTH OFFICER

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE