

Department of Homeland Security
Immigration and Customs Enforcement
Office of the Principal Legal Advisor
55 E. Monroe Street, Suite 1400
Chicago, IL 60603

RE: SERVICE OF FEE WAIVER REQUEST

Respondent: Mauro Antonio Lopez Hernandez

A-Number: 099-666-221

Type of proceedings: Removal

Immigration Court: Chicago, IL

Dear Counsel,

Please find enclosed the Respondent's **Fee Waiver Request**, filed with the **Immigration Court in Chicago**, Illinois.

The enclosed filing includes the following documents:

1. Motion for Fee Waiver - EOIR-42B Filing Fee (\$1,640.00)
2. Form EOIR-26A - Fee Waiver Request (EOIR-42B)
3. Supporting Financial Documentation

This correspondence is provided to you pursuant to the applicable service requirements.

Thank you for your attention to this matter.

Respectfully submitted,

Natalia Vieira Santanna, SBN#337502

P.O. Box 7528
Oakland, CA 94601
(510) 922-0154

IMMIGRATION COURT
55 E Monroe, Suite 1500
Chicago, IL 60603

In the Matter of

Mauro Antonio Lopez Hernandez

In Removal Proceedings

File No. A 099-666-221

**RESPONDENT'S MOTION FOR FEE WAIVER OF FILING FEE -
APPLICATION FOR VAWA CANCELLATION OF REMOVAL**

I. INTRODUCTION

Pursuant to 8 C.F.R. § 1003.24, Respondent Mauro Antonio Lopez Hernandez respectfully moves this Court to waive the filing fee of \$1,640.00 for his Application for VAWA Cancellation of Removal (Form EOIR-42B) pursuant to INA § 240A(b)(2). Respondent is unable to pay the required fee due to financial hardship, compounded by years of financial abuse and coercive control by his U.S. citizen spouse. This Motion is accompanied by Form EOIR-26A.

II. STATEMENT OF FACTS

Respondent is a 48-year-old native and citizen of El Salvador who has resided in the United States since approximately February 2006. He currently resides at 450 Entrada Dr., Apt 74, Novato, California 94949. Respondent is self-employed as a landscaper (gardener), operating under NAICS code 561730, and has worked in this field continuously since March 2006.

According to Respondent's 2024 federal income tax return (Form 1040, filed jointly with his spouse), Respondent reported gross receipts of \$29,000.00 from his landscaping business (Schedule C). However, after deducting legitimate business expenses of \$25,300.00, including vehicle expenses (\$12,060.00), equipment rental

(\$2,640.00), property rental (\$500.00), and repairs and maintenance (\$7,600.00), Respondent's net profit was only \$3,700.00 for the entire year, or approximately \$308.33 per month. His spouse, Yansi Elizabeth Sandoval Mejia, earned \$14,349.00 in W-2 wages from two employers (Scrumptious Occasions Catering: \$7,347.00; Star H-R DBA Star Staff: \$7,002.00). The household's Adjusted Gross Income (AGI) was \$17,787.00, and their taxable income was \$0.00. *See Exhibit 2, 2024 and 2025 Federal and California Tax Returns.*

The household AGI of \$17,787.00 for tax year 2024 represents only 57% of the 2024 Federal Poverty Level for a family of four (\$31,200.00), placing Respondent's household well below the poverty line. Respondent's own self-employment income for tax year 2025 was \$5,000.00 in gross earnings, or approximately \$416.67 per month, representing approximately 16% of the 2025 Federal Poverty Level for a family of four. This figure alone would independently qualify him for fee waiver relief, regardless of his spouse's separate income, to which he has no meaningful access.

Respondent's monthly living expenses consume the entirety of his individual earnings. The household pays rent of \$2,750.00 per month to LoHi Apartments in Novato, California, paid via cashier's check. Although this rent payment is documented in the record and is a real obligation of the household, it is not attributed to Respondent individually for purposes of this fee waiver, as it is covered by the household's combined income, to which Respondent has no meaningful access or control. *See Exhibit 3, Cashier's Checks.* Respondent's individual recurring monthly obligations include a storage unit payment of \$230.00 for equipment storage related to his landscaping business; an Acima lease-to-own payment of \$81.31 per month; utility expenses for PG&E of approximately \$109.81 per month; and internet and cable services through Xfinity of \$182.62 per month. *See Exhibits 3 and 4.*

Respondent's individual documented monthly expenses total \$1,301.74, exceeding his gross monthly self-employment income of \$416.67 by \$885.07. Even setting aside the household rent obligation of \$2,750.00 per month, which alone exceeds Respondent's gross annual self-employment income of \$5,000.00, his individual documented expenses leave him with no capacity to absorb extraordinary obligations such as court filing fees.

Respondent has no savings, no retirement funds, no investment accounts, and no real property. His only personal assets consist of clothing and personal belongings valued at approximately \$8,000.00 and personal items (jewelry, computer) valued at

approximately \$5,000.00, for a total of approximately \$13,000.00 in non-liquid personal property. He does not own any real property in the United States or in El Salvador.

Respondent has no health insurance and suffers from high blood pressure, chronic stress, and insomnia. He loses approximately two to three days of work per month due to health-related episodes, including insomnia, trembling, and nervousness caused by his mental health conditions. He also occasionally provides financial assistance to his daughter Damaris for her educational expenses.

Four persons reside in Respondent's household: Respondent (Mauro Antonio Lopez Hernandez), his spouse (Yansi Elizabeth Sandoval Mejia), and their two adult children (Gerardo Antonio Lopez and Damaris Elizabeth Lopez). Although the adult children are not financially dependent on Respondent in the traditional sense, the household's rent and shared living expenses are covered by the combined household income, to which Respondent has no meaningful individual access.

The filing fee for Respondent's EOIR-42B application is \$1,640.00. This amount alone represents more than three years of Respondent's gross self-employment income for 2025. Combined with the filing fee for the Motion to Reopen (\$1,065.00), for which a separate fee waiver request is being filed concurrently, the total fees amount to \$2,705.00, more than five times Respondent's annual self-employment gross income. Paying these fees would force Respondent to choose between filing his case and meeting his basic living obligations.

III. LEGAL STANDARD

Under 8 C.F.R. § 1003.24(d), the Immigration Judge may waive any fee prescribed by regulation upon showing that the party is unable to pay. The regulation provides that a fee waiver may be granted when the respondent demonstrates indigence and inability to pay the required fee.

The Supreme Court established the constitutional foundation for fee waivers in cases involving indigent litigants' access to courts. In *Boddie v. Connecticut*, 401 U.S. 371 (1971), the Court held that states cannot constitutionally require filing fees that effectively bar indigent individuals from accessing courts when those courts provide the exclusive forum for resolving their legal disputes. It held that "absent a countervailing state interest of overriding significance, persons forced to settle their claims of right and duty through the judicial process must be given a meaningful opportunity to be heard", regardless of their poverty. *Id.* The Supreme Court has further emphasized that states

cannot create a system where justice depends on the defendant's ability to pay court costs in *Griffin v. Illinois*, 351 U.S. 12, 24 (1956).

The D.C. District Court in *Auyda, Inc. v. Attorney General*, 661 F.Supp. 33 (1987) specifically addressed concerns about the deterrent effect of immigration filing fees on indigent respondents. The court noted that while fee increases might deter aliens from pursuing their rights, "these concerns are wholly overstated inasmuch as INS regulations excuse the requirement to pay in the event the alien certifies inability to pay" and emphasized that there was "no suggestion in the papers that the Attorney General intends in any way to withhold liberal exercise of this waiver provision."

In accordance with case law, Mr. Lopez Hernandez's financial circumstances, characterized by minimal disposable income, no liquid assets, a household income well below the Federal Poverty Level, and the lasting effects of financial abuse, render him unable to pay the required filing fee. Requiring him to pay this fee would effectively deny him access to the judicial process in violation of his fundamental right to a meaningful defense.

IV. ARGUMENT

Respondent meets the standard for a fee waiver. His individual gross self-employment income for tax year 2025 was \$5,000.00, or approximately \$416.67 per month, well below the poverty threshold for any household size. His documented individual monthly expenses of \$1,301.74 exceed this gross income by \$885.07. Even excluding rent entirely, which is a real household obligation of \$2,750.00 per month covered by the combined household income to which Respondent has no meaningful access, his individual expenses alone are more than three times his gross monthly earnings. Respondent has no capacity to absorb a filing fee of \$1,640.00.

Respondent's 2024 federal tax return confirms his financial condition. Despite gross receipts of \$29,000.00 from his landscaping business, his business expenses of \$25,300.00, driven primarily by the vehicle costs essential to his work and the cost of maintaining equipment storage, left a net profit of only \$3,700.00 for the year. The household's taxable income was \$0.00 after the standard deduction of \$29,200.00. The household owed only \$523.00 in self-employment tax and received a California Earned Income Tax Credit of \$131.00, further evidencing their low-income status. *See* Exhibit 2, 2024 Federal and California Tax Returns.

Respondent's 2025 federal tax return, while reflecting a higher joint household AGI of \$58,242.00, does not contradict his inability to pay. Of the total household

income reported for tax year 2025, \$53,596.00, or approximately 92%, is attributable exclusively to his spouse's W-2 wages. Respondent's own self-employment income for that year was \$5,000.00, or approximately \$416.67 per month.

As extensively documented in Respondent's Declaration and the psychological evaluation of Lena Nicodemus, LMFT, his spouse exercised systematic financial control throughout the relationship, including opening accounts in Respondent's name without his knowledge, controlling all household funds, and denying him access to shared resources. The income earned by his spouse was never meaningfully available to Respondent and cannot fairly be attributed to him for purposes of assessing fee waiver eligibility in a VAWA proceeding. Attributing his spouse's earnings to Respondent in this context would be inconsistent with the protective purposes of VAWA and would allow the very financial control she exercised over him to bar his access to the courts.

Critically, Respondent's financial hardship is not merely a product of low income but is directly connected to years of financial abuse and coercive control by his U.S. citizen spouse. As documented in Respondent's Declaration and corroborated by a trauma-informed psychological evaluation conducted on September 2, 2025, by Lena Nicodemus, LMFT, his spouse systematically exercised control over money and property throughout the relationship. Specifically, she controlled all household finances and restricted Respondent's access to money; opened a bank account in Respondent's name without his knowledge or consent and used it to manage funds he never had access to or control over; took possession of Respondent's work truck, his only means of independent transportation to job sites, and refused to return it, directly limiting his ability to earn income; used Respondent's immigration status as a tool of financial coercion, repeatedly threatening deportation if he questioned her financial decisions; and demanded that Respondent surrender portions of his earnings while simultaneously refusing to contribute to shared household expenses in a transparent or equitable manner.

This pattern of financial abuse has left Respondent without savings, without assets in his own name, and without the financial stability that would otherwise allow him to pay filing fees. Respondent's current financial situation is a direct consequence of the very abuse that forms the basis of his VAWA Cancellation of Removal application.

Furthermore, Respondent has been diagnosed with Severe Depression, Moderate Anxiety, and symptoms consistent with Post-Traumatic Stress Disorder (PTSD), as documented in the psychological evaluation conducted on September 2, 2025, by Lena Nicodemus, LMFT. *See Exhibit 5.* These conditions, caused by the prolonged domestic

abuse, have further impaired Respondent's ability to work consistently, earn income, and manage finances. Respondent loses approximately two to three days of work per month due to episodes of insomnia, trembling, nervousness, and high blood pressure related to his trauma. He has no health insurance and cannot afford medical treatment, compounding the economic impact of his health conditions.

Respondent has also sustained prior financial losses in his efforts to obtain legal assistance, having paid significant sums to a prior representative who failed to resolve his immigration situation. This prior depletion of resources further demonstrates the absence of any financial reserve available to him.

Requiring Respondent to pay the \$1,640.00 filing fee would effectively deny him access to the courts and the opportunity to present his Application for VAWA Cancellation of Removal (Form EOIR-42B), which raises substantial claims of battery and extreme cruelty by a U.S. citizen spouse and presents compelling evidence of eligibility for humanitarian relief under INA § 240A(b)(2). The purpose of the fee waiver provision is to ensure that indigent individuals, and particularly survivors of domestic violence and financial abuse, are not denied access to justice due to inability to pay. This case presents precisely the circumstances the regulation was designed to address.

V. CONCLUSION

For the foregoing reasons, Respondent respectfully requests that this Court waive the \$1,640.00 filing fee for his Application for VAWA Cancellation of Removal (Form EOIR-42B). This request is accompanied by Form EOIR-26A and supporting financial documentation.

Respectfully submitted,

Natalia Vieira Santanna (Bar N. 337502)
Attorney at Law
P.O. Box 7528
Oakland, CA 94601
Counsel for Respondent

Fee Waiver Request

NAME AND ALIEN (“A”) NUMBER

Answer all items in English. (Type or Print)

If more than one respondent is included in your application, motion, or appeal, only the lead respondent need file this form.

Lopez Hernandez, Mauro Antonio

099-666-221

Name (Last, First, Middle)

Alien (“A”) Number

AFFIDAVIT IN SUPPORT OF FEE WAIVER REQUEST.

(This affidavit is to be signed by the respondent, not the respondent’s attorney or representative of record.)

I declare under penalty of perjury, pursuant to 28 U.S.C. § 1746, that I am the person above and that I am unable to pay the filing fee. I believe that my application/motion/appeal is valid and not frivolous, and I declare that the following information is true and correct to the best of my knowledge.

Mauro Antonio Lopez Hernandez

(Print name of respondent filing the form)

(Signature of respondent filing the form)

(Date signed)

The Immigration Judge may grant your fee waiver request for an EOIR application or motion filed with the Immigration Court if you show that you are unable to pay the filing fee. The Board of Immigration Appeals (BIA) may grant your fee waiver request for an appeal or motion filed with the BIA if you show that you are unable to pay the filing fee. If this fee waiver request does not establish your inability to pay the required fee, your application, motion, application, or appeal will not be deemed properly filed. 8 C.F.R. §§ 1003.8 and 1003.24(d). You must answer all questions on the form even if the answer is “\$0.00”.

1. Estimate your average monthly amount of money received from each of the following sources. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the average monthly rate. Use gross amounts, that is, amounts before any deductions for taxes and other state/federal payroll withholdings.

Income Sources	Monthly Average
Employment, including self-employment	\$ <u>416.67</u>
Income from real property (such as rental income)	\$ <u>0.00</u>
Interest from checking and/or saving account(s)	\$ <u>0.00</u>
All other income, including but not limited to these and other sources: alimony, child support, interest, dividends, social security, annuities, unemployment, public assistance, etc.	\$ <u>0.00</u>
1.A.: TOTAL AVERAGE MONTHLY INCOME	\$ <u>416.67</u>

2. Estimate your average monthly expenses. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

Expense Sources	Monthly Average
Rent or home-mortgage payment(s) (include lot rented for mobile home)	\$ <u>0.00</u>
Utilities (electricity, heating fuel, water, sewer, telephone, internet, etc.)	\$ <u>292.43</u>
Installment payments or outstanding debits (credit card(s), store credit card(s), vehicle payment, personal loan(s), etc., but not including rent or home-mortgage payments)	\$ <u>81.31</u>
Living expenses (food, clothing, transportation, child care, tuition, etc.)	\$ <u>698.00</u>
All other expenses, including but not limited to these and other sources: alimony, child support, insurance, medical, health, any state or federal taxes, attorney fees, etc.	\$ <u>230.00</u>
2.B: TOTAL AVERAGE MONTHLY EXPENSES	\$ <u>1,301.74</u>

3. Calculate ability to pay filing fee (total income minus total expenses):

TOTAL AVERAGE MONTHLY INCOME (1.A):	\$ 416.67
TOTAL AVERAGE MONTHLY EXPENSES (2.B):	- \$ 1,301.74
TOTAL:	\$ -885.07

4. Provide any other information that will help explain why you cannot pay the filing fees for your appeal, motion, or application. Include your name and "A" number on all pages of any additional document(s) or additional pages.

Respondent's income reflects his individual self-employment earnings for tax year 2025 (\$5,000.00 annually, or \$416.67 per month gross). Although Respondent filed joint federal tax returns with his spouse, he has had no meaningful access to or control over his spouse's income due to years of financial abuse and coercive control, as fully documented in the accompanying Motion for Fee Waiver. Household rent of \$2,750.00 per month is not reflected in Item 2 as it is covered by the household's combined income, to which Respondent has no individual access. For a full statement of facts and legal argument, see the accompanying Motion for Fee Waiver of Filing

Attorney or Representative (if any):

(If an attorney or representative is submitting this form, the attorney or representative must complete, sign, and date below.)

I hereby attest that I have reviewed the details provided herein and I am satisfied that this fee waiver request is made in good faith.

Signature of Attorney or Representative	Natalia Vieira Santanna Print Name	UY981323 EOIR ID Number	Date
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Paperwork Reduction Act Notice: Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete this form is one (1) hour. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Executive Office for Immigration Review, Office of the General Counsel, 5107 Leesburg Pike, Suite 2600, Falls Church, Virginia 22041.

Privacy Act Notice: The information on this form is requested to determine if you have established eligibility for the fee waiver you are seeking. The legal right to ask for this information is located at 8 C.F.R. § 1003.8(a)(3). EOIR may provide this information to other Government agencies. Failure to provide this information may result in denial of your request.

Exhibit list

Exhibits:

Pages:

Exhibit 1

Affidavit Mauro Antonio Lopez in Support of Fee Waiver

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Exhibit 2

2024 and 2025 Federal and California Tax Returns

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Exhibit 3

Bank Checks - Rent Payments

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Exhibit 4

Supporting Expense Documentation

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Exhibit 5

Respondent's Psychological Evaluation by Lena Nicodemus

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Exhibit 1

**DEPARTAMENTO DE JUSTICIA DE LOS ESTADOS UNIDOS
OFICINA EJECUTIVA PARA LA REVISIÓN DE CASOS DE INMIGRACIÓN
TRIBUNAL DE INMIGRACIÓN**

**DECLARACIÓN JURADA DE MAURO ANTONIO LOPEZ HERNANDEZ (A#
099-666-221) EN APOYO A LA MOCIÓN DE EXENCIÓN DE PAGO DE TARIFAS**

Yo, Mauro Antonio Lopez Hernandez, declaro bajo pena de perjurio lo siguiente:

1. Mi nombre es Mauro Antonio Lopez Hernandez. Soy de El Salvador. He vivido en los Estados Unidos desde 2006. Actualmente vivo en Novato, California, con mi esposa y nuestros dos hijos.
2. Trabajo como jardinero. He hecho este tipo de trabajo desde que llegué a este país. Es un trabajo físico muy duro. Corto césped, podó árboles, recojo escombros y mantengo propiedades. Trabajo con mis manos todos los días, cuando mi cuerpo me lo permite.
3. Mis ingresos no son estables. Algunas semanas tengo suficientes clientes, otras no. Durante la temporada de lluvias o cuando hace mucho frío, la gente cancela y me quedo sin trabajo. Después de pagar la gasolina, las reparaciones del equipo y los costos de mantener mi camioneta funcionando, lo que queda para mi familia es muy poco.
4. Mi esposa también trabaja, pero incluso con los dos trabajando, cada mes es una lucha para llegar a fin de mes. Vivimos en el Área de la Bahía de San Francisco, donde todo es caro. Solo el alquiler se lleva la mayor parte de lo que ganamos. Después de pagar el alquiler, apenas alcanza para comida, electricidad, gasolina para ir al trabajo y los peajes que tengo que pagar para llegar a mis clientes.
5. Al final de cada mes, casi no queda nada en nuestra cuenta bancaria. Algunas semanas durante el mes, reviso mi saldo y es menos de lo que necesitaría para comprar los alimentos de la semana. Vivo con la preocupación constante de si podré pagar el alquiler el mes siguiente.

6. No tengo ahorros. Nunca he podido ahorrar dinero. No tengo cuenta de jubilación ni inversiones. No soy dueño de una casa ni de un terreno, ni aquí ni en El Salvador. Lo único que tengo son mi ropa, algunas pertenencias personales y una computadora. Nada de esto puede venderse para pagar una tarifa del tribunal.

7. No tengo seguro médico. Sufro de presión arterial alta y tengo serios problemas para dormir. Hay noches en las que paso horas despierto, con la mente llena de preocupación y miedo. Una profesional de salud mental me evaluó y me dijo que tengo depresión severa, ansiedad y síntomas de trauma por lo que he vivido. Por estos problemas, hay días en los que no puedo levantarme de la cama para ir a trabajar. Pierdo dos o tres días de trabajo cada mes por mi salud. Cada día que pierdo es dinero que mi familia no tiene. No puedo pagar consultas médicas regulares, así que simplemente trato de seguir adelante.

8. Gran parte de la razón por la que estoy en esta situación financiera es por lo que mi esposa me ha hecho durante años. Ella ha controlado el dinero en nuestro hogar. A lo largo de los años, ha sacado dinero de mi cuenta y lo ha transferido a la suya. Ha dicho que puede dejarme sin nada cuando quiera. Me ha presionado para pagar facturas y ha exigido dinero de maneras que me hacen sentir atrapado y sin poder. Ha amenazado con quitarme mi camioneta, que necesito para trabajar y por la que yo pagué, pero está a su nombre. Cuando intentaba preguntarle sobre el dinero o defenderme, me amenazaba con llamar a inmigración y hacerme deportar. Yo le creía. Tenía miedo. Así que me quedé callado y seguí trabajando.

9. Por ese control, nunca pude construir nada para mí mismo. Lo que tengo hoy, que es casi nada, es el resultado de años de vivir bajo el control de otra persona.

10. También quiero que el Tribunal sepa que hace años le pagué una cantidad significativa de dinero a un abogado que prometió ayudarme con mi situación migratoria.

Tomó mi dinero y no resolvió nada. Esa experiencia me dejó con aún menos recursos y me hizo tener miedo de confiar en alguien con mi caso otra vez.

11. No estoy pidiendo esta exención de tarifas porque no quiera pagar. Estoy pidiendo porque verdaderamente no puedo. Si me exigen pagar estas tarifas, tendré que elegir entre mi caso y las necesidades más básicas de mi familia, nuestro alquiler, nuestra comida, nuestra electricidad. No tengo familiares que puedan prestarme este dinero.

Respetuosamente pido al Tribunal que exima las tarifas de presentación y me dé la oportunidad de presentar mi caso sin esta barrera financiera que simplemente no puedo superar.

Declaro bajo pena de perjurio que lo anterior es verdadero y correcto según mi leal saber y entender.

Date: 03/25/2026

Mauro Antonio Lopez Hernandez

**UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT**

**AFFIDAVIT OF MAURO ANTONIO LOPEZ HERNANDEZ (A# 099-666-221) IN
SUPPORT OF MOTION FOR FEE WAIVER**

I, Mauro Antonio Lopez Hernandez, declare under penalty of perjury as follows:

1. My name is Mauro Antonio Lopez Hernandez. I am from El Salvador. I have lived in the United States since 2006. I currently live in Novato, California, with my wife and our two children.
2. I work as a gardener. I have done this type of work since I first arrived in this country. It is hard physical work. I mow lawns, trim trees, haul debris, and maintain properties. I work with my hands every day, when my body allows me to.
3. My income is not steady. Some weeks I have enough clients, other weeks I do not. During the rainy season or when it is very cold, people cancel and I have no work. After I pay for gas, equipment repairs, and the costs of keeping my truck running, what is left for my family is very little.
4. My wife also works, but even with both of us working, we struggle every month to make ends meet. We live in the San Francisco Bay Area, where everything is expensive. Our rent alone takes up most of what we earn. After paying rent, there is barely enough for food, electricity, gas to get to work, and the tolls I have to pay to reach my clients.
5. At the end of each month, there is almost nothing left in our bank account. Some weeks during the month, I check my balance and it is less than what I would need to buy groceries for the week. I live in constant worry about whether I will be able to pay rent the following month.

6. I have no savings. I have never been able to save money. I do not have a retirement account or any investments. I do not own a house or any land, not here and not in El Salvador. The only things I own are my clothes, a few personal items, and a computer. None of these things can be sold to pay a court fee.

7. I do not have health insurance. I suffer from high blood pressure, and I have serious trouble sleeping. There are nights when I lie awake for hours, my mind racing with worry and fear. A mental health professional evaluated me and told me I have severe depression, anxiety, and symptoms of trauma from what I have been through. Because of these problems, there are days when I cannot get out of bed to go to work. I lose two or three days of work every month because of my health. Every day I miss the money my family does not have. I cannot afford to see a doctor regularly, so I just try to push through it.

8. A large part of the reason I am in this financial situation is because of what my wife has done to me over the years. She has controlled the money in our household. Over the years, she has taken money from my account and moved it to hers. She has said she can leave me with nothing whenever she wants. She has pressured me to pay bills and demanded money in ways that make me feel trapped and powerless. She has threatened to take away my truck, which I need for work and which I paid for, but it is in her name. When I tried to question her about money or stand up for myself, she threatened to call immigration and have me deported. I believed her. I was afraid. So I stayed quiet and kept working.

9. Because of this control, I was never able to build anything for myself. What I have today, which is almost nothing, is the result of years of living under someone else's control.

10. I also want the Court to know that years ago, I paid a significant amount of money to an attorney who promised to help me with my immigration situation. He took my money

and did not resolve anything. That experience left me with even fewer resources and made me afraid to trust anyone with my case again.

11. I am not asking for this fee waiver because I do not want to pay. I am asking because I truly cannot. If I am required to pay these fees, I will have to choose between my case and my family's most basic needs, our rent, our food, our electricity. I do not have family members who can lend me this money.

I respectfully ask the Court to waive the filing fees and give me the chance to present my case without this financial barrier that I simply cannot overcome.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

/Signature/

Date: 03/25/2026

Mauro Antonio Lopez Hernandez

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



Date: March 25, 2026.

Exhibit 2

KINGDEW ENTERPRISES
3101 MACDONALD AVE STE 306
RICHMOND CA 94804
Office: (415) 426-0798

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA
450 ENTRADA DR APT 74
NOVATO, CA 94949
2024 INCOME TAX RETURN

KINGDEW ENTERPRISE
 3101 MACDONALD AVE STE 306
 RICHMOND CA 94804
 (415) 426-0798

MAURO A LOPEZ HERNANDEZ &
 YANSI E SANDOVAL MEJIA
 450 ENTRADA DR APT 74
 NOVATO CA 94949
 (415) 532-9389

Preparer No.: 995
 Client No. : XXX-XX-5742
 Invoice Date: 09/29/2025

INVOICE

Description	Amount						
<p>PREPARATION OF 2024 FEDERAL/STATE FORMS & WORKSHEETS:</p> <p>FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) (2) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) CA STATE RESIDENT RETURN</p>							
	<table border="1"> <tr> <td data-bbox="933 1836 1236 1892">Total Invoice</td> <td data-bbox="1236 1836 1532 1892">\$0.00</td> </tr> <tr> <td data-bbox="933 1892 1236 1948">Amount Paid</td> <td data-bbox="1236 1892 1532 1948">\$0.00</td> </tr> <tr> <td data-bbox="933 1948 1236 2038">Balance Due</td> <td data-bbox="1236 1948 1532 2038">\$0.00</td> </tr> </table>	Total Invoice	\$0.00	Amount Paid	\$0.00	Balance Due	\$0.00
Total Invoice	\$0.00						
Amount Paid	\$0.00						
Balance Due	\$0.00						

CLIENT : MAURO LOPEZ HERNANDEZ
SPOUSE : YANSI SANDOVAL MEJIA

918-96-5742
705-65-1629

PREPARER : 995 DATE : 09/29/2025

* W-2 INCOME FORMS SUMMARY *

	T/S	EIN	EMPLOYER	WAGES	FEDERAL TX/WH	FICA TX/WH	MEDICARE TX/WH	STATE TX/WH ST
1.	S	20-8458577	SCRUMPTIOUS OCCASSI	7347	0	456	107	255 CA
2.	S	68-0438506	STAR H-R DBA STAR S	7002	438	434	102	0 CA
TOTALS.....				14349	438	890	209	255

a Employee's social security number 705-65-1629		OMB No. 1545-0008				
b Employer identification number (EIN) 20-8458577		1 Wages, tips, other compensation 7347		2 Federal income tax withheld		
c Employer's name, address, and ZIP code SCRUMPTIOUS OCCASSIONS CATERING 1067 BEL MARIN KEYS BLVD NOVATO CA 94949		3 Social security wages 7347		4 Social security tax withheld 456		
		5 Medicare wages and tips 7347		6 Medicare tax withheld 107		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial YANSI E		Last name SANDOVAL MEJIA		Suff.		
450 ESTRADA DR NOVATO CA 94949		11 Nonqualified plans		12a		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other CASDI 80		12c		
				12d		
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	27242825	7347	255			

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

a Employee's social security number 705-65-1629		OMB No. 1545-0008				
b Employer identification number (EIN) 68-0438506		1 Wages, tips, other compensation 7002		2 Federal income tax withheld 438		
c Employer's name, address, and ZIP code STAR H-R DBA STAR STAFF 320 CYPRESS DR PETALUMA CA 94954		3 Social security wages 7002		4 Social security tax withheld 434		
		5 Medicare wages and tips 7002		6 Medicare tax withheld 102		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial YANSI E		Last name SANDOVAL MEJIA		Suff.		
450 ENTRADA DR NOVATO CA 94949		11 Nonqualified plans		12a		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other CASDI 77		12c		
				12d		
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	43847102	7002				

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

Form **8879**

(Rev. January 2021)

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization

- ▶ ERO must obtain and retain completed Form 8879.
- ▶ Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

Submission Identification Number (SID) ▶

Taxpayer's name MAURO A LOPEZ HERNANDEZ	Social security number 918-96-5742
Spouse's name YANSI E SANDOVAL MEJIA	Spouse's social security number 705-65-1629

Part I Tax Return Information — Tax Year Ending December 31, 2024 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	17787
2 Total tax	2	523
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	438
4 Amount you want refunded to you	4	
5 Amount you owe	5	85

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

- I authorize KINGDEW ENTERPRISE to enter or generate my PIN

1	5	7	4	2
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 09/29/2025

Spouse's PIN: check one box only

- I authorize KINGDEW ENTERPRISE to enter or generate my PIN

1	1	6	2	9
---	---	---	---	---

 as my signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros
- I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶  Date ▶ 09/29/2025

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	8	2	3	1	4	1	1	2	5	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ KINGDEW ENTERPRISE  Date ▶ 09/29/2025

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions. Bao7860

Form **8879** (Rev. 01-2021)

QNA

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

Personal information section including name (MAURO A LOPEZ HERNANDEZ), social security number (918-96-5742), address (450 ENTRADA DR, NOVATO, CA 94949), and marital status options.

Filing Status section with options for Single, Married filing jointly (checked), Married filing separately, Head of household, and Qualifying surviving spouse.

Digital Assets section asking if a digital asset was received or sold during 2024.

Standard Deduction section with options for claiming as dependent or spouse.

Age/Blindness section with checkboxes for being born before 1960 or being blind.

Table for Dependents with columns for first name, last name, social security number, relationship, child tax credit, and credit for other dependents.

Income section table with rows 1a through 1z, including total amount from Form(s) W-2 (14349) and adjustments.

Table for Deductions and Adjustments with rows 2a through 15, including tax-exempt interest, qualified dividends, and total taxable income (0).

Side notes: 'Attach Sch. B if required.' and 'Standard Deduction for-' with bullet points for various filing statuses and amounts.

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	
	17	Amount from Schedule 2, line 3	17	
	18	Add lines 16 and 17	18	
	19	Child tax credit or credit for other dependents from Schedule 8812	19	
	20	Amount from Schedule 3, line 8	20	
	21	Add lines 19 and 20	21	
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	0
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	523
	24	Add lines 22 and 23. This is your total tax	24	523

Payments	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	438
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	438
	26	2024 estimated tax payments and amount applied from 2023 return	26	
	27	Earned income credit (EIC) NO	27	
	28	Additional child tax credit from Schedule 8812	28	
	29	American opportunity credit from Form 8863, line 8	29	
	30	Reserved for future use	30	
	31	Amount from Schedule 3, line 15	31	
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32	
	33	Add lines 25d, 26, and 32. These are your total payments	33	438

Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34																					
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a																					
Direct deposit? See instructions.	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X					
	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	85
	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 MANUEL VARGAS Phone no. 415-426-0798 Personal identification number (PIN)

1	1	2	5	9
---	---	---	---	---

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 09/29/25	Your occupation GARDNER	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 09/29/25	Spouse's occupation SUB CHEF	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no. <u>(415) 532-9389</u>	Email address		

Paid Preparer Use Only

Preparer's name <u>MANUEL VARGAS</u>	Preparer's signature 	Date 09/29/25	PTIN <u>P01865732</u>	Check if: <input checked="" type="checkbox"/> Self-employed
Firm's name <u>Kingdew Enterprises</u>	Firm's address <u>3101 MACDONALD AVE STE 306 RICHMOND CA 94804</u>			Phone no. <u>415-426-0798</u> Firm's EIN

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2024
Attachment
Sequence No. **01**

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

918-96-5742

For 2024, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	3700
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABL account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	3700

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

Schedule 1 (Form 1040) 2024

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	262
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions): _____			
20	IRA deduction		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount: _____	24z		
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	262

QNA

**SCHEDULE 2
(Form 1040)**

Additional Taxes

OMB No. 1545-0074

2024
Attachment
Sequence No. **02**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

918-96-5742

Part I Tax

1 Additions to tax:

- a** Excess advance premium tax credit repayment. Attach Form 8962
- b** Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)
- c** Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)
- d** Recapture of net EPE from Form 4255, line 2a, column (l)
- e** Excessive payments (EP) from Form 4255. Check applicable box and enter amount.
 - (i) Line 1a, column (n)
 - (ii) Line 1c, column (n)
 - (iii) Line 1d, column (n)
 - (iv) Line 2a, column (n)
- f** 20% EP from Form 4255. Check applicable box and enter amount. See instructions.
 - (i) Line 1a, column (o)
 - (ii) Line 1c, column (o)
 - (iii) Line 1d, column (o)
 - (iv) Line 2a, column (o)
- y** Other additions to tax (see instructions): _____

1a				
1b				
1c				
1d				
1e				
1f				
1y				
1z				
2				
3				

Part II Other Taxes

- 4** Self-employment tax. Attach Schedule SE
- 5** Social security and Medicare tax on unreported tip income. Attach Form 4137
- 6** Uncollected social security and Medicare tax on wages. Attach Form 8919
- 7** Total additional social security and Medicare tax. Add lines 5 and 6
- 8** Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required.
If not required, check here
- 9** Household employment taxes. Attach Schedule H
- 10** Repayment of first-time homebuyer credit. Attach Form 5405 if required
- 11** Additional Medicare Tax. Attach Form 8959
- 12** Net investment income tax. Attach Form 8960
- 13** Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12
- 14** Interest on tax due on installment income from the sale of certain residential lots and timeshares
- 15** Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000
- 16** Recapture of low-income housing credit. Attach Form 8611

4				523
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

(continued on page 2)

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

Schedule 2 (Form 1040) 2024

QNA

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy, if you sold your home see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount: _____	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Recapture of net EPE from Form 4255, line 1d, column (l)		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23, or Form 1040-NR, line 23b		21

Profit or Loss From Business

(Sole Proprietorship)

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Link: 1

Social security number (SSN)
918-96-5742

B Enter code from instructions
5 | 6 | 1 | 7 | 3 | 0

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

SCHEDULE C
Form 1040

Department of the Treasury
Internal Revenue Service

Name of proprietor
RO A LOPEZ HERNANDEZ

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

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

Business address (including suite or room no.)
450 ENTRADA DR APT 74
City, town or post office, state, and ZIP code
NOVATO CA 94949

Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses Yes No

If you started or acquired this business during 2024, check here Yes No
Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions Yes No
If "Yes," did you or will you file required Form(s) 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	29000
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	29000
7	Gross income. Add lines 5 and 6	7	2500

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

8	Advertising	8	
9	Car and truck expenses (see instructions)	9	12060
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest (see instructions):	16	
a	Mortgage (paid to banks, etc.)	16a	
b	Other	16b	
17	Legal and professional services	17	
18	Office expense (see instructions)	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):	20	
a	Vehicles, machinery, and equipment	20a	2640
b	Other business property	20b	500
21	Repairs and maintenance	21	7600
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	
24	Travel and meals:	24	
a	Travel	24a	
b	Deductible meals (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27a	Other expenses (from line 48)	27a	
b	Energy efficient commercial bldgs deduction (attach Form 7205)	27b	25300
28	Total expenses before expenses for business use of home. Add lines 8 through 27b	28	3700
29	Tentative profit or (loss). Subtract line 28 from line 7	29	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 and (b) the part of your home used for business: _____	30	
31	Net profit or (loss). Subtract line 30 from line 29.	31	3700

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040), line 3**, and on **Schedule SE, line 2**. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3**.
- If a loss, you **must** go to line 32.
- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.
32b Some investment is not at risk.

SCHEDULE SE
(Form 1040)

Self-Employment Tax

OMB No. 1545-0074

2024
Attachment
Sequence No. **17**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR)
MAURO A LOPEZ HERNANDEZ

Social security number of person
with self-employment income **918-96-5742**

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A **1a**

b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ **1b** ()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order **2** 3700

3 Combine lines 1a, 1b, and 2 **3** 3700

4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 **4a** 3417

Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here **4b**

c Combine lines 4a and 4b. If less than \$400, **stop**; you don't owe self-employment tax. **Exception:** If less than \$400 and you had **church employee income**, enter -0- and continue **4c** 3417

5a Enter your **church employee income** from Form W-2. See instructions for definition of church employee income **5a**

b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0- **5b**

6 Add lines 4c and 5b **6** 3417

7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2024 **7** 168,600

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$168,600 or more, skip lines 8b through 10, and go to line 11 **8a**

b Unreported tips subject to social security tax from Form 4137, line 10 **8b**

c Wages subject to social security tax from Form 8919, line 10 **8c**

d Add lines 8a, 8b, and 8c **8d**

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 **9** 168600

10 Multiply the **smaller** of line 6 or line 9 by 12.4% (0.124) **10** 424

11 Multiply line 6 by 2.9% (0.029) **11** 99

12 **Self-employment tax.** Add lines 10 and 11. Enter here and on **Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3** **12** 523

13 **Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (0.50). Enter here and on **Schedule 1 (Form 1040), line 15** **13** 262

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

Schedule SE (Form 1040) 2024

2024 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

918-96-5742 LOPE 705-65-1629
MAURO A LOPEZHERNANDEZ
YANSI E SANDOVALMEJIA

24 PBA 561730

450 ENTRADA DR APT 74
NOVATO CA 94949

05-07-1977 11-27-1981

Principal Residence

Enter your county at time of filing (see instructions)

MARIN

If your address above is the same as your principal/physical residence address at the time of filing, check this box . . . X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

- 1 Single
- 2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.
- 3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.
- 4 Head of household (with qualifying person). See instructions.
- 5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

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 X \$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: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$461 = ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 .00

13 Enter federal adjusted gross income from federal Form 1040 or 1040-SR, line 11 ● 13 .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 .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 .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 .00

19 Subtract line 18 from line 17. This is your taxable income. If less than zero, enter -0- ● 19 .00

31 Tax. Check the box if from: Tax Table Tax Rate Schedule

● FTB 3800 ● FTB 3803 ● 31 .00

32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$244,857, see instructions. ● 32 .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

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: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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 .00

72 2024 California estimated tax and other payments. See instructions ● 72 .00

73 Withholding (Form 592-B and/or Form 593). See instructions ● 73 .00

74 Reserved for future use 74 .00

75 Earned Income Tax Credit (EITC). See instructions ● 75 .00

76 Young Child Tax Credit (YCTC). See instructions ● 76 .00

77 Foster Youth Tax Credit (FYTC). See instructions ● 77 .00

78 Add line 71 through line 77. These are your total payments. See instructions ● 78 .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. ● 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 .00

94 Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91 ● 94 .00

95 Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93. ● 95 .00

96 Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92. ● 96 .00

97 Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95. ● 97 .00

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

Overpaid Tax/Tax Due	98	Amount of line 97 you want applied to your 2025 estimated tax	●	98	<input type="text"/>	.00
	99	Overpaid tax available this year. Subtract line 98 from line 97	●	99	<input type="text" value="386"/>	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	●	100	<input type="text"/>	.00

		Code	Amount	
Contributions	●	400	<input type="text"/>	.00
	●	401	<input type="text"/>	.00
	●	403	<input type="text"/>	.00
	●	405	<input type="text"/>	.00
	●	406	<input type="text"/>	.00
	●	407	<input type="text"/>	.00
	●	408	<input type="text"/>	.00
	●	410	<input type="text"/>	.00
	●	413	<input type="text"/>	.00
	●	422	<input type="text"/>	.00
	●	423	<input type="text"/>	.00
	●	424	<input type="text"/>	.00
	●	425	<input type="text"/>	.00
	●	431	<input type="text"/>	.00
	●	438	<input type="text"/>	.00
	●	439	<input type="text"/>	.00
	●	445	<input type="text"/>	.00
●	447	<input type="text"/>	.00	
●	110	Add amounts in code 400 through code 447. This is your total contribution	<input type="text"/>	.00

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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. .00 Pay Online - Go to ftb.ca.gov/pay for more information.

Interest and Penalties 112 Interest, late return penalties, and late payment penalties .00 113 Underpayment of estimated tax. Check the box: FTB 5805 attached FTB 5805F attached .00 114 Total amount due. See instructions. Enclose, but do not staple, any payment .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. 386 .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 116 Direct deposit amount .00 The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: Routing number Type Checking Savings Account number 117 Direct deposit amount .00

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions .00

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 .00 Yes No

Sign your tax return on Side 6

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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 09/29/2025 Spouse's/RDP's signature (if a joint tax return, both must sign) []

Your email address. Enter only one email address. [] Preferred phone number 415 532-9389

Sign Here

It is unlawful to forge a spouse's/ RDP's signature.

Joint tax return? See instructions.

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) []

Firm's name (or yours, if self-employed) KINGDEW ENTERPRISE PTIN P01865732

Firm's address 3101 MACDONALD AVE STE 306 RICHMOND CA 94804 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 MANUEL VARGAS Telephone Number 415 426-0798

2024

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 705651629
c. Employer's name SCRUMPTIOUS OCCASSIONS CATERING
b. Employer identification number (EIN) 208458577
Employer's address 1067 BEL MARIN KEYS BLVD
City NOVATO State CA ZIP code 94949

e. Employee's first name* YANSI Initial* E Last name* SANDOVAL MEJIA Suffix*
f. Employee's address* 450 ESTRADA DR
City* NOVATO State* CA ZIP code* 94949

1. Wages, tips, other compensation 7347
4. Social security tax withheld 456
8. Allocated tips (not included in box 1)
2. Federal income tax withheld
6. Medicare tax withheld 107
10. Dependent care benefits
3. Social security wages 7347
7. Social security tips
11. Nonqualified plans

12. Codes and amounts
12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type Amount
CASDI 80

16. State wages, tips, etc. 7347

15. State and employer's state ID number
State Employer's state ID number
CA 27242825

17. State income tax 255

Franchise Tax Board Privacy Notice on Collection

Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2024

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

Employee's social security number: 705651629; Employer's name: STAR H-R DBA STAR STAFF; Employer identification number (EIN): 680438506; Employer's address: 320 CYPRESS DR, PETALUMA, CA 94954; Employee's first name: YANSI, Initial: E, Last name: SANDOVAL MEJIA, Suffix: ; Employee's address: 450 ENTRADA DR, NOVATO, CA 94949.

1. Wages, tips, other compensation: 7002; 2. Federal income tax withheld: 438; 3. Social security wages: 7002; 4. Social security tax withheld: 434; 5. Medicare tax withheld: 102; 6. Allocated tips (not included in box 1): ; 7. Social security tips: ; 8. Dependent care benefits: ; 9. Nonqualified plans: ; 10. ; 11. ; 12. Codes and amounts: 12a, 12b, 12c, 12d.

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay; 14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19): Type CASDI, Amount 77; 15. State and employer's state ID number: State CA, Employer's state ID number 43847102; 16. State wages, tips, etc.: 7002; 17. State income tax: ;

Franchise Tax Board Privacy Notice on Collection. Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

2024 California Earned Income Tax Credit

3514

Attach to your California Form 540, Form 540 2EZ, or Form 540NR.

Name(s) as shown on tax return

Your SSN or ITIN

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

918-96-5742

If you are separated from your spouse/registered domestic partner (RDP), filing a separate return, and meet the requirements to claim the California Earned Income Tax Credit (EITC) (see instructions), check here.

Before you begin:

If you claim the California EITC even though you know you are not eligible, you may not be allowed to take the credit for up to 10 years. If you are claiming the California EITC, you must provide your date of birth (DOB), and spouse's/RDP's DOB if filing jointly, on your California tax return. If you qualify for the California EITC, you may also qualify for the Young Child Tax Credit (YCTC) and/or the Foster Youth Tax Credit (FYTC). You may also qualify for the YCTC if you would otherwise have been allowed the California EITC but you have earned income of zero dollars or less. See instructions for additional information.

Follow Step 1 through Step 11 in the instructions to determine if you meet the requirements to complete this form, and to figure the amount of the credit(s).

Part I Qualifying Information (See Step 1 in the instructions before completing this part.)

- 1 a Has the Internal Revenue Service (IRS) previously disallowed your federal Earned Income Credit (EIC)? Yes No
- b Has the Franchise Tax Board (FTB) previously disallowed your California EITC? Yes No
- 2 Federal AGI (federal Form 1040 or 1040-SR, line 11) 2 .00
- 3 Federal EIC (federal Form 1040 or 1040-SR, line 27) 3 .00

Part II Investment Income Information

- 4 Investment Income. See instructions for Step 2 – Investment Income 4 .00

Part III Qualifying Child Information (See Step 3 in the instructions before completing this part.)

You must complete Part I and Part II before filling out Part III. If you are not claiming a qualifying child, skip Part III and go to Step 4 in the instructions.

Qualifying Child Information (Complete line 5 through line 12 for each child under Child 1, Child 2, or Child 3, as applicable.)

- | | Child 1 | Child 2 | Child 3 |
|--|---|---|---|
| 5 First name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 Last name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 SSN or ITIN. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 Date of birth (mm/dd/yyyy). If born after 2005 and the child is younger than you (or your spouse/RDP, if filing jointly), skip line 9a and line 9b; go to line 10. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 a Was the child under age 24 at the end of 2024, a student, and younger than you (or your spouse/RDP, if filing jointly)? If yes, go to line 10. If no, go to line 9b. See instructions. | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b Was the child permanently and totally disabled during any part of 2024? If yes, go to line 10. If no, stop here. The child is not a qualifying child. | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="radio"/> <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 Child's relationship to you. See instructions. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11 Number of days child lived with you in California during 2024. Do not enter more than 365 days (or more than 366 days if it is a leap year). See instr. | <input type="text"/> | <input type="text"/> | <input type="text"/> |

12 Child's physical address during 2024. See instructions.

Child 1

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 2

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Child 3

a Street address (number, street, and apt. no./ste. no.)

b City **c** State **d** ZIP code

Part IV California Earned Income (See Step 5 in the instructions.)

13 Wages, salaries, tips, and other employee compensation, subject to California withholding. See instructions . . . ● 13 .00

14 IHSS payments. See instructions . . . ● 14 .00

15 Prison inmate wages and/or pension or annuity from a nonqualified deferred compensation plan or a nongovernmental IRC Section 457 plan. See instructions. . . ● 15 .00

16 Subtract line 14 and line 15 from line 13. . . ● 16 .00

17 Nontaxable combat pay. See instructions . . . ● 17 .00

18 Business income or (loss). Enter amount from Worksheet 3, line 5. See instructions . . . ● 18 .00

a Business name . . . ●

Street address (number, street, and apt. no./ste. no.)

b Business address . . . ●

City State ZIP code

c Business license number . . . ●

d SEIN . . . ●

e Business code . . . ●

19 California earned income. Add line 16, line 17, and line 18. . . ● 19 .00

Part V California Earned Income Tax Credit (Complete Step 6 in the instructions.)

20 California EITC. Enter amount from California Earned Income Tax Credit Worksheet, Part III, line 6. This amount should also be entered on Form 540, line 75; or Form 540 2EZ, line 23a. . . ● 20 .00

Part VI Part-Year Resident California Earned Income Tax Credit (See Step 7 in the instructions.)

- 21 CA exemption credit percentage from Form 540NR, line 38. See instructions 21
- 22 **Part-year resident EITC.** Multiply line 20 by line 21.
This amount should also be entered on Form 540NR, line 85. 22 .00

Part VII Young Child Tax Credit (See Step 8 in the instructions before completing this part.)

- 23 **California earned income.** Enter the amount from form FTB 3514, line 19. If the amount entered here is greater than \$0, do not complete line 23a or line 23b and continue on to line 24. 23 .00
- a **Total wages, salaries, tips, and other employee compensation.** See instructions . . . 23a .00
- b If your **total** net loss exceeds \$34,602 or your federal AGI exceeds \$31,950, check the box. See instructions
- 24 **Available Young Child Tax Credit.** 24 1,154 .00
- If the amount on line 23 is \$26,626 or less, skip line 25 through line 27 and enter \$1,154 on line 28. If applicable, complete line 29 and line 30.
 - If the amount on line 23 is greater than \$26,626, complete line 25 through line 28. If applicable, complete line 29 and line 30.
- 25 Excess earned income over threshold. Subtract \$26,626 from line 23 25 .00
- 26 Divide line 25 by 100. Enter the result as a decimal out to two decimal places, **do not round.** 26
- 27 **Reduction amount.** Multiply line 26 by \$21.67. Enter the result as a decimal out to two decimal places, **do not round.** 27
- 28 **Young Child Tax Credit.**
- If you did not need to complete line 25 through line 27, your credit is the \$1,154 from line 24.
 - If you completed lines 25 through 27, to compute your credit, subtract line 27 from line 24. If your credit amount is **between** \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
- This amount should also be entered on Form 540, line 76; or Form 540 2EZ, line 23b. 28 .00

Part VIII Part-Year Resident Young Child Tax Credit (See Step 9 in the instructions.)

- 29 CA exemption credit percentage from Form 540NR, line 38. See instructions 29
- 30 **Part-year resident YCTC.** Multiply line 28 by line 29.
This amount should also be entered on Form 540NR, line 86. 30 .00

Part IX Foster Youth Tax Credit (See Step 10 in the instructions before completing this part.)

- 31 Who is claiming the FYTC? If both spouses/RDPs qualify, you must each check the box that applies to you. See instructions.
- a Primary Taxpayer: My name is the first name listed on this return
- b Spouse/RDP: My name is listed as the spouse/RDP on this joint return.
- 32 Qualifying foster youth information. See instructions.
- | | Primary Taxpayer | Spouse/RDP |
|------------------------|----------------------|----------------------|
| a First name | <input type="text"/> | <input type="text"/> |
| b Last name | <input type="text"/> | <input type="text"/> |

33 To better assist us in verifying your eligibility, please check the applicable box(es) below. See instructions.

a Primary Taxpayer: By checking the box and signing the tax return to which this form is attached, I certify that I am the primary taxpayer listed on this return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

b Spouse/RDP: By checking the box and signing the tax return to which this form is attached, I certify that I am the spouse/RDP listed on this joint return and voluntarily consent and authorize the California Department of Social Services and any of its affiliated programs (including, but not limited to, CalWORKS and CalFRESH) to confirm or deny, and disclose relevant information to the State of California Franchise Tax Board regarding, my eligibility for the FYTC

Note: Each individual who claims the FYTC and does not check the applicable box above must attach to this return a letter issued by a county or state agency confirming that individual's status as a foster youth at or after age 13, or other proof of status, as a condition of receiving the FYTC.

34 California earned income. Enter the amount from form FTB 3514, line 19 34 .00

35 Available Foster Youth Tax Credit 35 .00

- If the amount on line 34 is \$26,626 or less, skip line 36 through line 38 and enter on line 35 and line 39 the following amount.
 - If either the taxpayer or spouse/RDP is claiming the FYTC, enter \$1,154 on line 35 and line 39.
 - If both taxpayer and spouse/RDP are claiming the FYTC, enter \$2,308 on line 35 and line 39.
 If applicable, complete line 40 and line 41.
- If the amount on line 34 is greater than \$26,626, complete line 36 through line 38 and enter on line 35 the following amount.
 - If either the taxpayer or spouse/RDP is claiming the FYTC, enter \$1,154 on line 35.
 - If both taxpayer and spouse/RDP are claiming the FYTC, enter \$2,308 on line 35.
 If applicable, complete line 40 and line 41.

36 Excess earned income over threshold. Subtract \$26,626 from line 34 36 .00

37 Divide line 36 by 100. Enter the result as a decimal out to two decimal places, do not round. 37

38 Reduction amount 38
 • If either the taxpayer or spouse/RDP is claiming the FYTC, multiply line 37 by \$21.67. Enter the result as a decimal out to two decimal places, do not round.
 • If both taxpayer and spouse/RDP are claiming the FYTC, multiply line 37 by \$43.34. Enter the result as a decimal out to two decimal places, do not round.

39 Foster Youth Tax Credit.
 • If you did not need to complete line 36 through line 38, and either the taxpayer or spouse/RDP is claiming the FYTC, the credit is the \$1,154 from line 35.
 • If you did not need to complete line 36 through line 38, and both taxpayer and spouse/RDP are claiming the FYTC, the credit is the \$2,308 from line 35.
 • If you completed line 36 through line 38, to compute your credit, subtract line 38 from line 35. If your credit amount is between \$0 and \$1, enter \$1. If your credit amount is over \$1, round to the nearest whole dollar.
 This amount should also be entered on Form 540, line 77; or Form 540 2EZ, line 23c. 39 .00

Part X Part-Year Resident Foster Youth Tax Credit (See Step 11 in the instructions.)

40 CA exemption credit percentage from Form 540NR, line 38. See instructions 40

41 Part-year resident FYTC. Multiply line 39 by line 40. This amount should also be entered on Form 540NR, line 87 41 .00

TAXABLE YEAR

FORM

2024

California e-file Signature Authorization for Individuals

8879

Your name MAURO A LOPEZ HERNANDEZ	Your SSN or ITIN 918-96-5742
Spouse's/RDP's name YANSI E SANDOVAL MEJIA	Spouse's/RDP's SSN or ITIN 705-65-1629

Part I Tax Return Information (whole dollars only)

1 California adjusted gross income (AGI). See instructions	1	17787
2 Amount you owe. See instructions	2	
3 Refund or no amount due. See instructions	3	386

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2024, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider, including my name, address, and social security number (SSN) or individual tax identification number (ITIN), and the amounts shown in Part I above agree with the information and amounts shown on the corresponding lines of my electronic income tax return. If applicable, I authorize an electronic funds withdrawal of the amount on line 2 and/or the estimated tax payments as shown on my return and on form FTB 8455, California e-file Payment Record for Individuals, or a comparable form. If applicable, I declare that direct deposit refund amount on line 3 agrees with the direct deposit authorization stated on my return. If I have filed a joint return, this is an irrevocable appointment of the other spouse/registered domestic partner (RDP) as an agent to authorize an electronic funds withdrawal or direct deposit. I authorize my ERO, transmitter, or intermediate service provider to transmit my complete return to the Franchise Tax Board (FTB). **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO, intermediate service provider, and/or transmitter the reason(s) for the delay or the date when the refund was sent.** If I am filing a balance due return, I understand that if the FTB does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I acknowledge that I have read and consent to the Electronic Funds Withdrawal Consent included on the copy of my electronic income tax return. I have selected a personal identification number (PIN) as my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize KINGDEW ENTERPRISE to enter my PIN

1	5	7	4	2
---	---	---	---	---

 as my signature on my 2024 e-filed California individual income tax return. **Do not enter all zeros**

I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature Date 09/29/2025

Spouse's/RDP's PIN: check one box only

I authorize KINGDEW ENTERPRISE to enter my PIN

1	1	6	2	9
---	---	---	---	---

 as my signature on my 2024 e-filed California individual income tax return. **Do not enter all zeros**

I will enter my PIN as my signature on my 2024 e-filed California individual income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's/RDP's signature Date 09/29/2025

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN.
Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	8	2	3	1	4	1	1	2	5	9
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the 2024 California individual income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and FTB Pub. 1345, 2024 Handbook for Authorized e-file Providers.

ERO's signature Date 09/29/2025

KINGDEW ENTERPRISES
3101 MACDONALD AVE STE 306
RICHMOND CA 94804
Office: (415) 426-0798

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA
450 ENTRADA DR APT 74
NOVATO, CA 94949
2025 INCOME TAX RETURN

KINGDEW ENTERPRISE
 3101 MACDONALD AVE STE 306
 RICHMOND CA 94804
 (415) 426-0798

MAURO A LOPEZ HERNANDEZ &
 YANSI E SANDOVAL MEJIA
 450 ENTRADA DR APT 74
 NOVATO CA 94949
 (415) 532-9389

Preparer No.: 995
 Client No. : XXX-XX-5742
 Invoice Date: 03/29/2026

INVOICE

Description	Amount
<p>PREPARATION OF 2025 FEDERAL/STATE FORMS & WORKSHEETS:</p> <p>FORM 1040 FORM 1040 SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS) FORM 1040 SCHEDULE 1-A (ADDITIONAL DEDUCTIONS) FORM 1040 SCHEDULE 2 (ADDITIONAL TAXES) SCHEDULE C (BUSINESS PROFIT/LOSS) SCHEDULE SE (SELF-EMPLOYMENT TAX) FORM W-2 (WAGES AND TAX) FORM 8879 (E-FILE SIGNATURE AUTHORIZATION) FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION - SIMPLIFIED) CA STATE RESIDENT RETURN ELECTRONIC FILING FEE</p>	
	<p>Total Invoice \$140.00</p>
	<p>Amount Paid \$140.00</p>
	<p>Balance Due \$0.00</p>

TAX YEAR: 2025
OFFICE : 11259

PROCESS DATE: 03/29/2026

CLIENT : 918-96-5742 MAURO A LOPEZ HERNANDEZ
SPOUSE : 705-65-1629 YANSI E SANDOVAL MEJIA

BIRTH DATE : 05/07/1977 Age:48
BIRTH DATE : 11/27/1981 Age:44

ADDRESS : 450 ENTRADA DR APT 74
: NOVATO CA 94949

PREPARER : 995

Home : (415) 532-9389

PREPARER FEE :

Work :

ELECTRONIC : 140.00

Cell :

TOTAL FEES : 140.00

STATUS : MARRIED JOINT

FED TYPE: Direct Deposit

ST TYPE : Direct Deposit

EFFECTIVE RATE: 13.71%

E-MAIL :

LISTING OF FORMS FOR THIS RETURN

FORM 1040
SCHEDULE 1 (ADDITIONAL INCOME AND ADJUSTMENTS TO INCOME)
SCHEDULE 1-A (ADDITIONAL DEDUCTIONS)
SCHEDULE 2 (ADDITIONAL TAXES)
FORM W-2
SCHEDULE C (BUSINESS INCOME)
SCHEDULE SE (SELF EMPLOYMENT TAX)
FORM 8879 (E-FILE SIGNATURE AUTHORIZATION)
FORM 8995 (QUALIFIED BUSINESS INCOME DEDUCTION)
CA STATE RESIDENT RETURN

* QUICK SUMMARY *

SUMMARY	FEDERAL	CA RESIDENT
FILING STATUS	2	2
TOTAL INCOME	58596	58242
TOTAL ADJUSTMENTS	354	0
ADJUSTED GROSS INCOME	58242	58242
DEDUCTIONS	39243	11412
EXEMPTIONS	0	0
TAXABLE INCOME	18999	46830
TAX	1898	408
CREDITS	0	0
OTHER TAXES	707	0
PAYMENTS	4777	1899
REFUND	2172	1491
AMOUNT DUE	0	0

DIRECT DEPOSIT INFORMATION

FD - RTN: 121042882 ACCOUNT: 8319328038 AMOUNT: \$2,172.00
CA - RTN: 121042882 ACCOUNT: 8319328038 AMOUNT: \$1,491.00

CLIENT : MAURO LOPEZ HERNANDEZ
SPOUSE : YANSI SANDOVAL MEJIA

918-96-5742
705-65-1629

PREPARER : 995 DATE : 03/29/2026

* W-2 INCOME FORMS SUMMARY *

	T/S	EIN	EMPLOYER	WAGES	FEDERAL TX/WH	FICA TX/WH	MEDICARE TX/WH	STATE TX/WH	ST
1.	S	27-2259301	SUNSHINE RETIREMENT	53596	4777	3323	777	1899	CA
TOTALS.....				53596	4777	3323	777	1899	

W-2 Wage and Tax Statement 2025

1. Employer's name (required) _____

2. Employer's address (required) _____

3. Employer's federal identification number (required) _____

4. Employee's name (required) _____

5. Employee's address (required) _____

6. Social Security number (required) _____

7. Wages, tips, and other compensation _____

8. Federal income tax withheld _____

9. Social Security tax withheld _____

10. Medicare tax withheld _____

11. State income tax withheld _____

12. State and local income tax withheld _____

13. Total amount of employer's contributions to an employer's profit-sharing or pension plan _____

14. Total amount of employer's contributions to an employer's health, dental, or vision plan _____

15. Total amount of employer's contributions to an employer's flexible spending account (FSA) or dependent care assistance account (DCAA) _____

16. Total amount of employer's contributions to an employer's health savings account (HSA) _____

17. Total amount of employer's contributions to an employer's health reimbursement arrangement (HRA) _____

18. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

19. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

20. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

21. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

22. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

23. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

24. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

25. Total amount of employer's contributions to an employer's health care flexible spending account (HCFSA) _____

		a Employee's social security number 705-65-1629	OMB No. 1545-0008			
b Employer identification number (EIN) 27-2259301		1 Wages, tips, other compensation 53596		2 Federal income tax withheld 4777		
c Employer's name, address, and ZIP code SUNSHINE RETIREMENT LIV 1080 MOUNT BACHELOR DR BEND OR 97702		3 Social security wages 53596		4 Social security tax withheld 3323		
		5 Medicare wages and tips 53596		6 Medicare tax withheld 777		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial YANSI E 450 ENTRADA DR NOVATO CA 94949		Last name SANDOVAL MEJIA		Suff.		
		11 Nonqualified plans		12a		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other CASDI 643		12c		
				12d		
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	31064660	53596	1899			

Form **W-2** Wage and Tax Statement **2025** Department of the Treasury—Internal Revenue Service

		a Employee's social security number 705-65-1629	OMB No. 1545-0008			
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld		
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld		
		5 Medicare wages and tips		6 Medicare tax withheld		
		7 Social security tips		8 Allocated tips		
d Control number		9		10 Dependent care benefits		
e Employee's first name and initial		Last name		Suff.		
		11 Nonqualified plans		12a		
		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>		12b		
		14 Other		12c		
				12d		
f Employee's address and ZIP code						
15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.
▶ Go to www.irs.gov/Form8879 for the latest information.

Submission Identification Number (SID) ▶

Taxpayer's name MAURO A LOPEZ HERNANDEZ	Social security number 918-96-5742
Spouse's name YANSI E SANDOVAL MEJIA	Spouse's social security number 705-65-1629

Part I Tax Return Information — Tax Year Ending December 31, 2025 (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

Note: Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

1 Adjusted gross income	1	58242
2 Total tax	2	2605
3 Federal income tax withheld from Form(s) W-2 and Form(s) 1099	3	4777
4 Amount you want refunded to you	4	2172
5 Amount you owe	5	

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only


I authorize KINGDEW ENTERPRISE to enter or generate my PIN

1	5	7	4	2
---	---	---	---	---

 as my

signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ▶  Date ▶ 03/29/2026

Spouse's PIN: check one box only

I authorize KINGDEW ENTERPRISE to enter or generate my PIN

1	1	6	2	9
---	---	---	---	---

 as my

signature on the income tax return (original or amended) I am now authorizing. Enter five digits, but don't enter all zeros

I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ▶  Date ▶ 03/29/2026

Practitioner PIN Method Returns Only—continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6	8	2	3	1	4	1	1	2	5	9
---	---	---	---	---	---	---	---	---	---	---

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Pub. 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ▶ KINGDEW ENTERPRISE  Date ▶ 03/29/2026

**ERO Must Retain This Form — See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

For the year Jan. 1–Dec. 31, 2025, or other tax year beginning , 2025, ending , 20 See separate instructions.

Filed pursuant to section 301.9100-2 Combat zone Deceased Spouse
 Other

Your first name and middle initial: MAURO A Last name: LOPEZ HERNANDEZ Your social security number: 918-96-5742

If joint return, spouse's first name and middle initial: YANSI E Last name: SANDOVAL MEJIA Spouse's social security number: 705-65-1629

Home address (number and street), if you have a P.O. box, see instructions: 450 ENTRADA DR Apt. no. 74 Check here if your main home, and your spouse's if filing a joint return, was in the U.S. for more than half of 2025.

City, town, or post office, if you have a foreign address, also complete spaces below: NOVATO State CA ZIP code 94949

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status Single Head of household (HOH) Qualifying surviving spouse (QSS)
 Married filing jointly (even if only one had income) Married filing separately (MFS). Enter spouse's SSN above and full name here: _____ 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)	Dependent 1	Dependent 2	Dependent 3	Dependent 4
(1) First name				
(2) Last name				
(3) SSN				
(4) Relationship				
(5) Check if lived with you more than half of 2025	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.	(a) <input type="checkbox"/> Yes (b) <input type="checkbox"/> And in the U.S.
(6) Check if	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled	<input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently and totally disabled
(7) Credits	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents	<input type="checkbox"/> Child tax credit <input type="checkbox"/> Credit for other dependents

Check if your filing status is MFS or HOH and you lived apart from your spouse for the last 6 months of 2025, or you are legally separated according to your state law under a written separation agreement or a decree of separate maintenance and you did not live in the same household as your spouse at the end of 2025.

Income	Amount	Code
1a Total amount from Form(s) W-2, box 1 (see instructions)		1a 53596
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 53596
2a Tax-exempt interest	2a	2b
3a Qualified dividends	3a	3b
c Check if your child's dividends are included in <input type="checkbox"/> Line 3a <input type="checkbox"/> Line 3b		4b
4a IRA distributions	4a	5b
c Check if (see instructions) <input type="checkbox"/> Rollover <input type="checkbox"/> QCD <input type="checkbox"/>		6b
5a Pensions and annuities	5a	8
c Check if (see instructions) <input type="checkbox"/> Rollover <input type="checkbox"/> PSO <input type="checkbox"/>		9
6a Social security benefits	6a	10
c If you elect to use the lump-sum election method, check here (see instructions)		11a
d If you are married filing separately and lived apart from your spouse the entire year (see inst.), check here <input type="checkbox"/>		
7a Capital gain or (loss). Attach Schedule D if required		8 5000
b Check if: <input type="checkbox"/> Schedule D not required <input type="checkbox"/> Includes child's capital gain or (loss)		9 58596
8 Additional income from Schedule 1, line 10		10 354
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7a, and 8. This is your total income		11a 58242
10 Adjustments to income from Schedule 1, line 26		
11a Subtract line 10 from line 9. This is your adjusted gross income		

Tax and Credits	11b	Amount from line 11a (adjusted gross income)	11b	58242	
	12a	Someone can claim <input type="checkbox"/> You as a dependent <input type="checkbox"/> Your spouse as a dependent			
	b	<input type="checkbox"/> Spouse itemizes on a separate return	c	<input type="checkbox"/> You were a dual-status alien	
	d	You: <input type="checkbox"/> Were born before January 2, 1961 <input type="checkbox"/> Are blind			
		Spouse: <input type="checkbox"/> Was born before January 2, 1961 <input type="checkbox"/> Is blind			
		e	Standard deduction or itemized deductions (from Schedule A)	12e	31500
		13a	Qualified business income deduction from Form 8995 or Form 8995-A	13a	929
		b	Additional deductions from Schedule 1-A, line 38	13b	6814
		14	Add lines 12e, 13a, and 13b	14	39243
		15	Subtract line 14 from line 11b. If zero or less, enter -0-. This is your taxable income	15	18999
		16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	1898
		17	Amount from Schedule 2, line 3	17	
		18	Add lines 16 and 17	18	1898
		19	Child tax credit or credit for other dependents from Schedule 8812	19	
		20	Amount from Schedule 3, line 8	20	
		21	Add lines 19 and 20	21	
		22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1898
		23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	707
		24	Add lines 22 and 23. This is your total tax	24	2605

Standard deduction for—
 • Single or Married filing separately, \$15,750
 • Married filing jointly or Qualifying surviving spouse, \$31,500
 • Head of household, \$23,625
 • If you checked a box on line 12a, 12b, 12c, or 12d, see inst.

Payments and Refundable Credits	25	Federal income tax withheld from:		
	a	Form(s) W-2	25a	4777
	b	Form(s) 1099	25b	
	c	Other forms (see instructions)	25c	
	d	Add lines 25a through 25c	25d	4777
	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.

	27a	Earned income credit (EIC)	27a	
	b	Clergy filing Schedule SE (see instructions)		<input type="checkbox"/>
	c	If you do not want to claim the EIC, check here		<input type="checkbox"/>
	28	Additional child tax credit (ACTC) from Schedule 8812. If you do not want to claim the ACTC, check here	28	<input type="checkbox"/>
	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	4777
	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	2172

Refund	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	2172
	b	Routing number <u>121042882</u> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	d	Account number <u>8319328038</u>		
	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: MANUEL VARGAS Phone no.: 415-426-0798 Personal identification number (PIN): 11259

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.)
	03/29/26	GARDNER	<input type="text"/>
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.)
	03/29/26	SUB CHEF	<input type="text"/>

Phone no. (415) 532-9389 Email address

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN	Check it: <input checked="" type="checkbox"/> Self-employed
	<u>MANUEL VARGAS</u>		03/29/26	P01865732	
	Firm's name	Firm's address		Phone no.	Firm's EIN
	<u>Kingdew Enterprises</u>	<u>3101 MACDONALD AVE STE 306 RICHMOND CA 94804</u>		<u>415-426-0798</u>	

**SCHEDULE 1
(Form 1040)**

Additional Income and Adjustments to Income

OMB No. 1545-0074

2025

Attachment
Sequence No. 01

Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

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

Your social security number

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

918-96-5742

For 2025, enter the amount reported to you on Form(s) 1099-K that was included in error or for personal items sold at a loss

Note: The remaining amounts reported to you on Form(s) 1099-K should be reported elsewhere on your return depending on the nature of the transaction. See www.irs.gov/1099k.

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions): _____		
3	Business income or (loss). Attach Schedule C	3	5000
4	Other gains or (losses). Check if any from Form(s): <input type="checkbox"/> 4797 <input type="checkbox"/> 4684	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation. If you repaid a 2025 overpayment (see instructions), check here <input type="checkbox"/> and enter amount repaid: _____	7	
8	Other income:		
a	Net operating loss	8a	()
b	Gambling	8b	
c	Cancellation of debt	8c	
d	Foreign earned income exclusion from Form 2555	8d	()
e	Income from Form 8853	8e	
f	Income from Form 8889	8f	
g	Alaska Permanent Fund dividends	8g	
h	Jury duty pay	8h	
i	Prizes and awards	8i	
j	Activity not engaged in for profit income	8j	
k	Stock options	8k	
l	Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property	8l	
m	Olympic and Paralympic medals and USOC prize money (see instructions)	8m	
n	Section 951(a) inclusion (see instructions)	8n	
o	Section 951A(a) inclusion (see instructions)	8o	
p	Section 461(l) excess business loss adjustment	8p	
q	Taxable distributions from an ABLE account (see instructions)	8q	
r	Scholarship and fellowship grants not reported on Form W-2	8r	
s	Nontaxable amount of Medicaid waiver payments included on Form 1040, line 1a or 1d	8s	()
t	Pension or annuity from a nonqualified deferred compensation plan or a nongovernmental section 457 plan	8t	
u	Wages earned while incarcerated	8u	
v	Digital assets received as ordinary income not reported elsewhere. See instructions	8v	
z	Other income. List type and amount: _____	8z	
9	Total other income. Add lines 8a through 8z	9	
10	Combine lines 1 through 7 and 9. This is your additional income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	10	5000

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

Schedule 1 (Form 1040) 2025 Created 7/25/25

Part II Adjustments to Income

11	Educator expenses		11	
12	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106		12	
13	Health savings account deduction. Attach Form 8889		13	
14	Moving expenses for members of the Armed Forces. Attach Form 3903. If claiming only storage fees (see instructions), check here <input type="checkbox"/>		14	
15	Deductible part of self-employment tax. Attach Schedule SE		15	354
16	Self-employed SEP, SIMPLE, and qualified plans		16	
17	Self-employed health insurance deduction		17	
18	Penalty on early withdrawal of savings		18	
19a	Alimony paid		19a	
b	Recipient's SSN			
c	Date of original divorce or separation agreement (see instructions):			
20	IRA deduction. If you are married filing separately and lived apart from your spouse for the entire year (see instructions), check here <input type="checkbox"/>		20	
21	Student loan interest deduction		21	
22	Reserved for future use		22	
23	Archer MSA deduction		23	
24	Other adjustments:			
a	Jury duty pay (see instructions)	24a		
b	Deductible expenses related to income reported on line 8l from the rental of personal property engaged in for profit	24b		
c	Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8m	24c		
d	Reforestation amortization and expenses	24d		
e	Repayment of supplemental unemployment benefits under the Trade Act of 1974	24e		
f	Contributions to section 501(c)(18)(D) pension plans	24f		
g	Contributions by certain chaplains to section 403(b) plans	24g		
h	Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions)	24h		
i	Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations	24i		
j	Housing deduction from Form 2555	24j		
k	Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041)	24k		
z	Other adjustments. List type and amount:	24z		
			25	
25	Total other adjustments. Add lines 24a through 24z		25	
26	Add lines 11 through 23 and 25. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10		26	354

**SCHEDULE 1-A
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Deductions

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

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025

Attachment
Sequence No. **1A**

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

Your social security number

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

918-96-5742

Part I Modified Adjusted Gross Income (MAGI) Amount

1	Enter the amount from Form 1040, 1040-SR, or 1040-NR, line 11b		1	58242
2a	Enter any income from Puerto Rico that you excluded	2a		
b	Enter the amount from Form 2555, line 45	2b		
c	Enter the amount from Form 2555, line 50	2c		
d	Enter the amount from Form 4563, line 15	2d		
e	Add lines 2a, 2b, 2c, and 2d	2e		
3	Add lines 1 and 2e	3		58242

Part II No Tax on Tips

Caution: Fill out Part II only if you received qualified tips. These tips must have been received in an occupation listed at IRS.gov/TippedOccupations. You and/or your spouse who received qualified tips must have a valid social security number to claim the deduction. If married, you must file jointly to claim this deduction. See instructions.

4	Qualified tips received as an employee. If you received tips as an employee with respect to employment with more than one employer, enter -0- on lines 4a and 4b and see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions.			
a	Enter qualified tips included on Form W-2, box 7, but see the instructions if Form W-2, box 5 is more than \$176,100 or you received tips that are not subject to social security and Medicare taxes	4a		
b	Qualified tips included on Form 4137, line 1, row A, column (c). If Form 4137 is not filed, enter -0-	4b		
c	If you only received qualified tips as an employee with respect to employment with one employer, enter the larger of line 4a or line 4b. Otherwise, see the instructions to determine the amount to enter on line 4c. If you received tips as an employee in more than one occupation, see the instructions		4c	
5	Qualified tips received in the course of a trade or business. Qualified tip amount included in Form 1099-NEC, box 1; Form 1099-MISC, box 3; or Form 1099-K, box 1a. Do not enter more than the net profit from the trade or business. If you received qualified tips in the course of more than one trade or business or in more than one occupation, see instructions		5	
6	Add lines 4c and 5		6	
7	Enter the smaller of the amount on line 6 or \$25,000		7	
8	Enter the amount from line 3		8	
9	Enter \$150,000 (\$300,000 if married filing jointly)		9	
10	Subtract line 9 from line 8. If zero or less, enter the amount from line 7 on line 13		10	
11	Divide line 10 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)		11	
12	Multiply line 11 by \$100		12	
13	Qualified tips deduction. Subtract line 12 from line 7. If zero or less, enter -0-		13	

Part III No Tax on Overtime

Caution: Fill out Part III only if you received qualified overtime compensation. You and/or your spouse who received the qualified overtime compensation must have a valid social security number to claim this deduction. If married, you must file jointly to claim this deduction. See instructions.

14a	Qualified overtime compensation included in Form W-2, box 1. If you received qualified overtime compensation not reported on Form W-2, box 1, see instructions	14a	6814	
b	Qualified overtime compensation included in Form 1099-NEC, box 1, or Form 1099-MISC, box 3 (see instructions)	14b		
c	Add lines 14a and 14b		14c	6814
15	Enter the smaller of the amount on line 14c or \$12,500 (\$25,000 if married filing jointly)		15	6814
16	Enter the amount from line 3		16	58242
17	Enter \$150,000 (\$300,000 if married filing jointly)		17	300000
18	Subtract line 17 from line 16. If zero or less, enter the amount from line 15 on line 21		18	-241758
19	Divide line 18 by \$1,000. If the resulting number isn't a whole number, decrease the result to the next lower whole number. (For example, decrease 1.5 to 1, and decrease 0.05 to 0.)		19	
20	Multiply line 19 by \$100		20	
21	Qualified overtime compensation deduction. Subtract line 20 from line 15. If zero or less, enter -0-		21	6814

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

Schedule 1-A (Form 1040) 2025 Created 11/4/25

QNA

Part IV No Tax on Car Loan Interest

Caution: Fill out Part IV only if you, or your spouse if married filing jointly, paid or accrued qualified passenger vehicle loan interest (QPVLI). Column (iii) is the total QPVLI paid in 2025 less the amounts reported in column (ii). See instructions.

22 Applicable passenger vehicle (see instructions). If more than two VINs, see instructions.

		Interest for this loan:	
(i) Vehicle identification number (VIN)		(ii) Deducted on Schedule C, Schedule E, or Schedule F	(iii) Schedule 1-A
a	<input type="text"/>		
b	<input type="text"/>		
23	Add lines 22a and 22b, column (iii)		23
24	Enter the smaller of the amount on line 23 or \$10,000		24
25	Enter the amount from line 3		25
26	Enter \$100,000 (\$200,000 if married filing jointly)		26
27	Subtract line 26 from line 25. If zero or less, enter the amount from line 24 on line 30		27
28	Divide line 27 by \$1,000. If the resulting number isn't a whole number, increase the result to the next higher whole number. (For example, increase 1.5 to 2, and increase 0.05 to 1.)		28
29	Multiply line 28 by \$200		29
30	Qualified passenger vehicle loan interest deduction. Subtract line 29 from line 24. If zero or less, enter -0-		30

Part V Enhanced Deduction for Seniors

Caution: You and/or your spouse must have a valid social security number. If married, you must file jointly to claim this deduction. See instructions.

31	Enter the amount from line 3	31
32	Enter \$75,000 (\$150,000 if married filing jointly)	32
33	Subtract line 32 from line 31. If zero or less, enter \$6,000 on line 35	33
34	Multiply line 33 by 6% (0.06)	34
35	Subtract line 34 from \$6,000. If zero or less, enter -0-	35
36a	If you have a valid social security number (see instructions) and were born before January 2, 1961, enter the amount from line 35	36a
b	If you are married filing jointly, your spouse has a valid social security number (see instructions), and your spouse was born before January 2, 1961, enter the amount from line 35	36b
37	Enhanced deduction for seniors. Add lines 36a and 36b	37

Part VI Total Additional Deductions

38	Add lines 13, 21, 30, and 37. Enter here and on Form 1040 or 1040-SR, line 13b, or on Form 1040-NR, line 13c	38	6814
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**SCHEDULE 2
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Taxes

Attach to Form 1040, 1040-SR, or 1040-NR.
Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **02**

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

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

Your social security number

918-96-5742

Part I Tax

1	Additions to tax:		
a	Excess advance premium tax credit repayment. Attach Form 8962	1a	
b	Repayment of new clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part II. Attach Form 8936 and Schedule A (Form 8936)	1b	
c	Repayment of previously owned clean vehicle credit(s) transferred to a registered dealer from Schedule A (Form 8936), Part IV. Attach Form 8936 and Schedule A (Form 8936)	1c	
d	Recapture of net EPE from Form 4255, line 2a, column (l)	1d	
e	Excessive payments (EPs) on gross EPE from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1e	
f	20% EP from Form 4255. Check applicable box and enter amount. See instructions. (i) <input type="checkbox"/> Line 1a (ii) <input type="checkbox"/> Line 1c (iii) <input type="checkbox"/> Line 1d (iv) <input type="checkbox"/> Line 2a	1f	
y	Other additions to tax (see instructions): _____	1y	
z	Add lines 1a through 1y	1z	
2	Alternative minimum tax. Attach Form 6251	2	
3	Add lines 1z and 2. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 17	3	

Part II Other Taxes

4	Self-employment tax. Attach Schedule SE. Check if any exemption from (see instructions): 1 <input type="checkbox"/> 4361 2 <input type="checkbox"/> 4029 3 <input type="checkbox"/> _____	4	707
5	Social security and Medicare tax on unreported tip income. Attach Form 4137	5	
6	Uncollected social security and Medicare tax on wages. Attach Form 8919	6	
7	Total additional social security and Medicare tax. Add lines 5 and 6	7	
8	Additional tax on IRAs or other tax-favored accounts. Attach Form 5329 if required. If not required, check here <input type="checkbox"/>	8	
9	Household employment taxes. Attach Schedule H	9	
10	Reserved for future use	10	
11	Additional Medicare Tax. Attach Form 8959	11	
12	Net investment income tax. Attach Form 8960	12	
13	Uncollected social security and Medicare or RRTA tax on tips or group-term life insurance from Form W-2, box 12	13	
14	Interest on tax due on installment income from the sale of certain residential lots and timeshares	14	
15	Interest on the deferred tax on gain from certain installment sales with a sales price over \$150,000	15	
16	Recapture of low-income housing credit. Attach Form 8611	16	

(continued on page 2)

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

Schedule 2 (Form 1040) 2025 Created 5/8/25

QNA

Part II Other Taxes (continued)

17	Other additional taxes:		
a	Recapture of other credits. List type, form number, and amount:	17a	
b	Recapture of federal mortgage subsidy. If you sold your home, see instructions	17b	
c	Additional tax on HSA distributions. Attach Form 8889	17c	
d	Additional tax on an HSA because you didn't remain an eligible individual. Attach Form 8889	17d	
e	Additional tax on Archer MSA distributions. Attach Form 8853	17e	
f	Additional tax on Medicare Advantage MSA distributions. Attach Form 8853	17f	
g	Recapture of a charitable contribution deduction related to a fractional interest in tangible personal property	17g	
h	Income you received from a nonqualified deferred compensation plan that fails to meet the requirements of section 409A	17h	
i	Compensation you received from a nonqualified deferred compensation plan described in section 457A	17i	
j	Section 72(m)(5) excess benefits tax	17j	
k	Golden parachute payments	17k	
l	Tax on accumulation distribution of trusts	17l	
m	Excise tax on insider stock compensation from an expatriated corporation	17m	
n	Look-back interest under section 167(g) or 460(b) from Form 8697 or 8866	17n	
o	Tax on non-effectively connected income for any part of the year you were a nonresident alien from Form 1040-NR	17o	
p	Any interest from Form 8621, line 16f, relating to distributions from, and dispositions of, stock of a section 1291 fund	17p	
q	Any interest from Form 8621, line 24	17q	
z	Any other taxes. List type and amount:	17z	
18	Total additional taxes. Add lines 17a through 17z		18
19	Recapture of net EPE from Form 4255, line 1d, column (l)		19
20	Section 965 net tax liability installment from Form 965-A	20	
21	Add lines 4, 7 through 16, 18, and 19. These are your total other taxes . Enter here and on Form 1040 or 1040-SR, line 23; or Form 1040-NR, line 23b		21

**SCHEDULE C
(Form 1040)**

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2025

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name of proprietor MAURO A LOPEZ HERNANDEZ	Link: 1	Social security number (SSN) 918-96-5742
A Principal business or profession, including product or service (see instructions) LANDSCAPING	B Enter code from instructions 5 6 1 7 3 0	
C Business name. If no separate business name, leave blank.	D Employer ID number (EIN) (see instr.)	
E Business address (including suite or room no.) 450 ENTRADA DR APT 74 City, town or post office, state, and ZIP code NOVATO CA 94949		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2025? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2025, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2025 that would require you to file Form(s) 1099? See instructions		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	5000
7 Gross income. Add lines 5 and 6	7	5000

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

8 Advertising	8	18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	20 Rent or lease (see instructions):	20	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a	
12 Depletion	12	b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	23 Taxes and licenses	23	
16 Interest (see instructions):		24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a	a Travel	24a	
b Other	16b	b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27b	28	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	27a Energy efficient commercial bldgs deduction (attach Form 7205)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	27b Other expenses (from line 48)	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31			5000
32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3 , and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.				

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.
QNA

Schedule C (Form 1040) 2025 Created 4/3/25

**SCHEDULE SE
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Self-Employment Tax

Attach to Form 1040, 1040-SR, 1040-SS, or 1040-NR.
Go to www.irs.gov/ScheduleSE for instructions and the latest information.

OMB No. 1545-0074

2025
Attachment
Sequence No. **17**

Name of person with self-employment income (as shown on Form 1040, 1040-SR, 1040-SS, or 1040-NR) MAURO A LOPEZ HERNANDEZ	Social security number of person with self-employment income 918-96-5742
--	--

Part I Self-Employment Tax

Note: If your only income subject to self-employment tax is **church employee income**, see instructions for how to report your income and the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

Skip lines 1a and 1b if you use the farm optional method in Part II. See instructions.

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code AQ	1b	()

Skip line 2 if you use the nonfarm optional method in Part II. See instructions.

2 Net profit or (loss) from Schedule C, line 31; and Schedule K-1 (Form 1065), box 14, code A (other than farming). See instructions for other income to report or if you are a minister or member of a religious order	2	5000
3 Combine lines 1a, 1b, and 2	3	5000
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3	4a	4618
Note: If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.		
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you don't owe self-employment tax. Exception: If less than \$400 and you had church employee income , enter -0- and continue	4c	4618

5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	4618
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2025	7	\$ 176,100

8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$176,100 or more, skip lines 8b through 10, and go to line 11	8a	
b Unreported tips subject to social security tax from Form 4137, line 10	8b	
c Wages subject to social security tax from Form 8919, line 10	8c	
d Add lines 8a, 8b, and 8c	8d	

9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	176100
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	573
11 Multiply line 6 by 2.9% (0.029)	11	134
12 Self-employment tax. Add lines 10 and 11. Enter here and on Schedule 2 (Form 1040), line 4, or Form 1040-SS, Part I, line 3	12	707

13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter here and on Schedule 1 (Form 1040), line 15	13	354
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For Paperwork Reduction Act Notice, see your tax return instructions.
QNA

Schedule SE (Form 1040) 2025 Created 5/7/25

Qualified Business Income Deduction Simplified Computation

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form8995 for instructions and the latest information.

Attachment
Sequence No. **55**

Name(s) shown on return

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA

Your taxpayer identification number
918-96-5742

Note: You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural or horticultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$197,300 (\$394,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	LANDSCAPING	918-96-5742	4646
ii			
iii			
iv			
v			
2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2 4646	
3	Qualified business net (loss) carryforward from the prior year	3 ()	
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4 4646	
5	Qualified business income component. Multiply line 4 by 20% (0.20)		5 929
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7 ()	
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	
9	REIT and PTP component. Multiply line 8 by 20% (0.20)		9
10	Qualified business income deduction before the income limitation. Add lines 5 and 9		10 929
11	Taxable income before qualified business income deduction (see instructions)	11 19928	
12	Enter your net capital gain, if any, increased by any qualified dividends (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13 19928	
14	Income limitation. Multiply line 13 by 20% (0.20)		14 3986
15	Qualified business income deduction. Enter the smaller of line 10 or line 14. Also enter this amount on the applicable line of your return (see instructions)		15 929
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16 ()	
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17 ()	

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

Form **8995** (2025) Created 9/12/25

QNA

THREE YEAR TAX COMPARISON

918-96-5742

MAURO LOPEZ HERNANDEZ & YANSI SANDOVAL MEJIA ,

	2023	2024	2025
FILING STATUS			MFJ
TOTAL EXEMPTIONS	0	0	2
INCOME			
WAGES			53596(+100.00%)
TAXABLE INTEREST			
TAX EXEMPT INTEREST			
DIVIDEND INCOME			
STATE REFUNDS			
ALIMONY RECEIVED			5000(+100.00%)
BUSINESS INCOME			
CAPITAL GAINS			
OTHER GAINS			
IRA DISTRIBUTIONS			
TAXABLE IRA DISTRIBUTIONS			
PENSION			
TAXABLE PENSION			
RENTAL INCOME			
FARM INCOME			
UNEMPLOYMENT			
SS BENEFITS			
TAXABLE SS			
OTHER INCOME			
TOTAL INCOME			58596(+100.00%)
ADJUSTMENTS TO INCOME			
HSA DEDUCTION			
SE HEALTH INS DEDUCTION			
IRA DEDUCTION			
STUDENT LOAN DEDUCTION			
TUITION AND FEES DEDUCTION			
OTHER ADJUSTMENTS			354(+100.00%)
TOTAL ADJUSTMENTS			354(+100.00%)
ADJUSTED GROSS INCOME			58242(+100.00%)
TAX AND CREDITS			
DEDUCTIONS			39243(+100.00%)
EXEMPTIONS			
TAXABLE INCOME			18999(+100.00%)
TAXES			1898(+100.00%)
ALT MIN TAX			
EXCESS ADVANCE PREMIUM TAX CREDIT			
CHILD AND DEPENDENT CARE CREDIT			
OTHER CREDITS			
TAX - CREDITS			1898(+100.00%)
OTHER TAXES			
SE TAX			707(+100.00%)
RETIREMENT TAX			
HEALTH CARE IND RESPONSIBILITY PAYMENT			
OTHER TAXES			
TOTAL TAX			2605(+100.00%)
PAYMENTS			
AMOUNT WITHHELD			4777(+100.00%)
ESTIMATED PAYMENTS			
EARNED INCOME CREDIT			
ADDITIONAL CHILD TAX CREDIT			
AMERICAN OPPORTUNITY CREDIT			
NET PREMIUM TAX CREDIT			
OTHER PAYMENTS			
TOTAL PAYMENTS			4777(+100.00%)
REFUND / AMOUNT DUE			
REFUND AMOUNT			2172(+100.00%)
AMOUNT OWED			

2025 California Resident Income Tax Return

540

ATTACH FEDERAL RETURN

918-96-5742 LOPE 705-65-1629
MAURO A LOPEZHERNANDEZ
YANSI E SANDOVALMEJIA

25 PBA 561730

450 ENTRADA DR
NOVATO CA 94949

APT 74

05-07-1977 11-27-1981

Principal Residence

Enter your county at time of filing (see instructions)

MARIN

If your address above is the same as your principal/physical residence address at the time of filing, check this box X

If not, enter below your principal/physical residence address at the time of filing.

Street address (number and street) (If foreign address, see instructions.)

Apt. no/ste. no.

City

State

ZIP code

If your California filing status is different from your federal filing status, check the box here

Filing Status

1 Single

4 Head of household (with qualifying person). See instructions.

2 Married/RDP filing jointly (even if only one spouse/RDP had income). See instructions.

5 Qualifying surviving spouse/RDP. Enter year spouse/RDP died.

See instructions.

3 Married/RDP filing separately. Enter spouse's/RDP's SSN or ITIN above and full name here.

6 If someone can claim you (or your spouse/RDP) as a dependent, check the box here. See instr.

Exemptions

For line 7, line 8, line 9, and line 10: Multiply the number you enter in the box by the pre-printed dollar amount for that line.

Whole dollars only

7 **Personal:** If you checked box 1, 3, or 4 above, enter 1 in the box. If you checked box 2 or 5, enter 2 in the box. If you checked the box on line 6, see instructions. 7 X \$153 = \$

8 **Blind:** If you (or your spouse/RDP) are visually impaired, enter 1; if both are visually impaired, enter 2. See instructions. 8 X \$153 = \$

9 **Senior:** If you (or your spouse/RDP) are 65 or older, enter 1; if both are 65 or older, enter 2. See instructions. 9 X \$153 = \$

Your name: **MAURO LOPEZ HERNANDEZ** Your SSN or ITIN: **918-96-5742**

10 Dependents: Do not include yourself or your spouse/RDP.

	Dependent 1	Dependent 2	Dependent 3
First Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN. See instructions.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependent's relationship to you	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total dependent exemptions ● 10 X \$475 = ● 11 \$

11 Exemption amount: Add line 7 through line 10. Transfer this amount to line 32 ● 11 \$

12 State wages from your federal Form(s) W-2, box 16 ● 12 <input type="text" value="53596"/> .00	
13 Enter federal adjusted gross income (AGI) from federal Form 1040 or 1040-SR, line 11b. ... ● 13 <input type="text" value="58242"/> .00	
14 California adjustments – subtractions. Enter the amount from Schedule CA (540), Part I, line 27, column B. ● 14 <input type="text"/>	
15 Subtract line 14 from line 13. If less than zero, enter the result in parentheses. See instructions ● 15 <input type="text" value="58242"/> .00	
16 California adjustments – additions. Enter the amount from Schedule CA (540), Part I, line 27, column C. ● 16 <input type="text"/>	
17 California adjusted gross income. Combine line 15 and line 16 ● 17 <input type="text" value="58242"/> .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 <input type="text" value="11412"/> .00	
19 Subtract line 18 from line 17. This is your taxable income . If less than zero, enter -0- ● 19 <input type="text" value="46830"/> .00	

31 Tax. Check the box if from: <input checked="" type="checkbox"/> Tax Table <input type="checkbox"/> Tax Rate Schedule	
<input type="checkbox"/> FTB 3800 <input type="checkbox"/> FTB 3803 ● 31 <input type="text" value="714"/> .00	
32 Exemption credits. Enter the amount from line 11. If your federal AGI is more than \$252,203, see instructions. ● 32 <input type="text" value="306"/> .00	
33 Subtract line 32 from line 31. If less than zero, enter -0- ● 33 <input type="text" value="408"/> .00	
34 Tax. See instructions. Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> FTB 5870A. . . ● 34 <input type="text"/>	
35 Add line 33 and line 34. ● 35 <input type="text" value="408"/> .00	

40 Nonrefundable Child and Dependent Care Expenses Credit. See instructions. ● 40 <input type="text"/>	
43 Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 43 <input type="text"/>	
44 Enter credit name <input type="text"/> code ● <input type="text"/> and amount. . . ● 44 <input type="text"/>	

Your name: **MAURO LOPEZ HERNANDEZ** Your SSN or ITIN: **918-96-5742**

Special Credits	45	To claim more than two credits, see instructions. Attach Schedule P (540)	● 45	<input type="text"/>	.00
	46	Nonrefundable Renter's Credit. See instructions	● 46	<input type="text"/>	.00
	47	Add line 40 through line 46. These are your total credits	⊙ 47	<input type="text"/>	.00
	48	Subtract line 47 from line 35. If less than zero, enter -0-	⊙ 48	<input type="text" value="408"/>	.00

Other Taxes	61	Alternative Minimum Tax. Attach Schedule P (540)	● 61	<input type="text"/>	.00
	62	Behavioral Health Services Tax. See instructions	● 62	<input type="text"/>	.00
	63	Other taxes and credit recapture. See instructions	● 63	<input type="text"/>	.00
	64	Add line 48, line 61, line 62, and line 63. This is your total tax.	● 64	<input type="text" value="408"/>	.00

Payments	71	California income tax withheld. See instructions	● 71	<input type="text" value="1899"/>	.00
	72	2025 California estimated tax and other payments. See instructions	● 72	<input type="text"/>	.00
	73	Withholding (Form 592-B and/or Form 593). See instructions	● 73	<input type="text"/>	.00
	74	Refundable Program 4.0 California Motion Picture and Television Production Credit. See instructions	● 74	<input type="text"/>	.00
	75	Earned Income Tax Credit (EITC). See instructions	● 75	<input type="text"/>	.00
	76	Young Child Tax Credit (YCTC). See instructions	● 76	<input type="text"/>	.00
	77	Foster Youth Tax Credit (FYTC). See instructions	● 77	<input type="text"/>	.00
	78	Add line 71 through line 77. These are your total payments. See instructions	⊙ 78	<input type="text" value="1899"/>	.00

Use Tax	91	Use Tax. Do not leave blank. See instructions	● 91	<input type="text" value="0"/>	.00
	If line 91 is zero, check if: <input checked="" type="checkbox"/> No use tax is owed. <input type="checkbox"/> You paid your use tax obligation directly to CDTFA.				

ISR Penalty	92	If you and your household had full-year health care coverage, check the box. See instructions. Medicare Part A or C coverage is qualifying health care coverage.	●	<input checked="" type="checkbox"/>	
	92	Individual Shared Responsibility (ISR) Penalty. See instructions	● 92	<input type="text" value="0"/>	.00

Overpaid Tax/Tax Due	93	Payments balance. If line 78 is more than line 91, subtract line 91 from line 78	⊙ 93	<input type="text" value="1899"/>	.00
	94	Use Tax balance. If line 91 is more than line 78, subtract line 78 from line 91	⊙ 94	<input type="text"/>	.00
	95	Payments after Individual Shared Responsibility Penalty. If line 93 is more than line 92, subtract line 92 from line 93.	⊙ 95	<input type="text" value="1899"/>	.00
	96	Individual Shared Responsibility Penalty Balance. If line 92 is more than line 93, subtract line 93 from line 92.	⊙ 96	<input type="text"/>	.00
	97	Overpaid tax. If line 95 is more than line 64, subtract line 64 from line 95.	⊙ 97	<input type="text" value="1491"/>	.00

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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	1491	.00
	100	Tax due. If line 95 is less than line 64, subtract line 95 from line 64	100		.00

		Code	Amount	
Contributions		400	California Seniors Special Fund. See instructions	.00
		401	Alzheimer's Disease and Related Dementia Voluntary Tax Contribution Fund	.00
		403	Rare and Endangered Species Preservation Voluntary Tax Contribution Program	.00
		405	California Breast Cancer Research Voluntary Tax Contribution Fund	.00
		406	California Firefighters' Memorial Voluntary Tax Contribution Fund	.00
		407	Emergency Food for Families Voluntary Tax Contribution Fund	.00
		408	California Peace Officer Memorial Foundation Voluntary Tax Contribution Fund	.00
		413	California Cancer Research Voluntary Tax Contribution Fund	.00
		422	School Supplies for Homeless Children Voluntary Tax Contribution Fund	.00
		423	State Parks Protection Fund/Parks Pass Purchase	.00
		424	Protect Our Coast and Oceans Voluntary Tax Contribution Fund	.00
		431	Prevention of Animal Homelessness and Cruelty Voluntary Tax Contribution Fund	.00
		438	California Senior Citizen Advocacy Voluntary Tax Contribution Fund	.00
		439	Native California Wildlife Rehabilitation Voluntary Tax Contribution Fund	.00
		445	Mental Health Crisis Prevention Voluntary Tax Contribution Fund	.00
		447	California ALS Research Network Voluntary Tax Contribution Fund	.00
		448	California Pediatric Cancer Research Voluntary Tax Contribution Fund	.00
		449	Parkinson's Disease Research Voluntary Tax Contribution Fund	.00
	110	Add amounts in code 400 through code 449. This is your total contribution	110	.00

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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 [1491] .00

Refund and Direct Deposit Fill in the information to authorize direct deposit of your refund into one or two accounts. Do not attach a voided check or a deposit slip. See instructions. Have you verified the routing and account numbers? Use whole dollars only. All or the following amount of my refund (line 115) is authorized for direct deposit into the account shown below:

● Type ● Routing number 121042882 Checking Savings ● Account number 8319328038 ● 116 Direct deposit amount [1491] .00

The remaining amount of my refund (line 115) is authorized for direct deposit into the account shown below: ● Type ● Routing number [] Checking Savings ● Account number [] ● 117 Direct deposit amount [] .00

Voter Info. For voter registration information, check the box and go to sos.ca.gov/elections. See instructions

Health Care Coverage Info. Do you want information on no-cost or low-cost health care coverage? By checking the "Yes" box, you authorize the Franchise Tax Board to share limited information from your tax return with Covered California. See instructions Yes No

Organ Donor Election By checking the applicable box you authorize written consent for Donate Life California to enroll you in the Donate Life California Organ and Tissue Donor Registry, and for the Franchise Tax Board to share limited information from your tax return with Donate Life California. If your individual information has changed since the last time you filed a tax return, and are already registered with Donate Life California, re-checking the box will send your most updated individual information to Donate Life California. If you do not check the box, Donate Life California will not enroll you in the registry at this time. To remove your name from the registry contact Donate Life California directly. For more information, see the Consent Language in the instructions. Primary taxpayer Spouse/RDP (if joint tax return)

Sign your tax return on Side 6

Your name: MAURO LOPEZ HERNANDEZ Your SSN or ITIN: 918-96-5742

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: [Signature] Date: 03/29/2026 Spouse's/RDP's signature (if a joint tax return, both must sign): [Signature]

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. [Email] Preferred phone number 415 532-9389

Print paid preparer's name MANUEL VARGAS Paid preparer's phone number 415-426-0798

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge) [Signature]

Firm's name (or yours, if self-employed) KINGDEW ENTERPRISE PTIN P01865732

Firm's address 3101 MACDONALD AVE STE 306 RICHMOND CA 94804 Firm's FEIN [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 MANUEL VARGAS Telephone Number 415 426-0798

Your name:

MAURO LOPEZ HERNANDEZ

Your SSN or ITIN:

918-96-5742

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

03/29/2026

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

415 532-9389

Print paid preparer's name

MANUEL VARGAS

Paid preparer's phone number

415-426-0798

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)

KINGDEW ENTERPRISE

PTIN

P01865732

Firm's address

3101 MACDONALD AVE STE 306
RICHMOND CA 94804

Firm's FEIN

Do you want to allow another person to discuss this tax return with us? See instructions. Yes

Yes

No

Print Third Party Designee's Name

MANUEL VARGAS

Telephone Number

415 426-0798

2025

Wage and Tax Statement

W-2

Important: Attach this schedule to the back of your original or amended Form 540, Form 540 2EZ, or Form 540NR.

Caution: If this schedule is filled out, do not send your federal Form(s) W-2 to the Franchise Tax Board. If your federal Form(s) W-2 are from multiple states, attach copies showing California tax withheld to this schedule. If this schedule is blank, attach your federal Form(s) W-2 to the lower front of your tax return. DO NOT ATTACH PAYMENT TO THIS SCHEDULE.

*Employee's social security number, name, and address must be the same as the information on federal Form(s) W-2.

W-2 Information

a. Employee's social security number* 705651629
c. Employer's name SUNSHINE RETIREMENT LIV
b. Employer identification number (EIN) 272259301
Employer's address 1080 MOUNT BACHELOR DR
City BEND State OR ZIP code 97702

e. Employee's first name* YANSI Initial* E Last name* SANDOVAL MEJIA Suffix*
f. Employee's address* 450 ENTRADA DR
City* NOVATO State* CA ZIP code* 94949

1. Wages, tips, other compensation 53596
2. Federal income tax withheld 4777
3. Social security wages 53596
4. Social security tax withheld 3323
5. Medicare tax withheld 777
6. Social security tips
7. Allocated tips (not included in box 1)
8. Dependent care benefits
9. Nonqualified plans
10. 11.

12. Codes and amounts
12a. Code Amount
12b. Code Amount
12c. Code Amount
12d. Code Amount

13. Check the appropriate box for: Statutory employee, Retirement plan, or Third-party sick pay
Statutory employee Retirement plan Third-party sick pay

14. SDI, VPDI, or CA SDI (from federal Form W-2, box 14 or 19)
Type Amount
CASDI 643

16. State wages, tips, etc. 53596

15. State and employer's state ID number
State Employer's state ID number
CA 31064660

17. State income tax 1899

Franchise Tax Board Privacy Notice on Collection
Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection - Aviso de Privacidad del Franchise Tax Board sobre la Recaudación. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.

TAXABLE YEAR

FORM

2025

California e-file Signature Authorization for Individuals

8879

Your name: MAURO A LOPEZ HERNANDEZ, Your SSN or ITIN: 918-96-5742, Spouse's/RDP's name: YANSI E SANDOVAL MEJIA, Spouse's/RDP's SSN or ITIN: 705-65-1629

Part I Tax Return Information (whole dollars only)

Table with 3 rows: 1 California adjusted gross income (AGI), 2 Amount you owe, 3 Refund or no amount due.

Part II Taxpayer Declaration and Signature Authorization (Be sure you obtain and keep a copy of your return.)

Under penalties of perjury, I declare that I have examined a copy of my individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2025, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's PIN: Check one box only

I authorize KINGDEW ENTERPRISE to enter my PIN 15742 as my signature on my 2025 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Your signature: [Signature], Date: 03/29/2026

Spouse's/RDP's PIN: Check one box only

I authorize KINGDEW ENTERPRISE to enter my PIN 11629 as my signature on my 2025 e-filed California individual income tax return.

I will enter my PIN as my signature on my 2025 e-filed California individual income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method.

Spouse's/RDP's signature: [Signature], Date: 03/29/2026

Practitioner PIN Method Returns Only -- continue below

Part III Certification and Authentication — Practitioner PIN Method Only

ERO's Electronic Filer Identification Number (EFIN)/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

6 8 2 3 1 4 1 1 2 5 9

I certify that the above numeric entry is my PIN, which is my signature for the 2025 California individual income tax return for the taxpayer(s) indicated above.

ERO's signature: [Signature], Date: 03/29/2026

Exhibit 3

CASHIER'S CHECK

0073842

11-24

Office AU #

1210(8)

SERIAL #: 7384211321

ACCOUNT#: 4861-511467

Remitter: MAURO LOPEZ
Purchaser: MAURO LOPEZ
Purchaser Account: xxxxxx4989
Operator I.D.: k156221
Funding Source: Electronic Item(s)

January 5, 2026

PAY TO THE ORDER OF ***LA CASA APARTMENTS***

****Two Thousand Seven Hundred Fifty and 00/100 -US Dollars ****

****\$2,750.00****

Payee Address: 450 ENTRADA DR APT 74 NOVATO CA 94949- US
Memo: JANUARY RENT

VOID IF OVER US \$ 2,750.00

WELLS FARGO BANK, N.A.
5820 NAVE DR
NOVATO, CA 94949
FOR AUTOMATED CHECK VERIFICATION
CALL: (480) 394-3122

NON-NEGOTIABLE

Purchaser Copy - Page 1 of 2

FB004 (10/19) M4203 40138438

IMPORTANT - Please Read

Outstanding cashier's checks are subject to state or territorial unclaimed property laws.

If the cashier's check is lost, stolen, or destroyed, you may request a stop payment and reissuance. A stop payment and reissuance can only be completed within a branch location. As a condition of stop payment and reissuance, Wells Fargo Bank will require an indemnity agreement. In addition, for cashier's checks over \$1,000.00, the waiting period before the stop payment and reissuance of an outstanding cashier's check may be processed is 90 days (30 days in the state of Wisconsin and 91 days in the state of New York). The waiting period can be avoided with the purchase of an acceptable surety bond. This can be purchased through Wells Fargo's approved insurance carrier or through an insurance carrier of the customer's choice. The cost of a surety bond varies depending on the amount of the bond and the insurer used. Surety bonds are subject to the insurance carrier's underwriting requirements before issuance. If the surety bond is not provided, the waiting period applies.

Purchaser Copy - Page 2 of 2

0073842 Office AU #	11-24 1210(B)	CASHIER'S CHECK	SERIAL #: 7384211452
Remitter: MAURO LOPEZ			ACCOUNT#: 4861-511467
Purchaser: MAURO LOPEZ			
Purchaser Account: xxxxxx4989			
Operator I.D.: k150394			March 6, 2026
Funding Source: Electronic Item(s)			
PAY TO THE ORDER OF ***LA CASA APARTMENTS***			
Two Thousand Seven Hundred Fifty and 00/100 -US Dollars **			**\$2,750.00
Payee Address: 450 ENTRADA DR APT 74 NOVATO CA 94949			VOID IF OVER US \$ 2,750.00
Memo: MARCH RENT			
WELLS FARGO BANK, N.A. 5820 NAVE DR NOVATO, CA 94949 FOR AUTOMATED CHECK VERIFICATION CALL: (480) 394-3122			NON-NEGOTIABLE
Purchaser Copy - Page 1 of 2			

10/4 (10/19) 40138438

Exhibit 4



Account Number
8155 30 013 0892490

Billing Date
Feb 23, 2026

Services From
Feb 28, 2026 to Mar 27, 2026

Page
1 of 4

Hello Mauro Lopez,

Thanks for being a member since 2023-09-28. Learn more about your Gold benefits at xfinity.com/membership.

Your bill at a glance

For 450 ENTRADA DR APT 74, NOVATO, CA, 94949-5544

Previous balance		\$195.99
EFT Payment - thank you	Feb 19	-\$195.99
Balance forward		\$0.00
Regular monthly charges	Page 3	\$171.90
Taxes, fees and other charges	Page 3	\$10.72
New charges		\$182.62

Amount due **\$182.62**

Thanks for paying by Automatic Payment

Your automatic payment on Mar 18, 2026, will include your amount due, plus or minus any payment related activities or adjustments, and less any credits issued before your bill due date.

Need help?

Visit xfinity.com/customersupport or see page 2 for other ways to contact us.

Your bill explained

- We value your trust and are committed to keeping your personal information safe. By continuing to use our Services, you acknowledge you've reviewed the Privacy Policy included with this bill and understand how we collect, use, and protect your information as described in that notice and in line with your chosen settings. Visit the Xfinity Privacy Preferences Center to manage your choices.

You saved \$59.00 this month with your loyalty and 3 product discounts. Please see page 3 of this bill for more details.

Detach the bottom portion of this bill and enclose with your payment

Please write your account number on your check or money order

Do not include correspondence with payment



PO BOX 4118
ENGLEWOOD CO 80155

MAURO LOPEZ
450 ENTRADA DR APT 74
NOVATO, CA 94949-5544

Account number **8155 30 013 0892490**
Automatic payment **Mar 18, 2026**

Please pay \$182.62

Electronic payment will be applied Mar 18, 2026

COMCAST
P.O. BOX 60533
CITY OF INDUSTRY CA 91716-0533

815530013089249000182626



ELECTRICITY STATEMENT

www.pge.com/MyEnergy

Account No.: 8280308239-3
Bill Date: 03/05/2026
Payment Due Date: 03/26/2026

Service for:

MAURO ANTONIO LOPEZ
450 ENTRADA DR APT 74
NOVATO, CA 94949

Questions regarding your bill?

Monday–Friday 7am–7pm
Saturdays 8am–5pm
Phone: 1-800-743-5000
www.pge.com/MyEnergy

Budget Billing Summary

Amount due from previous statement	\$102.15
Payment(s) received since last statement	-\$100.00
Previous outstanding balance	\$2.15
Budget Billing amount for this period	
Budget Billing amount for this period	\$69.00
MCE electric generation charges	\$38.66

Total amount due by
03/26/2026: **\$109.81**

Your current charges include a CARE discount of \$51.37.

Account Details

Balance from previous statement	-\$9.94
Payment(s) received since last statement	-\$100.00
<hr/>	
Account balance before current charges	-\$109.94
<hr/>	
Current PG&E charges for electric delivery	\$38.50
MCE electric generation charges	\$38.66
Current gas consumption charges	\$54.85

Important Messages

On this page, your charges are separated into PG&E supply charges and energy generation or procurement charges from an energy provider other than PG&E. These two charges correspond to different services and are not duplicated.

PG&E will monitor and adjust the amount of your Budget Billing each month to keep your payments aligned with your actual energy usage.

Please send this portion with your payment without staples or paper clips. Do not fold. Thank you very much.

99908280308239300000107660000010981



Account number:
8280308239-3

Payment Due Date:
03/26/2026

Total Amount Due:
\$109.81

Amount Enclosed:



MAURO ANTONIO LOPEZ
450 ENTRADA DR APT 74
NOVATO, CA 94949-5544

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300

I, Pedro Peski Ribeiro Lopes, telephone number [415 425-2508](tel:4154252508), mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Spanish to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: March 27, 2026.



ESTADO DE CUENTA DE ENERGÍA

www.pge.com/MyEnergy

No. de cuenta: 8280308239-3

Fecha de la factura: 03/05/2026

Fecha límite de pago: 03/26/2026

Servicio para:

MAURO ANTONIO LOPEZ
450 ENTRADA DR APT 74
NOVATO, CA 94949

¿Preguntas sobre su factura?

Lunes-Viernes 7am-7pm
Sábados 8am-5pm
Teléfono: 1-800-743-5000
www.pge.com/MyEnergy

Resumen de Budget Billing

Cantidad debida en el estado de cuenta anterior	\$102.15
Pago(s) recibido(s) desde el último estado de cuenta	-100.00
Saldo pendiente previo	\$2.15
Cantidad de Budget Billing en este periodo	\$69.00
MCE Cargos de generación de electricidad	38.66

Saldo total a pagar el 03/26/2026 \$109.81

Sus cargos actuales incluyen un descuento de \$51.37 por CARE.

Detalles de su cuenta

Saldo del estado de cuenta anterior	-\$9.94
Pago(s) recibido(s) desde el último estado de cuenta	-100.00
Saldo de la cuenta antes de los cargos actuales	-\$109.94
Cargos actuales de PG&E por la entrega de electricidad	\$38.50
MCE Cargos de generación de electricidad	38.66
Cargos de consumo de gas actuales	54.85

Mensajes importantes

En esta página, sus cargos están separados en cargos de suministro de PG&E y cargos de generación o adquisición de energía de un proveedor de energía distinto de PG&E. Estos dos cargos corresponden a diferentes servicios y no están duplicados.

PG&E monitoreará y ajustará el monto de su Budget Billing (Programa de Facturación Presupuestada) cada mes para mantener sus pagos alineados con su consumo real de energía.

Por favor envíe esta porción con su pago sin grapas ni sujetapapeles. No doblar. Muchas gracias.

99908280308239300000107660000010981



Número de cuenta: 8280308239-3
Fecha límite de pago: 03/26/2026
Cantidad total a pagar: \$109.81

Cantidad adjunta:
\$

MAURO ANTONIO LOPEZ
450 ENTRADA DR APT 74
NOVATO, CA 94949-5544

PG&E
BOX 997300
SACRAMENTO, CA 95899-7300

Página 1 de 8



FasTrak Customer Service Center
 PO Box 26926
 San Francisco, CA 94126
www.bayareafastrak.org
 1-877-BAY-TOLL (1-877-229-8655)
 Fax 1-415-974-6356



0000097-0000239-P0000221 DPRES 001 ----- 914286 STM



MAURO LOPEZ
 450 ENTRADA DR
 APT 74
 NOVATO CA 94949-5544



Statement Date:	03/10/2026
Account Number:	117161257
Statement Period:	02/08/26-03/07/26
Replenishment Method:	VISA
Replenishment Amount:	75.00

Account Summary

Please review your statement promptly. Toll and other charges not questioned within 30 days will be deemed valid.

Posting Date	Transaction Date	Tag/Plate Transaction	Agency	Entry Plaza	Entry Time	Entry Lane	Exit Plaza	Exit Lane	Beginning Balance	Tolls/Charges	Credits	Ending Balance
		Beginning Balance							\$71.15			
02/08/26	02/04/26	CA9JZV719	CALT	RSR	21:42	02				\$8.50		\$62.65
02/08/26	02/07/26	01010002573254	GGBD	GGB	20:39	02				\$9.75		\$52.90
02/14/26	02/13/26	01010001621360	CALT	BAY	21:37	09				\$8.50		\$44.40
02/14/26	02/10/26	CA9JZV719	CALT	RSR	23:32	03				\$8.50		\$35.90
02/14/26	02/14/26	01010000750940	CALT	BAY	08:21	09				\$8.50		\$27.40
02/14/26	02/14/26	Payments									\$75.00	\$102.40
02/16/26	02/15/26	01010002573254	GGBD	GGB	18:00	06				\$9.75		\$92.65
02/19/26	02/19/26	01010001621360	CALT	RSR	01:16	02				\$8.50		\$84.15
02/21/26	02/20/26	01010001621360	GGBD	GGB	17:41	08				\$9.75		\$74.40
02/24/26	02/24/26	01010001621360	CALT	BAY	02:26	09				\$8.50		\$65.90
02/27/26	02/23/26	CA9JZV719	CALT	RSR	02:17	03				\$8.50		\$57.40
02/28/26	02/28/26	01010000750940	CALT	BAY	07:51	08				\$8.50		\$48.90
03/07/26	03/07/26	Statement Fees								\$1.00		\$47.90

Plaza Descriptions:

RSR - Richmond-San Rafael Bridge GGB - Golden Gate Bridge
 BAY - Bay Bridge

PREPAID TOLL BALANCE	
Beginning Balance	\$71.15
Tolls/Charges	-\$98.25
Credits	+\$75.00
Ending Balance	\$47.90
TAG SUMMARY	
Tag Deposit	5.00

Tolls are going up on all bridges except the Golden Gate Bridge Jan. 1, 2026. The increase will be 50 cents for two-axle vehicles and an additional 50 cents for each additional axle. The toll increase is to pay for maintenance, rehabilitation, and operation of the region's seven state-owned bridges. Carpool rules are also changing. Go to bayareafastrak.org for info.

EASY WAYS TO MANAGE YOUR ACCOUNT
 WITH 24-HOUR ACCESS

- ✓ Update credit card info
- ✓ Add or delete vehicles
- ✓ Update your address
- ✓ Check toll activity

LOG ONTO
www.bayareafastrak.org

Call our
 Automated Phone Service
 at 1-877-229-8655



Exhibit 5



Mental Health Report

September 17, 2025

Otavio Haverroth Silva
PO Box 90487
San Diego, California 92169

Reference: Mauro Antonio Lopez Hernandez (DOB: 05/07/1977)

Professional Qualifications

I am a Licensed Marriage and Family Therapist with 7 years of experience working in immigrant communities in the San Francisco Bay Area. I have worked in community mental health for over 10 years in a variety of settings. I have thorough and culturally competent mental health training in administering assessments, diagnosing, treatment planning, and providing trauma-informed therapy. I am licensed by the Board of Behavioral Sciences in California. I attend regular monthly group and individual professional consultation, in addition to other relevant continuing education, for maintaining my professional license and certifications. I am fluent in English, Spanish, and Brazilian Portuguese.

Purpose of Evaluation

Otavio Haverroth Silva referred Mr. Lopez Hernandez for a mental health evaluation. Prior to the interview, Mr. Lopez Hernandez was informed of the purposes of the evaluation, the limitations of confidentiality, and the probable uses of the information derived from the interview. Mr. Lopez Hernandez agreed to the interview.

The interview took place on September 2, 2025 via a secure telemedicine platform. The client's identity was verified with a valid photo ID. During the course of the interview a history was taken, including a trauma history. A thorough assessment of symptomatology and functional status was completed as well as an assessment for Malingering. The evaluation was conducted in Spanish. The following report summarizes the relevant content discussed. Any quotations used in this report are a paraphrased translation of the client's words.

Statement of Credibility

Mr. Lopez Hernandez was assessed to be a credible reporter as evidenced by the following: Mr. Lopez Hernandez demonstrated consistency in details (vivid believable imagery and realistic symptom description) while describing his lived experiences and internal experiences. There did not appear to be any indications of symptom magnification, malingering, or feigning emotional distress. Mr. Lopez

Hernandez's symptoms were consistent with emotional expression and his report was consistent with the assessment tools administered.

Identifying Information and Behavioral Observations

Mr. Lopez Hernandez is a 48-year-old Salvadorean man. He appears his stated age, is dressed casually and appropriately, and presents with dysphoric mood and congruent affect. There does not appear to be a history of homicidal ideation, hallucinations, or delusions. Mr. Lopez Hernandez completed symptoms screenings and the results are as follows: Patient Health Questionnaire (**PHQ9**) = 16 (positive for Severe Depression), Anxiety Questionnaire (**GAD7**) = 13 (positive for Moderate Anxiety), Trauma Symptom Inventory (**PCL-5**) = 58 (positively/negatively correlated with Post Traumatic Stress Disorder), Adverse Childhood Experiences Questionnaire (**ACE**) = 6 (client reports having experienced 6 different types of adverse experiences in childhood).

Background

Mr. Lopez Hernandez reported that he was born and raised in Cantón, El Achiotal, La Paz, El Salvador, one of 8 children to unmarried parents. Mr. Lopez Hernandez reported that his family was of low socioeconomic status; his father worked in agriculture and his mother was a homemaker. Mr. Lopez Hernandez reported that his father left the family when Mr. Lopez Hernandez was 10 years old and Mr. Lopez Hernandez left school to start working to support the family. Mr. Lopez Hernandez reported that in 2006 he decided to immigrate to the United States in search of a better life. Mr. Lopez Hernandez reported that he currently lives in Novato, California with his wife and two adult children. Mr. Lopez Hernandez reported that he works in manual labor.

Mr. Lopez Hernandez reported that he met his wife, Yansi Elizabeth Sandoval Mejia, in El Salvador when he was in his early 20's. He reported that they have a 24-year-old son and a 22-year-old daughter. He reported that his wife is a U.S. citizen and they were married on August 17, 2019.

Clinical Interview

Qualifying Domestic Violence Relationship

Mr. Lopez Hernandez reported that his wife is physically abusive, including slapping him, hitting him with objects, and threatening him with weapons. He reported that this is also frequently accompanied by intimidation from Mrs. Sandoval Mejia and threats to have Mr. Lopez Hernandez deported. (*"In front of my kids, she threatens me sometimes with a knife and tells me that she hopes that they deport me and that I don't get my documents. She's always very aggressive with me. Once she hit me with a telephone...she grabbed my phone and broke it on my chest...Once she hit me with a bottle. She has slapped me, thrown food at me..."*)

Mr. Lopez Hernandez reported that his wife is also verbally abusive, regularly screaming at, insulting, and belittling Mr. Lopez Hernandez. He reported that this is also frequently accompanied by intimidation from Mrs. Sandoval Mejia and threats to have Mr. Lopez Hernandez deported. (*"There are days that she insults*

me and throws me out of the house and talks about deportation... Yesterday she came home really angry. I was lying on my bed hurting because I injured my knee and she was really angry that I wasn't helping with the cleaning. She told me to go sleep in the living room. She said bad things about my mother, my family, and everything. I try to leave the house so my kids don't hear this. I try to clean the house to make her happy. Even my kids know that if she comes home and things are not perfectly in order, she will yell at me and only me.")

Mr. Lopez Hernandez also reported that another form of intimidation that his wife enacts against him is denying Mr. Lopez Hernandez access to his possessions due to his immigration status. (*"I have a truck that I've been paying off and she threatens to take it from me once I'm done paying it off because it's in her name and she can have me deported."*)

Mr. Lopez Hernandez reported that he has stayed in his current living situation out of fears of his wife's retaliation if he does leave, and out of concern for any hardship his children might face if he leaves his wife. Mr. Lopez Hernandez reported concerns about Mrs. Sandoval Mejia retaliating against Mr. Lopez Hernandez for leaving by having him deported. (*"She's told me that she's only with me because I pay the rent. She said she hasn't called deportation because of that. I'm here for my kids. I put up with this for them and I will continue to do so. It hurts me sometimes though what she says to me...It's really hard but my kids are working and studying hard for a better life and I want to stay here to support them. It hurts me to think about her wanting to call immigration because this situation is difficult. I don't think I can go through being deported at my age. I don't know if I would be able to come back. But my kids are here. If it wasn't for my kids, I would have left her a long time ago."*)

Mr. Lopez Hernandez reported that his wife's behavior follows a typical cycle of abuse, in which, after an incident, the abuser attempts to reconcile with the victim by apologizing; this is then followed by a reduction in abusive behavior before tensions begin building again. (*"My kids try to talk to her about the situation and it'll be a few days where things are okay but then it gets bad again. I have had to sleep in my truck to get out of the house and she'll call me asking me to forgive her."*)

Mr. Lopez Hernandez reported that he has noticed a significant increase in the abuse over time, which is a common characteristic of abusive relationships. (*"Our relationship didn't start like this. We had a relationship of love and I know she went through a lot as a child. I try to understand her and to forgive her but she's been through a really drastic change in the past 4 years. I try not to fight with her and leave the house instead because she has no patience."*)

Affective and Behavioral Observations

Mr. Lopez Hernandez presented with depressive features throughout the interview, including presenting with sadness, tearfulness, difficulty making eye contact, and overall depressed mood.

History of Trauma

Mr. Lopez Hernandez reported that he experienced various forms of trauma in childhood, including witnessing domestic violence, physical abuse, being raised by a parent who struggled with addiction, parental neglect, and parental abandonment. Mr. Lopez Hernandez reported that his current traumatic stress symptoms are not associated with his trauma history. He reported that it is due in part to his trauma history that he is fighting to improve his situation and reduce his traumatic stress. (*“I don’t want to do the same to my kids that my dad did to us. I want my kids to know that they have my support in everything that I can give them.”*)

Inventory of Current Symptoms

Mr. Lopez Hernandez reported that he regularly experiences intrusive thoughts about his wife that come to his mind without warning in response to cues that remind him of her. He reported that these intrusive thoughts are regularly accompanied by a feeling of hypervigilance for his safety. (*“Even when I feel calm, I know that she has a different heart now so I don’t feel the same security at home anymore.”*)

Mr. Lopez Hernandez reported that he tries to avoid thinking about his current situation in attempts to avoid intrusive thoughts or any emotions associated with the abusive relationship. (*“It’s really hard to think about all this. I try not to think about it. We haven’t had a true relationship in a long time.”*)

Mr. Lopez Hernandez reported that he has noticed a significant negative change in his overall mood since the abuse in the relationship began. (*“This has all affected me greatly. I don’t feel like the same person anymore. I get really emotional sometimes. I try to walk a little with my dog to feel better. I try to go out when she is here and not be around. It has affected me a lot.”*) Mr. Lopez Hernandez reported that the abusive relationship has negatively impacted his sense of self. Mr. Lopez Hernandez also reported that he experiences an increased difficulty in trusting others as a result of the relationship. (*“I feel like it’s hard to trust other people. I feel ashamed or something, I don’t know. She has humiliated me in front of our family and I have never said anything but I don’t like to go out as a result. I don’t really have relationships with other people anymore as a result.”*) Mr. Lopez Hernandez reported that he has lost interest in activities that he previously used to enjoy. (*“I used to like to go out running and things like that. I feel discouraged. I used to go to the gym and I don’t like going anymore.”*) Mr. Lopez Hernandez reported that he experiences a persistent negative emotional state and an inability to experience positive emotions. (*“It’s much harder for me to feel happy like I did before. I feel days where I don’t feel any happiness. I just feel stress and anxiety. I feel tired all the time and like I don’t have energy for anything.”*) Mr. Lopez Hernandez reported that he blames himself for the abusive relationship, a common negative cognitive distortion for abuse victims. (*“I feel like I’m to blame for putting up with this...I think about how my kids are still with us and I worry about them witnessing all of this. I feel like I can’t do this anymore but I don’t want to leave my kids.”*) Mr. Lopez Hernandez reported that he experiences an inability to remember significant aspects of his abusive relationship with his wife. (*“I often forget things that happen with her because there’s been so many things that have happened.”*)

Mr. Lopez Hernandez reported experiencing significant hypervigilance as a result of continuing to be exposed to the abuse that has led to his traumatic stress symptoms. He reported that as a result, he experiences significant sleep disturbance. (*“Sometimes I worry about her doing something to me when I’m home but I know that my kids are there and they will step in to prevent something from happening. But I can’t sleep at night...I can’t fall asleep because I feel scared. A few months ago, she went to the clinic and told the doctor that sometimes she wants to hurt me in my sleep and they called the police. I can’t sleep because she goes to sleep angry and I feel scared about something happening while I’m asleep.”*) Mr. Lopez Hernandez also reported feeling frequently jumpy and experiencing an exaggerated startle response. (*“I am much more jumpy. Last week I was at home by myself and my daughter went out with her friend and I was about to go to sleep and heard a knock on the door. I jumped out of bed and checked the cameras but there was no one there. Sometimes I’ll scare easily like that and swear I hear something.”*) Mr. Lopez Hernandez reported that he struggles with concentration difficulties. (*“It’s much harder for me to concentrate now. I forget things very easily.”*)

Mr. Lopez Hernandez reported that he has experienced suicidal ideation as a result of the stress caused by the relationship, but reported no current ideation or planning. He reported that his brother and children are a significant protective factor in his desire to continue living. (*“Once when she hurt me with the phone, I got into my truck and started driving to the Golden Gate to take my life, but my brother called me worried about my kids and he convinced me not to do it. Now sometimes I feel really depressed but I try to pray to God or read the bible.”*)

Risks of Returning to Country of Origin

Mr. Lopez Hernandez reported that his primary concern of returning to El Salvador is separation from his children, and stated that his main motivation for remaining in the United States is maintaining contact with his children. Mr. Lopez Hernandez reported concerns about the worsening of his traumatic stress symptoms if he were forcefully separated from his children. (*“It’s so far away. My children are my reason for living, so if I were far from them I don’t know what I would do. I don’t know how I would be able to go on.”*)

Summary

Mr. Lopez Hernandez currently meets criteria for Posttraumatic Stress Disorder (PTSD). The essential feature of PTSD, as described in the DSM 5, is the development of characteristic symptoms following exposure to an extreme traumatic event involving actual or threatened death, serious injury, or sexual violence. In order to meet criteria for a diagnosis of PTSD, symptoms resulting from exposure to the trauma must include a requisite number of symptoms in the following categories:

1. *At least one Intrusion Symptom (e.g. thoughts or images that come into the person’s mind without warning, flashbacks, or nightmares, psychological or physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event).*

Mr. Lopez Hernandez reported experiencing intrusive thoughts that come into his mind without warning in response to cues that symbolize or resemble aspects of the traumatic event.

2. *At least one Avoidance Symptom (e.g. avoidance or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event or external reminders that arouse distressing memories, thoughts or feelings)*

Mr. Lopez Hernandez reported engaging in efforts to avoid distressing memories, thoughts, and feelings associated with the traumatic event.

3. *At least two symptoms of Negative Alterations in Cognition or Mood (e.g. inability to remember significant aspects of the trauma; persistent negative beliefs about oneself, others, or the world; persistent negative cognitions about the cause or the consequences of the traumatic event that lead the individual to blame him/herself or others; persistent negative emotional state; diminished interest in significant activities; feelings of detachment from others, persistent inability to experience positive emotions)*

Mr. Lopez Hernandez reported experiencing an inability to remember significant aspects of the trauma, persistent negative beliefs about himself, persistent negative cognitions about the cause of the traumatic event that lead him to blame himself, persistent negative emotional state, diminished interest in significant activities

4. *At least two Hyperarousal Symptoms (e.g. feeling jumpy, irritable/angry, reckless/self-destructive, hypervigilance, exaggerated startle response, sleep disturbance).*

Mr. Lopez Hernandez reported experiencing significant hypervigilance, sleep disturbance, as well as frequently feeling jumpy and demonstrating an exaggerated startle response.

Although PTSD does not manifest in all people and each person's reaction to trauma is dependent upon multiple biological and psycho-social factors, the diagnosis is an accepted way to describe the effect a trauma has had on a person's mood and functioning, even if the trauma occurred in the remote past. The diagnosis can be present after only one traumatic event or after many, though if a person has experienced multiple traumas, their symptoms tend to be compounded and become more severe.

Should Mr. Lopez Hernandez be forced to return to El Salvador in this state, it is reasonable to expect that his physical and psychological well being would likely be in jeopardy, as he would be separated from his children, who are his primary motivator for recovering from his traumatic stress symptoms. The negative impact of being forced to return to El Salvador should not be understated given Mr. Lopez Hernandez's current psychological presentation. Being forced to return to El Salvador would cause significant psychological harm. It is likely that Mr. Lopez Hernandez would experience a significant regression in his psychological state and an increase in trauma-related symptoms, placing him at additional risk given that

his primary social supports reside in the United States. He would also be leaving behind his stable housing and economic stability, creating a situation in El Salvador that leaves him with limited economic resources, limited employment opportunities, and thus, a likely poor outcome for his standard of living.

Mr. Lopez Hernandez would benefit from trauma-informed psychotherapy related to this incident to better target and treat the trauma symptoms that persist and for which he meets criteria for Posttraumatic Stress Disorder.

Respectfully submitted,

A handwritten signature in cursive script that reads "Lena Nicodemus" followed by a small square notepad icon.

Lena Nicodemus, LMFT (September 17, 2025)
Licensed Marriage and Family Therapist
#LMFT101557

CERTIFICATE OF SERVICE

On _____ I, Natalia Vieira Santanna, served, by priority mail, a copy of this **Motion for Fee Waiver of Filing Fee - Application for VAWA Cancellation of Removal**, to the **US Department of Homeland Security (Office of the Principal Legal Advisor, Chief Counsel)** at the following mailing address: 55 E. Monroe Street, Suite 1400, Chicago, IL 60603.

**Natalia Vieira Santanna (Bar N.
337502)
Attorney at Law
P.O. Box 7528
Oakland, CA 94601
*Counsel for Respondent***